

Surveyor Kalvin

REF: NS/INC17014550/Klvbn2

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: SLR 6954X
Policy No: 508202184 041217 - 031218
Claims No: MT10975222-002
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 Report: _____ Consistent? : Yes or No
GIA / FR 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: SHD 68287 Regn: 255 215
Type: M.Car / M.Cycle / Bus / Van / Lorry / T. / Prima Mover /
Truck / Trailer or
Make: Hyundai 240 1685
Colour: ph A/C: 6 Insured / Std / NI / NA
Sp Reading: 444305 Radio: 6 Insured / Std / NI / NA
Eng No: _____
C/No: K M H L D X 1 4 M H 4 0 7 8 3 1 3
Gen. Cond: Good / 6 / Poor / Burnt
Steering: In order / 6 / Jammed / Leaked / Burnt or
Brake: In order / 6 / Jammed / Leaked / Burnt or
Modi: Nil / SiRim / STD A/Rim or
Tyre Size: F: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Ham / Caltex
Front: _____ Rear: _____
R/Bal: 7 mm R/Bal: 7 mm
L/Bal: 7 mm L/Bal: 7 mm
D.O.A: 26/12/17 D.O.I: 27/12/17
Survey held at: C045 (1.7m)
Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or
O/S Front
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHD 68287 - A
SLR 6954X - X
2/1/18 Contracted 45 x 2400 / 2 hrs. (Red 1550.80, 3990)

RECEIVED 03 JAN 2018

Date/Time File Pass to: ☐ Preli. Report
☐ Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

Date/Time File Return to: 2/1- typist

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Weekend \$

Survey Fee	160
Transportation	
Food	
Other	
	35
	195

Report Format: _____
Lump Sum / I.B.I. / S 2400p

Survey Department Check List (Case Handler)

Reference No.: NS/INC17024550/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

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: VERON 21/18
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/INC17024550/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.	SLR 6954X	Veh. Inspected	SHD 6828Z
Policy No.	5096402484	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

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5. General Information

Accident Date	26/12/2017	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.
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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="26/12/2017 17:57"/>						
Vehicle No.(For Motor)	<input type="text" value="SLR6954X"/>								
<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"/>	5096402484	LEE TECK BOON	S69006283	GPC	drive CLASSIC	SLR6954X	SLR6954X	04/12/2017	03/12/2018
<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 16:44
Date Of Accident	26/12/2017 11:25
Exact Location Of Accident	MSCP OF BLK 505 BISHAN ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6828Z
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	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	KOH CHONG HUAT
NRIC No	S0226783G
Date Of Birth	24/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	20/03/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	178 BISHAN ST 13 # 05-205
Postcode	S570178
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?	
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 (TYPE OF ACCIDENT - 3P REVERSED & HIT TAXI)

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	SLR6954X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JERRELL LEE ZONG JUN
NRIC/Passport Number	S9630679B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

UNIFORM TRANSPORTATION POLICY
CO. REG. NO. 1000000000

KR

W. Wang 26/dec

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.:

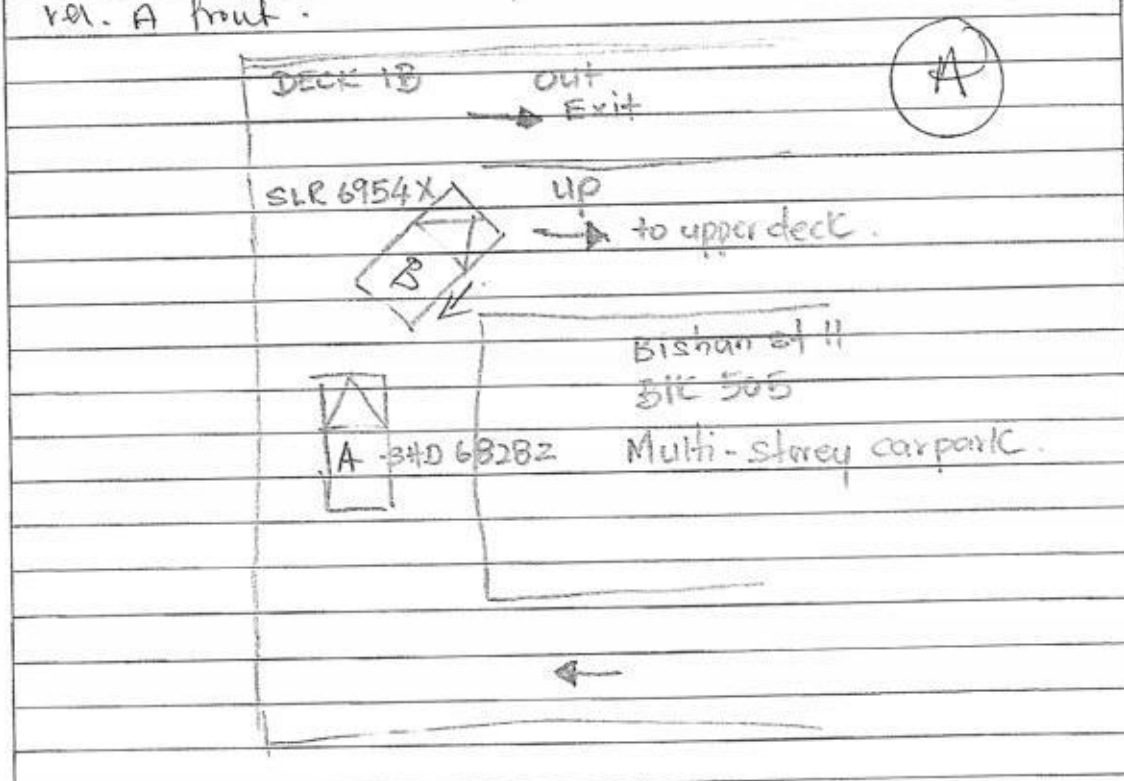
STAMP HERE
4-5
6-8

SKETCH PLAN

Sketch is below

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh B SLR 6954X was turning right to the upper deck but he turned too close to the curb which does not allowed him to turn, so suddenly he reversed and bang on: rel. A fruit.



DECLARATION

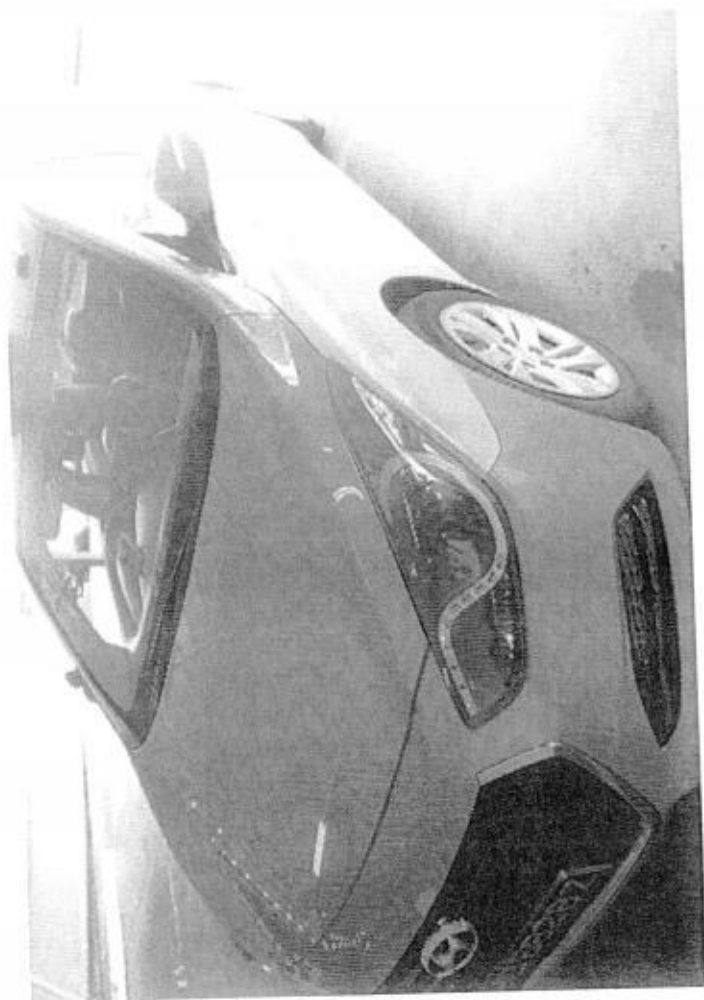
I/We declare the foregoing particulars are true in every respect.

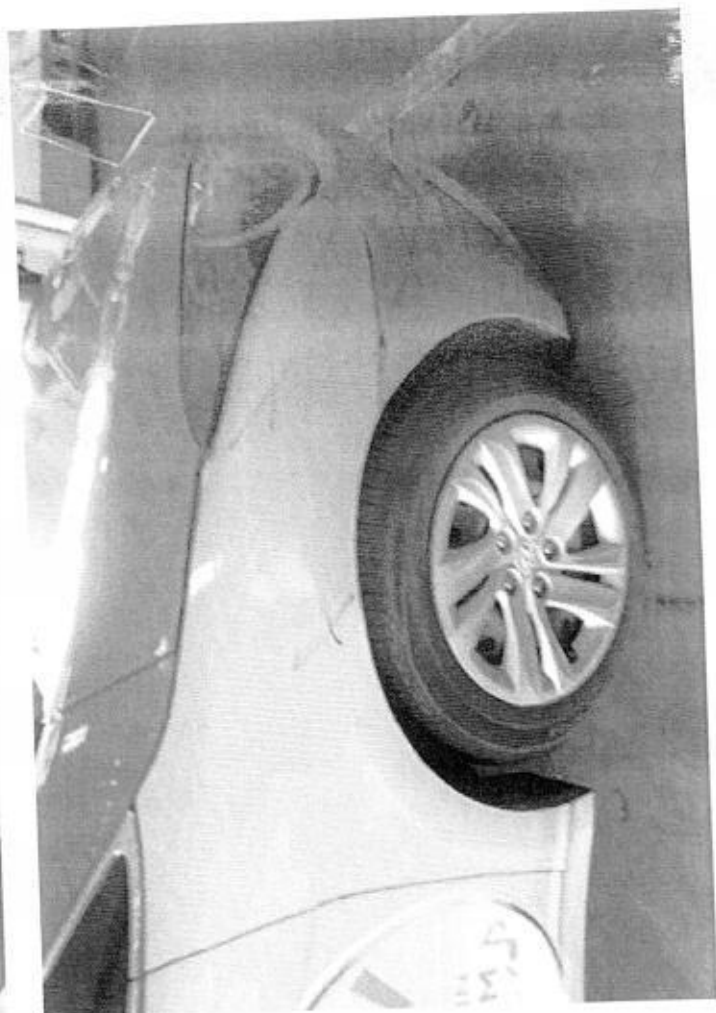
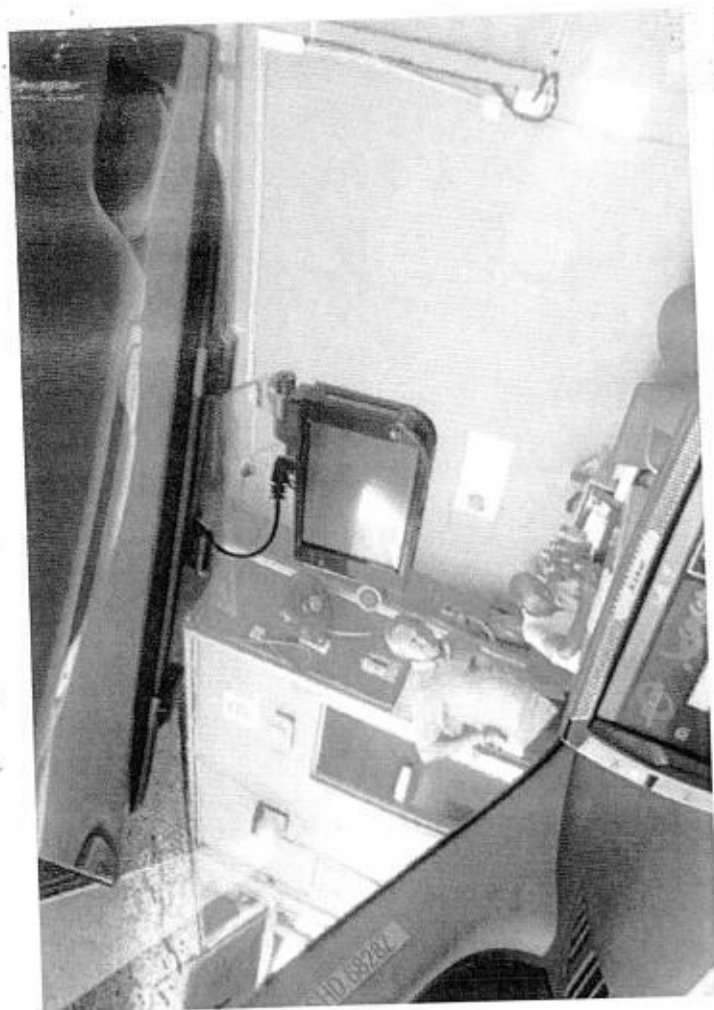
AIRPORT TRANSPORTATION: SEE US
CO. REG NO. 1000-1000

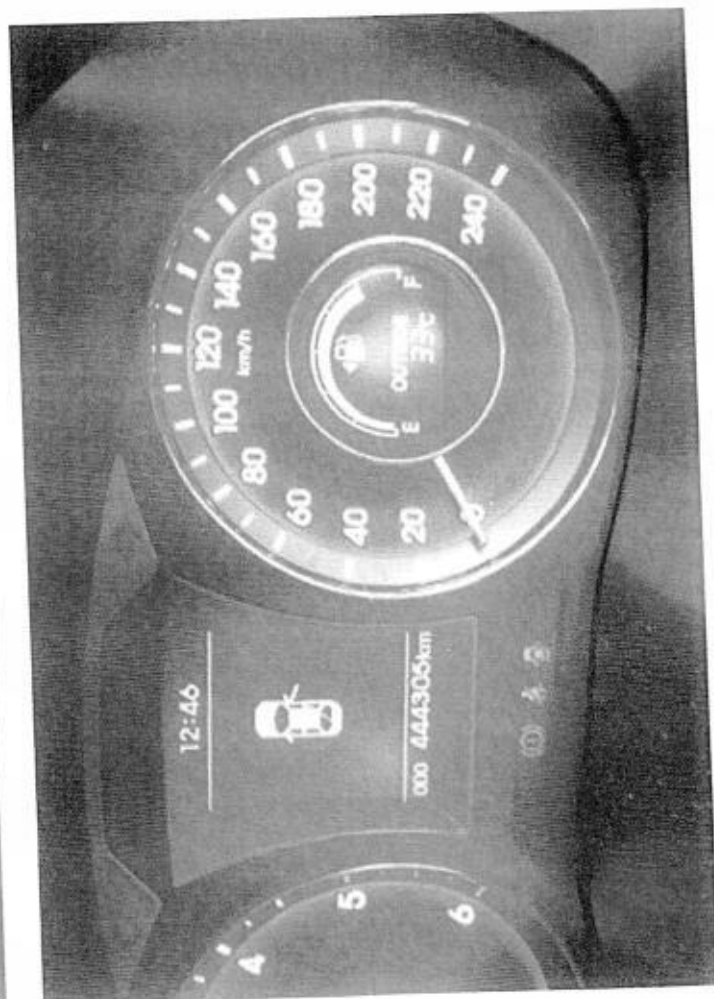
Policyholder's Signature
Date & Time:

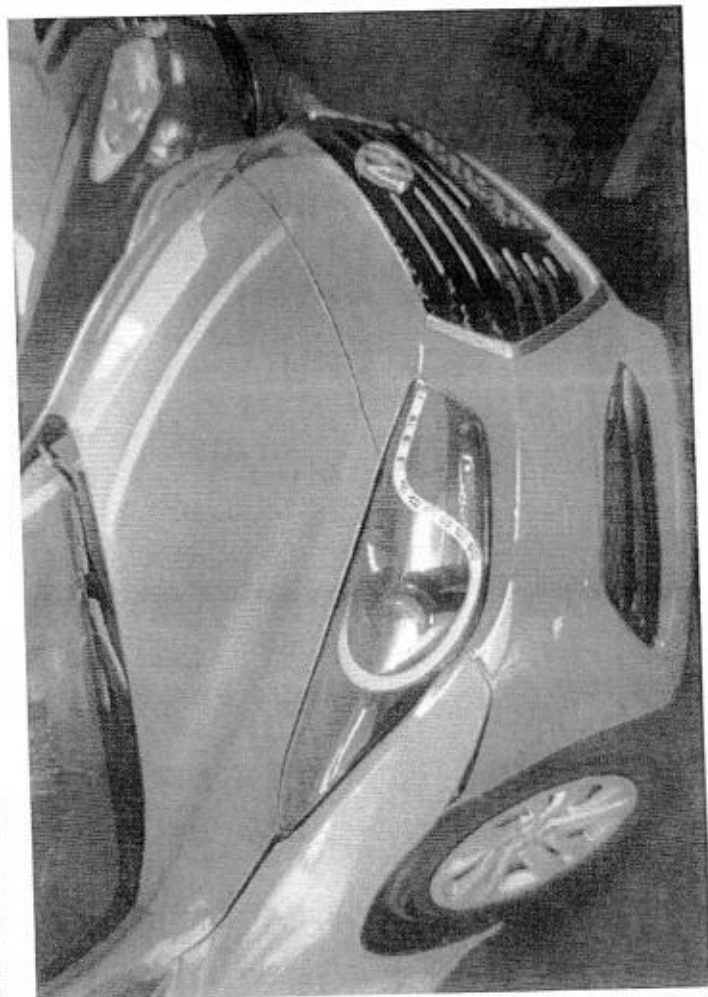
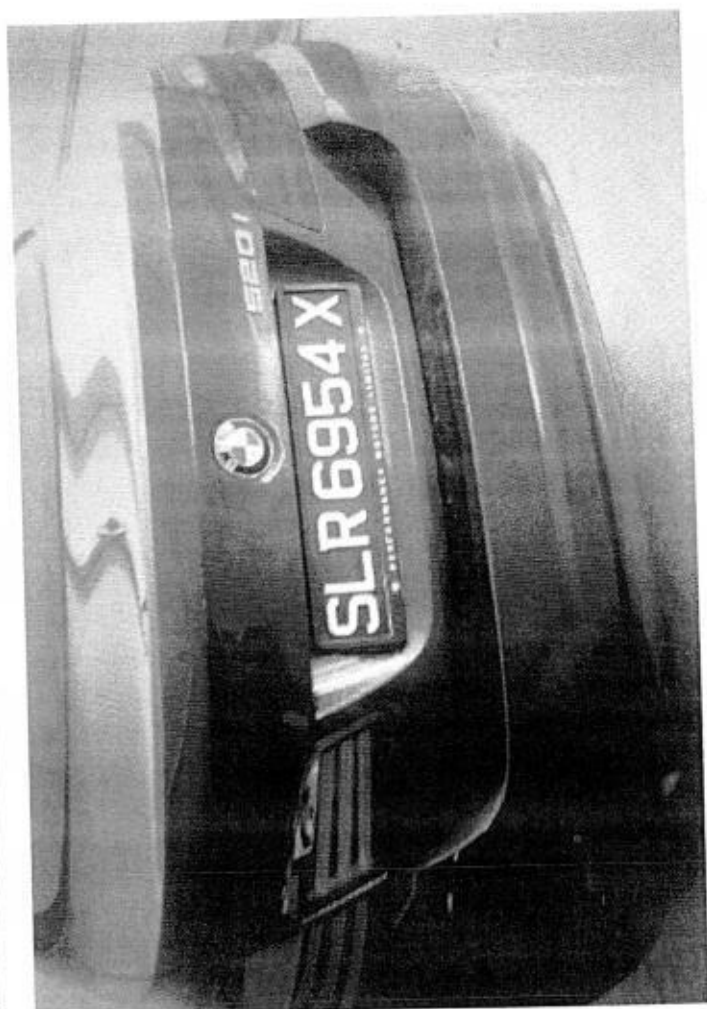
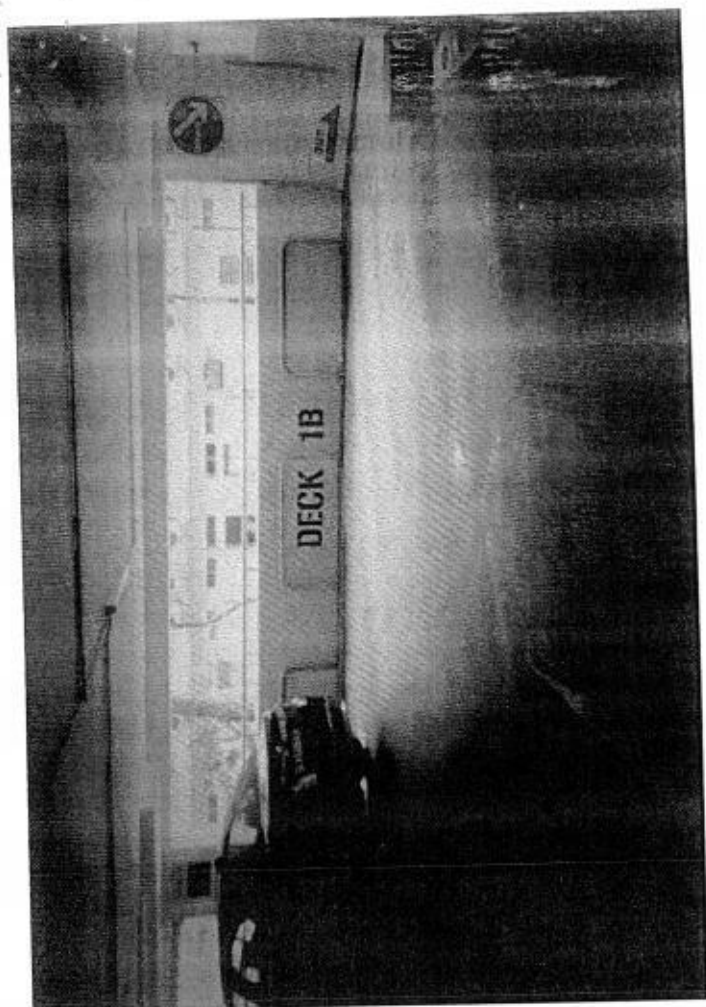
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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











STU RY
KHLB41UMGJ076313
HAGAN MOTOR COMPANY

A member of COMFORTDELGRO

Date/Time: 26.12.2017 18:34

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305101283

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

REGN NO: SHD6828Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.12.2017 12:45
YR OF MANU 25.09.2015	TARGET DATE
CHASSIS CODE RMHLB41UMGU078313	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 26.12.2017
NATURE: 3P 26.12.2017

LABOR CODE	DESCRIPTION
NTUC - taxi Right front damage	
LKK / Kalmi -	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Signature:
Job No.: SHD6828Z LARRY

Larry Ng

Signature of Service Advisor

Signature/Date

to be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD6828Z

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6828Z

DATE 27/12/2017 10:32

MAKE :

MODEL : HYUNDAI i40

NTUC

DPA 26.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Refit</i>			\$ 562.30
	Front Bumper Sponge <i>X</i>			\$ 142.20
	Front Bumper Reinforcement <i>X</i>			\$ 526.10
	Front Bumper Grille (RH) <i>X</i>			\$ 40.30
	Front Bumper Bracket Top (RH) <i>con</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>X</i>			\$ 9.20
	Headlamp (RH) <i>con</i>			\$ 1,388.00
	Front Fender (RH) <i>Ref</i>			\$ 619.00
	Front Fender Shield (RH) <i>X</i>			\$ 169.80
	Front Fender Retainer <i>X</i>			\$ 9.20
	SUB TOTAL			\$ 3,488.50
	LESS 20%			\$ 697.70
	DISCOUNTED TOTAL			\$ 2,790.80
	Front Fender Advertisement Logo (RH) <i>con</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 <i>360</i>
	Spray Painting Charge			\$ 400.00 <i>20</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 1,060.00
	ESTIMATE TOTAL			\$ 3,950.80
<p><i>Kelur d L 10/10</i></p> <p><i>27/12/17 14:10 hrs</i></p> <p><i>2 Days</i></p> <p><i>L/S After Repair p/s</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 illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:
Date:

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

FINALIZATION FORM

Fax :

Vehicle Reg No. : SHD6828Z

Date of Accident: 26.12.2017

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

- We confirm the estimates and finalized amount

Signature: _____
Name : 1/Calz
Date : 2/1/8

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/INC17024550/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.	SLR 6954X	Veh. Inspected	SHD 6828Z
Policy No.	5096402484	Coverage (\$)	0.00
Claim No.	MT/0975222-002	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.	2015
Chassis No.	KMHLB41UMGU078313	Colour	BLUE
Odometer	444305	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	26/12/2017	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:		2 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 6828Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-697.70	-518.34
			2,790.80	2,073.36
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		610.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,060.00	800.00
GRAND TOTAL			3,950.80	2,973.36
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,400.00

Report Ref No. NS/INC17024550/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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