

Kalin

REF

NS/INC16002862/K146nz

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop no:

of:

Insured: SLP 93833

Policy No: 5092480964 080717-280918

Claims No: MT/0982117, NY

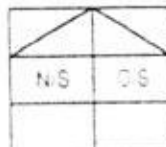
Sum Insured: Excess

(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

GIA PR Seen Consistent? Yes or No

Est. Repairs: 2 days Res: Yes or No

Lump Sum: 3 Val Yes or No

CA / REV / REP / 24 HRS

Date: Person Contacted:

vehicle IN / OUT

SHD 67966 23 Apr 2015

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover

Truck / Trailer or

Make: Hyundai Z40 1685

Colour: B/W Insured: Std / NI / NA

Se Reading: 395815 Insured: Std / NI / NA

Eng No:

C No: 1CMHCB414MF40 68176

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SiRim / STD / R/Rim or

Tyre Size: F 205/60R16

R

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or: W&L

Front

R Bal: 7

L Bal: 7

D.O.A: 9/2/8

Survey held at:

Rear

R Bal: 7

L Bal: 7

D.O.A: 12/2/8

C/O H&E (6/7/11)

Des of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instructions

SHD 67966 X

SLP 93833 X

14/2/8

Contact 11/8280/2 (Rear 1030.48, 70%)

ZNC
41

RECEIVED 27 FEB 2018

Date/Time File Pass to:

27/2/2018



Prel. Report



Final Report

Date/Time File Return to:

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

160

Add Fee:



Site Insp: S



Main Insp: S



Fuel: S



Misc: S

Report Format: 71

Lump Sum / I.B: 280

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/INC18002862/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 9383J	Veh. Inspected	SHD 6796G
Policy No.	5092480964	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

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

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5. General Information

Accident Date	09/02/2018	Inspection Date	12/02/2018
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.: *NS/NCI 800 2862/Klg/b*
 Policy Type: OD / TP / TP RES / TL / EVA

SHD 67969

Case Handler

Typist

Admin (*Cath*): 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.	<i>✓</i>			
C Customer Code	<i>✓</i>			
N Assign From				
C Assign Date	<i>✓</i>			
C Veh No (Inspected)	<i>✓</i>			
C Veh No (Insured)	<i>✓</i>			
C D.O.A	<i>✓</i>			
C Policy No	<i>✓</i>			
C Claim No	<i>✓</i>			
C Insurance Authorisation (CA/REV/REP)				
C Report Type	<i>✓</i>			
C Weekend Charges				
N Survey held at/Repairer	<i>✓</i>			
C Excess				

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

(1) Assignment Form

C Vehicle No	<i>✓</i>			
C Regn Month/Year	<i>✓</i>			
N Vehicle Type	<i>✓</i>			
N Make & Model	<i>✓</i>			
C Engine Capacity. (C.C)	<i>✓</i>			
N Colour	<i>✓</i>			
C Odometer. (Sp.Reading)	<i>✓</i>			
C Chassis No	<i>✓</i>			
N General Condition	<i>✓</i>			
N Steering	<i>✓</i>			
N Brake	<i>✓</i>			
N Modification (Modi)	<i>✓</i>			
C Tyre Size	<i>✓</i>			
N Tyre Make	<i>✓</i>			
C Tyre Balance	<i>✓</i>			
C Date of Inspection	<i>✓</i>			
N Survey held	<i>✓</i>			
N Des.of Damages	<i>✓</i>			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<i>✓</i>			
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<i>✓</i>			
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair	<i>✓</i>			
C Finalised Amount	<i>✓</i>			
C Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C Resurvey photo Uploaded	<i>✓</i>			
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Check By: *[Signature]* *22/2/18*
 Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

Date : 09/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0981755-002	CITY CAB PTE LTD	SHA 8200L	XD 8727D	9/2/2018	10:45	\$ 3,200.60
2	MT/0982396-001	COMFORT TRANSPORTATION PTE LTD	SHD 3647Z	SGS 8593U	10/2/2018	14:00	\$ 3,295.25
3	MT/0981948-002	COMFORT TRANSPORTATION PTE LTD	SH 6220A	SJF 3837H	12/2/2018	11:05	\$ 2,411.58
4	MT/0981751-002	COMFORT TRANSPORTATION PTE LTD	SHC 3347U	SIW 4835S	9/2/2018	14:35	\$ 2,139.60
5	MT/0982377-002	COMFORT TRANSPORTATION PTE LTD	SHC 3681D	SLJ 8137S	10/2/2018	19:45	\$ 1,550.48
6	MT/0982406-001	COMFORT TRANSPORTATION PTE LTD	SHC 8886Y	SGZ 2197H	10/2/2018	15:15	\$ 4,760.32
7	MT/0982117-002	COMFORT TRANSPORTATION PTE LTD	SHD 6796G	SLP 9383J	9/2/2018	21:35	\$ 1,310.47
8	MT/0981974-002	COMFORT TRANSPORTATION PTE LTD	SHC 3496Y	FBJ 7434J	9/2/2018	11:45	\$ 3,453.26
9	MT/0981747-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	SLC 4221U	9/2/2018	9:05	\$ 2,437.18
10	MT/0981951-002	COMFORT TRANSPORTATION PTE LTD	SHD 4646U	SIW 3721T	12/2/2018	8:30	\$ 10,845.34

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092480964	JZCARS	53366173X	GPC	drive CLASSIC	SLP9383J	SLP9383J	08/07/2017	28/09/2018

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	10/02/2018 10:53
Date Of Accident	09/02/2018 21:35
Exact Location Of Accident	BUKIT TIMAH RD TURN LEFT SARKIES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6796G
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	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	HENDERA ZULKARNAEN BIN MOHAMED HAKIM
NRIC No	S8106516J
Date Of Birth	26/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	HENDERA.HAKIM@GMAIL.COM

Address	BLK 664A PUNNGOL DRIVE #08-204
Postcode	821664
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?	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 REFER TO 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	SLP9383J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG JUN ZHI
NRIC/Passport Number	
Contact Number	98162455
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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 9 FEB 18.

APPROXIMATELY AT 2135HRS I STOPPED AT JUNCTION OF BUCKINGHAM RD
ENTERING SHARVES RD GIVING WAY TO PEDESTRIANS CROSSING THE ROAD, SLP
93033 HIT MY RIGHT REAR BUMPER AND LIGHT SIDE.

DECLARATION

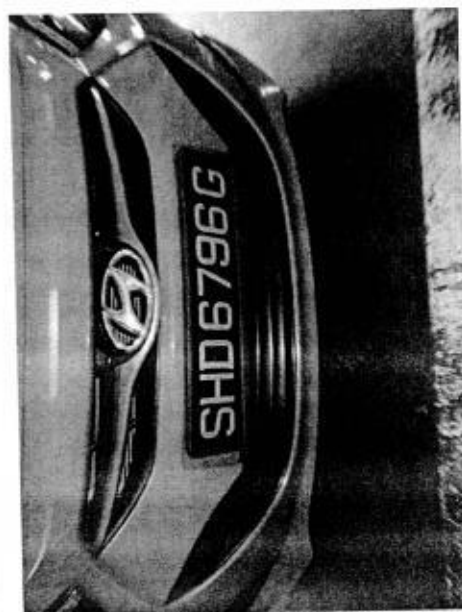
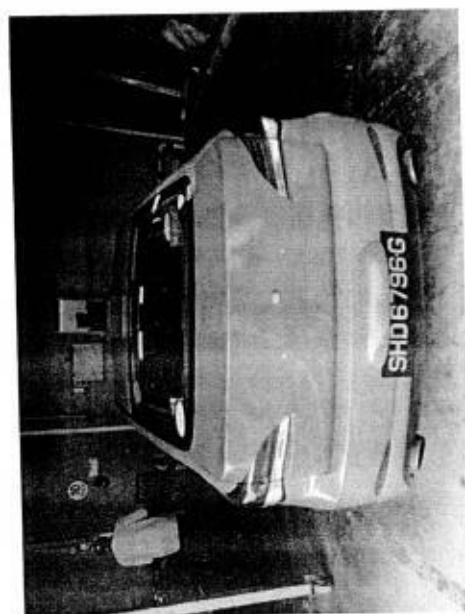
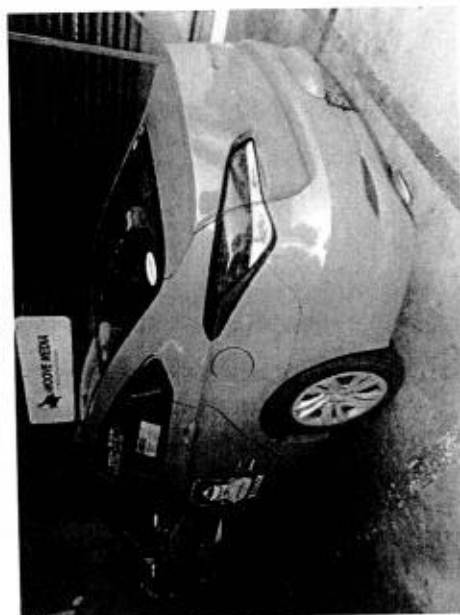
I/We declare the foregoing particulars are true in every respect.

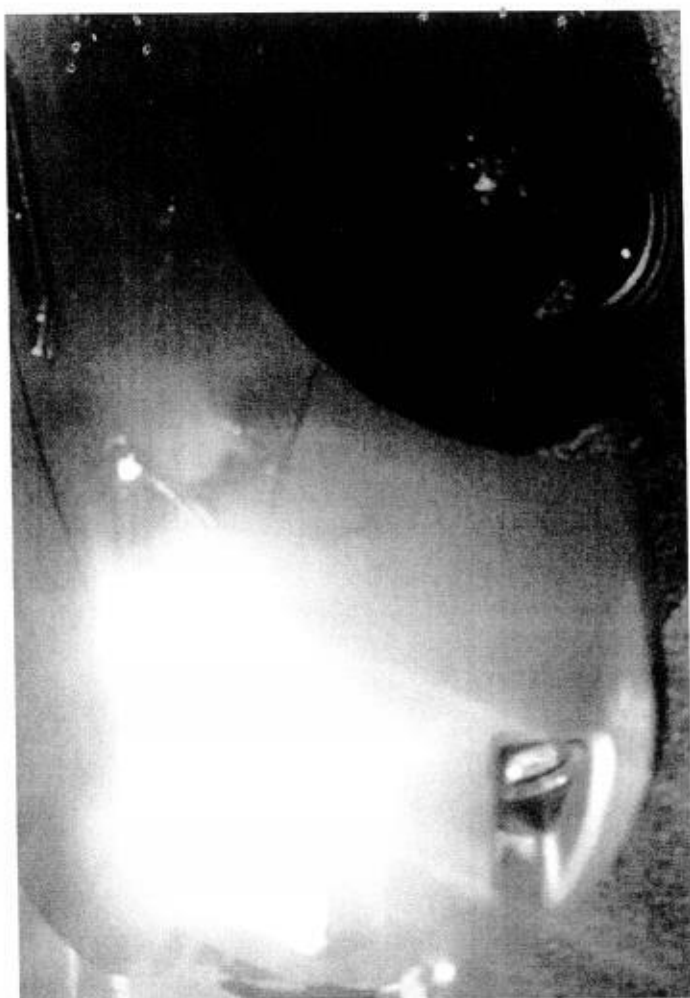
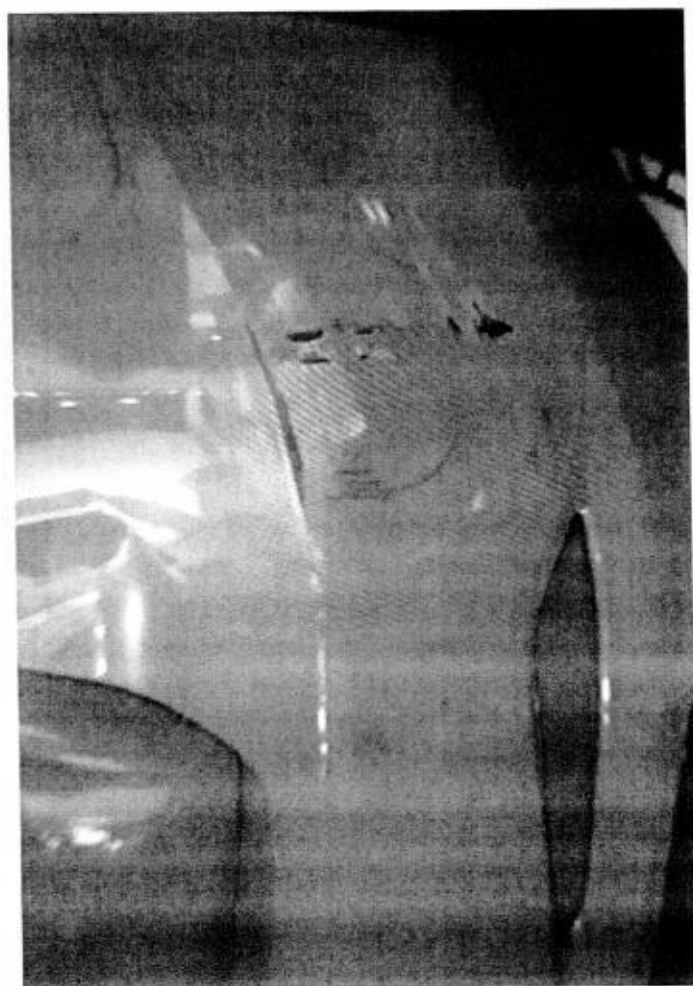
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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





Our Job Ref No : 305115644
Date : 13/02/2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD6796D
Date of Accident : 09/02/18

Fax :

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

1. The repair job shall bill to: NTUC --- SLF9383J
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges ### \$280.00
 - Total for Part-By-Part Repair Cost \$280.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

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 : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature :
Name : Kalvin
Date : 14/2/18

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305115644

OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHD6796G	MILEAGE
IS	7010045	MAKE	HYUNDAI	FUEL
OWNER NO	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
LESS	Singapore SINGAPORE 575717			DATE/TIME IN
(R)	65508755	YR OF MANU	23.04.2015	10.02.2018 09:05
(P)		CHASSIS CODE	KMHLB41UMFU068176	TARGET DATE
				COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.02.2018
ATURE: 3P 09.02.18

/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip	Exit Pass
No.: SHD6796G JU NTUC LKK	Vehicle No.: SHD6796G
Signature/Date	Name of Service Advisor
Returned to Service Reception upon collection	Date
	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6796G

MAKE :

MODEL : HYUNDAI i40

DATE 2/10/2018 12:16

NTUC-LKK

Jumani

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X Repair			\$ 603.60
	Rear Bumper Clips 10 pcs X 2.2			\$ 22.00
	SUB TOTAL			\$ 625.60
	LESS 20%			\$ 125.12
	DISCOUNTED TOTAL			\$ 500.48
	Rear Door Tel No. Sticker/Apps (RH) X 1			\$ 10.00
				Nett
				\$ 10.00
	Labour Charge			100
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 1,310.48
<p>Ka Lu 1/1/14</p> <p>11 12/2/18 1055h</p> <p>2 Pys</p> <p>4s</p> <p>After Repair pLL</p>				
<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(s) is allowed Supplementary items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</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>				



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/INC18002862/K1qbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 28-02-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 9383J	Veh. Inspected	SHD 6796G
Policy No.	5092480964	Coverage (\$)	0.00
Claim No.	MT/0982117-002	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068176	Colour	BLUE
Odometer	395815	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 O/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/02/2018	Inspection Date	12/02/2018
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. SHD 6796G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-125.12	-
			500.48	-
SPECIAL NETT ITEMS				
1	REAR DOOR TEL NO STICKER/APPS (RH)(SN)	NOT NECESSARY	10.00	-
			10.00	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	180.00
			800.00	280.00
GRAND TOTAL			1,310.48	280.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)		280.00
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Report Ref No. NS/INC18002862/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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