

08/11/18

Surge Mr: Kelvin

REF: NS/INC 18003117/K14d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp at Vehicle No: _____

at Work Shop m/s _____

of _____

Insured: **YM35504**

Policy No. **5079490293-01 01/05/17**

Claims No. **MT/0982938-002**

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: **3** 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: **SH/A 3542H** Yr Regn: **70 May 2015**

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

Truck / Trailer or

Make: **Honda** C.C. **1600**

Colour: **Blk** A/C: **Insured** / Std / NI / NA

Sp. Reading: **224886** T/Radio: **Insured** / Std / NI / NA

Eng/No: _____

C/No: **KM HCD 414M F9-069401**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **2.5/60R16**

R: _____

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

TOYO / YOKO or **Wg/f/k**

Front Rear

R/Bal. **7** mm R/Bal. **7** mm

L/Bal. **7** mm L/Bal. **7** mm

D.O.A. **14/2/8** D.O.I. **15/2/18**

Survey held at **(P4C) (17m)**

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

Rear

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

Date / Time	Action / Instruction
	SH/A 3542H - NS/INC 10002265/Fg1
	YM35504 - NA/ET16214223/h4
28/2/18	Contact up \$300 / 3 Pys. (incl 6741.50, 6741.50)
	RECEIVED 01 MAR 2018

Date/Time, File Pass to?

11/03/18

Date/Time, File Return to?

2)

Report Features:

7P
3300

☐ : Preli. Report

☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Ins (\$)

Survey Fee:

Transportation: **160**

S + RS, SI **35**

Photos

Others

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/INC18003117/K1qd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 3550U	Veh. Inspected	SHA 3542H
Policy No.	5079490293-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/02/2018

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	14/02/2018	Inspection Date	15/02/2018
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/NC/8003171/CLG/3
Policy Type: OD / TP / TP RES / TL / EVA

SHA 334241

Case Handler

Typist

Admin (Nivitha): 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 (Kelvin): 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	✓			
--	---	--	--	--

(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	✓			
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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

Date : 1/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0984190-001	CITY CAB PTE LTD	SHB 2020Z	SLU 1543R	15/2/2018	0:25	\$ 2,461.58
2	MT/0983753-002	COMFORT TRANSPORTATION PTE LTD	SHC 3890S	YN 6525T	26/2/2018	11:35	\$ 1,314.40
3	MT/0982386-002	COMFORT TRANSPORTATION PTE LTD	SHD 4031T	SIH 2579Z	11/2/2018	22:40	\$ 2,555.88
4	MT/0984208-002	CITY CAB PTE LTD	SHB 3199K	SIN 665P	24/2/2018	11:30	\$ 1,986.32
5	MT/0983483-002	COMFORT TRANSPORTATION PTE LTD	SHD 4619Z	SKX 9138X	23/2/2018	18:50	\$ 2,220.92
6	MT/0982572-002	COMFORT TRANSPORTATION PTE LTD	SHC 8037G	SIM 6012R	15/2/2018	21:40	\$ 5,582.00
7	MT/0982638-002	COMFORT TRANSPORTATION PTE LTD	SHD 3573C	AX 8757I	17/2/2018	16:50	\$ 6,024.30
8	MT/0983442-002	COMFORT TRANSPORTATION PTE LTD	SHC 8134J	SKZ 5012R	22/2/2018	22:50	\$ 2,461.58
9	MT/0982938-002	COMFORT TRANSPORTATION PTE LTD	SHA 3542H	YM 3550U	14/2/2018	14:30	\$ 10,041.50

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 type="radio"/>	5079490293-01	800 SUPER WASTE MANAGEMENT PTE LTD	198601155H	GFT	Comprehensive	YM3550U	YM3550U	01/05/2017	

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 16:51
Date Of Accident	14/02/2018 14:30
Exact Location Of Accident	THOMSON ROAD X THOMSON LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA354H
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	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	TAY TAI HUA
NRIC No	S0546617B
Date Of Birth	29/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1966
Driving Experience	52 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	677C 05-1958 YISHUN RING ROAD
Postcode	763677
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

SEE ATTACH.

Attachment(s)

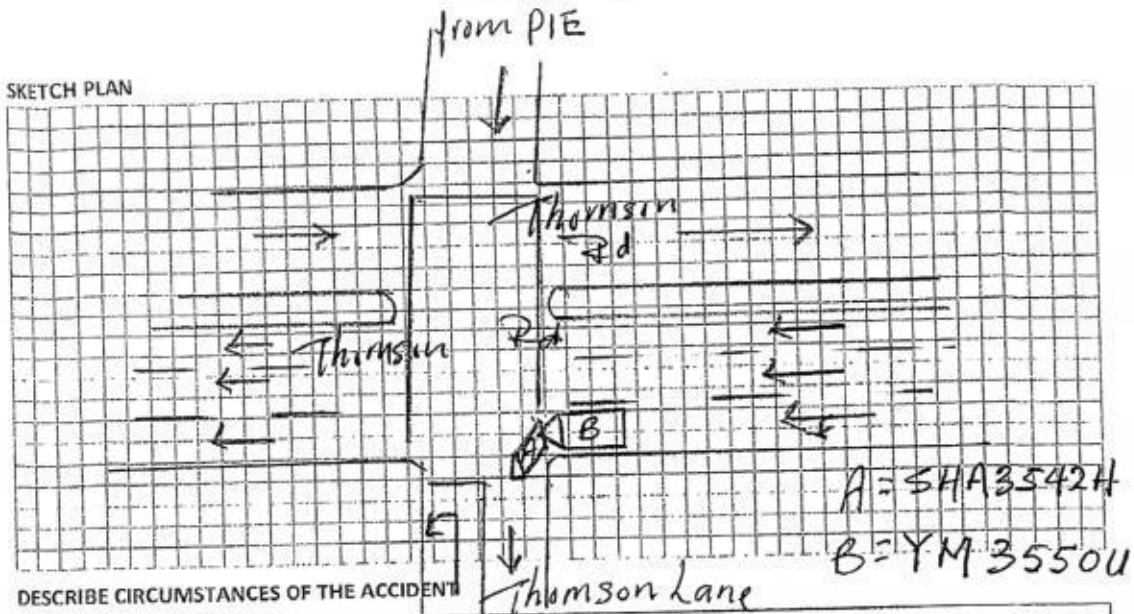
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM3550U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIVAKUMAR S/O MANOKER
NRIC/Passport Number	S8006726G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



As seen in the video footage, I travelled on left most lane of Thomson Road and as I was slowing down the speed before turning left into Thomson Lane, I felt a sudden jolt when vehicle B (YM3550U), a garbage truck, hit into the bumper of my taxi.

I took photos at the scene.

No passengers in my taxi.

DECLARATION

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

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

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

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 liability.
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.
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6. The 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 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.

JOMFORT TRANSPORTATION PT
CO. REG. NO 199303821R

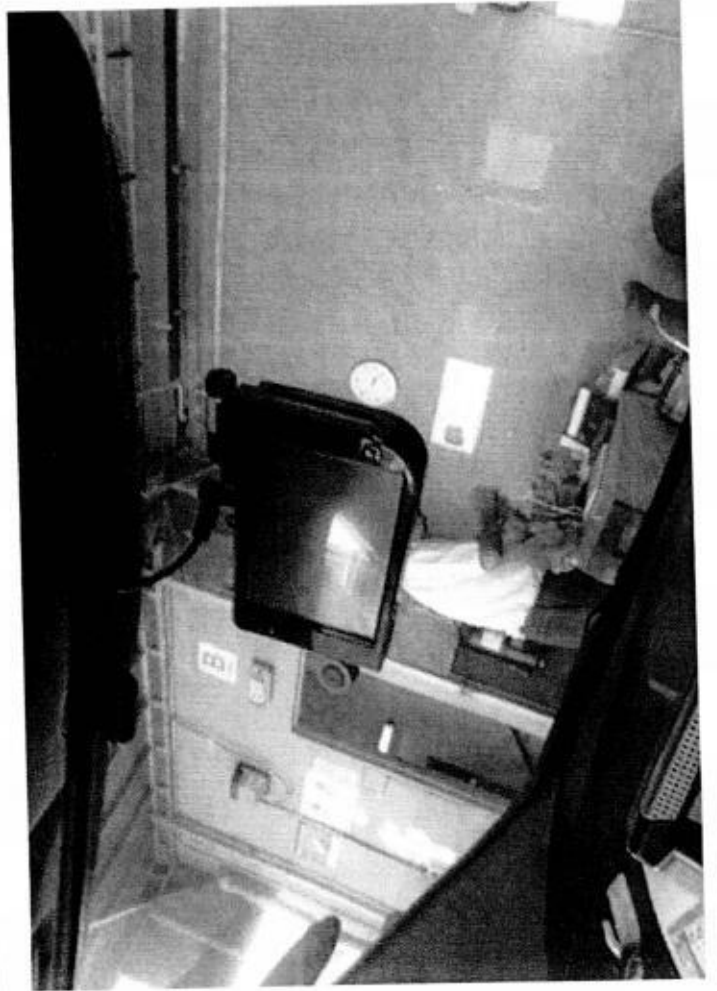
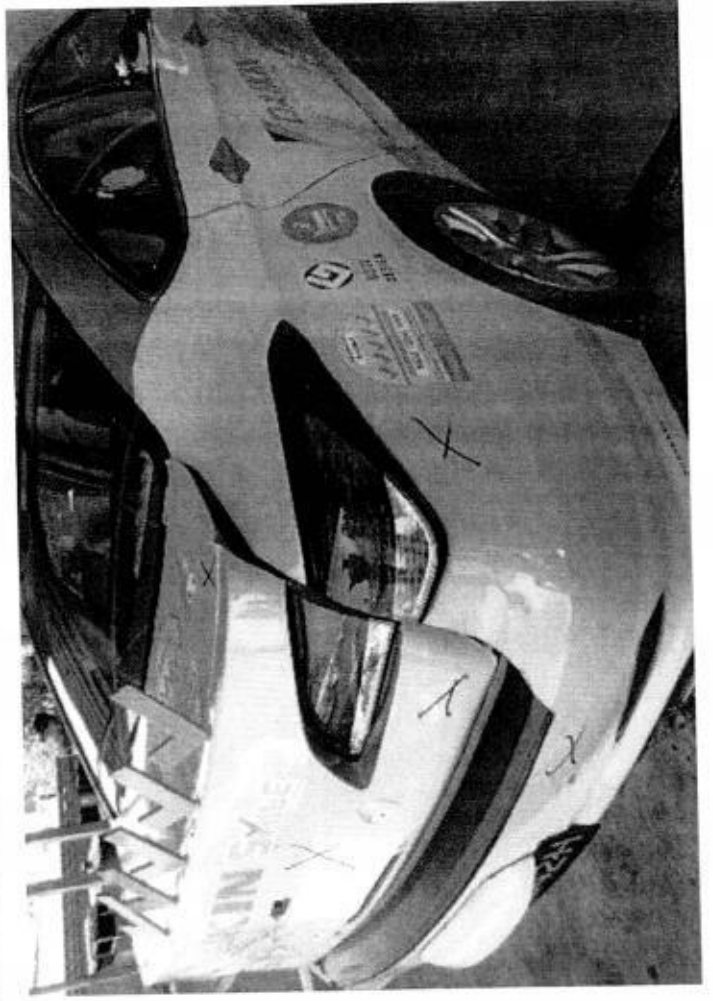
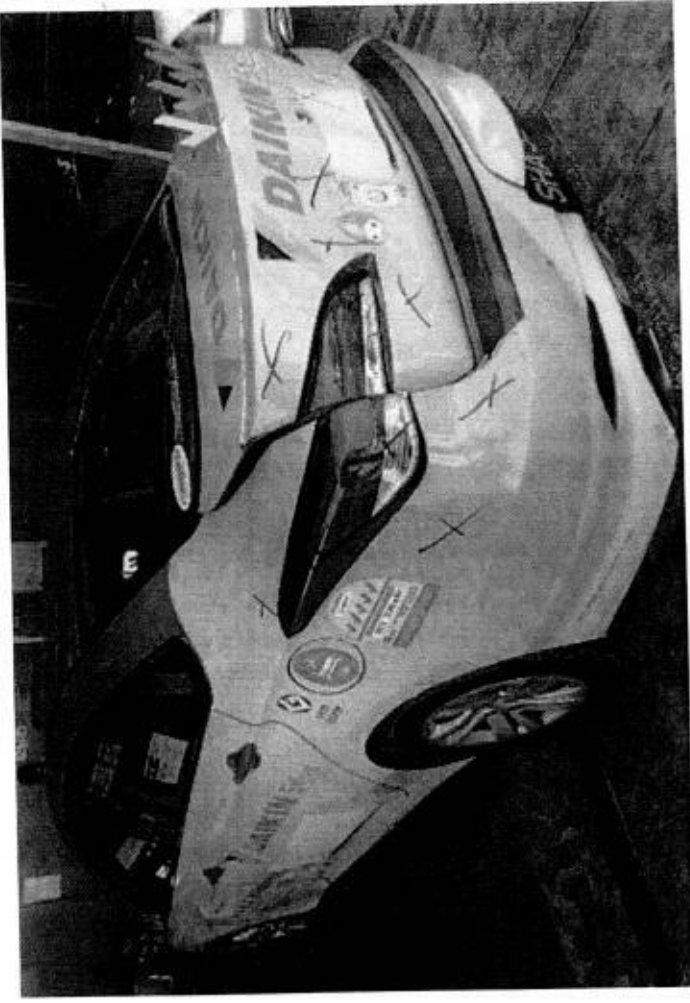
鄭偉平

Lim Ee Seng
CSO

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.:





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117031

CUSTOMER

REGN NO: **SHA3542H**

MILEAGE

COMFORT TRANSPORTATION PTE LTD

MAKE: **HYUNDAI**

FUEL

7010045

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

CUSTOMER NO

MODEL **I-40**

DATE/TIME IN **14.02.2018 15:15**

ADDRESS

**383 SIN MING DRIVE
Singapore SINGAPORE 575717**

YR OF MANU **30.05.2015**

TARGET DATE

(R)

(P)

CHASSIS CODE **KMHLB41UMFU069401**

COMPLETION DATE/TIME:

COUNT CARD NO:

JOB DESCRIPTION

Accident Date: 14.02.2018

ATURE: 3P 14.02.2018

/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHA3542H

LKE/KALVIN

Vehicle No.:

SHA3542H

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

REPAIR ESTIMATE*

VEHICLE NO : SHA 3542H

DATE 14/2/2018 15:46

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid — <i>Del</i>			\$ 1,681.40
	Boot Lid Rubber <i>X smc</i>			\$ 115.80
	Boot Lid Lock Upper <i>X sm</i>			\$ 137.90
	Boot Lid Lock Lower <i>X sm</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>X 47</i>			\$ 27.20
	Boot Lid CRDI Plate <i>X sm</i>			\$ 41.00
	Boot Lid Lamp (LH/RH) — <i>sm</i>	\$	556.80	\$ 1,113.60
	Bootlid Moulding <i>X sm</i>			\$ 85.00
	Bootlid i40 Emblem <i>X sm</i>			\$ 41.00
	Bootlid Lower Garnish <i>sm</i>			\$ 398.00
	Rear Bumper — <i>Del</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X sm</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sm</i>	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X sm</i>	\$	49.00	\$ 98.00
	Rear Bumper Clips — <i>sm</i>			\$ 22.00
	Rear Bumper Sponge <i>X sm</i>			\$ 143.40
	Rear Bumper Under Cover <i>X sm</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH/RH) <i>X sm</i>	\$	32.00	\$ 64.00
	Tail Lamp (LH/RH) <i>LH sm RH sm</i>	\$	565.60	\$ 1,131.20
	Rear Panel <i>X 402</i>			\$ 592.30
	Rear Panel Garnish — <i>sm</i>			\$ 57.70
	Rear Panel Lower Panel <i>X 402</i>			\$ 495.50
	Rear Fender (LH) <i>X 402</i>			\$ 2,020.10
	Rear Windscreen Moulding <i>X 47</i>			\$ 60.00
	SUB TOTAL			\$ 10,049.75
	LESS 20%			\$ 2,009.95
	DISCOUNTED TOTAL			\$ 8,039.80
	Boot Lid Comfort Logo & Tel No. Sticker <i>X 47</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>X 47</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>sm</i>			\$ 50.00
	Rear Windscreen Sealant <i>X 47</i>			\$ 46.00
	Labour Charge			
	Panel Beating		400	\$ 850.00
	Spray Painting Charge		760	\$ 400.00
	Wiring Charge		20	\$ 50.00
	Tuff Kote		20	\$ 50.00
	Remove/Refix Cushion & Upholstery Rear		50	\$ 150.00
	Remove/Refix Rear Windscreen Glass		70X	\$ 120.00
	Remove/Refix Reverse Sensor		20	\$ 120.00
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL			\$ 10,041.50

KK Auto Care Ltd's hence notify the Repairer of the following:

- To resurvey before and after spray painting
- To display damaged parts during resurvey
- Parts prices must be in accordance with
- Third party's view only. With "Prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be received and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

\$ 261.70

Nett

Nett

Nett

Nett

Kale 16/2/18
 15/2/18 1050 hrs.
 3 Reps
 45
 After Repair ph



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/INC18003117/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 3550U	Veh. Inspected	SHA 3542H
Policy No.	5079490293-01	Coverage (\$)	0.00
Claim No.	MT/0982938-002	Excess (\$)	0.00
Assign From		Assign Date	15/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069401	Colour	BLUE
Odometer	224886	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	14/02/2018	Inspection Date	15/02/2018
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3542H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,681.40	1,681.40
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	SERVICEABLE	41.00	-
2	BOOT LID LAMP (LH/RH) @\$556.80	CRACKED	1,113.60	1,113.60
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	SERVICEABLE	41.00	-
1	BOOTLID LOWER GARNISH	TO REPAIR	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00	SERVICEABLE	64.00	-
2	TAIL LAMP (LH/RH) @\$565.60	N/S CRACKED / O/S SERVICEABLE	1,131.20	565.60
1	REAR PANEL	TO REPAIR	592.30	-
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	TO REPAIR	495.50	-
1	REAR FENDER (LH)	TO REPAIR	2,020.10	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-2,009.95	-808.78
			8,039.80	3,235.12
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-

Report Ref No. NS/INC18003117/K1qd3n2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			261.70	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,290.00	490.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,740.00	870.00
	GRAND TOTAL		10,041.50	4,155.12
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,300.00

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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