

Signature: Kalvin

NS / INC 18002549 / Klgbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / TP / WS / TP RES / CD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of: _____
 Insured: **SJD 825Y**
 Policy No: **5075167042 - 01** **11-1817 - 101818**
 Claims No: **MT/0982165-01**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____
 IDAO Accident Report: _____ Consistent? : Yes or No
 G/A / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **2** days Res: Yes or No
 Lump Sum: _____ % B/Vail: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHA 311 6E** Reg: **31 May 24**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover
 Truck / Trailer or
 Make: **Hyundai Santa** CC: **1991**
 Colour: **Blue** A/C: **Ins-0** Std / NI / NA
 Sp Reading: **340470** T-Radio: **Ins-0** Std / NI / NA
 Eng No: _____
 C No: **KMHET41VM DA 811732**
 Gen. Cond: Good / **P** Poor / Burnt
 Steering: In order / **J** Jammed / Leaked / Burnt or
 Brake: In order / **J** Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/F **P** or
 Tyre Size F: **215 / 60 R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Maxx**
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **6/2/18** D.O.I: **7/6/18**
 Survey held at: **COKE (Gey)**
 Des. of Damages: Fnt / Rear / O/S / NS / U/C / Rooftop or
o/s Front
 The U/C / Chassis frame / Body Structure affected due to collision:

Date	Time	Action / Instruction
		SHA 311 6E - CC3 / EQL / UO / 17193 / H112392
		SJD 825Y - NA / INC / 6020837 / K4
9/2/18		Cost 458600 / 24y (Red 5144.72, 73%)

DN: 050914
 DA: 281216

RECEIVED 14 FEB 2019

Date/Time File Passed: ☒ : Prel. Report
☐ : Final Report
 Date/Time File Returned: _____

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee
 Transducer

Report Format: **TP**
 Lump Sum / L.B. **600**

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

\$-Fees

Prints

Sign

TOTAL

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/INC18002549/K1qb				
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.	SJD 825Y	Veh. Inspected	SHA 3116E	
Policy No.	5075167042-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	07/02/2018	
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	06/02/2018	Inspection Date	07/02/2018	
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.				

Survey Department Check List (Case Handler)

Reference No. :

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

Case Handler

Typist

Admin (Cath): 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
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✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin)

): 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

✓			
✓			
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✓			
✓			

(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:

13/7/18

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/0981823-002	COMFORT TRANSPORTATION PTE LTD	SHC 1218Y	SLH 631ST	08/02/2018	\$ 1,570.56	\$ 1,240.56
2	MT/0981400-002	COMFORT TRANSPORTATION PTE LTD	SH 6491J	SJV 7934A	06/02/2018	\$ 13,598.68	\$ 6,050.00
3	MT/0981548-002	COMFORT TRANSPORTATION PTE LTD	SHA 5720Y	XD 7294S	07/02/2018	\$ 3,831.28	\$ 2,450.00
4	MT/0982165-001	COMFORT TRANSPORTATION PTE LTD	SHA 3116E	SID 825Y	06/02/2018	\$ 2,744.72	\$ 600.00
5	MT/0982166-001	COMFORT TRANSPORTATION PTE LTD	SHC 3093B	SJE 5741S	06/02/2018	\$ 1,491.81	\$ 250.00
6	MT/0982171-001	SMRT TAXIS PTE LTD	SHF 222A	SJR 8859Z	24/01/2018	\$ 1,136.00	\$ 460.00
7	MT/0980814-002	COMFORT TRANSPORTATION PTE LTD	SHD 3596L	FW 9183D	02/02/2018	\$ 3,693.63	\$ 2,670.18
8	MT/0981591-002	COMFORT TRANSPORTATION PTE LTD	SH 6753D	SGE 2404X	08/02/2018	\$ 1,797.40	\$ 1,250.00
9	MT/0981398-002	COMFORT TRANSPORTATION PTE LTD	SHC 2157H	SLR 6449M	07/02/2018	\$ 6,534.58	\$ 3,150.00

Claim received from LXX Auto

eBaoTech

GeneralClaim

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5075167042-01	TREND REALTY	531681128	GPC	drive CLASSIC	SJD825Y	SJD825Y	11/03/2017	10/03/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claiming 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 willful 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	07/02/2018 07:21
Date Of Accident	06/02/2018 09:30
Exact Location Of Accident	MARINA VIEW /TOWER 1 MARINA FINANCIAL CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3116E
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHUA LYE HUAT
NRIC No	S0144070E
Date Of Birth	06/06/1952
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LHCHUA56@YAHOO.COM.SG

Address	423 11-202 BEDOK NORTH AVENUE 1
Postcode	460423
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)	2
Passenger 1	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

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

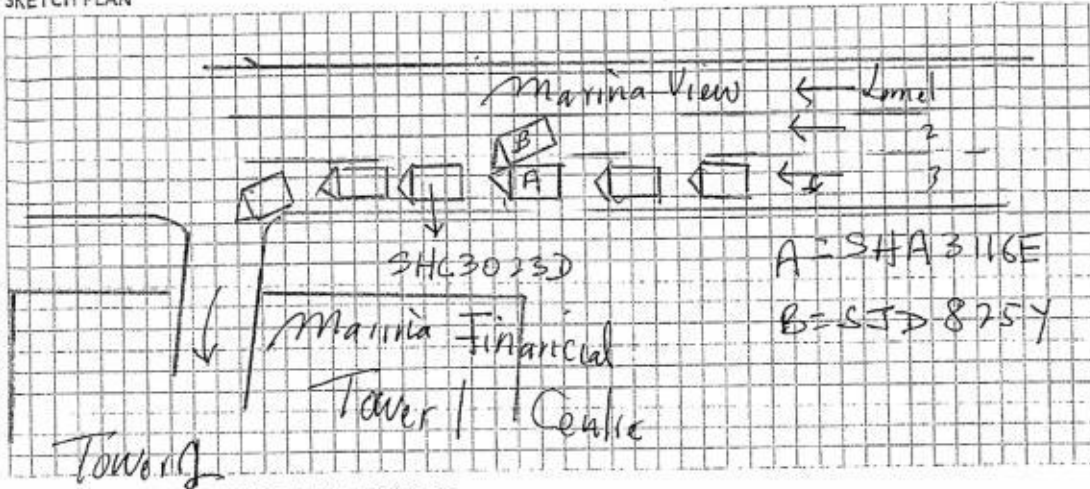
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD825Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS

attached

DECLARATION

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

UMFORT TRANSPORTATION PTE LTD

CO-REG. NO. 189303821R

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature

Name

SHA 3116 E - ACCIDENT STATEMENT

This morning (06/02/2018), I ferried a male passenger from Joo Chiat Place for a trip to Marina Financial Tower.

It was heavy traffic when I turned from Marina Blvd into Marina View en route to the destination.

As seen in the video footage, it was under such road situation that I conformed with lane rules following at slow speed behind other cars

When I was a short distance before turning into the driveway of the Financial Centre, it was at this juncture that car B(SJD 825Y) cut the queue line and making an aggressive bid to filter into the turning lane from the middle lane of the 3-lane road despite the motorists did not intend to give in.

The video further showed that the taxi(SHC 3023D) directly in front my car did not give way to car B.

When I expressly did not intend to give way to her at the same time, the frustrated driver of car B, a female, then forcefully drove her way onto my path and thus caused the accident.


The said female driver then not stop after the accident. I was compelled to take a snap shot of the car before she drove away.

In this accident, I found the right front of my car dented due to the impact by car B.

I believed car B was a private-hire car.

I filed report for the purpose of 3rd party claims matter.

I affirmed the above-statement is true and correct.


Driver name : Chua Lye Huat
NRIC NO : S 0144070E
Date: 06/02/2018

Recorded by Alex Lim

member of **COMFORTDELGRO**

Date/Time: 07.02.2018 08:33 Page : 1

Team: SH ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305114484

OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHA3116E	MILEAGE
S	7010045	MAKE	HYUNDAI	FUEL
OMER NO	383 SIN MING DRIVE	MODEL	SONATA	E.....1/2.....F
ESS	Singapore SINGAPORE 575717	YR OF MANU	31.05.2011	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHET41VMB A811332	TARGET DATE
(P)				COMPLETION DATE/TIME:
DUNT CARD NO.				

Accident Date: 06.02.2018
 ATURE: 3P 06.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

ISSUED & PASSED OUT BY: _____	
_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
Acknowledgement Slip No.: SHA3116E LIMITS	Exit Pass Vehicle No.: SHA3116E
_____ of Service Advisor	_____ Signature/Date
_____ returned to Service Reception upon collection	_____ Name of Service Advisor
	_____ Date
	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.02.2018

REPAIR ESTIMATE

Time: 09:07:11

Page: 1

HTUC-45
LKK - Calvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305114484
 REGN NO : SHA3116E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : SONATA
 DATE OF REGN : 31.05.2011
 DATE/TIME IN : 06.02.2018 15:25
 ACCIDENT DATE : 06.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0017-A	FRONT FENDER RH	1	593.00	20.00	474.40	X Rep-2
0002 04-01-0101-0003-A	FRONT BUMPER	1	538.80	20.00	431.04	X Rep-2
0003 04-01-0101-0030-G	FRONT BUMPER TOP BRKT RH	1	24.60	20.00	19.68	X Rep
0004 04-01-0101-0042-G	FRONT BUMPER BRKT RH	1	22.40	20.00	17.92	X Rep
0005 04-01-0101-0024-G	FRT BUMPER MOULDING RH	1	29.20	20.00	23.36	X Rep
0006 04-01-0101-0026-A	HEADLAMP RH	1	797.90	20.00	638.32	X Rep
						SUB-TOTAL : 1,604.72

JOB NATURE

0000 20-05	Frt Fender Adv.Sticker RH	100.00	—	all
0001 L	PANEL BEATING	560.00	300	
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00	260	
0003 17-01	CHECK ALL LIGHTING	40.00	X	an
0004 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	X	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.02.2018

REPAIR ESTIMATE

Time: 09:07:11

Page: 2

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305114484
REGN NO : SHA3116E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 31.05.2011
DATE/TIME IN : 06.02.2018 15:25
ACCIDENT DATE : 06.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,140.00

TOTAL 2,744.72

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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

Our Job Ref No : 305114484

Date : 09/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA3116E

Date of Accident : 06-Feb-18

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

1. The repair job shall bill to: NTUC --- SJD 825Y

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%

Final Lumpsum Repair cost

\$600.00

\$600.00

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

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:



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/INC18002549/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 825Y	Veh. Inspected	SHA 3116E
Policy No.	5075167042-01	Coverage (\$)	0.00
Claim No.	MT/0982165-001	Excess (\$)	0.00
Assign From		Assign Date	07/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA811332	Colour	BLUE
Odometer	340470	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	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/02/2018	Inspection Date	07/02/2018
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.
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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. SHA 3116E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER RH	TO REPAIR	593.00	-
1	FRONT BUMPER	TO REPAIR	538.80	-
1	FRONT BUMPER TOP BRKT RH	SERVICEABLE	24.60	-
1	FRONT BUMPER BRKT RH	SERVICEABLE	22.40	-
1	FRONT BUMPER MOULDING RH	SERVICEABLE	29.20	-
1	HEADLAMP RH	SERVICEABLE	797.90	-
	LESS 20% DISCOUNT		-401.18	-
			1,604.72	-
SPECIAL NETT ITEMS				
1	FRT FENDER ADV STICKER RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		600.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		440.00	360.00
			1,040.00	660.00
GRAND TOTAL			2,744.72	760.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				600.00

Report Ref No. NS/INC18002549/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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