

Bureau

Kalin

REF: NS/INC17023974 / KWB02

## ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SKC 8233X

Policy No. 5090860946 040017 - 040518

Claims No. MT/0973989-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC 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

Veh No:

SHB 4019R

Yr Regn:

3 Sep 2015

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

Truck / Trailer or

Make:

Hyundai 280

C.C.

1685

Colour:

Blue

A/C:

Insured

Std / NI / NA

Sp. Reading:

22348

T/Radio:

Insured

Std / NI / NA

Eng/No:

C/No:

KMHLD 41444077279

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

205/60R16

R:

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

TOYO / YOKO or

Went/14

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

16/12/17

D.O.I.

18/12/17

Survey held at

COAE (Long 1)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frt 0/1

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHB 4019R - 004 ML609000604 / Dgln

SKC 8233X - NA/INC16016851 / YJ

DCA: 030107

IM

DCA: 020116

C/S

21/12/17 Continued 45 \$1950 / 2 Pys (Red 1439.36, 407)

RECEIVED 20 DEC 2017

Date/Time File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time File Return to?

2) 26/12- typist

Report Format:

Lump Sum / I.B.I: \$ 1950 / 2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. Insp. \$

☐

Weekend \$

Survey Fee

Transportation

Food &amp; Drink

Phone

Other

160

35

195

# Survey Department Check List (Case Handler)

Reference No. : NS/INC17023974/Klvb  
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

23/12/17

Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/INC17023974/K1vb

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2017  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 8233X	Veh. Inspected	SHB 4019R
Policy No.	5090860946	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

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## 5. General Information

Accident Date	16/12/2017	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.
--

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/12/2017

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/0974613-001	COMFORT TRANSPORTATION	SHC 2492P	SLQ 2300P	10/12/2017	2:50	\$ 38,537.65	TOTAL LOSS
2	MT/0974113-002	COMFORT TRANSPORTATION	SHD 4942P	GBC 7893D	16/12/2017	23:35	\$ 13,720.90	\$ 6,450.00
3	MT/0974165-002	COMFORT TRANSPORTATION	SHC 3973L	PC 983H	17/12/2017	17:00	\$ 2,447.80	\$ 735.00
4	MT/0973989-002	COMFORT TRANSPORTATION	SHB 4019R	SKC 8233X	16/12/2017	12:20	\$ 3,389.36	\$ 1,950.00
5	MT/0974329-002	COMFORT TRANSPORTATION	SHC 3610J	SFH 8613R	17/12/2017	16:15	\$ 3,823.58	\$ 1,000.00

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/12/2017 17:12"/>						
Vehicle No.(For Motor)	<input type="text" value="SKC8233X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5090860946	THONG LEE LEASING PTE LTD	201509578W	GPC	drive CLASSIC	SKC8233X	SKC8233X	04/05/2017	04/05/2018
<input type="button" value="Continue"/>									

## 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	18/12/2017 08:54
Date Of Accident	16/12/2017 12:20
Exact Location Of Accident	HOUGANG ST 61 BLK 693/ 695 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4019R
<b>Insured/Policyholder</b>	
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	I40
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-15072701MFSH
Cover Note Number	

### Driver

Name of Driver	TAN KAR CHYE
NRIC No	S1711450F
Date Of Birth	07/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1985
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	19 #11-201 HOUGANG AVENUE 3
Postcode	530019
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 ON COLLISION
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

SEE ATTACH.

#### 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	SKC8233X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

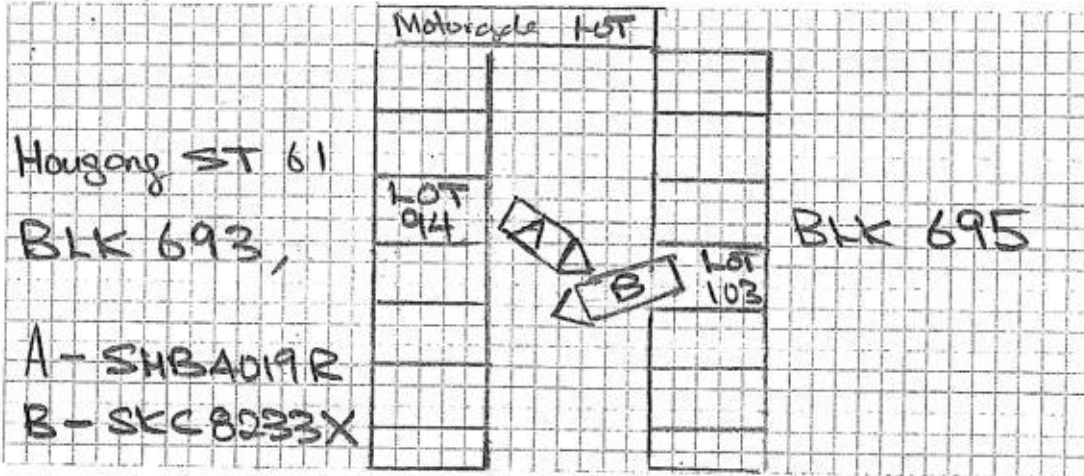
#### Details of Witness

Name	
Phone Number	
Email Address	



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/2017 @ around 1220hr, While I make U-turn  
From Open Carpark End and turn right to Exit,  
Suddenly Vehicle (B) SKC 8233X coming out  
From Carpark LOT and Cause Collision with my  
taxi front part. Cause damaged.

There is Video Tape on the scene  
No Pax and no injury

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 189303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:



**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:

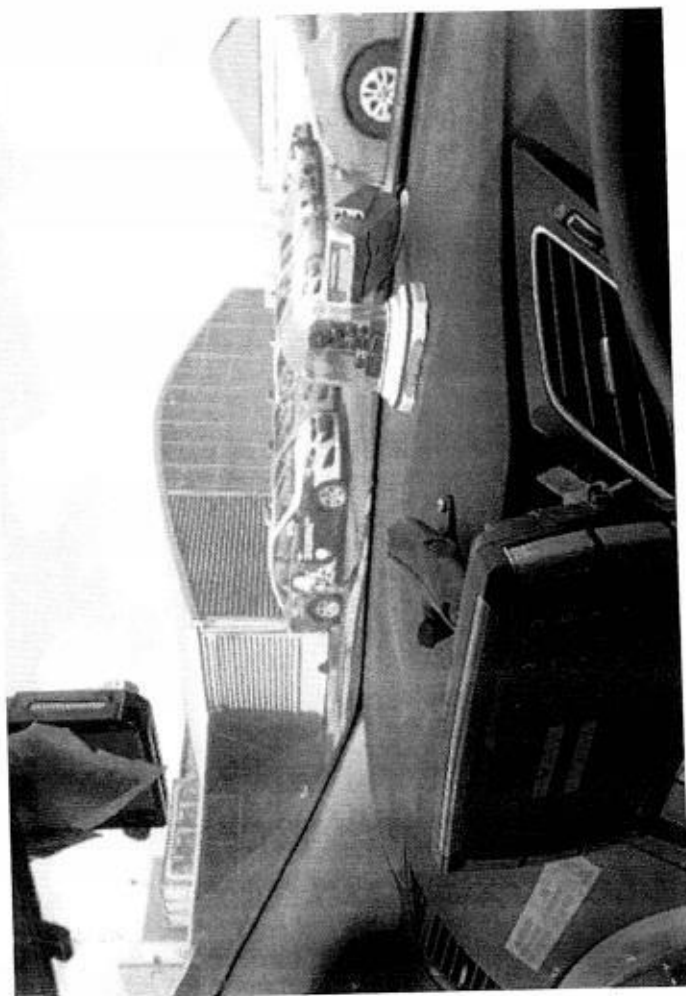
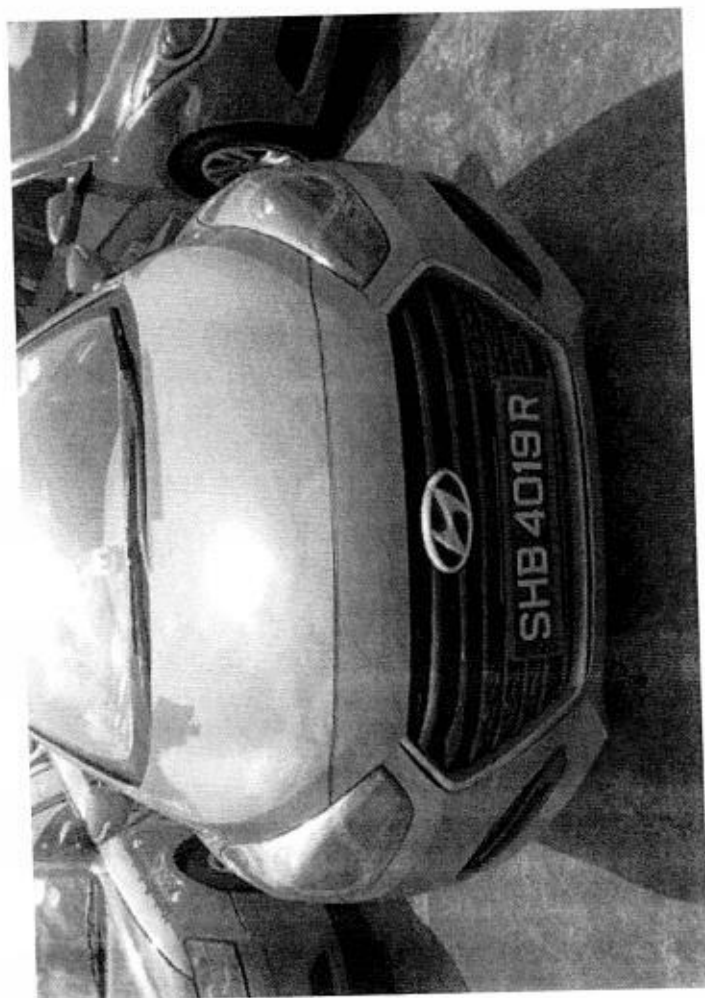
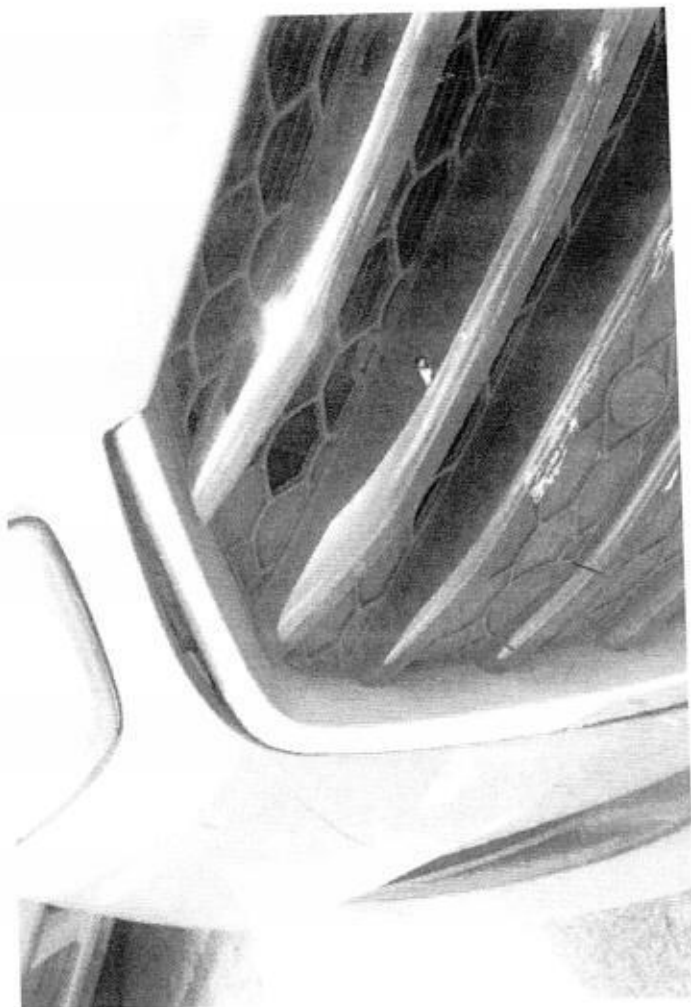
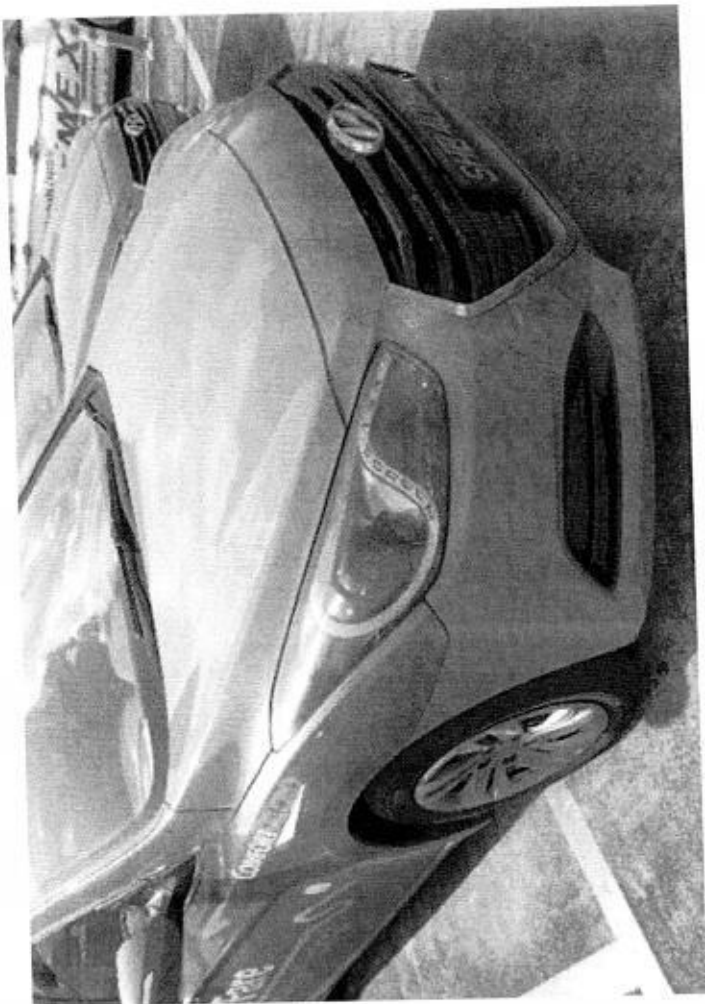
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

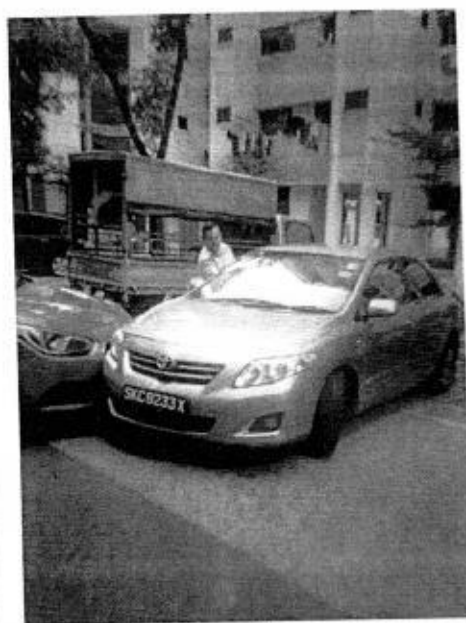
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 189303821R

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.:





Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO.305098644

CUSTOMER

REGN NO:

SHB4019R

MILEAGE

VMS

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO

7010045

ADDRESS

383 SIN MING DRIVE

MODEL

I-40

16.12.2017 13:05

Singapore SINGAPORE 575717

L. (R)

65508755

(O)

YR OF MANU

03.09.2015

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU077279

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.12.2017

NATURE: 3P 16.12.17/C

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHB4019R

JU NTUC LKK

Vehicle No.:

SHB4019R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 4019R

DATE 18/12/2017 11:57

MAKE :

**MODEL : HYUNDAI i40**

MODEL	: HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
				Radiator Grille			\$ 1,480.00
				Front Bumper Cover			\$ 1,052.20
				Front Bumper Sponge			\$ 142.20
				Front Bumper Reinforcement			\$ 526.10
				Front Bumper Grille (RH)			\$ 285.50
				Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
				Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40
				<b>SUB TOTAL</b>			<b>\$ 3,549.20</b>
				<b>LESS 20%</b>			<b>\$ 709.84</b>
				<b>DISCOUNTED TOTAL</b>			<b>\$ 2,839.36</b>
				<b>Labour Charge</b>			
				Panel Beating			\$ 350.00
				Spray Painting Charge			\$ 200.00
				<b>TOTAL LABOUR</b>			<b>\$ 550.00</b>
				<b>ESTIMATE TOTAL</b>			<b>\$ 3,389.36</b>
				<p>Kalvi (LKK)</p> <p>18/2/21 1420h</p> <p>2021</p> <p>4/5</p> <p>After Repair photo</p>			
				<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</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>			



# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305098644  
Date : 20.12.17

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB4019R

Fax :

Date of Accident : 16/12/2017

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

- The repair job shall bill to: NTUC --- SKC8233X  
###
- The finalized amount shall be:
  - Spare Parts after List discount
  - Labour Charges ###
  - Total for Part-By-Part Repair Cost
  - Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$1,950.00  
Final Lumpsum Repair cost

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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 21/12/17

### 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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

## 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/INC17023974/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 04-01-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 8233X	Veh. Inspected	SHB 4019R
Policy No.	5090860946	Coverage (\$)	0.00
Claim No.	MT/0973989-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077279	Colour	BLUE
Odometer	223448	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	16/12/2017	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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## 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. SHB 4019R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	285.50	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
	LESS 20% DISCOUNT		-709.84	-506.44
			2,839.36	2,025.76
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			550.00	380.00
<b>GRAND TOTAL</b>			<b>3,389.36</b>	<b>2,405.76</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,950.00</b>

Report Ref No. NS/INC17023974/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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