

Kalin

REF:

NS/2NC17023967/KHbe2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop mis _____

of _____

Insured: **FBE 2508P**Policy No: **5068409562-03 11.11.17 - 10.11.18**Claims No: **MT/0974113-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA FR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHC 2390A** Yr Regn: **7 Oct 2010**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Santa Fe** o.c. **1921**Colour: **Blue** A/C: **Ins** Std / NI / NASp. Reading: **150307** T-Radio: **Ins** Std / NI / NA

Eng. No: _____

C No: **KMHET4IVMAA 794216**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / **STD** / Rim orTyre Size: **F: 215/60 R16****R: "**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Maxxis**Front **Rear**R/Bal. **7** mm R/Bal. **7** mmL/Bal. **7** mm L/Bal. **7** mmD.O.A. **15/12/17** D.O.I. **18/12/17**Survey held at **CHE (6yng)**Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or**Pen o/s**
The U/C / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction

SHC 2390A - 03 / ATG 15001990 / Hism3W2**DOA - 3001005****FBE 2508P - X****2AC****41****26/12/17 Contained 4s \$2600 / 21yrs. (Red: 140744 : 35%)**

Date/Time File Pass to:

☐ : Preli. Report☒ : Final ReportDays Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation

S + P + U + B

Photos

Others

Add Fee: ☐ : Site Insp. \$☐ : Interview \$☐ : Technical \$☐ : Re-survey \$Report Format: **TP**

Lump Sum / I.B. \$

26007

TOTAL

160**35****195**



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/INC17023967/K1tb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-12-2017	
Code: INC4				
1. Policy Particulars : - THIRD PARTY CLAIM				
Insured Veh.	FBE 2508P	Veh. Inspected	SHC 2390A	
Policy No.	5068409562-03	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	18/12/2017	
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	15/12/2017	Inspection Date	18/12/2017	
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.				

eBaoTech

GeneralClaim

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068409562-03	ABDUL HAFIZ BIN MOHD SHAFII	S9000266Z	GMC	Third Party, Fire & Theft	FBE2508P	FBE2508P	11/11/2017	10/11/2018

[Continue](#)

TP Claims against NTUC Income: Follow-Through Survey

Date : 26/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0972761-002	CITYCAB PTE LTD	SHC 7093A	SUJ 9582H	06/12/2017	20:40	\$ 4,922.56	\$ 3,365.12
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SIB 4580L	17/12/2017	12:00	\$ 3,617.98	\$ 2,300.00
3	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	SHB 8791S	18/12/2017	18:30	\$ 8,281.26	\$ 3,305.41
4	MT/0974171-002	COMFORT TRANSPORTATION	SH 8013T	PC 5891G	16/12/2017	15:10	\$ 5,981.28	\$ 3,100.00
5	MT/0975063-001	COMFORT TRANSPORTATION	SHA 4023H	SUJ 4585G	20/12/2017	16:00	\$ 2,687.18	\$ 1,050.00
6	MT/0974335-002	CITYCAB PTE LTD	SHB 3721C	SLS 9209P	19/12/2017	10:20	\$ 8,998.32	\$ 4,021.72
7	MT/0974427-002	COMFORT TRANSPORTATION	SHC 3831M	SIH 9266E	19/12/2017	13:40	\$ 5,120.68	\$ 2,400.00
8	MT/0974118-002	COMFORT TRANSPORTATION	SHC 2390A	FBE 2508P	15/12/2017	13:20	\$ 4,007.44	\$ 2,600.00
9	MT/0972888-002	COMFORT TRANSPORTATION	SHA 7786U	SKR 4692B	07/12/2017	20:45	\$ 4,241.64	\$ 1,950.00
10	MT/0972695-002	COMFORT TRANSPORTATION	SHC 1987K	GBG 969U	06/12/2017	15:10	\$ 4,853.62	\$ 1,750.00

Claim received from LKK

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305098523

STOMER

COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO.
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN NO: SHC2390A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 15.12.2017 14:40
YR OF MANU. 07.10.2010	TARGET DATE
CHASSIS CODE KMHET41VMAA794230	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.12.2017
NATURE: 3P 15.12.2017

S/NO	LABOR CODE	DESCRIPTION
	NTUC	- taxi Re Right damage
	LPC/Kalua	-

HECKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC2390A		Vehicle No.: SHC2390A	
Signature/Date		Name of Service Advisor	
To be returned to Service Reception upon collection		To be kept by Security Guard	

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 15:56
Date Of Accident	15/12/2017 13:20
Exact Location Of Accident	BEDOK RESERVOIR RD TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2390A
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

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	SEAH KIM LAI
NRIC No	S6814259H
Date Of Birth	12/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1996
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 761 BEDOK RESERVOIR VIEW #11-325
Postcode	470761
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	COLLISION - HEAD TO REAR
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 REFER TO 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	FBE2508P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ABDUL HAFIZ BIN MOHD SHAFII
NRIC/Passport Number	S9000266Z
Contact Number	87501870
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

COMPACT TRANSPORTATION PIA LLC
CO. REG NO. 1900031R

Policyholder's Signature
Date & Time:

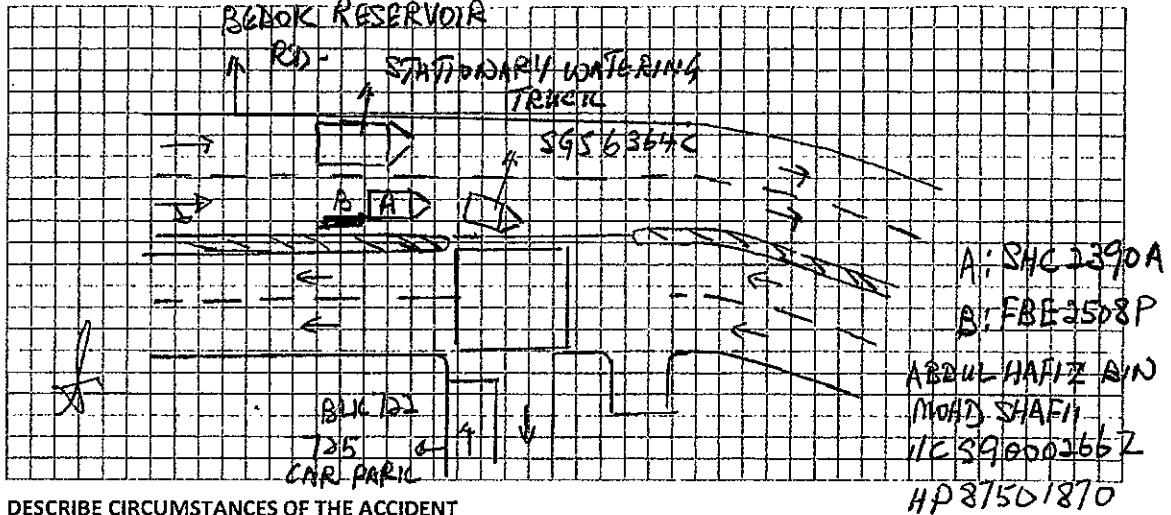
Driver's Signature
(If driver is not the policyholder)
Date & Time:

15/12/17
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAASC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.

FT TRANSPORTATION, INC.
C/O 705 9TH AVENUE 143

Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm V3

NRIC/FIN No.: 2

[illegible]

Declaration

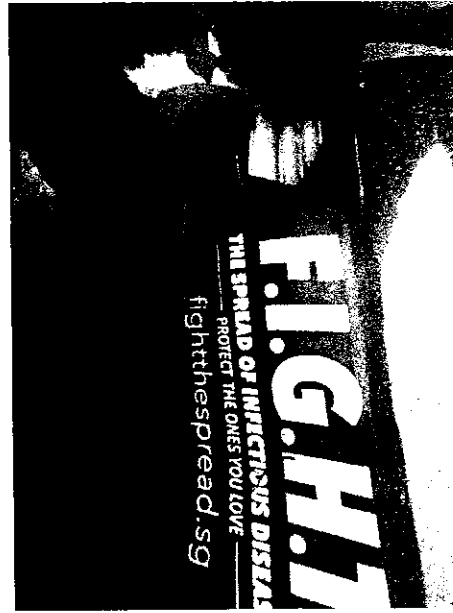
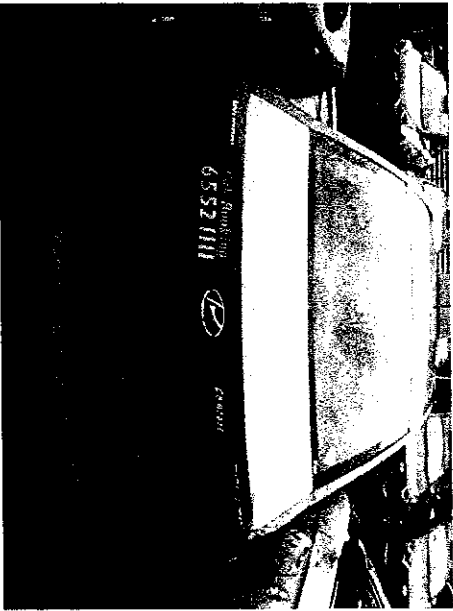
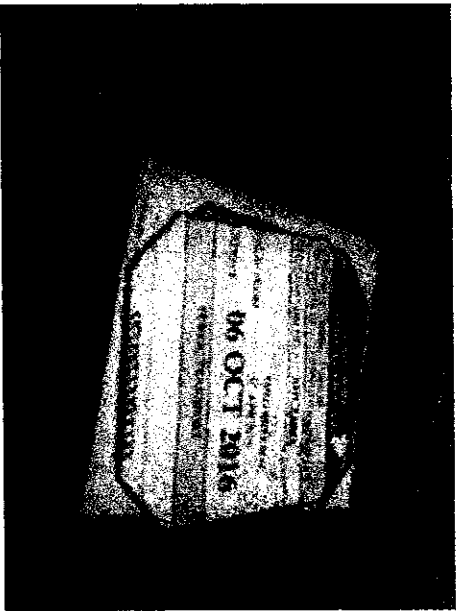
I/We declare the foregoing particulars are true in every respect.

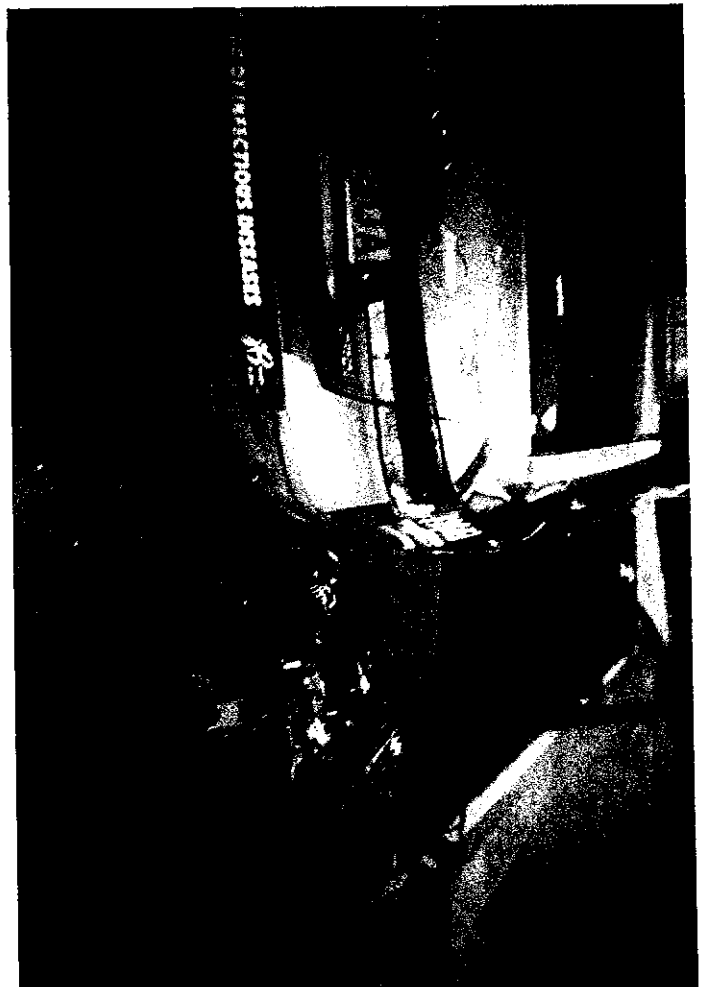
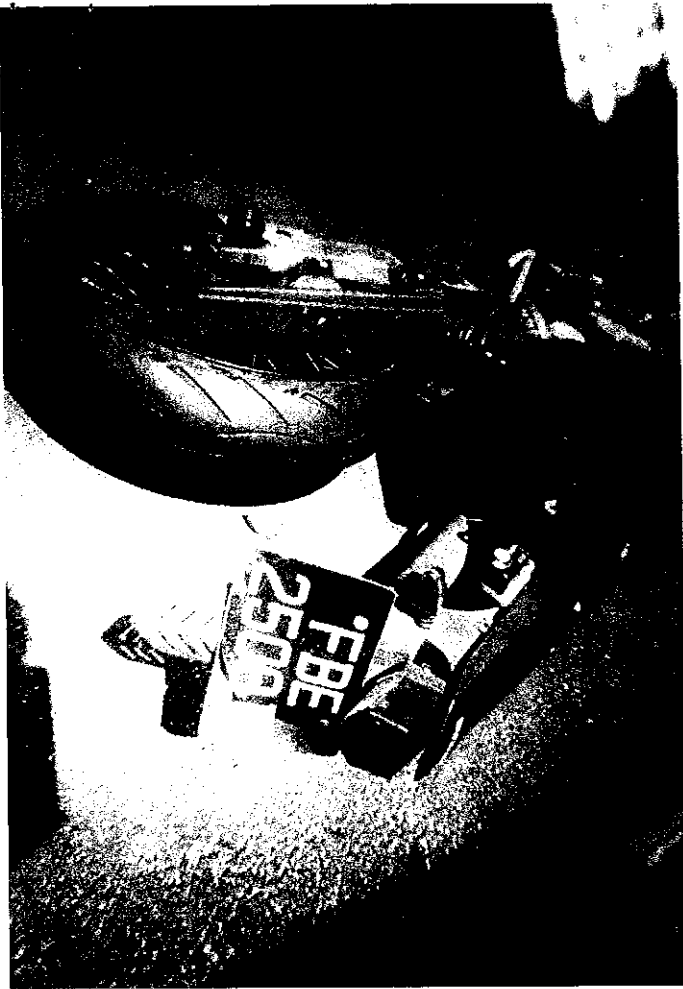
COMPLET TRANSPORTATION FLEET
CD REG NO. 197031R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





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

Date : 22.12.2017

Fax :

Vehicle Reg No. : SHC2390A

Date of Accident: 15.12.2017

2. The finalized amount shall be:

(b) Labour Charges	_____
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Total for Part-By-Part Repair Cost

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost	\$2,600.00
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4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

We confirm the estimates and finalized amount

Signature: _____

Name : Kalish

Date : 26/12/17

Fax : 6546 8156

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2390A

DATE 12/16/2017 10:04

MAKE :

MODEL : HYUNDAI SONATA

NTUC

POA: 15.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid — <i>Rest</i>			\$ 1,349.50	
	Boot Lid Rubber <i>X rest</i>			\$ 110.90	
	Boot Lid Lock Upper <i>X rest</i>			\$ 132.10	
	Boot Lid Lock Lower <i>X rest</i>			\$ 30.30	
	Boot Lid Sonata Plate — <i>rest</i>			\$ 43.60	
	Boot Lid Hyundai Plate — <i>rest</i>			\$ 24.20	
	Boot Lid 'H' Emblem — <i>rest</i>			\$ 26.10	
	Boot Lid CRDI Plate — <i>rest</i>			\$ 22.70	
	Rear Bumper — <i>Rest</i>			\$ 578.40	
	Rear Bumper Clip — <i>rest</i>			\$ 22.00	
	Rear Bumper Protector (RH) <i>X repair</i>			\$ 38.00	
	Tail Lamp (RH) — <i>rest</i>			\$ 344.00	
	<i>Rear Fender (RH) X repair</i>				
	SUB TOTAL			\$ 2,721.80	
	LESS 20%			\$ 544.36	
	DISCOUNTED TOTAL			\$ 2,177.44	
	Boot Lid Comfort Logo & Tel No. Sticker — <i>rest</i>			\$ 30.00	Nett
	Rear Bumper Advertisement Logo — <i>rest</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat — <i>rest</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>rest</i>		\$ 100.00	\$ 200.00	Nett
	Rear Fender Comfort Sticker/Apps (RH) — <i>rest</i>			\$ 30.00	Nett
				\$ 360.00	
	Labour Charge				
	Panel Beating			\$ 650.00 <i>400</i>	
	Spray Painting Charge			\$ 600.00 <i>580</i>	
	Wiring Charge			\$ 50.00 <i>20</i>	
	Tuff Kote			\$ 50.00 <i>X 20</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 1,470.00	
	ESTIMATE TOTAL			\$ 4,007.44	
<p><i>Kalun (LKK)</i></p> <p><i>18/12/17 1045L</i></p> <p><i>2 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair plz</i></p>					
<p>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.</p>					

Larry Ng

UKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____


**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/INC17023967/K1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 08-01-2018	
		Code: INC4	
1. Policy Particulars : THIRD PARTY CLAIM			
Insured Veh.	FBE 2508P	Veh. Inspected	SHC 2390A
Policy No.	5068409562-03	Coverage (\$)	0.00
Claim No.	MT/0974118-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2017
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA794230	Colour	BLUE
Odometer	150309	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 REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/12/2017	Inspection Date	18/12/2017
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2390A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID 'H' EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR	38.00	-
1	TAIL LAMP (RH)	CRACKED	344.00	344.00
1	REAR FENDER (RH) (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-544.36	-482.10
			2,177.44	1,928.40
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER / APPS (RH) (SN)	NECESSARY	30.00	30.00
			360.00	360.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		820.00	440.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	540.00
			1,470.00	980.00
GRAND TOTAL			4,007.44	3,268.40

Report Ref No. NS/INC17023967/K1tbe2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,600.00
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Report Ref No. NS/INC17023967/K1tbe2

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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