

Surveyor

Kalvin

REF

NS/INC17024545/Kltbn2

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: **YP 5831E**

Policy No: **5088100300 060317 - 050318**

Claims No: **MT/09-TH315-002**

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 Rpt: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHC 2941K**

27 Jan 24

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

Truck / Trailer or

Make: **Hyundai Sonata**

1991

Colour: **Blue**

A/C Insured / Std / NI / NA

Sp Reading: **228515**

T-Radio Insured / Std / NI / NA

Eng No: _____

C/No: **1CAHET41VMDA 803709**

Gen. Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **215/60 R16**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Weld / etc**

Front

Rear

R.Bal: **7** mm

R.Bal: **7** mm

L.Bal: **7** mm

L.Bal: **7** mm

D.O.A: **23/12/17**

D.O.A: **26/12/17**

Survey held at: **COHE (L.m)**

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

Rear

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

Date / Time Action / Instruction

SHC 2941K - NA / INC15021247 / R3

DOA: 12.12.15

ZNC 41

YP 5831E - x

2/1/18 Estimated CP \$ 4350 / 4 Pys. (Red). 6440.06 : 59%

RECEIVED 03 JAN 2018

Date/Time File Pass to?

☐ : Preli. Report
☒ : Final Report

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

Food

Tools

Other

Date/Time File Return to?

1

Add Fee:

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

Report Format:

Lump Sum / I.B.I. / S **4350**

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/INC17024545/K1tb

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.	YP 5831E	Veh. Inspected	SHC 2941K
Policy No.	5088100300	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

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	23/12/2017	Inspection Date	26/12/2017
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.
--

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="23/12/2017 17:57"/>						
Vehicle No.(For Motor)	<input type="text" value="YP5831E"/>								
<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"/>	5088100300	WELLBUILT PTE LTD	200921221H	GCV	Preferred Workshop Plan	YP5831E	YP5831E	06/03/2017	05/03/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0974939-002	COMFORT TRANSPORTATION	SHD 6653K	SLP 2511C
2	MT/0974934-002	COMFORT TRANSPORTATION	SHA 2874G	SJK 4603H
3	MT/0975291-002	COMFORT TRANSPORTATION	SHC 3744G	YL 1230L
4	MT/0975668-002	COMFORT TRANSPORTATION	SH 6097P	SLE 8554Y
5	MT/0975315-002	COMFORT TRANSPORTATION	SHC 2941K	YP 5831E
6	MT/0975395-002	COMFORT TRANSPORTATION	SHC 8031Y	GBB 4156Z
7	MT/0974929-002	COMFORT TRANSPORTATION	SH 9321Y	FBM 2329Y
8	MT/0975678-002	COMFORT TRANSPORTATION	SHC 8021B	SJH 5404A
9	MT/0975539-002	COMFORT TRANSPORTATION	SHA 7663R	YM 6298D
10	MT/0975477-002	COMFORT TRANSPORTATION	SHD 7056C	SJS 1562U
11	MT/0975923-001	COMFORT TRANSPORTATION	SHC 2783A	SGV 8542B

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	23/12/2017 11:15
Date Of Accident	23/12/2017 08:20
Exact Location Of Accident	PIONEER RD TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2941K
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	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	LIM JOO LENG
NRIC No	S1183915J
Date Of Birth	04/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	WANQIANDAD@GMAIL.COM

Address	BLK 769 YISHUN AVENUE 3 #04-277
Postcode	760769
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	WET

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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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

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	YP5831E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUMAR RISAYAKERMAR
NRIC/Passport Number	G7917371T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT

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.
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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 TRANSPORTS (PTE) LTD
CO REG NO 19117718R

Policyholder's Signature
Date & Time:

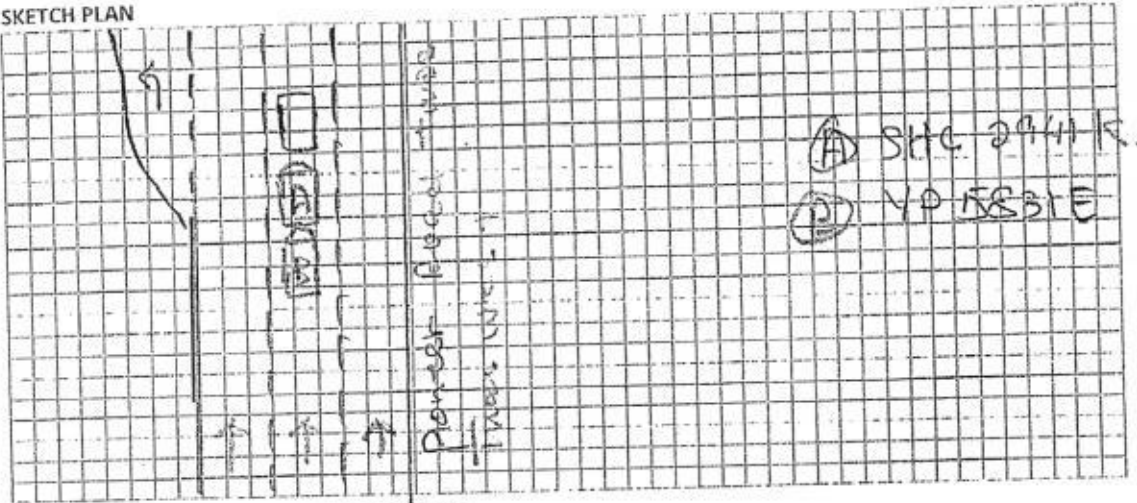
Driver's Signature
(If driver is not the policyholder)
Date & Time:

23/14/17

Jackson Heng
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Pioneer Rd btw Tuas Rd & heading toward Tuas West
 Tuas Cres. and stop behind the veh. in front.
 A lorry YP 5831E crashes into my rear.
 There are three passengers in my taxi (SHC 2941K)
 The time is 08.20 am, 23/12/17.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG NO 10220321R

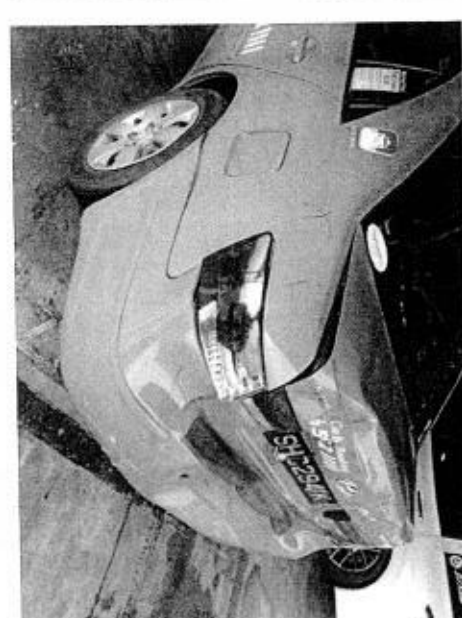
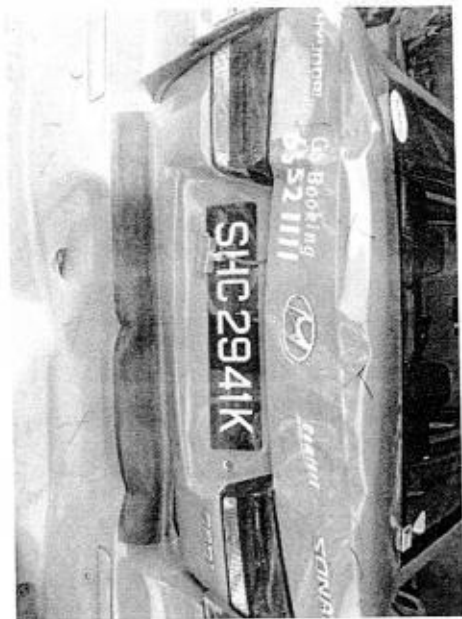
Policyholder's Signature
 Date & Time:

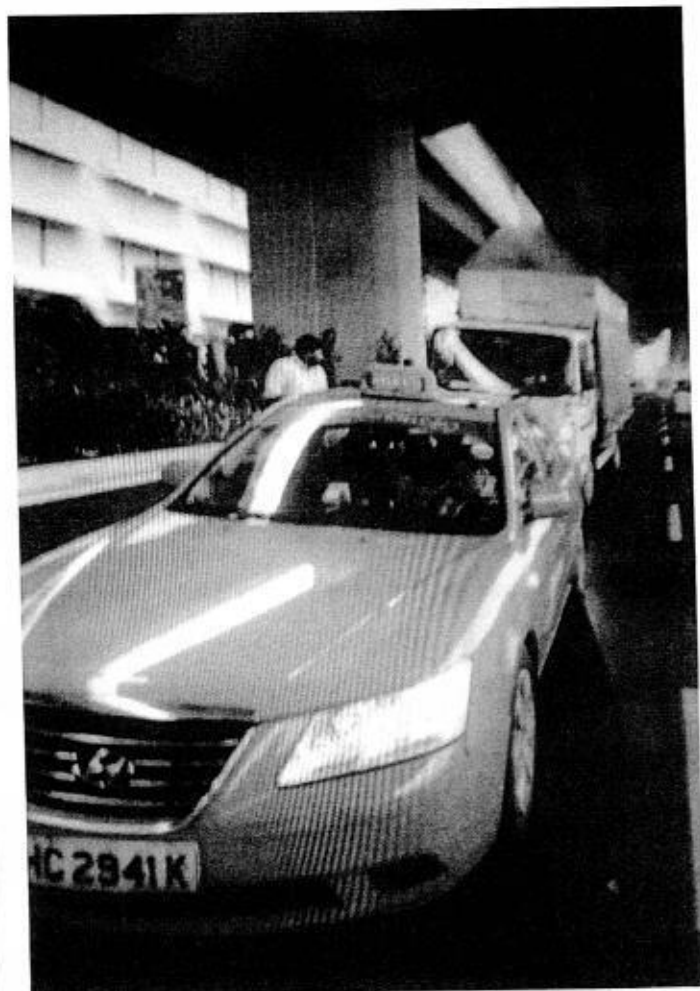
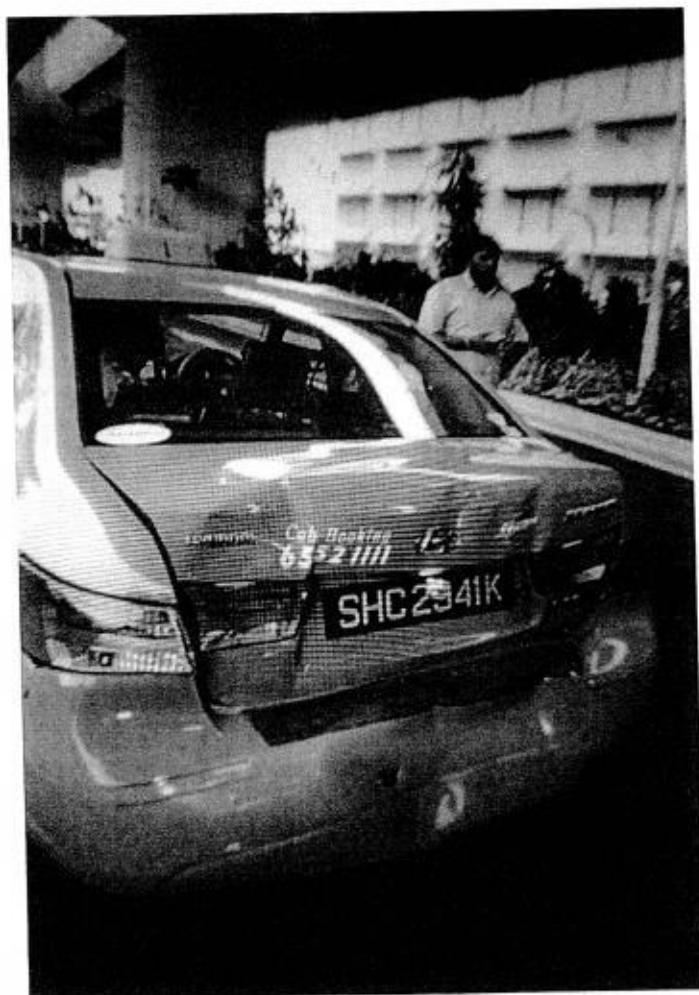
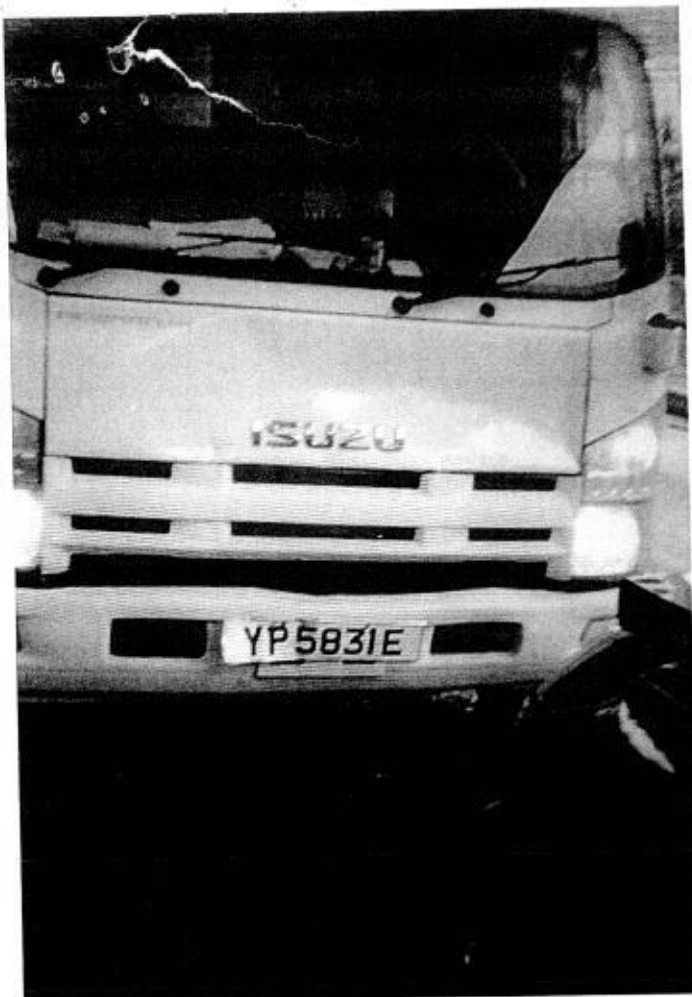
GIABAC SketchPlanForm_V3

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

23/12/17
 Jackson Henry
 CSO

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





Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO 305100535

CUSTOMER IS COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TELEPHONE 65508755 (R) (P)	REGN NO: SHC2941K	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 23.12.2017 09:20
	YR OF MANU 27.01.2011	TARGET DATE
	CHASSIS CODE RMHET41VMBA803709	COMPLETION DATE/TIME:

Accident Date: 23.12.2017
NATURE: 3P 23.12.17

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHC2941K	JU NTUC LKK	Vehicle No.: SHC2941K	
Signature/Date	Name of Service Advisor	Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

REPAIR ESTIMATE*

VEHICLE NO : SHC 2941K

DATE 23/12/2017 10:12

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid / Ref			\$ 1,349.50	
	Boot Lid Rubber X _{one}			\$ 110.90	x
	Boot Lid Lock Upper - Panel			\$ 132.10	
	Boot Lid Lock Lower X _{repair}			\$ 30.30	x
	Boot Lid Sonata Plate - ne			\$ 43.60	
	Boot Lid Hyundai Plate - ne			\$ 24.20	
	Boot Lid 'H' Emblem - ne			\$ 26.10	
	Boot Lid CRDI Plate - ne			\$ 22.70	
	Boot Lid Lamp (LH/RH) - wa	S	230.20	\$ 460.40	
	Boot Lid Trimboard X _{one}			\$ 165.40	y
	Boot Lid Trimboard Clips (10pcs) X _{one}			\$ 10.00	x
	Rear Bumper - Ref			\$ 578.40	
	Rear Bumper Reinforcement - one			\$ 483.30	
	Rear Bumper Clip - ne			\$ 22.00	
	Rear Bumper Bracket X _{one}	S	49.00	\$ 98.00	x
	Rear Bumper Sponge - tm			\$ 137.40	
	Rear Bumper Under Cover X _{one}			\$ 185.80	
	Rear Bumper Protector (LH/RH) X _{repair}	S	38.00	\$ 76.00	x
	Tail Lamp (LH/RH) - one	S	344.00	\$ 688.00	
	Rear Panel X _{repair}			\$ 391.80	x
	Rear Panel Garnish X _{one}			\$ 95.80	
	Spare Tyre Holder X _{one}			\$ 27.60	
	Spare Tyre Panel X _{repair}			\$ 863.00	
	Spare Tyre Panel Cushion X _{one}			\$ 200.30	
	Rear Towing Hook X _{one}			\$ 135.30	
	Member Assy- Rear Floor Centre X _{repair}			\$ 163.60	
	Rear Fender (RH) X _{repair}			\$ 1,935.90	
	Rear Fender Trim Board (LH/RH) X _{one}	S	180.90	\$ 361.80	
	Rear Windscreen Moulding X _{one}			\$ 60.00	
SUB TOTAL				\$ 8,879.20	
LESS 20%				\$ 1,775.84	
DISCOUNTED TOTAL				\$ 7,103.36	
	Boot Lid Comfort Logo & Tel No. Sticker - ne			\$ 30.00	Nett
	Rear No. Plate X _{one}			\$ 25.00	Nett
	Rear Bumper Reverse Sensor - should			\$ 135.70	Nett
	Rear Bumper Rubber Mat - ne			\$ 50.00	Nett
	Rear Fender Comfort Sticker (LH/RH) - ne	S	30.00	\$ 60.00	Nett
	Rear Windscreen Sealant X _{one}			\$ 46.00	Nett
				\$ 346.70	

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			1000
	Panel Beating			\$ 1,800.00
	Spray Painting Charge			\$ 1,000.00 900
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 100.00 50
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 50
	Remove/Refix Rear Windscreen Glass			\$ 120.00 X 2
	Remove/Refix Reverse Sensor			\$ 120.00 20
	TOTAL LABOUR			\$ 3,340.00
	ESTIMATE TOTAL			\$ 10,790.06
<p>1 Calm 10K10</p> <p>2 6/12/17 102hrs</p> <p>4 Digs</p> <p>4/s</p> <p>A Hw Repair photo</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 "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <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>				

Our Job Ref No : 305100535
Date : 29/17/221

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2941K

Date of Accident : 23/12/2017

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

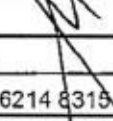
1. The repair job shall bill to: NTUC --- YP 5831E
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% **\$4,350.00**
Final Lumpsum Repair cost


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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : K a/n
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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/INC17024545/K1tbn2

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.	YP 5831E	Veh. Inspected	SHC 2941K
Policy No.	5088100300	Coverage (\$)	0.00
Claim No.	MT/0975315-002	Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA803709	Colour	BLUE
Odometer	228515	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	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	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	23/12/2017	Inspection Date	26/12/2017
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 2941K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	JAMMED	132.10	132.10
1	BOOT LID LOCK LOWER	TO REPAIR	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
2	BOOT LID LAMP (LH/RH) @\$230.20	CRACKED	460.40	460.40
1	BOOT LID TRIMBOARD	SERVICEABLE	165.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	10.00	-
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
2	REAR BUMPER BRACKET @\$49.00	SERVICEABLE	98.00	-
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
2	TAIL LAMP (LH/RH) @\$344.00	CRACKED	688.00	688.00
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
1	SPARE TYRE HOLDER	SERVICEABLE	27.60	-
1	SPARE TYRE PANEL	TO REPAIR	863.00	-
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	200.30	-
1	REAR TOWING HOOK	SERVICEABLE	135.30	-
1	MEMBER ASSY-REAR FLOOR CENTRE	TO REPAIR	163.60	-
1	REAR FENDER (RH)	TO REPAIR	1,935.90	-
2	REAR FENDER TRIM BOARD (LH/RH) @\$180.90	SERVICEABLE	361.80	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-

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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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 20% DISCOUNT		-1,775.84	-793.54
			7,103.36	3,174.16
	<u>SPECIAL NETT ITEMS</u>			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER COMFORT STICKER (LH/RH) @\$30.00 (SN)	NECESSARY	60.00	60.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			346.70	275.70
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		2,240.00	1,090.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,100.00	950.00
			3,340.00	2,040.00
	GRAND TOTAL		10,790.06	5,489.86
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				4,350.00

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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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