

Kalin

REF

NS/TNC 1800 2870 / KHB02

ASSIGNMENT

From

Date

Estimated Cost

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

To Inspect Vehicle No

at Workshop no:

of

Insured XD 8727D

Policy No 5070010000 - 01 18.02.17 - 17.02.18

Claims No MT/0931755-002

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 Rpt. 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

SHA 8200 L

12 Nov 2015

Type

M/Car / M/Cycle / Bus / Van / Lorry / Ta Prime Mover

Truck / Trailer or

Make

Hyundai 240

168r

Colour

Yellow

Insured Std / NI / NA

Sp Reading

424027

Insured Std / NI / NA

Eng No

C No

KMHCBK/MAK 4079808

Gen Cond Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod Nil / Si Rim / STD A/Rim or

Tyre Size

F

205/60R16

R

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

TOYO / YOKO or

Triangle.

Front

Rear

R Bal

7

R Bal

7

L Bal

7

L Bal

7

D/OA

9/2/18

D/OA

12/2/18

Survey held at

1046 (4-5)

Des. of Damages. Frt / Rear / O/S / N/S / U/C / Rooftop or

o/s Rty.

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

Date Time Action Instruction

SHA 8200L - TS / FCL 17019054 / Gvb02

OAT: 220917

INC 42

XD 8727D - X

13/2/18 Chassis 4/5 \$2450/ 2 Rty. (Red: 750-60 '23576)

RECEIVED 14 FEB 2018

Date Time Fee Pass to



Preli. Report



Final Report

Days Of Repair

3

Resurvey No. of Trip

1

Date Time Fee Return to

Report Format

Lump Sum / I.B.

2450

Add Fee:



Site Insp

\$



Inspection

\$



K/L

\$



Total

\$

Survey Fee

Assignment

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/INC18002870/K1tb

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.	XD 8727D	Veh. Inspected	SHA 8200L
Policy No.	5070040000-02	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

--

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.
--

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="09/02/2018 13:11"/>						
Vehicle No.(For Motor)	<input type="text" value="XD8727D"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5070040000-02	SOON LI HENG CIVIL ENGINEERING PTE LTD	199406923E	GCV	Comprehensive	XD8727D	XD8727D	18/02/2017	17/02/2018
<input type="button" value="Continue"/>									

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	SIC 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

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	09/02/2018 15:10
Date Of Accident	09/02/2018 10:45
Exact Location Of Accident	HONG KONG ST X NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8200L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TOH TIAU CHAI
NRIC No	S1217975H
Date Of Birth	11/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 283 BUKIT BATOK EAST AVENUE 3 #03-273
Postcode	650283
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 - CROSS JUNCTION
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 / Type Of Accident : HEAD TO SIDE

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	XD8727D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	venu VENKATESAN
NRIC/Passport Number	S8084021G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:


S R Moorthy
CSO



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SHA 8200L B) XD8727D.

On 9/2/18 at about 10:45am while I Veh A just moved as the Veh B was stationary and there was ample space in front of Veh B and the vehicle in front of Veh B. While moving, Veh B who was stationary suddenly moved forward and collided on the right doors of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

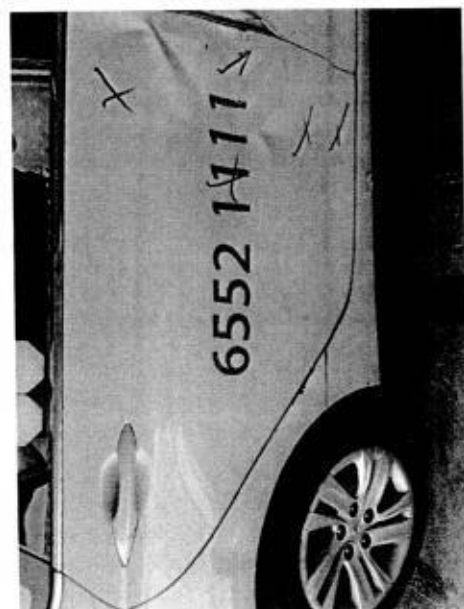
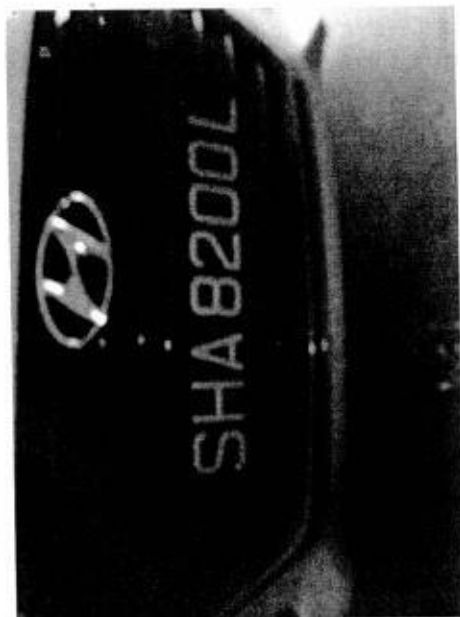
Policyholder's Signature
Date & Time:

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

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

GPSPAC SketchPlanForm_V3

[Signature] 9/2/18
R Moorthy
CSO





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	09/02/2018 15:10
Date Of Accident	09/02/2018 10:45
Exact Location Of Accident	HONG KONG ST X NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8200L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TOH TIAU CHAI
NRIC No	S1217975H
Date Of Birth	11/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

A member of COMFORTDELGRO

Date/Time: 09.02.2018 18:29

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3803511

JC NO. 305115415

CUSTOMER

REGN NO. **SHA8200L**

MILEAGE

MS CITYCAB PTE LTD

7010070

MAKE: **HYUNDAI**

FUEL

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

MODEL **I-40**

DATE/TIME IN 09.02.2018 12:05

(R) 65551188

(O)

YR OF MANU **12.11.2015**

TARGET DATE

(P)

CHASSIS CODE **KMHLB41UMGU079804**

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.02.2018

NATURE: 3P 09.02.18/C

NTUC

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA8200L**

FZ NTUC LKK

Vehicle No.: **SHA8200L**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MAKE :

MODEL : HYUNDAI i40

DATE 9/2/2018 17:04

P-7

MODEL : HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount		
			Front Door (RH) — <i>Per</i>			\$ 1,403.00		
			Front Door Outer Handle (RH) — <i>cm</i>			\$ 53.00		
			Rear Door (RH) — <i>Per</i>			\$ 1,351.00		
			SUB TOTAL			\$ 2,807.00		
			LESS 20%			\$ 561.40		
			DISCOUNTED TOTAL			\$ 2,245.60		
			Front Door Comfort Logo (RH) — <i>mc</i>			\$ 75.00	Nett	
			Rear Door Comfortdelgro & Apps Sticker (RH) — <i>mc</i>			\$ 80.00	Nett	
						\$ 155.00		
			Labour Charge					
			Panel Beating			\$ 350.00 <i>700</i>		
			Spray Painting Charge			\$ 400.00 <i>760</i>		
			Tuff Kote			\$ 50.00 <i>20</i>		
			TOTAL LABOUR			\$ 800.00		
			ESTIMATE TOTAL			\$ 3,200.60		
			<i>1c. hr 16K14</i>					
			<i>12/2/18 1035L.</i>					
			<i>3 Day.</i>					
			<i>C/S</i>					
			<i>After Repu</i>					
			<div>LKK Auto Consultants hence notify the Repairer of the following:<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</div>					
			Accepted by Repairer: _____					
			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 : 305115415

Date : 13.02.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA8200L

Date of Accident : 09.02.2018

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

1. The repair job shall bill to: NTUC -- XD 8727D
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
Total for Part-By-Part Repair Cost	\$0.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$2,450.00
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 3 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kala

Date : 13/2/18

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				
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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002870/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 20-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 8727D	Veh. Inspected	SHA 8200L
Policy No.	5070040000-02	Coverage (\$)	0.00
Claim No.	MT/0981755-002	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.	KMHLB41UMGU079804	Colour	YELLOW
Odometer	424027	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	TRIANGLE	7 mm
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. 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:	3 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 8200L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR (RH)	DENTED	1,403.00	1,403.00
1	FRONT DOOR OUTER HANDLE (RH)	CRACKED	53.00	53.00
1	REAR DOOR (RH)	DENTED	1,351.00	1,351.00
	LESS 20% DISCOUNT		-561.40	-561.40
			2,245.60	2,245.60
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			800.00	680.00
GRAND TOTAL			3,200.60	3,080.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,450.00

Report Ref No. NS/INC18002870/K1tbn2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.