

Surveyor

Kalvin

REF:

NS/INC17024325/KVb n2

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: **SJE 5477E**
 Policy No: **50 87675899 240117 - 230118**
 Claims No: **MT/0974708-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: **SHC 25987** Reg: **25 Nov 2000**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/A / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Santa** cc: **1991**
 Colour: **Blue** A/C: **Insured / Std / Nil / NA**
 Sp Reading: **5454** T Radio: **Insured / Std / Nil / NA**
 Eng No: _____
 C/No: **KM HETX1VMAA798027**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / S/D A/Rim or
 Tyre 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** mm
 L/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **2/12/17** D.O.I: **22/12/17**
 Survey held at: **CPKE (Longy)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roofed or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
SHC 25987 - (S/ FCL1301512V/RP/bc2
SJE 5477E - X
2/1/18 Control up \$3900/ 4 Pgs. (Red 4436.04, 539)
DATA: 310415 ZNC
4s

RECEIVED 03 JAN 2018

Date/Time File Pass to: ☐ : Prel. Report
☐ : Final Report
 Date/Time File Return to:
 2/1- typist
 Report Format:
 Lump Sum / I.B.I.: **3900/2**
 Days Of Repair: **4**
 Resurvey No. of Trip: **1**
 Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech. Insp \$
☐ Weekend \$
 Survey Fee
 Transportation
 Phone
 160
 35
 195

Survey Department Check List (Case Handler)

Reference No.: NS/INC/7024525 K/VB
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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

Check By: VERON 2/1/18
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/INC17024525/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 5477E	Veh. Inspected	SHC 2598T
Policy No.	5087675899	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

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	21/12/2017	Inspection Date	22/12/2017
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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TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate
1	MT/0975197-002	COMFORT TRANSPORTATION PTE LTD	SHC 3668T	SJC 4754Y	25/12/2017	15:10	\$4,590.56
2	MT/0974708-002	COMFORT TRANSPORTATION PTE LTD	SHC 2598T	SJE 5477E	21/12/2017	13:20	\$8,336.04
3	MT/0975221-002	CITYCAB PTE LTD	SHA 9985Z	SJK 2613S	22/12/2017	21:50	\$2,752.40
4	MT/0975222-002	COMFORT TRANSPORTATION PTE LTD	SHD 6828Z	SLR 6954X	26/12/2017	11:25	\$3,950.80
5	MT/0975911-001	COMFORT TRANSPORTATION PTE LTD	SHC 8755S	SKL 6496U	23/12/2017	13:00	\$2,461.58

Claim received from LKK Auto

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="21/12/2017 17:57"/>						
Vehicle No. (For Motor)	<input type="text" value="SJE5477E"/>								
<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"/>	5087675899	KOH POH KWEE	S7326882F	GPC	driva CLASSIC	SJE5477E	SJE5477E	24/01/2017	23/01/2018
					<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 21/12/2017 15:23
Date Of Accident 21/12/2017 13:20
Exact Location Of Accident PIE TWDS JURONG B4 WHITLEY RD/STEVENS RD EXIT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2598T
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-15072701MFSH
Cover Note Number

Driver

Name of Driver CHAN CHEE WAH
NRIC No S6841833Z
Date Of Birth 27/10/1968
Occupation OUTDOOR
Date Of Driving Pass 24/06/1989
Driving Experience 28 YEARS AND 5 MONTHS
Gender MALE
Mobile Number
Fax Number
Contact Number
Email Address 6112STEVEN0@GMAIL.COM

Address 122D #09-456 RIVERVALE DRIVE
 Postcode 544122
 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
 Number of vehicles involved in the accident
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

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

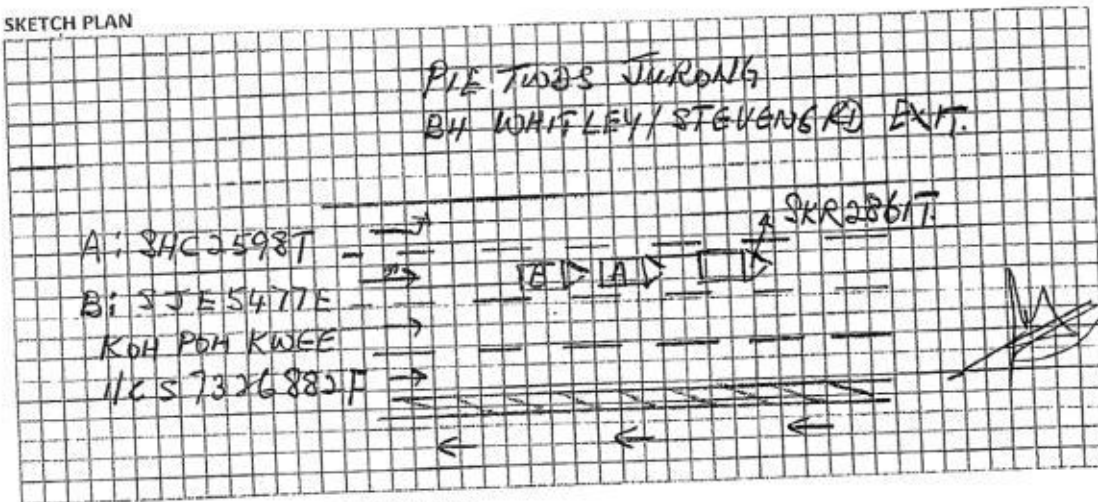
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJE5477E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KOH POH KWEE
 NRIC/Passport Number S7326882F
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION
CO. REG. NO. 190008008

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

Describe Circumstances of the Incident

On 21 Dec 2017 at about 13:20 hrs I was driving on Lane 3 along PIE leading towards the direction of Jurong.

Somewhere before Whitley Rd/Stevens Rd exit the front car SKR2861T braked abruptly and stopped. I immediately braked and stopped as well. Fortunately I was able to brake in time.

Suddenly a split second later a Toyota Camry car SJE5477E came from behind collided onto the Rear Portion of my taxi.

01 lady passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage and scene photos to support my claims.

Declaration

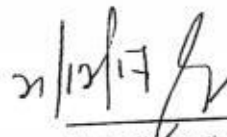
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 150009971R

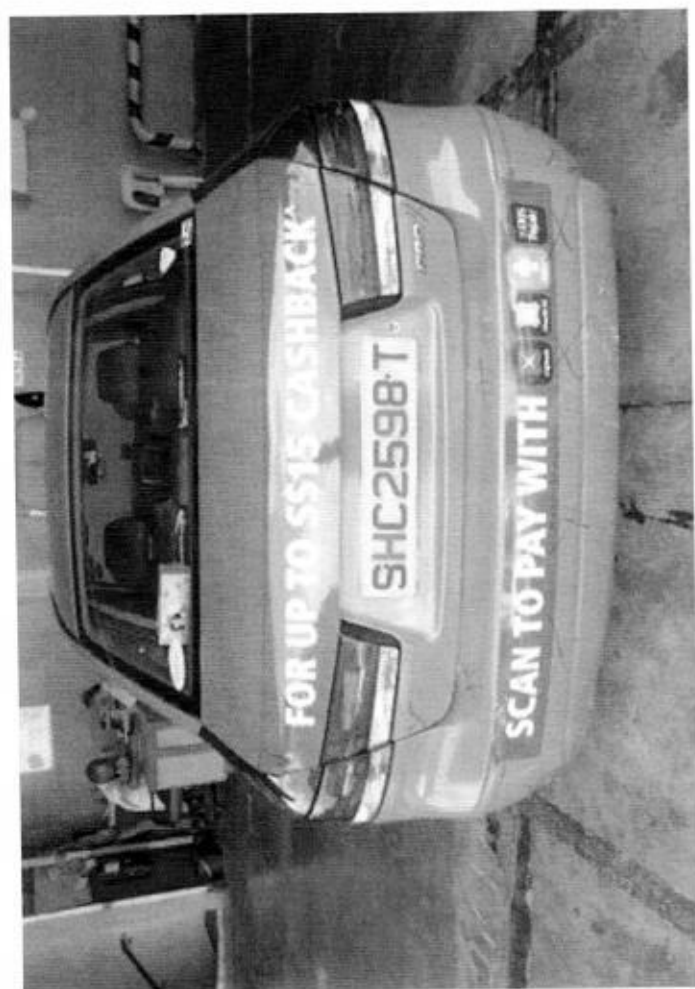


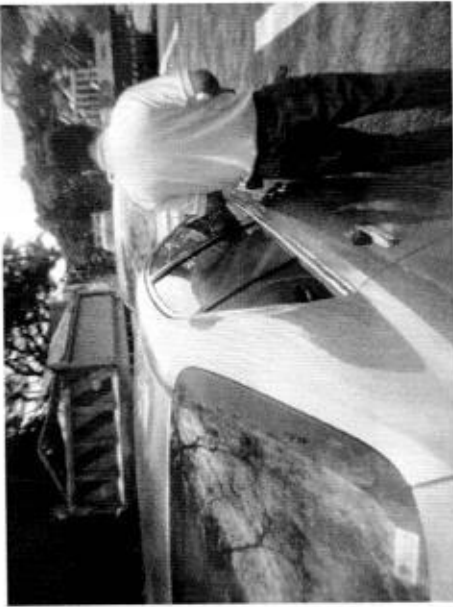
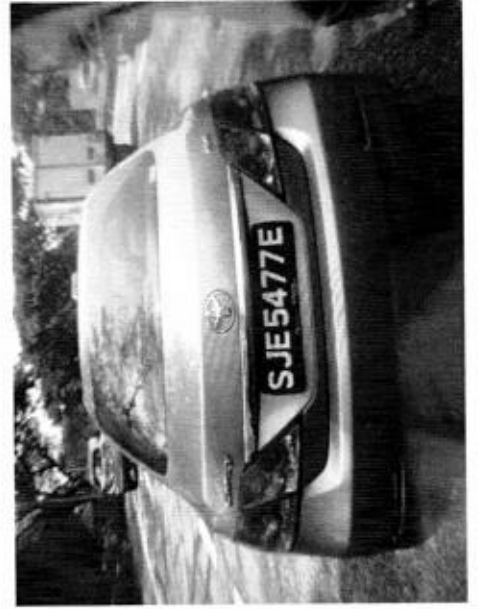
Policyholder's Signature/Date &
Time

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



Witnessed by Reporting
Centre Personnel





A member of COMFORTDELGRO Date/Time: 22.12.2017 15:31 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO. 305100093

CUSTOMER VMS CUSTOMER NO ADDRESS L (R) (P) SCOUT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO. SHC2598T	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 21.12.2017 14:25
		YR OF MANU. 25.11.2010	TARGET DATE
		CHASSIS CODE KMHET41VMAA798027	COMPLETION DATE/TIME:

Accident Date: 21.12.2017
NATURE: 3P 21.12.2017

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Taxi Rear Damage	
	LKK/Kalim -	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Knowledge Slip e: Jo.: File No.: Signature of Service Advisor Returned to Service Reception upon collection	Exit Pass Vehicle No.: SHC2598T Signature/Date To be kept by Security Guard
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COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

N TUC

VEHICLE NO : SHC 2598T

DATE 22/12/2017 10:26

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>X sue</i>			\$ 110.90
	Boot Lid Lock Upper <i>X sue</i>			\$ 132.10
	Boot Lid Lock Lower <i>X sue</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- acc</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>- acc</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>- acc</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- acc</i>			\$ 22.70
	Rear Bumper <i>Refurb</i>			\$ 578.40
	Rear Bumper Reinforcement <i>- acc</i>			\$ 483.30
	Rear Bumper Clip <i>- acc</i>			\$ 22.00
	Rear Bumper Sponge <i>- acc</i>			\$ 137.40
	Rear Bumper Under Cover <i>- acc</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X repair</i>	S	38.00	\$ 76.00
	Rear Panel <i>Refurb</i>			\$ 391.80
	Rear Panel Garnish <i>X sue</i>			\$ 95.80
	Spare Tyre Holder <i>X sue</i>			\$ 27.60
	Spare Tyre Panel <i>Refurb</i>			\$ 863.00
	Spare Tyre Panel Cushion <i>- acc</i>			\$ 200.30
	Rear Towing Hook <i>X sue</i>			\$ 135.30
	Member Assy- Rear Floor Centre <i>X repair</i>			\$ 163.60
	Panel Assy-Rear Floor Side (LH) <i>X repair</i>			\$ 88.55
	Rear Floor Chassis Member (LH) <i>X repair</i>			\$ 756.80
	SUB TOTAL			\$ 5,945.05
	LESS 20%			\$ 1,189.01
	DISCOUNTED TOTAL			\$ 4,756.04
	Boot Lid Comfort Logo & Tel No. Sticker <i>acc</i>			\$ 30.00
	Boot Lid Advertisement Logo <i>acc</i>			\$ 100.00
	Rear Bumper Advertisement Logo <i>acc</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>acc</i>			\$ 200.00
	Labour Charge			\$ 380.00
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Rear Chassis Alignment Charge			\$ 400.00
	TOTAL LABOUR			\$ 3,200.00
	ESTIMATE TOTAL			\$ 8,336.04

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 : 305100093
Date : 29.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2598T

Date of Accident: 21.12.2017

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

1. The repair job shall bill to: NTUC SJE5477E

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost

\$3,900.00

3. Estimated normal period for repairs: 4 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 2/1/18

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:

**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/INC17024525/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 09-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 5477E	Veh. Inspected	SHC 2598T
Policy No.	5087675899	Coverage (\$)	0.00
Claim No.	MT/0974708-002	Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA798027	Colour	BLUE
Odometer	54541	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	21/12/2017	Inspection Date	22/12/2017
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:	4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2598T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR	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 REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	CRACKED	185.80	185.80
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	REAR PANEL	DENTED	391.80	391.80
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
1	SPARE TYRE HOLDER	SERVICEABLE	27.60	-
1	SPARE TYRE PANEL	DENTED	863.00	863.00
1	SPARE TYRE PANEL CUSHION	NECESSARY	200.30	200.30
1	REAR TOWING HOOK	SERVICEABLE	135.30	-
1	MEMBER ASSY-REAR FLOOR CENTRE	TO REPAIR	163.60	-
1	PANEL ASSY-REAR FLOOR SIDE (LH)	TO REPAIR	88.55	-
1	REAR FLOOR CHASSIS MEMBER (LH)	TO REPAIR	756.80	-
	LESS 20% DISCOUNT		-1,189.01	-595.72
			4,756.04	2,382.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00

Report Ref No. NS/INC17024525/K1vbn2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) <u>LABOUR</u> THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.	NECESSARY	200.00	200.00
			380.00	380.00
			1,950.00	1,020.00
			1,250.00	1,100.00
			3,200.00	2,120.00
GRAND TOTAL			8,336.04	4,882.88
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,900.00

Report Ref No. NS/INC17024525/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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