

10/11/15

Surveyor: Kelvin

REF: NS/INC18003036/Klv3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SFU 6132G

Policy No. 5092277789 - 30/6/17 - 3/7/18

Claims No. MT/0982270-002

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

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 4205J Yr Regn: 10 May 2012

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa C.C. 1991

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 211656 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHE741VMCA824616

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 215 / 60 R 16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 13/2/18

Survey held at

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

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

Rear	
R/Bal. 7 mm	
L/Bal. 7 mm	
D.O.A. 14/2/18	
COGE (6-2-18)	

Date / Time

Action / Instruction

SHD 4205J - CC3/III/17001660/Ky 43q2 D.O.A: 13/2/18 Zmc

SFU 6132G - X

23/2/18 Confirmed 45 \$ 2300 / 3 Mgs. (Red 4387.20, 66%)

RECEIVED 27 FEB 2018

Date/Time, File Pass to?

☐: Prel. Report

1)

☐: Final Report

Date/Time, File Return to?

2) 27/2 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech. Insp (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Other

Report Format:

LS \$ 2300p

160
35
195

Survey Department Check List (Case Handler)

Reference No.: NS/INC18003036/KIV03
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): 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.	✓			
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 (): 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	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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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	✓			
---	-------------------------	---	--	--	--

Check By: VERON 23/5/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC18003036/K1v				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFU 6132G	Veh. Inspected	SHD 4205T	
Policy No.	5092277789	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	14/02/2018	
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	13/02/2018	Inspection Date	14/02/2018	
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

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0980700-002	SMRT TAXIS PTE LTD	SHC 4745Y	FBK 629E	2/2/2018	16:00	\$7,449.80	\$2,197.53
2	MT/0981297-002	COMFORT TRANSPORTATION PTE LTD	SH 9778M	SKR 9188H	5/2/2018	16:30	\$2,607.04	\$2,103.04
3	MT/0981207-003	COMFORT TRANSPORTATION PTE LTD	SH 7825Z	SJR 750E	4/2/2018	14:30	\$8,852.40	\$2,900.00
4	MT/0983349-001	COMFORT TRANSPORTATION PTE LTD	SH 7789U	SLT 9304S	5/2/2018	23:20	\$3,524.54	\$2,298.09
5	MT/0981193-002	COMFORT TRANSPORTATION PTE LTD	SHC 2275A	SJK 7721E	5/2/2018	15:35	\$6,226.34	\$2,400.00
6	MT/0981140-002	CITYCAB PTE LTD	SHC 7318C	SLD 3740P	6/2/2018	6:40	\$2,548.38	\$1,970.70
7	MT/0982086-002	COMFORT TRANSPORTATION PTE LTD	SH 7929H	XD 6757E	12/2/2018	9:30	\$5,489.80	\$2,537.60
8	MT/0982270-002	COMFORT TRANSPORTATION PTE LTD	SHD 4205J	SFU 6132G	13/2/2018	15:45	\$6,687.20	\$2,300.00

Claim received from LKK

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="13/02/2018 16:30"/>						
Vehicle No. (For Motor)	<input type="text" value="SFU6132G"/>								
<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"/>	5092277789	SYED SAGAFF BIN SYED IDRUS ALJOFERI	S1583134J	GPC	drivo CLASSIC	SFU6132G	SFU6132G	30/06/2017	03/07/2018
<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	14/02/2018 07:20
Date Of Accident	13/02/2018 15:45
Exact Location Of Accident	SIMEI ST 3 X CHANGI HOSPITAL BASEMENT C/P EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4205J
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	TEH ENG POH
NRIC No	S1557738Z
Date Of Birth	08/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1999
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TEHENGPOH62@GMAIL.COM

Address	503 03-303 TAMPINES CENTRAL 1
Postcode	520503
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 - MAJOR/MINOR RD
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

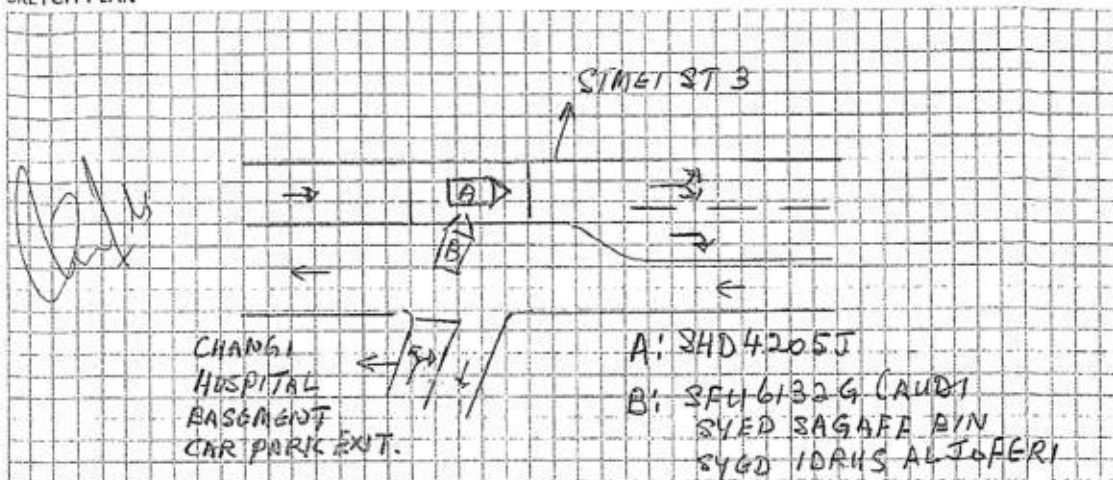
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU6132G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYED SAGAFF
NRIC/Passport Number	S1583134J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

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 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.:

Describe Circumstances of the Accident

On 13 Feb 2018 at about 15:45 hrs I was driving straight along Simei St 3 heading towards the direction of Simei St 3.

As I was about to drive pass the Changi Hospital Basement car park exit which is on my right suddenly I felt an impact coming from the right hand side rear of my taxi followed by a jerk.

Shortly after I stopped my taxi and stepped out to check. Found that an Audi car SFU6132G had driven out from the above exit and make a right turn thereby causing this accident to happen.

In the process the front left of the car hit and grazed the right hand side right rear door including the right hand side rear wheel towards the right hand side rear of my taxi thus damaging them.

01 passenger on board my taxi. No injury at the point of the accident.

Declaration

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

FORT TRANSPORTATION PTE LTD
 CO REG. NO. 199303821R

Policyholder's Signature/Date &
 Time

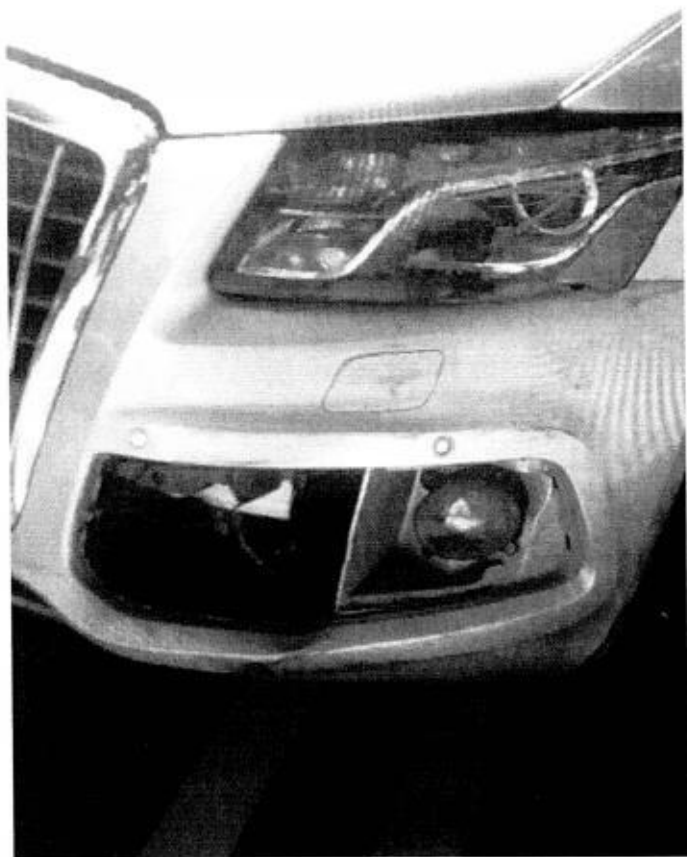
Driver's Signature
 & Time

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

13/02/18 

Witnessed by Reporting
Centre Personnel





Date/Time: 14.02.2018 12:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305116841

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
R/M/S 7010045
CUSTOMER NO. 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755
L. (R) (O)
(P)

REGN NO.	SHD4205J	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	SONATA	DATE/TIME IN 13.02.2018 16:20
YR OF MANU	10.05.2012	TARGET DATE
CHASSIS CODE	KMHET41VMCA824636	COMPLETION DATE/TIME:

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 13.02.2018
NATURE: 3P 13.02.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC - tar;	Right Rear damage
	Lok/tehni -	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4205J
LARRY

Vehicle No.: SHD4205J

Signature of Service Advisor

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 4205J

DATE 14/2/2018 10:36

MAKE :

MODEL : HYUNDAI SONATA

NOTE

DOT: 13-02-18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X repair</i>			\$ 578.40	
	Rear Bumper Clip <i>X 11</i>			\$ 22.00	
	Rear Bumper Protector (RH) <i>X repair</i>			\$ 38.00	
	Rear Fender (RH) <i>X repair</i>			\$ 1,935.90	
	Rear Windscreen Moulding <i>X 11</i>			\$ 60.00	
	Rear Door (RH) <i>Paint</i>			\$ 1,294.70	
	Rear Door Outer Handle (RH) <i>X repair</i>			\$ 39.60	
	Rear Door Gear/Regulator (RH) <i>X 11</i>			\$ 300.00	
	Rear Door Lock Assy <i>X 11</i>			\$ 308.40	
	Rear Door Protector (RH) <i>X repair</i>			\$ 54.50	
	Rear Wheel Hup-Cap (RH) <i>braced</i>			\$ 145.00	
	SUB TOTAL			\$ 4,776.50	
	LESS 20%			\$ 955.30	
	DISCOUNTED TOTAL			\$ 3,821.20	
	Rear Bumper Advertisement Logo <i>11 11</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>11</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>11</i>		\$ 100.00	\$ 200.00	Nett
	Rear Fender Comfort Sticker (RH) <i>11</i>			\$ 30.00	Nett
	Rear Windscreen Sealant <i>X 11</i>			\$ 46.00	Nett
	Rear Door Advertisement Logo (RH) <i>11</i>			\$ 100.00	Nett
	Rear Door Tel No. Sticker (RH) <i>11</i>			\$ 10.00	Nett
				\$ 486.00	
	Labour Charge				
	Panel Beating <i>1 car 11/11</i>			\$ 1,000.00	
	Spray Painting Charge <i>14/2/18 1345h</i>			\$ 600.00	5%
	Wiring Charge <i>3 Pat</i>			\$ 50.00	X 11
	Tuff Kote <i>4/5</i>			\$ 100.00	20
	Remove/Refix Cushion & Upholstery Rear <i>After Repair p 11</i>			\$ 150.00	50
	Remove/Refix Rear Windscreen Glass			\$ 120.00	X 11
	Remove/Refix Reverse Sensor			\$ 120.00	X 11
	Transfer of Door			\$ 120.00	50
	Rear Wheel Alignment			\$ 120.00	X 11
	TOTAL LABOUR			\$ 2,380.00	
	ESTIMATE TOTAL			\$ 6,687.20	
<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 Part(s) must be subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed 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>					

COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305116841
Date : 22.02.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4205J

Date of Accident: 13.02.2018

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

1. The repair job shall bill to: NTUC SFU6132G

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

\$2,300.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalyan

Date : 23/2/18

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/INC18003036/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFU 6132G	Veh. Inspected	SHD 4205T
Policy No.	5092277789	Coverage (\$)	0.00
Claim No.	MT/0982270-002	Excess (\$)	0.00
Assign From		Assign Date	14/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824636	Colour	BLUE
Odometer	211656	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	13/02/2018	Inspection Date	14/02/2018
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:	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4205T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR	578.40	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR	38.00	-
1	REAR FENDER (RH)	TO REPAIR	1,935.90	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR DOOR (RH)	DENTED	1,294.70	1,294.70
1	REAR DOOR OUTER HANDLE (RH)	TO REPAIR	39.60	-
1	REAR DOOR GEAR/REGULATOR (RH)	SERVICEABLE	300.00	-
1	REAR DOOR LOCK ASSY	SERVICEABLE	308.40	-
1	REAR DOOR PROTECTOR (RH)	TO REPAIR	54.50	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-955.30	-287.94
			3,821.20	1,151.76
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER (RH)(SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
			486.00	440.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,680.00	700.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		700.00	560.00
			2,380.00	1,260.00
GRAND TOTAL			6,687.20	2,851.76



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,300.00
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Report Ref No. NS/INC18003036/K1vd3n2

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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