

DATE

Kalvin

REF:

NS/TNC18000061/Klgbnz

ASSIGNMENT

SHP 4593M

10 Jan 2013

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured

GY 3194P

Policy No:

5088208678

370217 - 030318

Claims No:

MT/0981663-001

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

Est. or Market Value:

IDAC Accident Report:

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

Date / Time

Action / Instruction

SHP 4593M - 003/ALH17018151/Klg0392
GY 3194P - 003/TNC16016270/Klg302
a/p/s Cabot 4/581550/ 2 lpgs. (Red \$ 3093.92, 67%)

DOA: 170917

Zm

DOA: 250816

4x

RECEIVED 09 FEB 2013

Date/Time File Pass to:

☐ : Preli. Report
☐ : Final Report

Date/Time File Return to:

Days Of Repair:

✓

Resurvey No. of Trip:

1

Survey Fee

Transportation

Add Fee:

☐ Site Insp. \$
☐ Inter. \$
☐ Test \$
☐

Report Format:

TP

Lump Sum:

1550

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/INC18002062/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GY 3194P	Veh. Inspected	SHD 4593M
Policy No.	5088208678	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.
--

Reference No. : 10/1021800/067/K
Policy Type: OD / TP / TP RES / TL / EVA

Policy Type: OD / TP / TP RES / TL / EVA

Typist

Admin (

T: Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

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 (

Surveyor (Calvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

17) 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check By:

Case Handler

Date _____

*C: Critical *N: Non-Critical

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0981663-001	COMFORT TRANSPORTATION PTE LTD	SHD 4593M	GY 3194P	01/02/2018	\$ 4,643.92	\$ 1,550.00
2	MT/0980346-002	SMRT TAXI PTE LTD	SHB 1556B	SJB 1531Z	30/01/2018	\$ 1,534.60	\$ 570.00
3	MT/0980595-002	COMFORT TRANSPORTATION PTE LTD	SHA 2887U	SJE 3867B	01/02/2018	\$ 12,288.66	\$ 4,900.00
4	MT/0981274-002	COMFORT TRANSPORTATION PTE LTD	SHC 8777D	SIV 9342U	06/02/2018	\$ 2,711.58	\$ 1,200.00

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="01/02/2018 18:18"/>						
Vehicle No. (For Motor)	<input type="text" value="GY3194P"/>								
<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"/>	5088208678	AZRIENA SERVICES	53357093W	GCV	Third Party, Fire & Theft	GY3194P	GY3194P	27/02/2017	03/03/2018
<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 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 10:05
Date Of Accident	01/02/2018 02:20
Exact Location Of Accident	YISHUN AVENUE 1 X YISHUN AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4593M
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	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN THYE HIN
NRIC No	S0142783J
Date Of Birth	23/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1970
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TANTHYEHIN@HOTMAIL.SG

Address	148 #11-119 YISHUN STREET 11
Postcode	760148
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	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN S NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

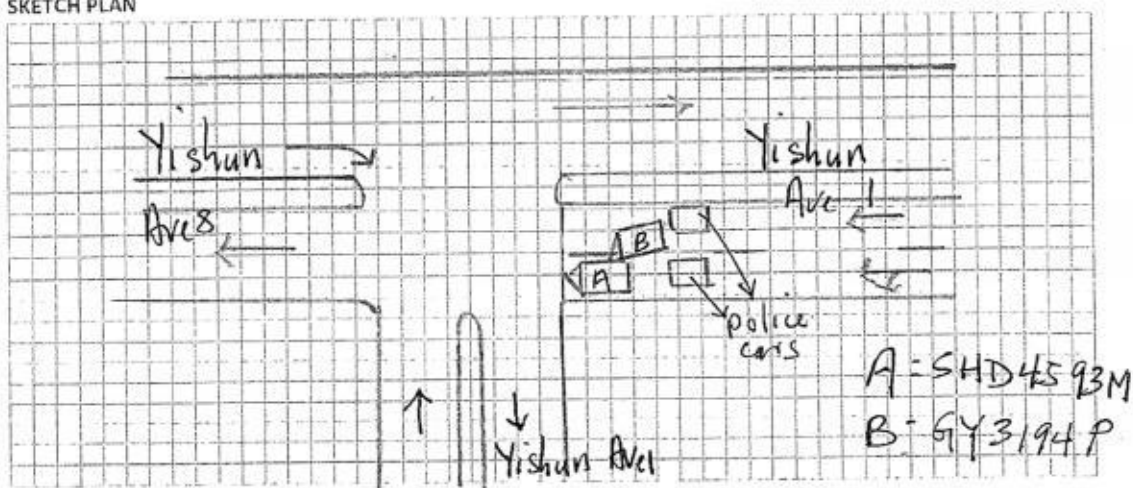
Attachment(s)

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	GY3194P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature: [Signature]
Date & Time: 10/03/2018

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

Lim Ee Soon
CSO

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



**SINGAPORE
POLICE FORCE**



T/20180201/2012

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20180201/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 03:07		Vide Report No.: F/20180201/0039		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: TAN THYE HIN			Address: APT BLK 148 YISHUN STREET 11 #11-119 SINGAPORE 760148		
ID Type / ID No.: NRIC NO / S0142783J			Contact No.: Home/Office: Mobile: 96714947		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 23/04/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/02/2018 02:20	Type of Location: T-Junction
Location: Along Road 1 YISHUN AVENUE 1				
Junction of Yishun Avenue 1 and Avenue 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD4593M	Taxi				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180201/2012

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20180201/2012

CONTINUATION OF REPORT

Driver			
Name	TAN THYE HIN	ID No.	S0142783J
Related Vehicle	SHD4593M (Taxi)	Contact No.	96714947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 01/02/2018 at about 2:20am, I was at the junction of Yishun Avenue 1 towards Yishun Ave 8. I was driving my taxi(SHD4593M-COMFORT) home. It was red light at the traffic junction and my taxi was stationary at the left side of the two lane road.

Suddenly, I felt an impact onto my taxi. I came out from my taxi, I saw two police cars "sandwich" a black colour van - GY3194 right behind my taxi. There was a dent at the rear right side of my taxi. I do not know which vehicle hit my taxi.

Later a police office gave me a police case card for me to make a police report to claim for insurance. I was not given further information on what had happen. I am not injured.



**SINGAPORE
POLICE FORCE**



T/20180201/2012

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768455
Tel No: 1800-8522999

3 of 3

Report No. T/20180201/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sr Staff Sgt MOHAMAD FAIZAL BIN SIKEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2018 03:07

Officer In Charge Of Case:

TP / GIT /

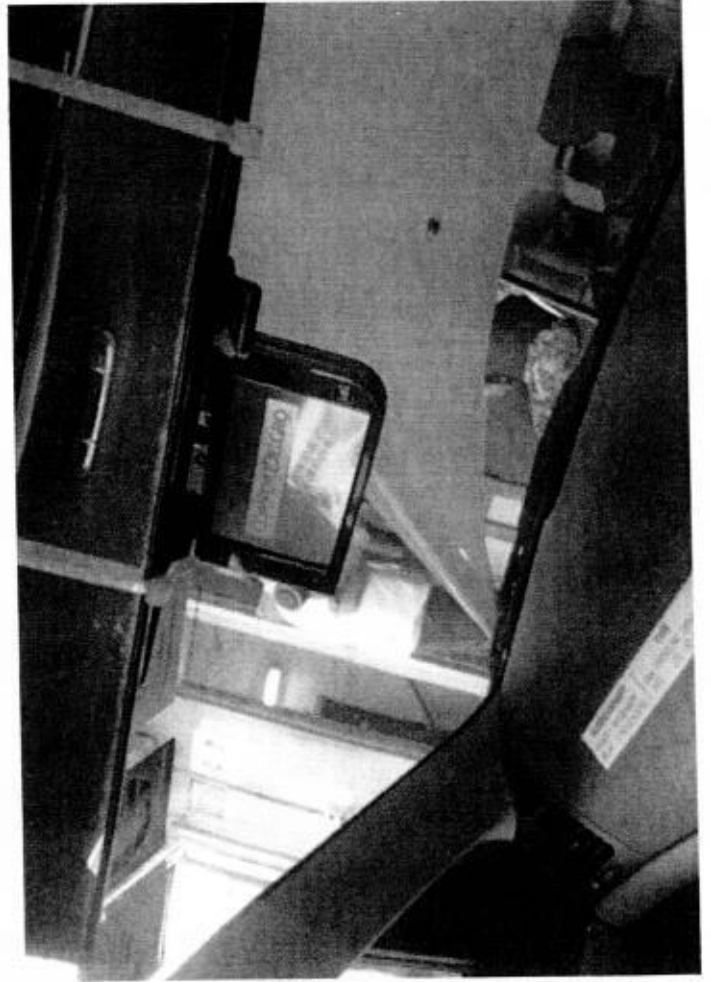
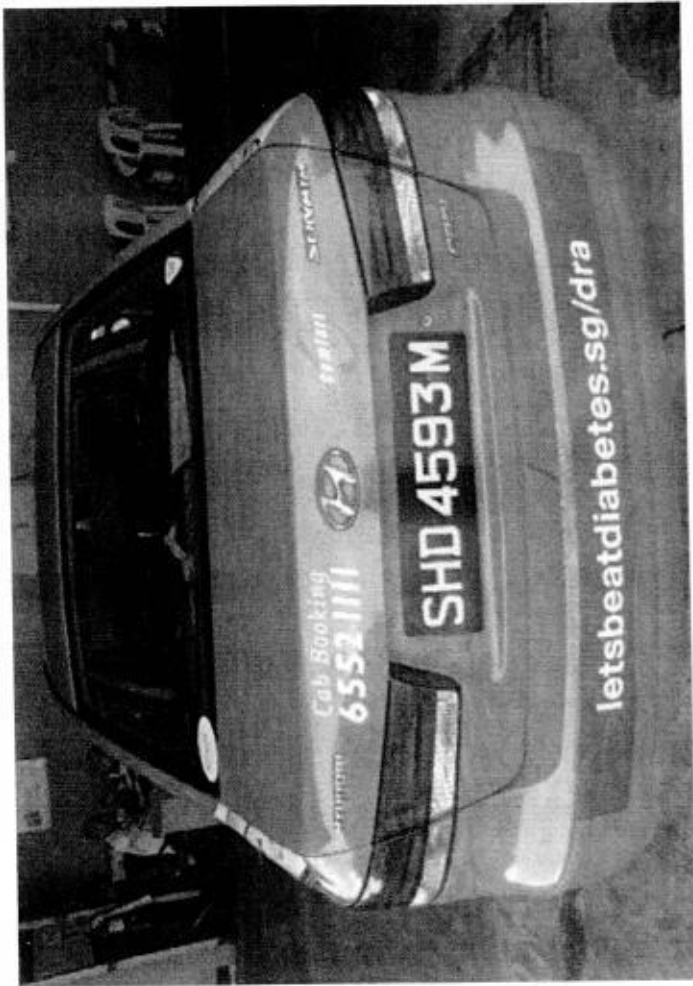
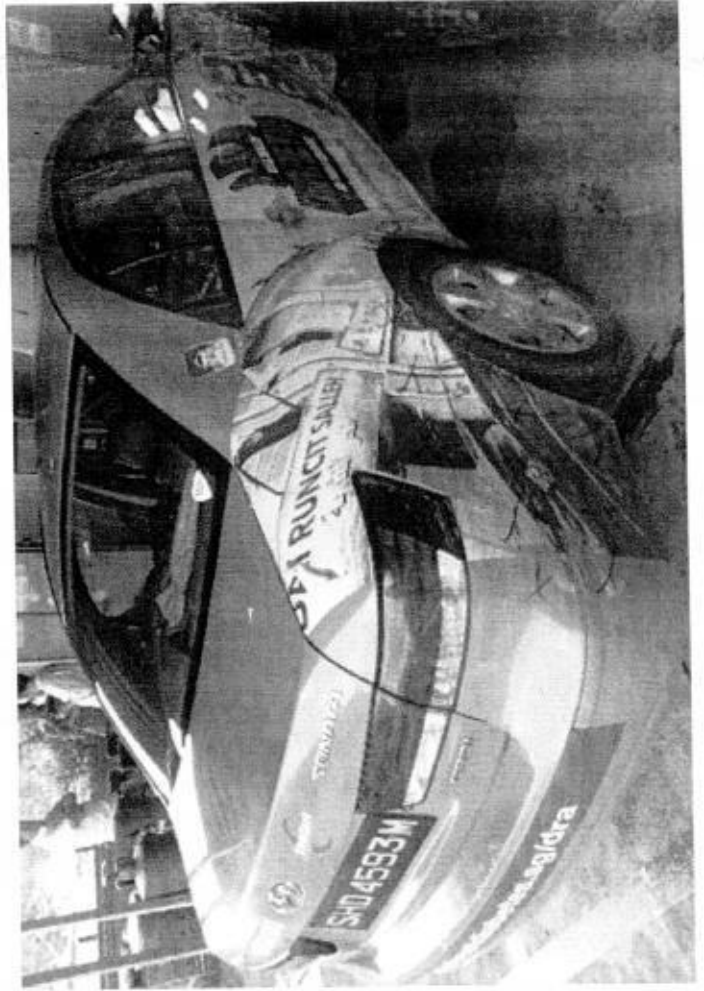
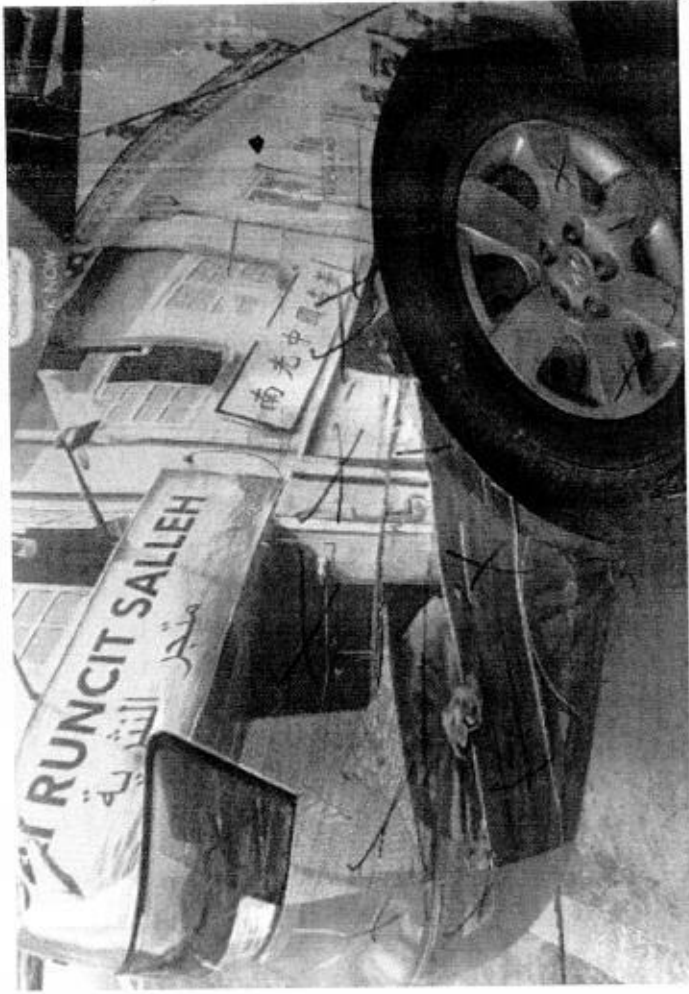
Sr Staff Sgt RAZIZ BIN TAHAR

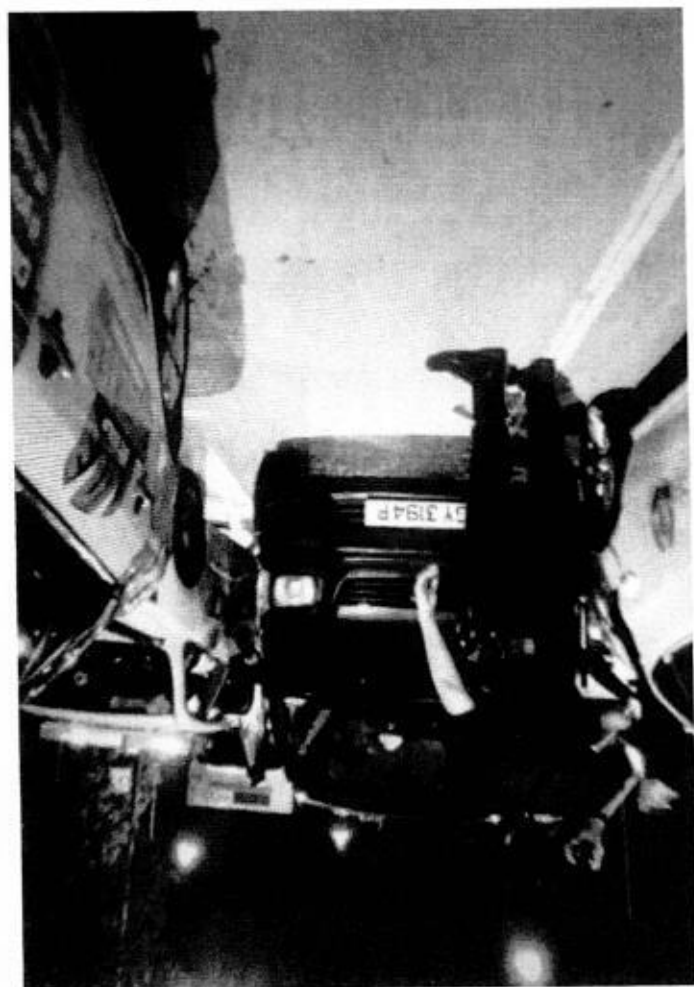
* Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP168





Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305112642

CUSTOMER

REGN NO.

SHD4593M

MILEAGE

MS

MAKE

HYUNDAI

FUEL

CUSTOMER NO.

MODEL

SONATA

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

ADDRESS

YR OF MANU.

10.01.2013

DATE/TIME IN 01.02.2018 08:55

(R)

(P)

CHASSIS CODE

KMHET41VMCA831744

TARGET DATE

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.02.2018

NATURE: 3P 01.02.2018

3/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

:

Vehicle No.:

Vehicle No.:

SHD4593M

LKE/KALVIN

Vehicle No.:

SHD4593M

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4593M

DATE 1/2/2018 11:36

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Rehnd</i>			\$ 578.40
	Rear Bumper Clip — <i>me</i>			\$ 22.00
	Rear Bumper Protector (RH) — <i>CH</i>			\$ 38.00
	Tail Lamp (RH) — <i>me</i>			\$ 344.00
	Rear Fender (RH) X <i>Repair</i>			\$ 1,935.90
	Rear Fender Inner Lining (RH) X <i>5m</i>			\$ 74.10
	Rear Windscreen Moulding X <i>me</i>			\$ 60.00
	Rear Wheel Hup-Cap (RH) — <i>hush</i>			\$ 145.00
	SUB TOTAL			\$ 3,197.40
	LESS 20%			\$ 639.48
	DISCOUNTED TOTAL			\$ 2,557.92
	Rear Bumper Advertisement Logo — <i>me</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (RH) — <i>me</i>			\$ 100.00 Nett
	Rear Fender Comfort Sticker (RH) — <i>me</i>			\$ 30.00 Nett
	Rear Windscreen Sealant X <i>me</i>			\$ 46.00 Nett
				\$ 226.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X 20</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 20</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	Rear Wheel Alignment			\$ 120.00 <i>X 20</i>
	TOTAL LABOUR			\$ 1,860.00
	ESTIMATE TOTAL			\$ 4,643.92
<p><i>Ka h. 1/1/18</i></p> <p><i>1/2/18</i></p> <p><i>1500hrs</i></p> <p><i>2 Days</i></p> <p><i>45</i></p> <p><i>After Repair</i></p> <p>LKK Auto Consultants hence notify 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>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> <p>Signature: _____ Date: _____</p>				

COMFORTDELGRO ENGINEERING

Our Job Ref No 305112642
Date : 08/02/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD4593M CTPL

Fax :

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 --- GY3194P
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% \$1,550.00
 - Final Lumpsum Repair cost** \$1,550.00


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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : 1/04/18
Date : 9/2/18

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:

**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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002062/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GY 3194P	Veh. Inspected	SHD 4593M
Policy No.	5088208678	Coverage (\$)	0.00
Claim No.	MT/0981663-001	Excess (\$)	0.00
Assign From		Assign Date	01/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHET41VMCA831744	Colour	BLUE
Odometer	810505	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 O/S REAR PORTION. DAMAGES SEE DETAILS.
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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
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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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4593M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER PROTECTOR (RH)	CUT	38.00	38.00
1	TAIL LAMP (RH)	CRACKED	344.00	344.00
1	REAR FENDER (RH)	TO REPAIR	1,935.90	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-639.48	-225.48
			2,557.92	901.92
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR FENDER COMFORT STICKER (RH)(SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			226.00	180.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,410.00	490.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			1,860.00	850.00
GRAND TOTAL			4,643.92	1,931.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,550.00

Report Ref No. NS/INC18002062/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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