

INSURANCE

Kalvin

REF:

NS/INC17024074/Klgbnz

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: **PC 5891 G**

Policy No: **5090990583 180517 - 170518**

Claims No: **MT/0974171-002**

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: **3** 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: _____

SH 8013T - C03/III 17010565 / M1wb3

PC 5891G - X

26/12/17 (actual) 45 \$2100 / 30% (Fed \$2881.28, 48%)

Veh No

SH 8013T

Yr Regn:

"Jun 2015"

Type: M/Car / M/Cycle / Bus / Van / Lorry / T / Prime Mover /

Truck / Trailer or

Make:

Hyundai Ix0

CC / 685

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp. Reading

415676

T. Radio: Insured / Std / NI / NA

Eng/No:

Ci/No:

KMHL0814MF4069862

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

westlake

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.A

19/12/17

Survey held at

CDAE (60402)

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

N/S Front

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

RECEIVED 23 DEC 2017

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

Date/Time: File Return to?

2)

Add Fee:

☐ Site Insp. \$
☐ Interview \$
☐ Tech. Insp. \$
☐ Weekend \$

Report Format: **TP**

Lump Sum / I.B. / S

3100

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/INC17024074/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 19-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 5891G	Veh. Inspected	SH 8013T
Policy No.	5090990583	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

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	19/12/2017
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.
--

Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD (TP) TP RES / TL / EVA

SH803T

Case Handler

Typist

Admin (Cathy): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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

(1) Assignment Form

- 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

✓		
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(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

✓		
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Check By:

Case Handler

Date

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	SLJ 9582H	06/12/2017	20:40	\$ 4,922.56	\$ 3,365.12
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 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	SJJ 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	SJH 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 4697B	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

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 17:37"/>						
Vehicle No.(For Motor)	<input type="text" value="PC5891G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090990583	JE-SERVICES	533474898	G85	Comprehensive	PC5891G	PC5891G	18/05/2017	17/05/2018
<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 10:19
Date Of Accident	16/12/2017 15:10
Exact Location Of Accident	UPPER CHANGI RD INFRONT OF BEDOK CC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8013T
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	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	SALIM BIN MOHD
NRIC No	S7435519F
Date Of Birth	26/10/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1999
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LINDASALIM07@YAHOO.COM

Address	BLK 236 COMPASSVALE WALK #04-520
Postcode	540236
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 REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	PC5891G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEONG NGEE LEONG
NRIC/Passport Number	S1041962Z
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
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 19220321R

Policyholder's Signature
Date & Time:

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

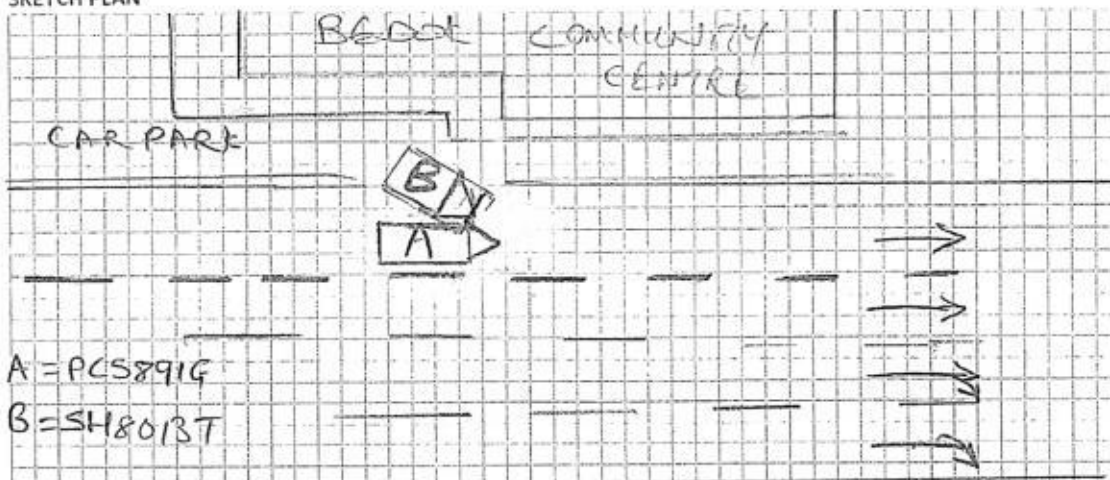
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IAAC Sketch Plan Form V2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/12/17 @ 1510h, I was driving along
Upper Changi Rd on Extreme Left Lane. Suddenly
Vehicle (B) Coming out from Carpark Exit and
Cause collision with my taxi on the Front Left
Portion Cause damaged.

There is Video Footage on the Scene

There is no injury

DECLARATION

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

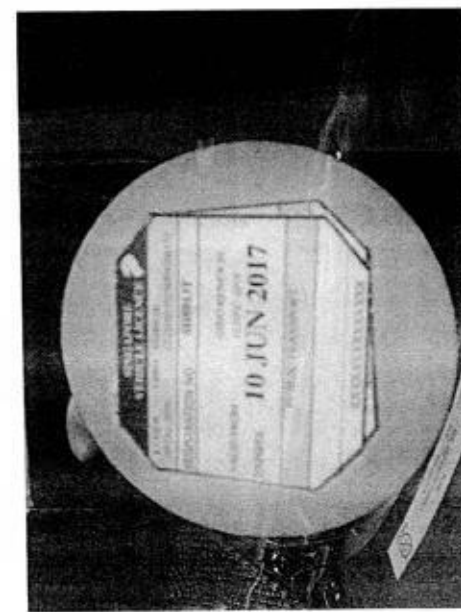
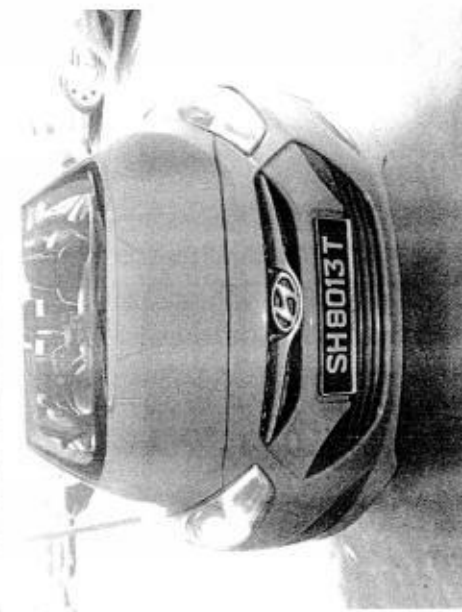
COMFORT TRANSPORTATION PTE LTD
CO REG NO: 199203321R

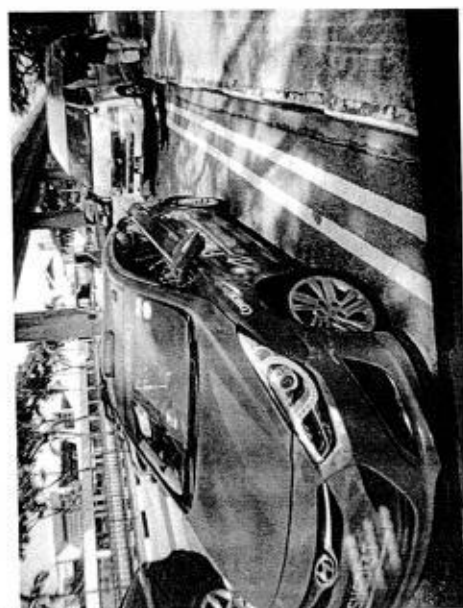
Policyholder's Signature
Date & Time:

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

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

51A/PRAC SketchPlanForm_v3





Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.305099045
Customer: COMFORT TRANSPORTATION PTE LTD	REGN NO: SH 8013T	MILEAGE	
VMS: 7010045	MAKE: HYUNDAI	FUEL	
Customer NO: 383 SIN MING DRIVE	MODEL: I-40	DATE/TIME IN	17.12.2017 12:00
Address: Singapore SINGAPORE 575717	YR OF MANU: 11.06.2015	TARGET DATE	
L (R) 65508755 (O)	CHASSIS CODE: KMHLB41UMFU069462	COMPLETION DATE/TIME:	
(P)			
3 COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 16.12.2017
NATURE: 3P 16.12.2017

S/	LABOR CODE	DESCRIPTION
		NTUC - taxi Left Front Damage
		LKK / Kelvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SH 8013T	Vehicle No.: SH 8013T
Larry Ng	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8013T

DATE 18/12/2017 11:35

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Rehnd</i>			\$ 562.30
	Front Bumper Bracket Top (LH) <i>Xue</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xue</i>			\$ 9.20
	Headlamp Support Top Cover <i>Xue</i>			\$ 398.00
	Headlamp Support Panel Assy <i>Xue</i>			\$ 1,067.50
	Headlamp (LH) — <i>hazel</i>			\$ 1,388.00
	Front Fender (LH) — <i>Pat</i>			\$ 619.00
	Front Fender Shield (LH) <i>Xue</i>			\$ 169.80
	Front Fender Retainer <i>Xue</i>			\$ 9.20
	Front Wheel Hub Cap — <i>hazel</i>			\$ 150.70
	<i>LH wing mirror — Broken</i>			\$ 980.50
	SUB TOTAL			\$ 4,396.10
	LESS 20%			\$ 879.22
	DISCOUNTED TOTAL			\$ 3,516.88
	Front Fender Advertisement Logo (LH) — <i>na</i>			\$ 100.00
				Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 400.00 <i>40</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>Xm</i>
	Frt Wheel Alignment			\$ 80.00 <i>Xm</i>
	TOTAL LABOUR			\$ 1,580.00
	ESTIMATE TOTAL			\$ 5,196.88
	<p><i>Kaluz LKKH</i></p> <p><i>19/12/17</i></p> <p><i>3 Days</i></p> <p><i>4/5</i></p> <p><i>After Repair</i></p>			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 "No Prejudice" basis No illegal modification, etc. allowed Supplementary demand must be subject to final approval from LKK Auto Consultants <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>			<i>4981.78</i>
	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.			

Larry Ng

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

Date : 22.12.2017

Fax :

Vehicle Reg No. : SH 8013T

Date of Accident: 16.12.2017

1. The repair job shall bill to: NTUC PC5891G

(b) Labour Charges _____

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost	\$3,100.0
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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 : Kaikh

Date : 26/2/17

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:

**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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024074/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 5891G	Veh. Inspected	SH 8013T
Policy No.	5090990583	Coverage (\$)	0.00
Claim No.	MT/0974171-002	Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069462	Colour	BLUE
Odometer	415676	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	16/12/2017	Inspection Date	19/12/2017
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:	3 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. SH 8013T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT TOP COVER	SERVICEABLE	398.00	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP	GRAZED	150.70	150.70
1	LH WING MIRROR	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-1,075.32	-740.10
			4,301.28	2,960.40
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,130.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	430.00
			1,580.00	850.00
GRAND TOTAL			5,981.28	3,910.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,100.00

Report Ref No. NS/INC17024074/K1qbn2

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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