

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: 86H 7751C
 Policy No: 5082777325-01 05122017-041218
 Claims No: M710981147-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

 (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
 GTA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: 2 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle IN / OUT

Van No: SHE 8522Y Reg: 2Kc 2015
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Z 40 168
 Colour: Blue Insured / Std / NI / NA
 Sp Reading: 316052 Radio Insured / Std / NI / NA
 Eng No: _____
 C No: KM HCDX14M940 80716
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Went to
 Front: _____ Rear: _____
 R Bal: 7 mm R Bal: 7 mm
 L Bal: 2 mm L Bal: 2 mm
 D.O.A: 1/2/18 D.O.I: 1/2/18
 Survey held at: COLE (land)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rev
 The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time: _____ Action / Instruction: _____
SHE 8522Y - NS/INC17013229/Klgbnz DUP-050817 Zinc
86H 7751C - X 4s
2/2/18 41 \$450 / 2/2/18 (Red & 2761.58, 83%/-)

RECEIVED 06 FEB 2018

Date/Time: File Passed: ☐ : Preli. Report
06/2 Mm ☐ : Final Report
 Date/Time: File Returned: _____
 Report Format: _____
 Lump Sum: 450

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: ☐ Site Insp: \$
☐ Inter. insp: \$
☐ Rep. Fee: \$
☐ _____

Survey Fee: _____
 Transportation: _____
 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/INC18002061/K1qb | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 01-02-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SGH 2751C | Veh. Inspected | SHC 8522Y | |
| Policy No. | 5082777325-01 | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 01/02/2018 | |
| 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 | 01/02/2018 | Inspection Date | 01/02/2018 | |
| 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: 05/02/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/0981147-001 | COMFORT TRANSPORTATION PTE LTD | SHC 8522Y | SGH 2751C | 01/02/2018 | 6:50 | \$ 2,711.58 |
| 2 | MT/0977787-002 | SMRT TAXIS PTE LTD | SHB 5681X | SLF 700P | 14/1/2018 | 10:40 | \$ 1,842.64 |
| 3 | MT/0981149-001 | SMRT TAXIS PTE LTD | SHD 6404M | SKE 2795U | 12/1/2018 | 16:30 | \$ 2,653.66 |

Claim received from LKK

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)

[Search](#)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|--------------------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5082777325-01 | RAZI MOHAMED BIN GULAM MAIDEEN | S1279673J | GPC | Third Party, Fire & Theft | SGH2751C | SGH2751C | 05/12/2017 | 04/12/2018 |

[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 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 | 01/02/2018 12:12 |
| Date Of Accident | 01/02/2018 06:50 |
| Exact Location Of Accident | PIE TWDS TUAS B4 BENDEMEER/KPE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------------|
| Vehicle Registration Number | SHC8522Y |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | MCOM0015 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAY WENG TAT ERIC |
| NRIC No | S7927217E |
| Date Of Birth | 13/09/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 08/02/1999 |
| Driving Experience | 18 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EEmail Address | ERICZYD79@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | 571 #08-3283 ANG MO KIO AVENUE 3 |
| Postcode | 560571 |
| 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? | YES |
| 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

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 | SGH2751C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | UHAMMAD HAZROY B RAZU MOHD |
| NRIC/Passport Number | |
| Contact Number | 97260942 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------------|
| Name | TAY WENG TAT ERIC |
|------|-------------------|

| | |
|---|---------------|
| Approximate Age | 39 |
| Injuries Sustain | NECK,SHOULDER |
| Injured person in which vehicle? | SHC8522Y |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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 PTE

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 Pg. 2

Describe Circumstances of the Accident

On 01 Feb 2018 at about 06:50 hrs I was driving straight on Lane 1 along PIE heading towards the direction of Tuas.

Somewhere before Bendemeer/KPE exit the front car SGC8282B braked abruptly and stopped. I immediately braked and stopped as well. Fortunately I was able to brake in time.

However a split second later a car SGH2751C came from behind collided onto the Rear Portion of my taxi.

No passenger on board my taxi. No injury at the point of the accident. But after the accident I felt discomfort to my neck and shoulder area. If the pain still persist I will consult a Doctor later on.

Declaration

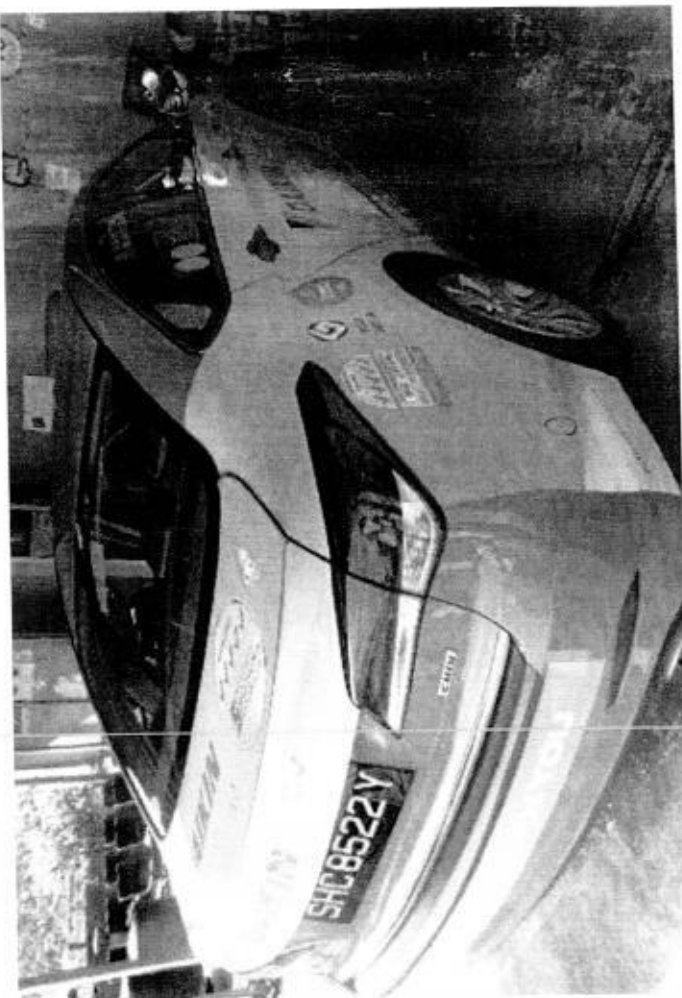
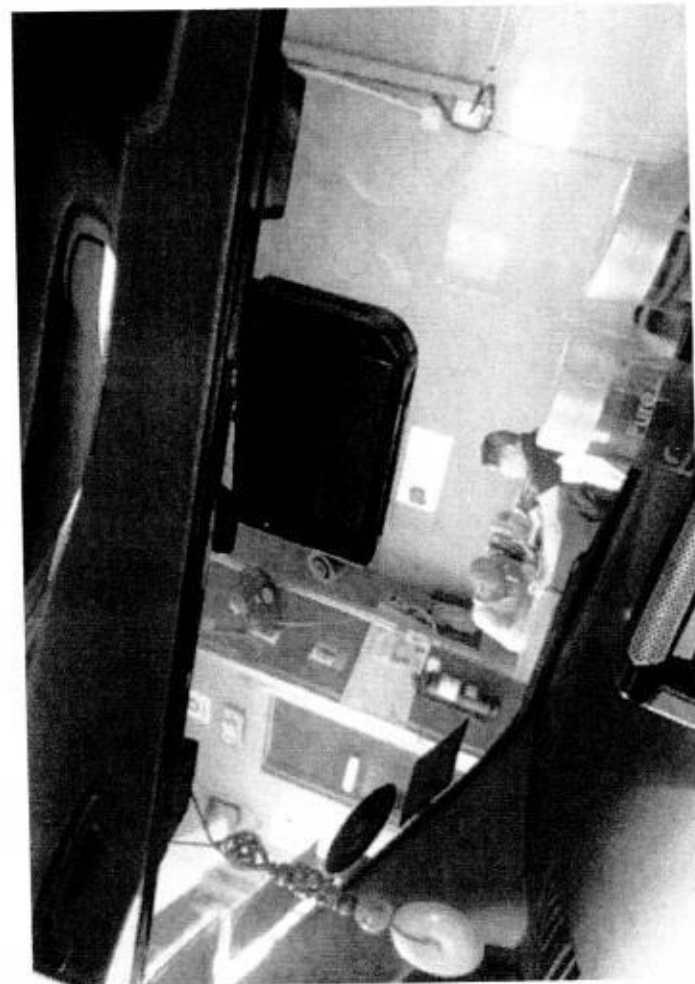
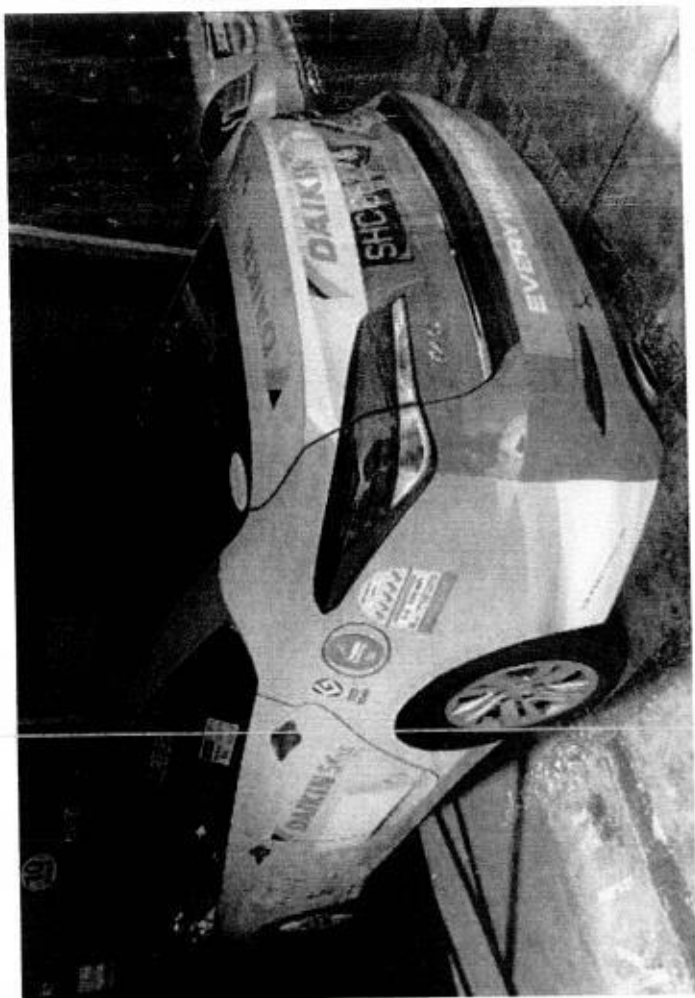
I/We declare the foregoing particulars are true in every respect.

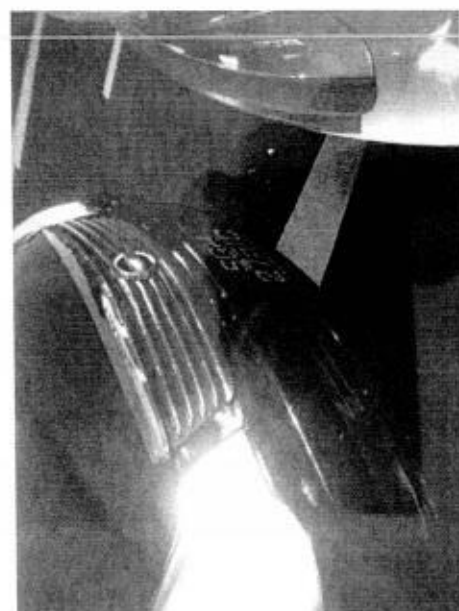
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305112647

| | | | |
|--------------------------------|--|-------------------|----------------------|
| CUSTOMER | | REGN NO | MILEAGE |
| COMFORT TRANSPORTATION PTE LTD | | SHC8522Y | |
| 7010045 | | MAKE | FUEL |
| CUSTOMER NO | | HYUNDAI | E.....1/2.....F |
| ADDRESS 383 SIN MING DRIVE | | MODEL | DATE/TIME IN |
| Singapore SINGAPORE 575717 | | I-40 | 01.02.2018 10:20 |
| 65508755 | | YR OF MANU | TARGET DATE |
| (R) (O) | | 03.12.2015 | |
| (P) | | CHASSIS CODE | COMPLETION DATE/TIME |
| | | KMHLB41UMGU080716 | |
| SCOUNT CARD NO. | | | |

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.2018

| S/NO | LABOR CODE | DESCRIPTION |
|------|---------------|------------------|
| | NTUC - | taxi Rear damage |
| | LKK / Kalma - | |

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8522Y LARRY

Vehicle No.: SHC8522Y

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8522Y

DATE 1/2/2018 11:05

MAKE :

MODEL : HYUNDAI i40

DOT: 01-02-18

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|-----|--|------|------------|--------------------|------|
| | Rear Bumper X <i>Hyundai</i> | | | \$ 603.60 | |
| | Rear Bumper Reinforcement X <i>sm</i> | | | \$ 504.35 | |
| | Rear Bumper Reinforcement Bracket (LH/RH) X <i>sm</i> | | \$ 180.00 | \$ 360.00 | |
| | Rear Bumper Side Bracket X <i>sm</i> | | | \$ 49.00 | |
| | Rear Bumper Clips X <i>11</i> | | | \$ 22.00 | |
| | Rear Bumper Sponge X <i>sm</i> | | | \$ 143.40 | |
| | Rear Bumper Under Cover X <i>sm</i> | | | \$ 225.00 | |
| | SUB TOTAL | | | \$ 1,907.35 | |
| | LESS 20% | | | \$ 381.47 | |
| | DISCOUNTED TOTAL | | | \$ 1,525.88 | |
| | | | | | |
| | Rear Bumper Reverse Sensor X <i>11</i> | | | \$ 135.70 | Nett |
| | Rear Bumper Rubber Mat <i>sm</i> | | | \$ 50.00 | Nett |
| | Rear Bumper Advertisement Logo <i>sm</i> | | | \$ 50.00 | Nett |
| | Rear Fender Advertisement Logo (LH/RH) <i>sm</i> | | \$ 100.00 | \$ 200.00 | Nett |
| | | | | \$ 435.70 | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 380.00 | |
| | Spray Painting Charge | | | \$ 200.00 | 180 |
| | Wiring Charge | | | \$ 50.00 | X 11 |
| | R/Refix Reverse Sensor | | | \$ 120.00 | X 11 |
| | TOTAL LABOUR | | | \$ 750.00 | |
| | ESTIMATE TOTAL | | | \$ 2,711.58 | |
| | | | | | |
| | <i>Keluz 16/1/18</i> | | | | |
| | <i>1/2/18 1450h</i> | | | | |
| | <i>2075</i> | | | | |
| | <i>45</i> | | | | |
| | <i>After Repair</i> | | | | |
| | <i>Larry Ng</i> | | | | |
| | <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 is allowed Supplemental claims must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</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. | | | | |

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305112647

Date : 02/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8522Y

Date of Accident: 01/02/18

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

1. The repair job shall bill to: NTUC SGH2751C

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

\$450.00

3. Estimated normal period for repairs: 2 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : K. L.

Name : K. L.

Date : 2/2/18

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/INC18002061/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SGH 2751C | Veh. Inspected | SHC 8522Y |
| Policy No. | 5082777325-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/0981147-001 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 01/02/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | KMHLB41UMGU080716 | Colour | BLUE |
| Odometer | 316052 | 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 REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 01/02/2018 | Inspection Date | 01/02/2018 |
| 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. SHC 8522Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | TO REPAIR | 603.60 | - |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 504.35 | - |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00 | SERVICEABLE | 360.00 | - |
| 1 | REAR BUMPER SIDE BRACKET | SERVICEABLE | 49.00 | - |
| 10 | REAR BUMPER CLIPS | NOT NECESSARY | 22.00 | - |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 143.40 | - |
| 1 | REAR BUMPER UNDER COVER | SERVICEABLE | 225.00 | - |
| | LESS 20% DISCOUNT | | -381.47 | - |
| | | | 1,525.88 | - |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | NOT NECESSARY | 135.70 | - |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NECESSARY | 50.00 | 50.00 |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) | NECESSARY | 200.00 | 200.00 |
| | | | 435.70 | 300.00 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 550.00 | 100.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 200.00 | 180.00 |
| | | | 750.00 | 280.00 |
| GRAND TOTAL | | | 2,711.58 | 580.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 450.00 |

Report Ref No. NS/INC18002061/K1qbn2

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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