

Signature

Kalin

REF:

NS/2417024547/Klvb2

## 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

SJC 4754Y

Policy No:

50 7272 0034

170717 - 160418

Claims No:

MT/0975197-002

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 Report:

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

Date / Time Action / Instruction

SJC 3668T - 003 / ALG 160144914 / Hlvb3g2

Dof: 020816

ZK

SJC 4754Y - X

2/1/8

Lump sum 45\$3100 / 3 Pgs

(Red 1490.56, 327)

4s

RECEIVED 03 JAN 2011

Date/Time File Pass to:

☐

Preli. Report

Days Of Repair:

3

1)

☐

Final Report

Resurvey No. of Trip:

1

Date/Time File Return to:

2/1- typist

Add Fee:

☐

Site Insp: \$

☐

Inter. Insp: \$

☐

Tech. Insp: \$

☐

Weekend: \$

Report Format:

Lump Sum / I.B. / 3

3100/2

Survey Fee

Transport

Other

Other

Other

Other

Other

160

35

195

## Survey Department Check List (Case Handler)

Reference No.: NS/INC 1734547/Klvb

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					
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: 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/INC17024547/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.	SJC 4754Y	Veh. Inspected	SHC 3668T
Policy No.	5092720034	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

## 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	25/12/2017	Inspection Date	27/12/2017
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

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="25/12/2017 17:57"/>						
Vehicle No.(For Motor)	<input type="text" value="SJC4754Y"/>								
<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"/>	5092720034	ADD MARKETING & SERVICES	47045900W	GPC	drive CLASSIC	SJC4754Y	SJC4754Y	17/07/2017	16/04/2018
<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	26/12/2017 11:46
Date Of Accident	25/12/2017 15:10
Exact Location Of Accident	FORTUNE CENTRE WATERLOO ST > BENCOOLEN LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3668T
<b>Insured/Policyholder</b>	
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	WEE KAI GUEY
NRIC No	S1603114C
Date Of Birth	30/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	436 ANG MO KIO AVE 10 # 03-1353
Postcode	S560436
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 - OPENING DOOR OF VEHICLE
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)	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	SJC4754Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ENG KOON
NRIC/Passport Number	S1171018B
Contact Number	93215633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT REAR DOOR
No. Of Passenger (Including Driver)	



**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

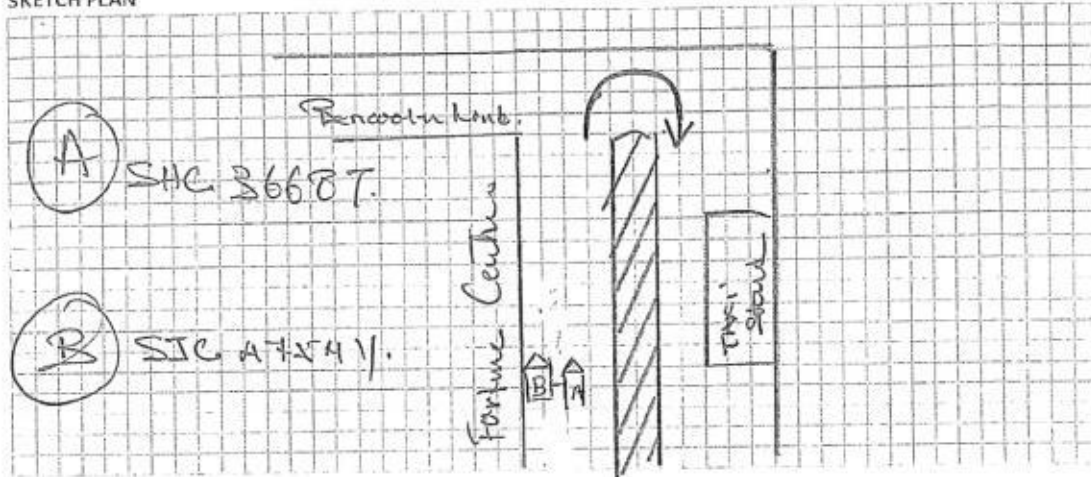
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(N/A) on STREET

OUTSIDE FORTUNE CENTRE, I WAS DRIVING STRAIGHT  
AND SUDDENLY THE CAR ON THE LEFT, SIC 4754Y  
DRIVER ONG ENG ROOM S1171018B CONTACT  
93215632 PASSENGER RIGHT DOOR SUDDENLY  
OPEN AND HIT MY LEFT SIDE MIRROR AND  
DOOR I STOPPED AND CHECK  
THE SAID CAR SIC 4754Y HAD NO INJURY  
AND HIS LEFT RIGHT DOOR (BACK) SAID DAMAGING  
I WAS NOT INJURED AT  
TIME OF ACCIDENT 310 PM 25/12/2017

DECLARATION

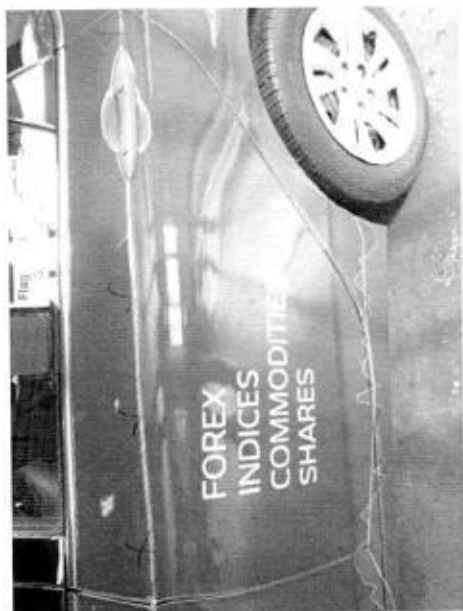
I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD.  
CO REG NO. 199307501B

Policyholder's Signature  
Date & Time:

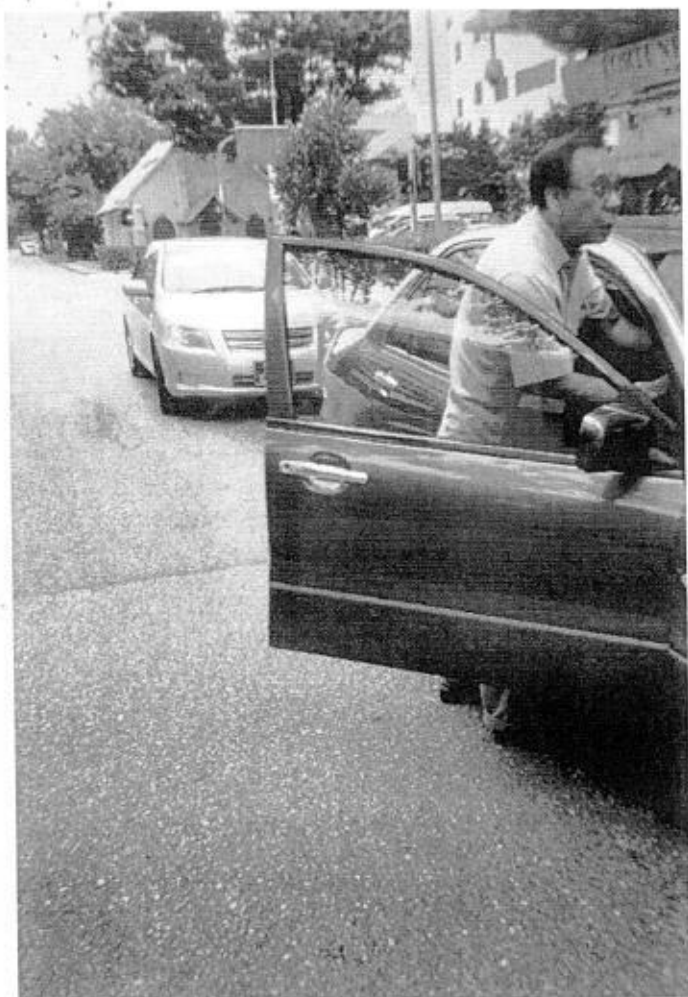
Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

2. Manif 26/Dec 17.







Date/Time: 26.12.2017 17:26

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305101270

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO: 7010045  
ADDRESS: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L: (R) 65508755 (O)

SCOUNT CARD NO.

REGN NO: SHC3668T

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL: I-40

DATE/TIME IN: 25.12.2017 16:00

YR OF MANU: 14.08.2014

TARGET DATE

CHASSIS CODE: KMHLB41UMEU057701

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.12.2017  
NATURE: 3P 25.12.2017

LABOR CODE

DESCRIPTION

NTUC - taxi whole left side damage  
LRR/Kalini -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3668T LARRY

Vehicle No.: SHC3668T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 3668T

DATE 26/12/2017 14:11

MAKE :

MODEL : HYUNDAI i40

DOTA: 25.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door Outer Handle (LH) <i>x repair</i>			\$ 41.40	
	Front Door (LH) <i>— part</i>			\$ 1,403.05	
	Front Door Glass (LH) <i>— cut</i>			\$ 379.55	
	Front Door Outer Handle (LH) <i>— 100</i>			\$ 38.75	
	Front Door Outer Moulding (LH) <i>— part</i>			\$ 63.70	
	Front Door Mirror (LH) <i>— Broken</i>			\$ 980.50	
	<b>SUB TOTAL</b>			<b>\$ 2,906.95</b>	
	<b>LESS 20%</b>			<b>\$ 581.39</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,325.56</b>	
	Rear Fender Advertisement Logo (LH/RH) <i>— net</i>	\$	100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (LH) <i>— net</i>			\$ 100.00	Nett
	Front Door Coloured Comfort Logo (LH) <i>— net</i>			\$ 75.00	Nett
	Front Door Advertisement Logo (LH) <i>— net</i>			\$ 100.00	Nett
				<b>\$ 475.00</b>	
	<b>Labour Charge</b>			<i>400</i>	
	Panel Beating			\$ 850.00	
	Spray Painting Charge			\$ 600.00	590
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	20
	Remove/Refix Reverse Sensor			\$ 120.00	X=
	Transfer of Door			\$ 120.00	50
	<b>TOTAL LABOUR</b>			<b>\$ 1,790.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,590.56</b>	
<p><i>Kalvi LKK</i></p> <p><i>27/12/17 1040hrs</i></p> <p><i>3 Days</i></p> <p><i>45 After Repair photos</i></p> <p><i>Larry Ng</i></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>					

LKK Auto Consultants hence notify the Repairer of the following:

- 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 legal modification is allowed
- Supplementary damage must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305101270  
Date : 30.12.2017

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3668T

Date of Accident: 25.12.2017

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

1. The repair job shall bill to: NTUC SJC4754Y
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** \$3,100.00
3. Estimated normal period for repairs: 3 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 : K. N. 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_





Thatcham escribe

## 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/INC17024547/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 05-01-2018



Code: INC4

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

Insured Veh.	SJC 4754Y	Veh. Inspected	SHC 3668T
Policy No.	5092720034	Coverage (\$)	0.00
Claim No.	MT/0975197-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057701	Colour	BLUE
Odometer	480420	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 BODY. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	25/12/2017	Inspection Date	27/12/2017
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
-------------------------------------	----------------

**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. SHC 3668T**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR OUTER HANDLE (LH)	TO REPAIR	41.40	-
1	FRONT DOOR (LH)	DENTED	1,403.05	1,403.05
1	FRONT DOOR GLASS (LH)	CUT	379.55	379.55
1	FRONT DOOR OUTER HANDLE (LH)	CRACKED	38.75	38.75
1	FRONT DOOR OUTER MOULDING (LH)	DENTED	63.70	63.70
1	FRONT DOOR MIRROR (LH)	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-581.39	-573.11
			2,325.56	2,292.44
<b>SPECIAL NETT ITEMS</b>				
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			475.00	475.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,140.00	470.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	610.00
			1,790.00	1,080.00
<b>GRAND TOTAL</b>			<b>4,590.56</b>	<b>3,847.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>3,100.00</b>

Report Ref No. NS/INC17024547/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

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 rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.