

(08/11/13)

Surve yr: Kelvin

REF: NS/INC18003675 / K11b2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp^{ed} Vehicle No: _____

at Work shop m/s _____

of _____

Insured: SHD 1426H

Policy No. 0095103893 20-10-17

Claims No. MT/0932776-002

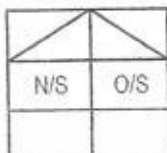
Sum Insured: _____ Excess: _____

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 6401L Yr Regn: 3 Jan 2014

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

Truck / Trailer or

Make: Hyundai I40 C.C. 1635

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

Sp. Reading: 451652 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KA HLB 414AE 405-3961

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: 205/65R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

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

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 15/2/18 D.O.I. 20/2/18

Survey held at CAE (10/11/18)

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

N/S Front

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

Date / Time	Action / Instruction
23/2/18	Calc c/s \$2600 / 3 hrs. (Red: 4421.12 : 62%) Inc
	SHA 6401L - C3 / ALH 16000051 / MI w3342 DUA: 30.12.15 c/s
	SHD 1426H - x

RECEIVED 07 MAR 2018

Date/Time, File Pass to?

1/6 B Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.E (\$ 2600)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

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/INC18003675/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1426H	Veh. Inspected	SHA 6401L
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

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	15/02/2018	Inspection Date	20/02/2018
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. 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"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1426H	SHD1426H	20/10/2017	

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983576-002	COMFORT TRANSPORTATION PTE LTD	SHD 4024P	SKN 8240S	15/2/2018	23:10	\$ 3,560.32
2	MT/0984020-001	SMRT BUSES LTD	SMB 204P	SKE 9858B	29/11/2017	19:45	\$ 5,738.98
3	Not OI	COMFORT TRANSPORTATION PTE LTD	SHA 2884C	SJA 1679L	14/2/2017	9:25	\$ 2,700.23
4	MT/0983120-002	CITY CAB PTE LTD	SHC 924Z	XD 7245J	15/2/2018	9:20	\$ 4,406.92
5	MT/0981887-002	COMFORT TRANSPORTATION PTE LTD	SHD 4934M	SKU 4830D	10/2/2018	15:05	\$ 1,642.00
6	MT/0983380-002	COMFORT TRANSPORTATION PTE LTD	SHB 4346X	SKR 659A	23/2/2018	11:00	\$ 2,317.40
7	MT/0983670-002	CITY CAB PTE LTD	SHC 890L	FV 8454J	22/2/2018	11:00	\$ 8,805.04
8	MT/0982907-002	CITY CAB PTE LTD	SHB 3991P	GBF7872Z	20/2/2018	12:55	\$ 6,426.40
9	MT/0981697-002	COMFORT TRANSPORTATION PTE LTD	SHA 4890X	FBA 7842L	5/2/2018	13:50	\$ 5,888.52
10	MT/0982522-002	CITY CAB PTE LTD	SHD 8540P	SJP 794P	14/2/2018	16:40	\$ 3,913.44
11	MT/0983112-002	COMFORT TRANSPORTATION PTE LTD	SHD 4270U	SKX 1997K	20/2/2018	17:00	\$ 2,256.96
12	MT/0983124-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SGV 7511Y	21/2/2018	0:15	\$ 1,896.56
13	MT/0984051-001	COMFORT TRANSPORTATION PTE LTD	SHC 8670C	FBH 3132S	21/2/2018	6:45	\$ 5,361.42
14	MT/0982643-002	COMFORT TRANSPORTATION PTE LTD	SHD 3491E	SJE 952H	16/2/2018	14:55	\$ 2,711.58
15	MT/0982261-002	COMFORT TRANSPORTATION PTE LTD	SHD 3001L	GBF 5312L	13/2/2018	14:25	\$ 3,200.56
16	MT/0982776-002	COMFORT TRANSPORTATION PTE LTD	SHA 6401L	SHD 1426H	15/2/2018	17:30	\$ 7,021.12
17	MT/0984057-001	CITYCAB PTE LTD	SHB 3600T	SFA 4774Y	15/2/2017	7:55	\$ 4,027.60

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	19/02/2018 14:21
Date Of Accident	15/02/2018 17:30
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 2 TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6401L
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	ABDUL RAHIM BIN ARIF
NRIC No	S1136374A
Date Of Birth	26/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ABDULRAHIM2610@YAHOO.COM

Address	139 04-466 PETIR ROAD
Postcode	670139
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 - OPENING DOOR OF VEHICLE
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)

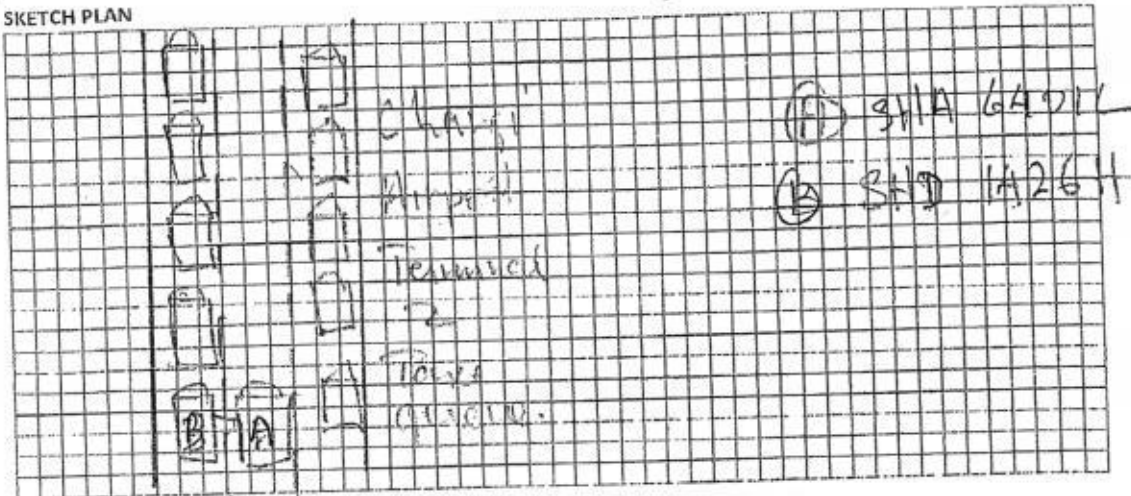
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1426H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT DOOR
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/2/2018 at about 1730 hrs, I vehicle A was driving along at terminal 2 taxi stand queue. While I driving at the middle lane, vehicle B is on my left lane. Suddenly he open his taxi front door and collided onto vehicle A left front portion. On one was injured at that time.

DECLARATION

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

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

[Signature]

Jackson Heng
CSO

19/2/18
Jackson -

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

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.
5. Any false reporting may be referred to the Police for investigation.
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.

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

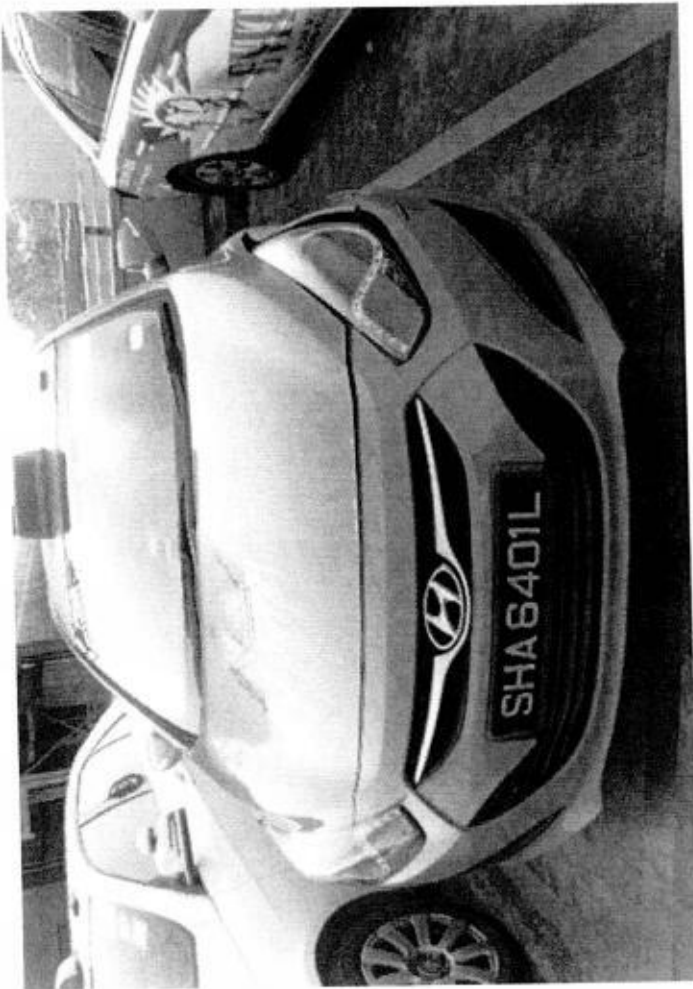
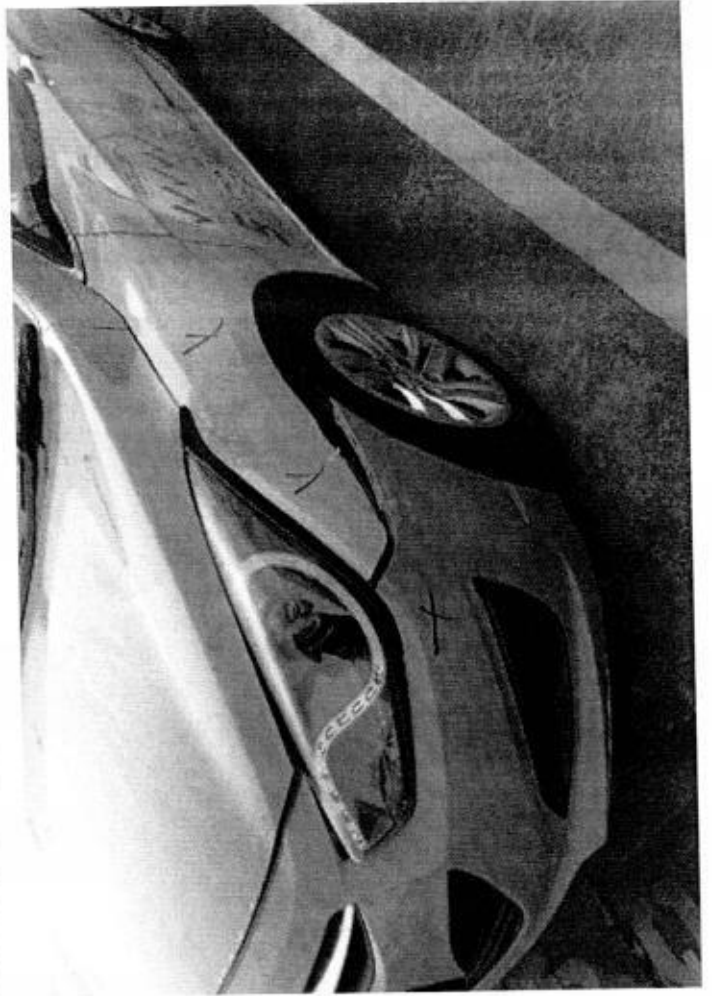
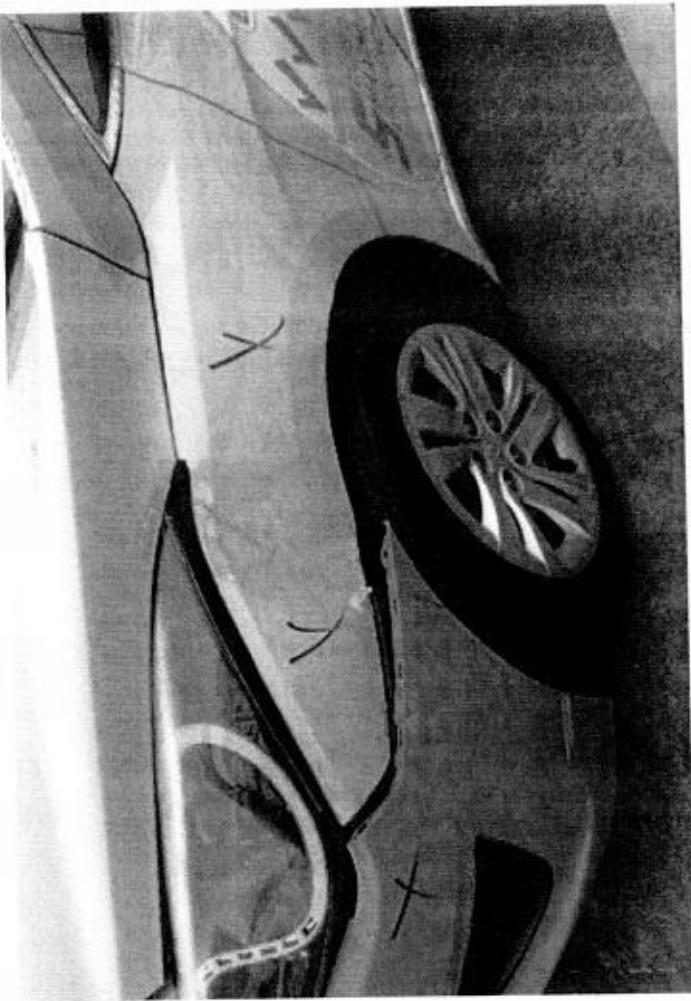
Policyholder's Signature
Date & Time:

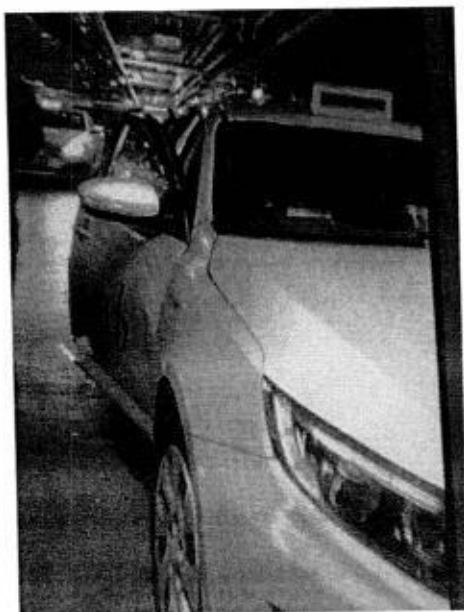
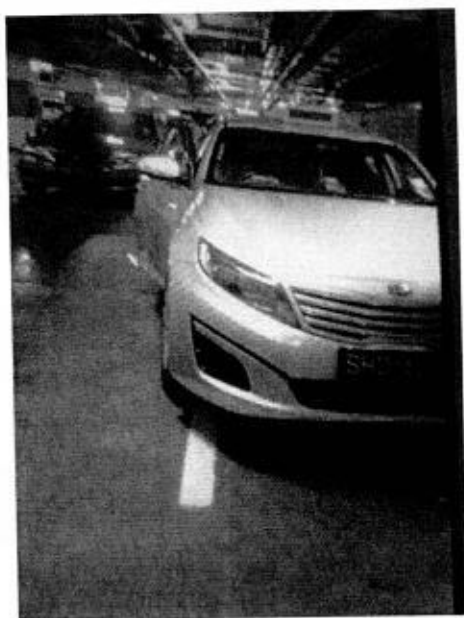
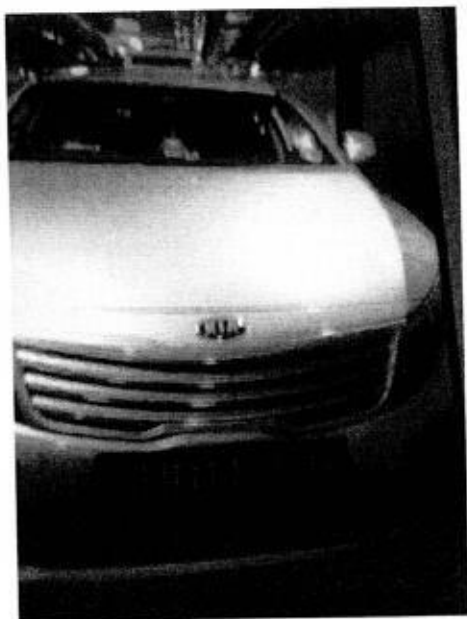
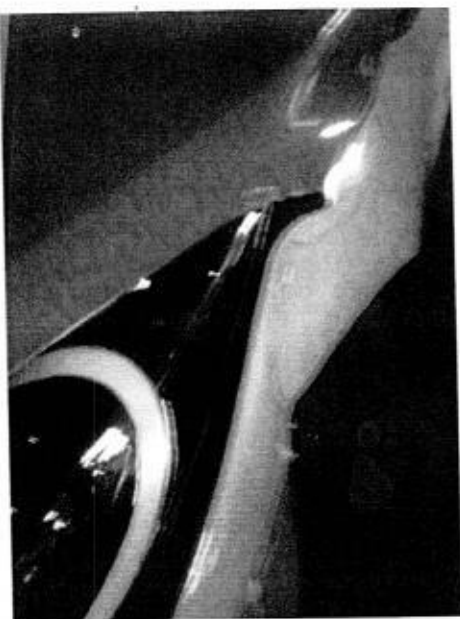
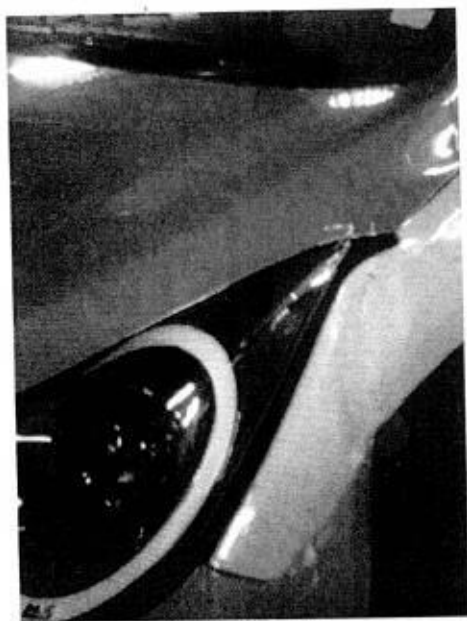
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Jackson Hong
CSO

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

19/2/18





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117921

OWNER: COMFORT TRANSPORTATION PTE LTD
 MS 7010045
 OWNER NO: 383 SIN MING DRIVE
 ADDRESS: Singapore SINGAPORE 575717
 65508755

(R) (O)
 (P)

QUANTITY CARD NO.

REGN NO: SHA6401L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 15.02.2018 18:45
YR OF MANU: 03.06.2014	TARGET DATE
CHASSIS CODE: KMHLB41UMEU053961	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.02.2018
 ATURE: 3P 15.02.18

/NO	LABOR CODE	DESCRIPTION
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KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgeport Slip

Exit Pass

No.: **SHA6401L** **JU NTUC LKK**

Vehicle No.: **SHA6401L**

Service Advisor

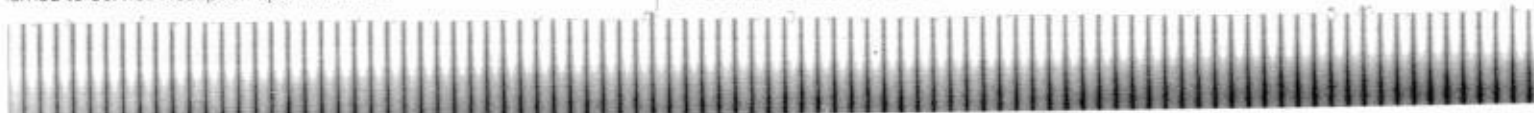
Signature/Date

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 6401L

DATE 20/2/2018 23:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>x rep</i>			\$ 1,526.00
	Front Bumper Cover <i>Ref</i>			\$ 562.30
	Front Bumper Sponge <i>Rin</i>			\$ 142.20
	Front Bumper Reinforcement <i>xin</i>			\$ 526.10
	Front Bumper Grille (LH) <i>x re</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>re</i>			\$ 24.60
	Headlamp Support Panel Assy <i>Rin</i>			\$ 1,067.50
	Headlamp (LH) <i>re</i>			\$ 1,388.00
	Front Fender (LH) <i>Ref</i>			\$ 619.00
	Front Fender Shield (LH) <i>for</i>			\$ 169.80
	Frt Wheel Hub Cap, LH <i>x su</i>			\$ 150.70
	SUB TOTAL			\$ 6,238.90
	LESS 20%			\$ 1,247.78
	DISCOUNTED TOTAL			\$ 4,991.12
	Frt Fender Advertisement Logo (LH) <i>re</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,930.00
	ESTIMATE TOTAL			\$ 7,021.12
<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>				

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to market price
- Third party is on a "no win, no fee" basis
- No claim for labour

Signature: *1300 hrs*

1 Calv. 10 ER
20/2/18
3 P. 17

4/5
Ask Rep or p. 17

400
~~\$ 1,000.00~~
~~\$ 600.00~~ *540*
~~\$ 50.00~~ *20*
~~\$ 50.00~~ *20*
~~\$ 150.00~~ *80.00*
~~\$ 80.00~~ *X 20*

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305117921
Date : 22/02/2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA6401L Date of Accident : 15/02/2018

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

- The repair job shall bill to: NTUC --- SHD1426H
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,600.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 3 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

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

Remarks:

CHECK ITEMS:

**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/INC18003675/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1426H	Veh. Inspected	SHA 6401L
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0982776-002	Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053961	Colour	BLUE
Odometer	451652	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	HANKOOK	7 mm
L/H Front Tyre	205/65 R16	HANKOOK	7 mm
R/H Rear Tyre	205/65 R16	HANKOOK	7 mm
L/H Rear Tyre	205/65 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	15/02/2018	Inspection Date	20/02/2018
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6401L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BONNET	TO REPAIR	1,526.00	-
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	TORN	169.80	169.80
1	FRT WHEEL HUB CAP, LH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-1,247.78	-552.74
			4,991.12	2,210.96
	<u>SPECIAL NETT ITEMS</u>			
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,280.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
			1,930.00	980.00
	GRAND TOTAL		7,021.12	3,290.96
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,600.00

Report Ref No. NS/INC18003675/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

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