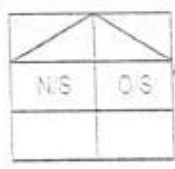


Kalvin

NS/INC17023981/K1102

ASSIGNMENT

Project: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To inspect Vehicle No: \_\_\_\_\_  
at Workshop No: \_\_\_\_\_  
of: \_\_\_\_\_  
Insured: **SJG 377A**  
Policy No: **50 8909 8523 29092017**  
Claims No: **M7/0274506-002**  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_



(Policy Condition)  
Remarks: The veh had commenced its repair at the time of inspection.  
Bal. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ 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

Vehicle: **SH 9111L** Reg: **12 May 2016**  
Type: M/Car / M/Cycle / Bus / Van / Lorry / **6** / Prime Mover  
Truck / Trailer of: \_\_\_\_\_  
Make: **Hyundai Ix0** 1685  
Colour: **Blue** L/O Ins: **6** Std: NI / NA  
St Reading: **147774** T Radio: Insured: **6** Std: NI / NA  
Eng No: \_\_\_\_\_  
Ch No: **K M H L B 414 M G 4 087936**  
Gen. Cond: Good / **6** / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD **6** Rim or  
Tyre Size: F: **205/60R16**  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MID / OHTSU / PIR / SUMI /  
TOYO / YOKO or **Hankook**  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R.Bal. **7** mm R.Bal. **7** mm  
L.Bal. **7** mm L.Bal. **7** mm  
D.O.A. **18/12/17** D.O.A. **18/12/17**  
Survey held at: **COKE (7/17)**  
Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or  
**N/S Fnt.**  
The UIC / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction  
**SH 9111L - CC3/AT17023060/K1263** **DA: 021217 INC**  
**SJG 377A - X** **PIP**  
**19/12/17 Continued PIP \$2137.52 / 2 Pys (Red: 397.36, 15%)**  
**RECEIVED 22 DEC 2017**  
**21/12/2017**

Date Time File Pass to: ☐ : Prel. Report  
**21/12 Typist** ☒ : Final Report  
Date Time File Return to: \_\_\_\_\_  
Report Format: **TP**  
Lump Sum / L.B: **2137.52**  
Days Of Repair: **2**  
Resurvey No. of Trip: **1**  
Add Fee: ☐ Site Insp **0**  
☐ Interview **0**  
☐ Test **0**  
☐ Transport **0**  
Survey Fee: **160**  
Transport: **35**  
Total: **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/INC17023981/K1tb

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.	SJG 397A	Veh. Inspected	SH 9111L
Policy No.	5089098523	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	18/12/2017	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 : 20/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973733-002	COMFORT TRANSPORTATION	SHD 4138U	GBA 5869Z	13/12/2017	18:30	\$ 5,078.82
2	MT/0973984-002	COMFORT TRANSPORTATION	SHD 3473H	PC 3357X	16/12/2017	13:15	\$ 3,512.96
3	MT/0974088-002	CITYCAB PTE LTD	SHA 473T	SJM 9474U	15/12/2017	17:00	\$ 2,347.68
4	MT/0973041-002	COMFORT TRANSPORTATION	SHC 1446E	SLR170E	10/12/2017	13:30	\$ 1,233.50
5	MT/0973902-002	COMFORT TRANSPORTATION	SHD 3061M	SJR 8561G	13/12/2017	11:30	\$ 2,461.58
6	MT/0974506-002	CITYCAB PTE LTD	SH 9111L	SIG 397A	18/12/2017	10:15	\$ 2,534.88

eBaoTech

General Claim

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="18/12/2017 17:12"/>						
Vehicle No. (For Motor)	<input type="text" value="SJG397A"/>								
<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"/>	5089098523	KYRO AUTOMOBILE	53156832J	GFT	drive CLASSIC	SJG397A	SJG397A	27/09/2017	
<input type="button" value="Continue"/>									

Sam: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO.305098967

OMER  
IS COMFORT TRANSPORTATION PTE LTD  
OMER NO 7010045  
IESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

REGN NO:  
SH 9111L

MILEAGE

MAKE:  
HYUNDAI

FUEL

MODEL  
I-40

DATE/TIME IN 18.12.2017 11:15

YR OF MANU  
12.05.2016

TARGET DATE

CHASSIS CODE  
RMHLB41UMGU087936

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

ccident Date: 18.12.2017  
ATURE: 3P 18.12.17/C

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SH 9111L JU NTUC LKK

Vehicle No.: SH 9111L

if Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	18/12/2017 13:40
Date Of Accident	18/12/2017 10:15
Exact Location Of Accident	TAXI STAND AT FUJI XEROX TOWERS BERNAM ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9111L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	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	CHIANG MEOW TEE
NRIC No	S1281380E
Date Of Birth	13/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	26/01/1980
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	97 WHAMPOA DR # 10-192
Postcode	S230097
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	SJG397A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PHUAN TIAN POO
NRIC/Passport Number	S7767411Z
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	

**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  
GIA REG NO. 10075

Lim Ee Soon  
CSO

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.:

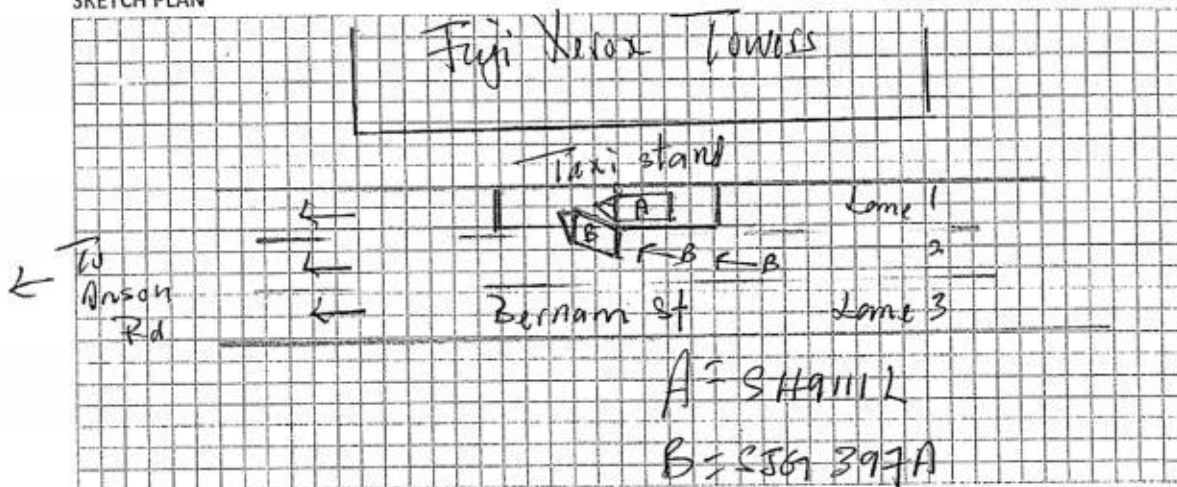
GIA/IMC SketchPlanForm\_V3

1



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As  
attached

## DECLARATION

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

COMFORT TRANSPORTATION Sdn Bhd

CO REG NO 19901100000000000000

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.:

SIAMIC SketchPlanForm\_V3

Sketch Plan Pg. 3

SH 9111L

- ACCIDENT STATEMENT

This morning(18/12/2017), as seen in the video footage, I stopped my taxi in a lot at the taxi stand at Bernam Street in front Fuji Xerox Towers.

There was an empty parking lot in front at this taxi stand,

Shortly later, while I set to move off slowly from the taxi stand, my taxi was hit by car B( SJG 397A) which cut into the front of my taxi from the middle lane of the road.


The impact inflicted damage to the left front of my taxi.

Car B was a private -hire car driven by a male Chinese, Its right rear sustained minor damage.

I took photos at the scene.

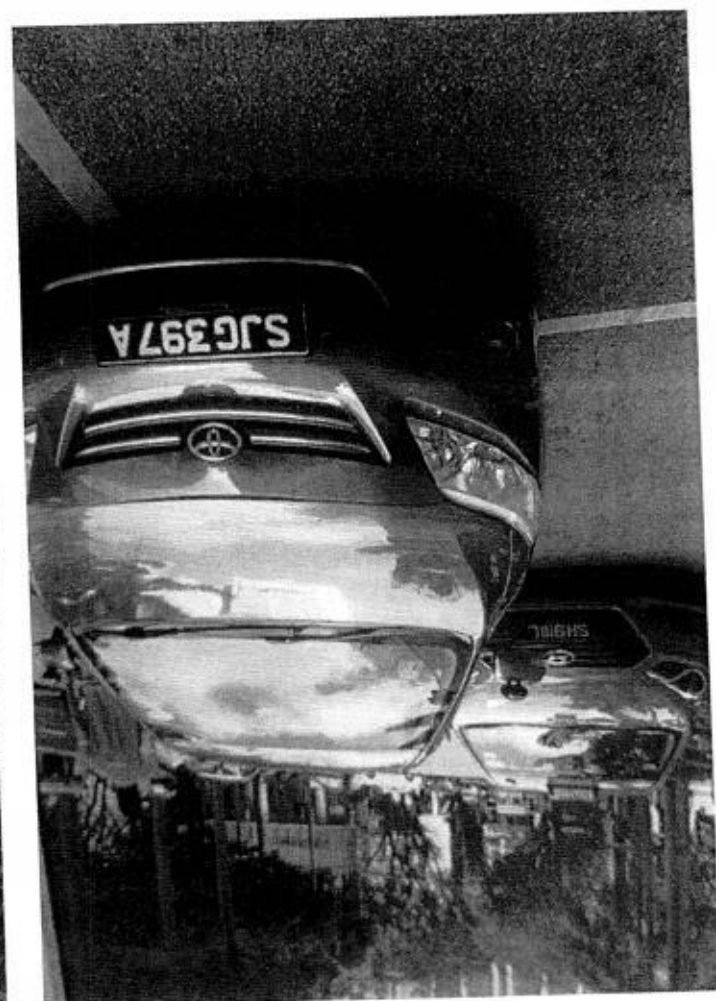
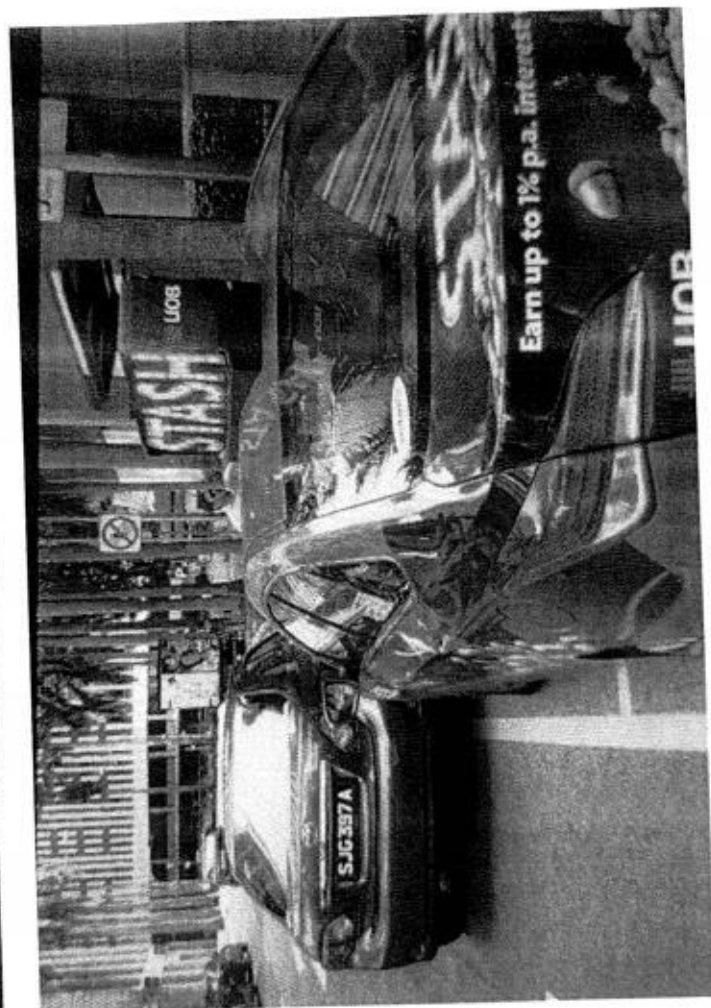
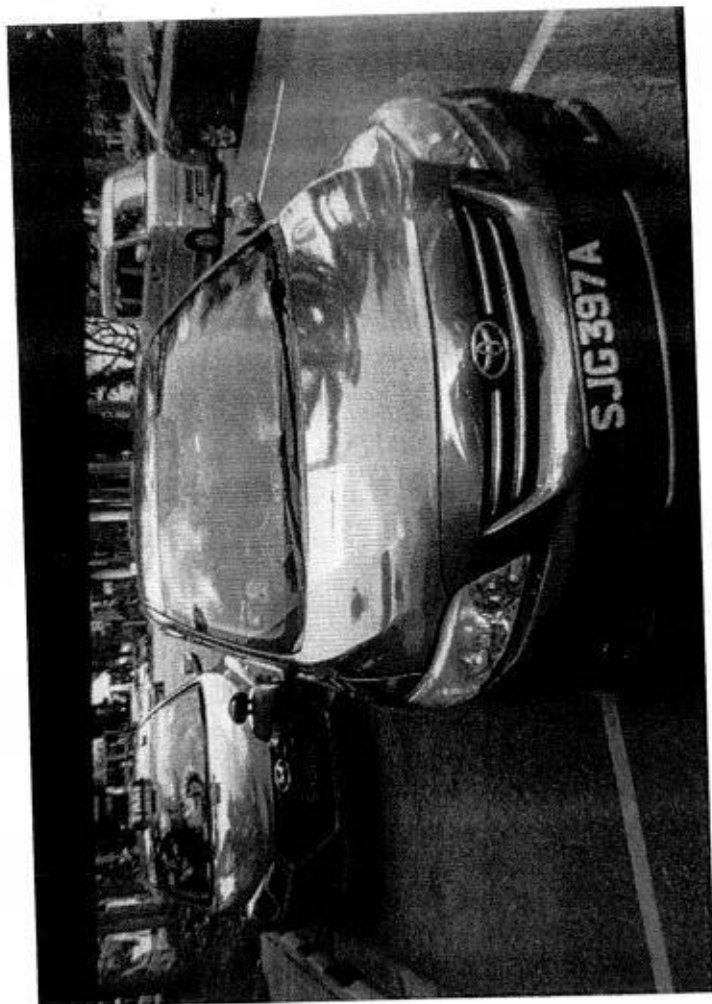
No report of injury.

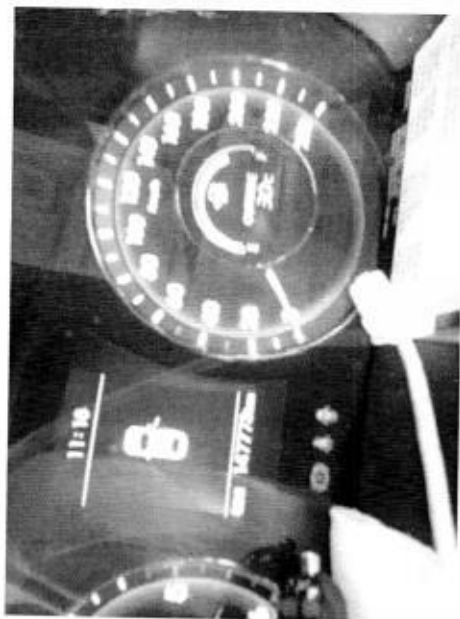
I affirmed the above-statement is true and correct.

  
Driver name : Chiang Meow Tee  
NRIC NO : S 1281380E  
Date: 18/12/2017

Recorded by Alex Lim









REPAIR ESTIMATE\*

VEHICLE NO : SH 9111L

DATE 18/12/2017 15:44

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Refurb</i>			\$ 1,052.20
	Front Fender (LH) <i>Ref</i>			\$ 619.00
	Front Fender Retainer <i>X sue</i>			\$ 9.20
	Front Wheel Hub Cap (LH) <i>Grazed</i>			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 1,831.10</b>
	<b>LESS 20%</b>			<b>\$ 366.22</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,464.88</b>
	Front Fender Advertisement Logo (LH) <i>new</i>			<b>\$ 100.00</b> <b>Nett</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>400.00</del> <i>360</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	FRT Wheel Alignment			\$ <del>120.00</del> <i>X 11</i>
	<b>TOTAL LABOUR</b>			<b>\$ 970.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,534.88</b>
<p><i>Kalini 10/11/17</i></p> <p><i>18/12/17 1545hr</i></p> <p><i>2 P. 17</i></p> <p><i>PIP</i></p> <p><i>Before Paint photo</i></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 legal 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>				
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.				



Our Job Ref No : 305098967

Date : 19.12.17

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9111L

Date of Accident : 18/12/2017

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

1. The repair job shall bill to: NTUC --- SJG397A
2. The finalized amount shall be:  

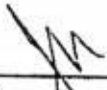
(a) Spare Parts after List discount	###	\$1,457.52
(b) Labour Charges	###	\$680.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$2,137.52</b>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
Final Lumpsum Repair cost		


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 : 6546 8156

Signature :   
Name : KALVIN  
Date : 19/12/17

### 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:

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 19.12.2017

Time: 18:07:27

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305098967  
REGN NO : SH 9111L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 12.05.2016  
DATE/TIME IN : 18.12.2017 11:15  
ACCIDENT DATE : 18.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2292-G	I40V3 COVER-FR BUMPER#	1	1,052.20	20.00	841.76
0002 04-01-0103-0574-G	I40VC PANEL-FENDER LH#	1	619.00	20.00	495.20
0003 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56

SUB-TOTAL : 1,457.52

## JOB NATURE

0000 L	PANEL BEATING- FRT.	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-05	RENEW ADVERTISEMENT STICKER-	100.00
SUB-TOTAL :		680.00

TOTAL : 2,137.52

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & 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/INC17023981/K1tbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017

189556



Code: INC4

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

Insured Veh.	SJG 397A	Veh. Inspected	SH 9111L
Policy No.	5089098523	Coverage (\$)	0.00
Claim No.	MT/0974506-002	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.	2016
Chassis No.	KMHLB41UMGU087936	Colour	BLUE
Odometer	147774	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
---

**5. General Information**

Accident Date	18/12/2017	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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9111L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-366.22	-364.38
			1,464.88	1,457.52
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			970.00	580.00
<b>GRAND TOTAL</b>			<b>2,534.88</b>	<b>2,137.52</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,137.52</b>

Report Ref No. NS/INC17023981/K1tbe2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

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

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