

Summary: **Kalvin**

REF: **NS/INC17023863/Klvbn2**

ASSIGNMENT

SHA 5875J ^{30 Jun 2011}

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop mis _____
 of _____
 Insured: **SHC 6463B**
 Policy No: **5095103893 20.10.2017**
 Claims No: **MT/0973808-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SHA 5875J**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Sonata** cc: **1901**
 Colour: **Blue** AC Ins: Std / NI / NA
 So Reading: **55468** T-Radio: Std / NI / NA
 Eng/No: _____
 O/No: **KM HET41UMBA 813345**
 Gen. Cond: Good / / Poor / Burnt
 Steering: In / Jammed / Leaked / Burnt / or _____
 Brake: In / Jammed / Leaked / Burnt / or _____
 Mod: Nil / S/Rim / AJRim or _____
 Tyre Size: F: **215/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Maxxis**
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **14/12/17** D.O.I: **15/12/17**
 Survey held at **CDIC (6744)**
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Ms Frost
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal/or Market Value: _____
 IDAO Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date	Time	Action / Instruction
		SHA 5875J - C06 / III 10020463 / Klvbn2
		SHC 6463B - C04 / ATG 1200708 / H120051
26/12/17		Continue 4s of 1450 / 2 top. (Red 2074.64, 5875)

RECEIVED 27 DEC 2017

Date/Time File Pass to? : Prel. Report
 : Final Report
 Date/Time File Return to?
 27/12 - typist
 Report Format /
 Lump Sum / L.B.I. / \$ **1450/2**

Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Add Fee: Site Insp \$
 Interview \$
 Tech Insp \$
 Weekend \$
 Survey Fee
 Transaction
 160
 35
 195

Survey Department Check List (Case Handler)

Reference No.: NS/INC17023863/KIV6
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (_____ **):** Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type				
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (_____ **):** Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded	✓			

Check By: VERON 26/12/17
 Case Handler Date

*C: Critical *N: Non-Critical



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023863/K1vb			
73 BRAS BASAH ROAD		Date: 15-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 6453B	Veh. Inspected	SHA 5875J
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/12/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	14/12/2017	Inspection Date	15/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0972815-002	CITYCAB PTE LTD	SHB 2278Y	FBJ 2964D	6/12/2017	22:15	\$2,394.00	\$2,068.40
2	MT/0973808-002	COMFORT TRANSPORTATION PTE LTD	SHA 5875J	SHC 6453B	14/12/2017	20:15	\$3,524.64	\$1,450.00
3	MT/0975146-001	COMFORT TRANSPORTATION PTE LTD	SHA 7365B	SJB 516A	16/12/2017	2:40	\$900.00	\$550.00
4	MT/0972947-002	COMFORT TRANSPORTATION PTE LTD	SHC 8625J	SGJ 4049Z	8/12/2017	20:20	\$2,461.58	\$1,086.18
5	MT/0975147-001	COMFORT TRANSPORTATION PTE LTD	SHC 1015R	GZ 210R	16/12/2017	15:00	\$3,243.80	\$2,299.43
6	MT/0975149-001	COMFORT TRANSPORTATION PTE LTD	SH 8328K	SJU 3979C	20/12/2017	21:50	\$2,077.25	\$810.95

Claim received from LKK

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
 Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6453B	SHC6453B	20/10/2017	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	15/12/2017 13:40
Date Of Accident	14/12/2017 20:15
Exact Location Of Accident	RAFFLES QUAY X CROSS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5875J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	LIM KENG GUAN
NRIC No	S0129785F
Date Of Birth	20/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1974
Driving Experience	43 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	KGLIM1953@GMAIL.COM

Address 123A RIVERVALE DRIVE#17-131
 Postcode S541123
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: -
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6453B
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage RHT REAR
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1991077100

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

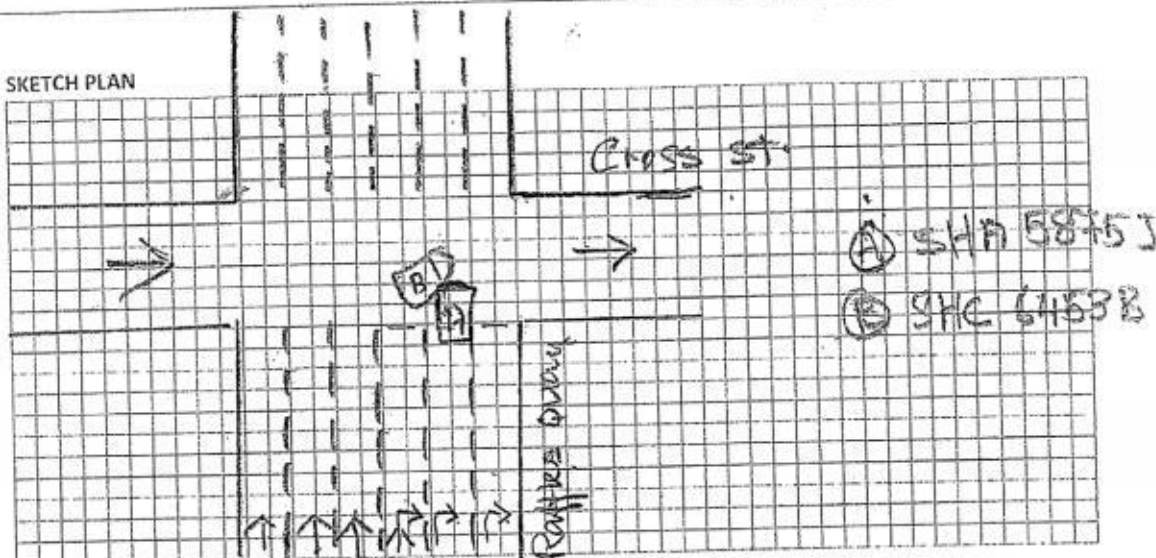
15/12/2017
M. M. A. V.

15/12/17

Jackson
C. S. 1

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14th / 12 / 2017 at about 2013 hrs, I vehicle A was driving along raffles quay junction of Cross St. while I was on second lane after I passed the stop then I started to turn right, vehicle B was on third lane lane he making a sharp right turn and collided onto my vehicle A left front portion.

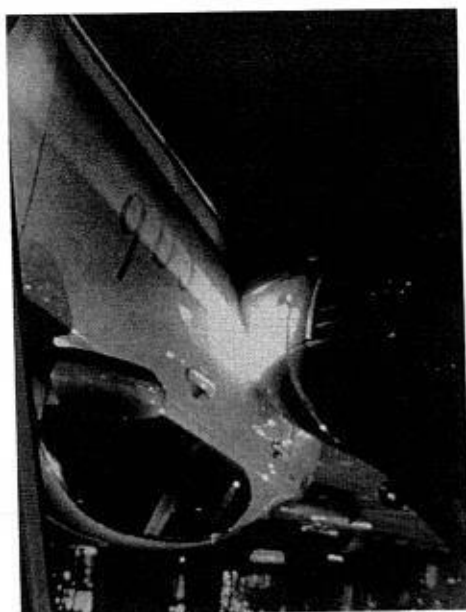
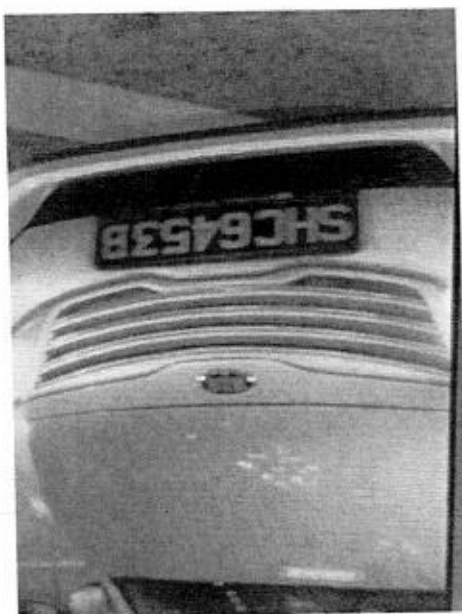
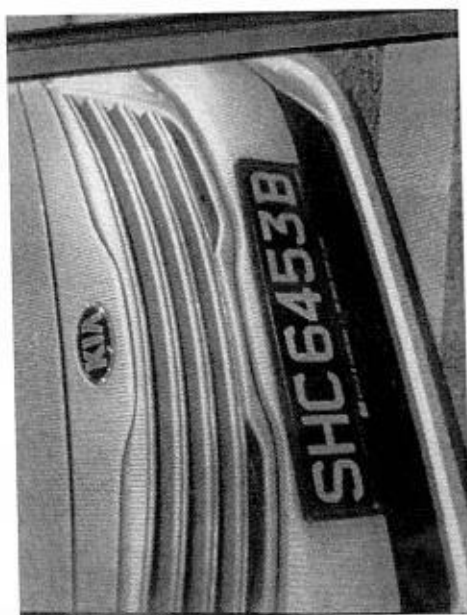
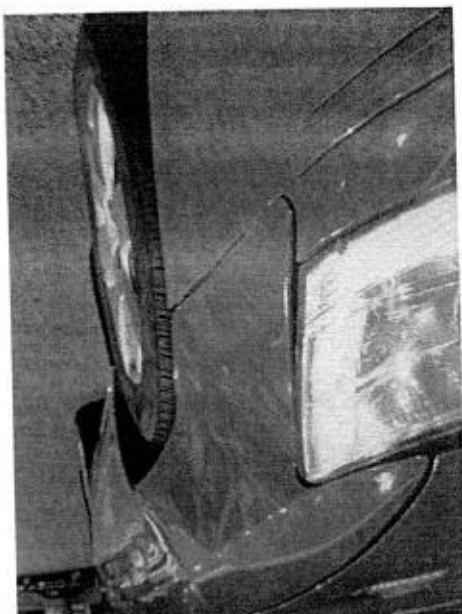
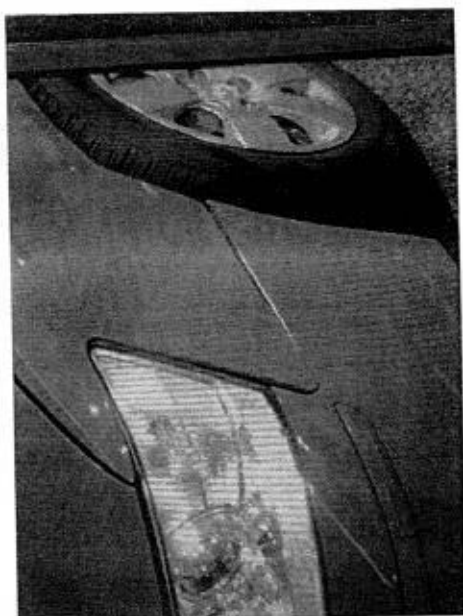
DECLARATION

I/We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE.
 CO. REG. NO. 1999200002

Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)

15/12/17
 Jackson Heng
 CSO
 Reporting Centre Personnel's Signature
 Name:







DRIVER

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

255 Bras Basah Road Singapore 189571
 Mailing - FF 8383 E280 Facsimile - 65 5260 9733
 Workshops:
 59 Loring Drive Singapore 508001 24 Serangoon Road Singapore 758158
 593 Sin Ming Drive Singapore 575717 7 Sutan Kadut Way Singapore 720781
 45 Pandan Road Singapore 609296 6 Dulu Avenue 1 Singapore 538437
 333 Little Road Singapore 169633

A member of COMFORTDELGRO

Date/Time: 15.12.2017 14:54 Page : 1

Team: IN ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.305098179

STOMER	REGN NO: SHA5875J	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F
I/MS 7010045 STOMER NO DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	MODEL SONATA	DATE/TIME IN 15.12.2017 11:20
L (R) (P)	YR OF MANU 30.06.2011	TARGET DATE
3COUNT CARD NO.	CHASSIS CODE KMHET41VMBA813345	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.12.2017
NATURE: 3P 15.12.2017

LABOR CODE	DESCRIPTION
NTUC - (SHC6453B - Penier)	Left Front
LKE/Kdmi -	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA5875J
 LARRY
 Signature: *Larry Ng*

Vehicle No.: SHA5875J

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA5875J

MAKE : HYUNDAI

MODEL : SONATA

Date : 15.12.2017

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Front Bumper <i>X repair</i>			\$ 538.80
1	Front Bumper Top Bracket - LH <i>X su</i>			\$ 22.40
1	Front Bumper Side Bracket - LH <i>X su</i>			\$ 14.30
1	Front Bumper Protector - LH <i>X repair</i>			\$ 29.20
10	Front Bumper clips <i>X an</i>		\$2.20	\$ 22.00
1	Front Fender - LH <i>— Repl</i>			\$ 593.00
1	Front Fender Shield - LH <i>X su</i>			\$ 86.00
1	Front Fender Retainer - LH <i>X su</i>			\$ 9.20
1	Headlamp Support Panel <i>X su</i>			\$ 1,023.00
1	Headlamp - LH <i>— brand</i>			\$ 797.90
1	Front Wheel Cover - LH <i>— brand</i>			\$ 145.00
SUB TOTAL				\$ 3,280.80
LESS 20%				656.16
DISCOUNTED TOTAL				\$ 2,624.64
				\$ 0.00
Labour Charge				
1	Panel Beating <i>Kalvin (LKK)</i>			\$ 400.00 ²⁰⁰
1	Spray Painting Charge <i>15/12/17 1615 hrs</i>			\$ 400.00 ³⁶⁰
1	Wiring Charge <i>2 Days</i>			\$ 50.00 ²⁰
1	Tuff Kote <i>45</i>			\$ 50.00 ²⁰
TOTAL LABOUR				\$ 900.00
ESTIMATE TOTAL				\$ 3,524.64

Larry Ng

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

LKK Auto Consultants hence notify the Repairer of the following:

- Parts prices are subject to confirmation
- Spray painting
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Page 1 of 1

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305098179
Date : 22.12.2017

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA5875J

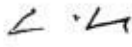
Fax : _____
Date of Accident: 14.12.2017


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC SHC6453B(Premier)
2. The finalized amount shall be:

(a) Spare Parts after List discount	
(b) Labour Charges	
Total for Part-By-Part Repair Cost	
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
Final Lumpsum Repair cost	\$1,450.00
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 26/12/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023863/K1vbn2			
73 BRAS BASAH ROAD		Date: 04-01-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 6453B	Veh. Inspected	SHA 5875J
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0973808-002	Excess (\$)	0.00
Assign From		Assign Date	15/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA813345	Colour	BLUE
Odometer	55468	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/12/2017	Inspection Date	15/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5875J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	TO REPAIR	538.80	-
1	FRONT BUMPER TOP BRACKET-LH	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET-LH	SERVICEABLE	14.30	-
1	FRONT BUMPER PROTECTOR-LH	TO REPAIR	29.20	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	FRONT FENDER-LH	DENTED	593.00	593.00
1	FRONT FENDER SHIELD-LH	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER-LH	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT PANEL	SERVICEABLE	1,023.00	-
1	HEADLAMP-LH	GRAZED	797.90	797.90
1	FRONT WHEEL COVER-LH	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-656.16	-307.18
			2,624.64	1,228.72
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		450.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			900.00	600.00
GRAND TOTAL			3,524.64	1,828.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,450.00

Report Ref No. NS/INC17023863/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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