

SAFETY

Kalvin

REF:

NS/INC17024076/K/qbs2

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: FV 926U

Policy No: 5068612907 - 03

27.11.17 - 26.11.18

Claims No: MT/0975731-001

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 / PR Seen: Consistent? : Yes or No

Est. Repairs: 1 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

SHD 3143J - NA/INC15011178/13

FV 926U - X

26/4/7

Control P/P \$100 / 1 day. (Red \$1440.50, 94%)

Ref: 030715

Inc P/P

RECEIVED 20 SEP 2017

Date/Time: File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time: File Return to?

3)

Report Format:

7p

Lump Sum / I.B.I. (\$) :

100

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

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

Survey Fee

Transportation

Food & Drink

Fuel

Other

TOTAL

Veh No:

SHD3643J

Reg:

14 Sep 2016

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

Truck / Trailer or

Make:

Toyota Prius

C.C.

1798

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp. Reading:

139476

T. Radio

Insured / Std / NI / NA

Eng/No:

C.No:

JTD/KBF4X03530487

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 D A/Rim or

Tyre Size

F:

195/65R15

R:

-1

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

TOYO / YOKO or

Front

Rear

R/Bal:

2

mm

R/Bal:

2

mm

L/Bal:

2

mm

L/Bal:

2

mm

D.O.A.

18/12/7

D.O.I.

19/1/42

Survey held at

C.P.E (Gang)

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

N/S by mirror

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

Survey Department Check List (Case Handler)

Reference No.: NS/INC17024076/K196
Policy Type: OD / TP / TP RES / TL / EVA

SHD 3643 J

Case Handler

Typist

Admin (Cath): 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
---	--------------------------------------

✓			
---	--	--	--

(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:

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/INC17024076/K1qb

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FV 9226U	Veh. Inspected	SHD 3643J
Policy No.	5068612907-03	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

--

5. General Information

Accident Date	18/12/2017	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.
--

TP Claims against NTUC Income: Follow-Through Survey

Date : 27/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0974232-002	COMFORT TRANSPORTATION	SH 6740R	SHD 1580U	18/12/2017	12:40	\$ 1,609.80
2	MT/0975237-002	COMFORT TRANSPORTATION	SHC 3431J	SIW 1193E	16/12/2017	19:25	\$ 1,981.22
3	Not OI	COMFORT TRANSPORTATION	SHC 3872U	YK 1970P	19/12/2017	9:05	\$ 2,661.58
4	MT/0975239-001	COMFORT TRANSPORTATION	SHD 3643J	FV 9226U	18/12/2017	9:55	\$ 1,540.50
5	MT/0973342-002	COMFORT TRANSPORTATION	SHC 3019S	SKU 8437E	11/12/2017	18:00	\$ 4,120.40
6	MT/0974297-002	COMFORT TRANSPORTATION	SH 8885T	SKV 5507B	14/12/2017	12:35	\$ 4,418.13
7	MT/0975242-001	COMFORT TRANSPORTATION	SHC 1195D	SKE 3642X	14/12/2017	1:00	\$ 1,531.00
8	MT/0975243-001	COMFORT TRANSPORTATION	SHD 6825G	SLF 8753J	14/12/2017	8:25	\$ 4,013.36

eBaoTech

General Claim

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"/>	5068612907-03	NADESAN NAGARAJAH	S12350261	GMC	Third Party	FV9226U	FV9226U	27/11/2017	26/11/2018

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	19/12/2017 07:10
Date Of Accident	18/12/2017 09:55
Exact Location Of Accident	NORTH BOUNA VISTA RD TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3643J
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	TOYOTA
Model	PRIUS
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	PONG CHEN GUANG
NRIC No	S8022433H
Date Of Birth	29/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	CHENGUANG80@GMAIL.COM

Address	737 #07-103 YISHUN STREET 72
Postcode	760737
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

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

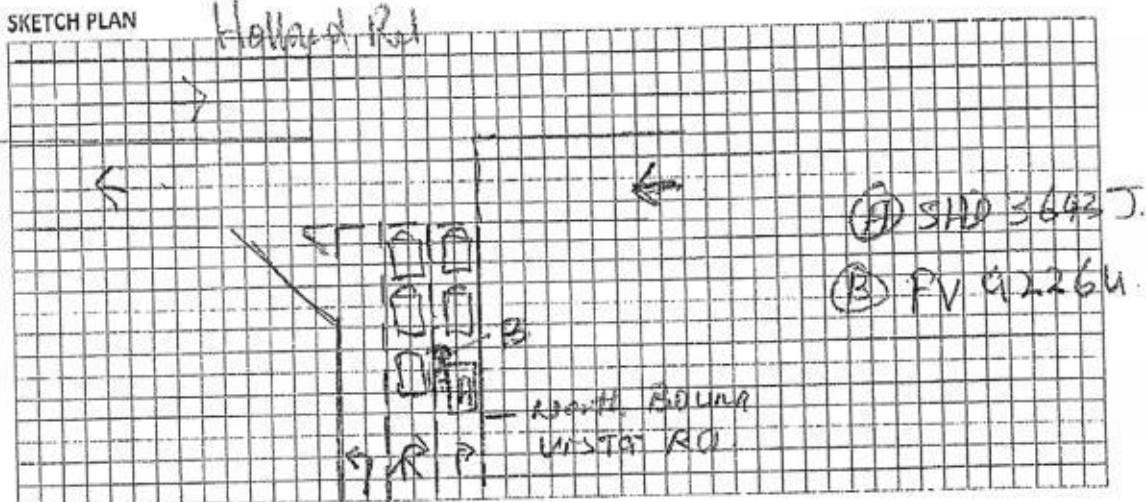
Vehicle Registration Number	FV9226U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18th/12/2017 at about 0955 hrs, I. Vehicle A was stationary at the traffic light junction, while queue up. A motor cycle was squeeze inbetween two vehicle, but he hit against my left wing mirror causing the damage.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 193303821R

Policyholder's Signature
Date & Time:

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

18/12/17 Jackson
Jackson Heng
CSO

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

Sketch Plan Pg. 2

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. 199303821R

Policyholder's Signature
Date & Time:

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

18/11/17
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date/Time: 19.12.2017 10:44

Page : 1

Sam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305099114

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

REGN NO. SHD3643J	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)18	DATE/TIME IN 12.2017 15:50
YR OF MANU. 14.09.2016	TARGET DATE
CHASSIS CODE JTDKB3FUX03530487	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 18.12.2017
NATURE: 3P 18.12.2017

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

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHD3643J LKE/KALVIN

Vehicle No.: SHD3643J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHD 3643J

MAKE :

MODEL : TOYOTA PRIUS

19/12/2017 10:46

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
MIRROR ASSY, OUTER REAR VIEW, LH <i>X repair</i>			\$ 1,374.00
SUB TOTAL			\$ 1,374.00
LESS 25%			\$ 343.50
DISCOUNTED TOTAL			\$ 1,030.50
LABOUR CHARGE			
Panel Beating			\$ 280.00
Spray Painting Charge			\$ 180.00
Wiring Charge			\$ 50.00
TOTAL LABOUR			\$ 510.00
ESTIMATE TOTAL			\$ 1,540.50

*Kalvin LKK**19/12/17 11:30h**1 Day**P/P**After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental claim(s) must be surveyed and is subject to removal from insurance Company

Accepted by Repairer:
Signature:
Date:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305099114
Date : 22/12/17

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHD3643J CTPL

Fax :

18.12.17

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

1. The repair job shall bill to: NTUC --- FV9226U
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$100.00
Total for Part-By-Part Repair Cost	\$100.00
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 1 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALA
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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.12.2017

Time: 09:04:42

REPAIR ESTIMATE

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 : 305099114
REGN NO : SHD3643J
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 14.09.2016
DATE/TIME IN : 18.12.2017 15:50
ACCIDENT DATE : 18.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 50.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 50.00

SUB-TOTAL : 100.00

TOTAL : 100.00

MVA NAME & SIGNATURE
TE :

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/INC17024076/K1qbs2

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.	FV 9226U	Veh. Inspected	SHD 3643J
Policy No.	5068612907-03	Coverage (\$)	0.00
Claim No.	MT/0975239-001	Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FUX03530487	Colour	BLUE
Odometer	139476	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/12/2017	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:	1 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. SHD 3643J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	TO REPAIR		
	MIRROR ASSY, OUTER REAR VIEW, LH		1,374.00	-
	LESS 25% DISCOUNT		-343.50	-
			1,030.50	-
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		330.00	50.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		180.00	50.00
			510.00	100.00
GRAND TOTAL			1,540.50	100.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				100.00

Report Ref No. NS/INC17024076/K1qbs2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.