



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/INC18003683/K1rb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-02-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	XD 7245J	Veh. Inspected	SHC 924Z
Policy No.	5086631302-01	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

General Claim

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="20/02/2018 19:01"/>						
Vehicle No.(For Motor)	<input type="text" value="XD7245J"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086631302-01	COLEX ENVIRONMENTAL PTE. LTD.	201133348M	GFT	Preferred Workshop Plan	XD7245J	XD7245J	01/01/2018	
<input type="button" value="Continue"/>									

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	SM8 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 12:04
Date Of Accident	15/02/2018 09:20
Exact Location Of Accident	FORD ROAD JUNCTION OF MOUTHATTEN RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC924Z
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	TAN CHEE CHONG
NRIC No	S6818996I
Date Of Birth	29/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 26 DOVER CRESCENT #08-59
Postcode	130026
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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: : FEMALE

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

REFER 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	XD7245J
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	82452280
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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.
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G



19/2/18
Jackson Hong
CSO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19. 02. 18

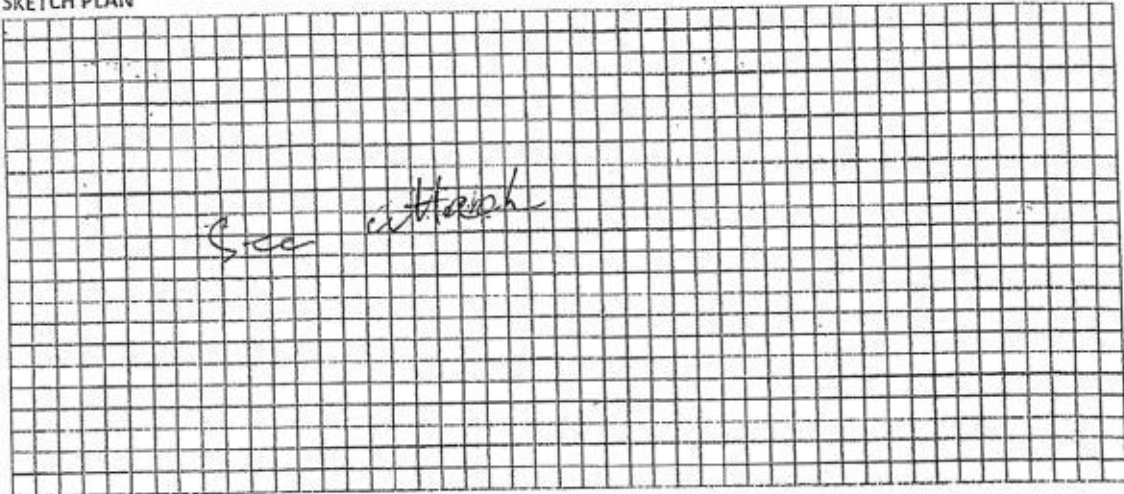
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IIAC SketchPlanForm_V3

10:30 AM

1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/02/2018 at about 0920 hrs, I vehicle A was turning at road junction turning to mouth-batten road, while I was in the middle lane Vehicle B came from my right and collided onto my taxi right rear portion

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

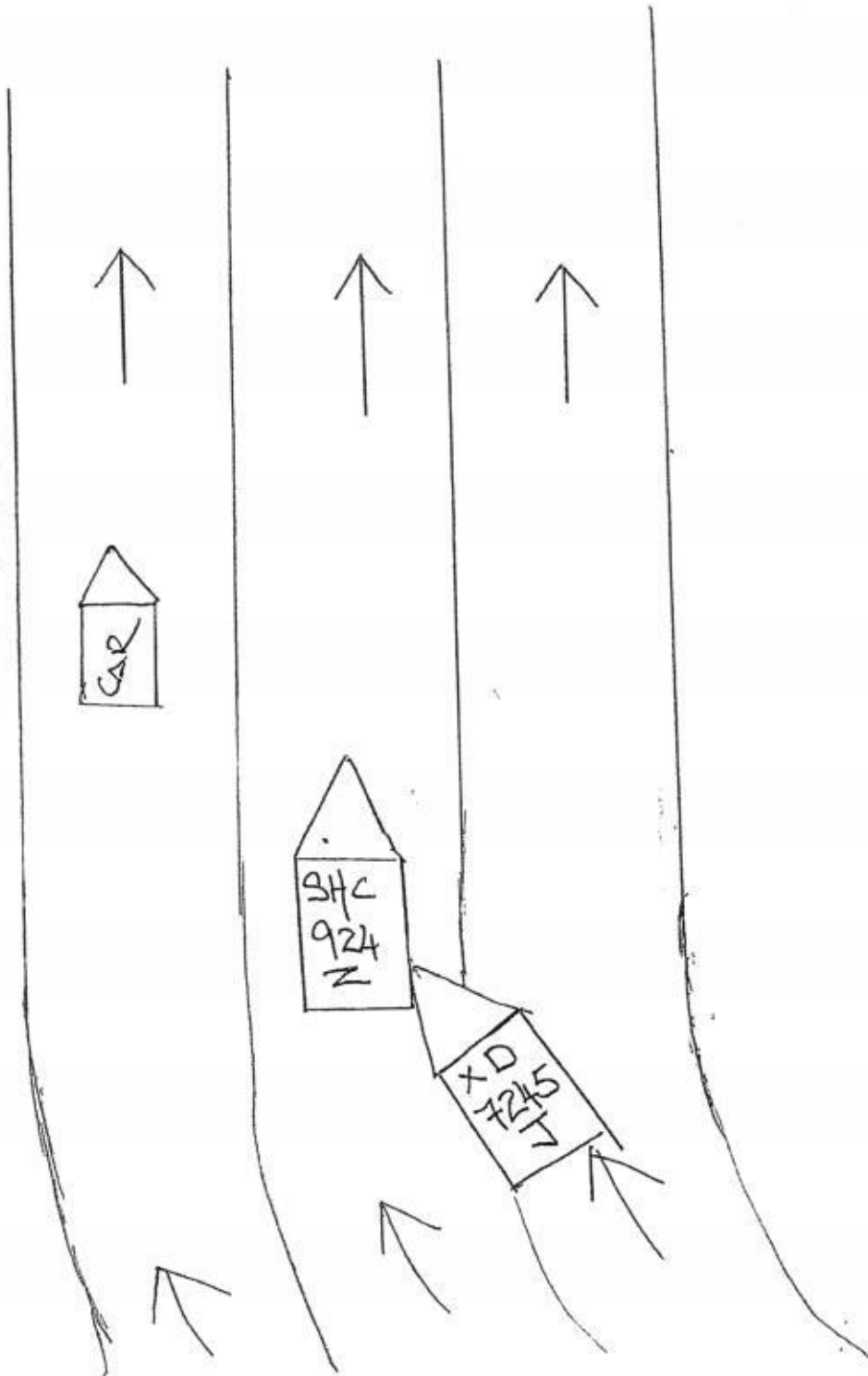
Driver's Signature
(If driver is not the policyholder)
Date & Time:

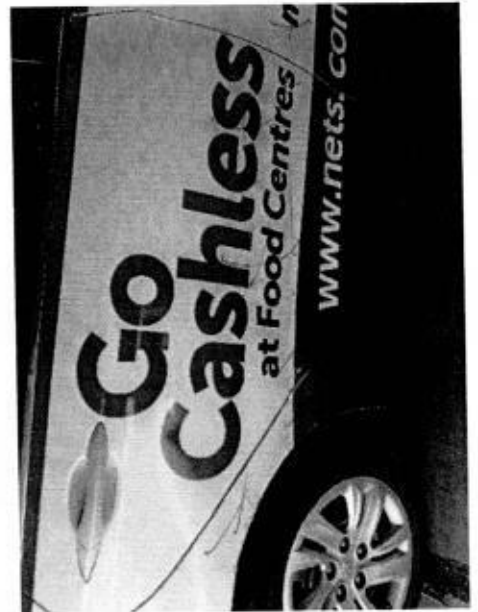
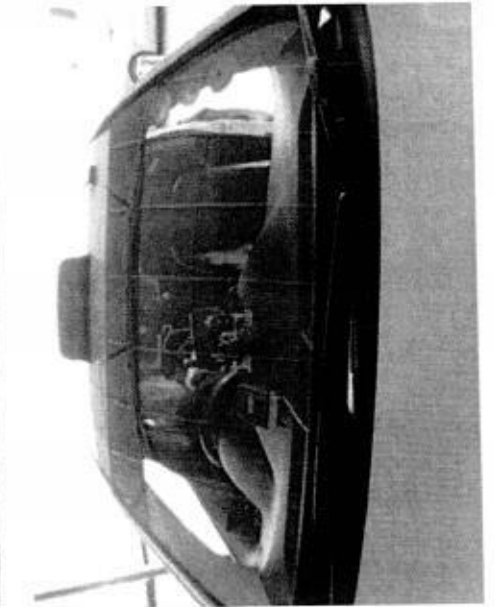
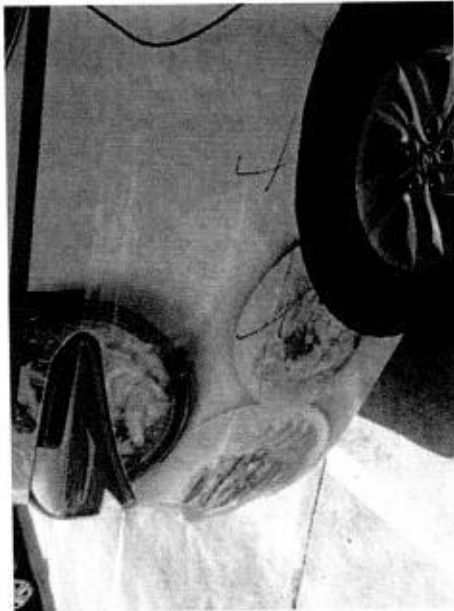
Jackson Hong
CSO

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

To Wards
Mountbatten Road

15/02/2018
TIME: 09.25 AM.
Ford Road





Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305117536

CUSTOMER	REG NO. SHC 924Z	MILEAGE
CITYCAB PTE LTD	MAKE HYUNDAI	FUEL
7010070	MODEL I-40	E.....1/2.....F
383 SIN MING DRIVE	YR OF MANU 04.03.2016	DATE/TIME IN 19.02.2018 09:50
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU081073	TARGET DATE
65551188		COMPLETION DATE/TIME:

COUNT CARD NO.

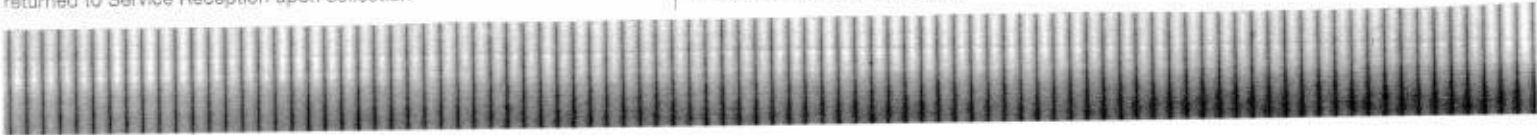
JOB DESCRIPTION

Accident Date: 15.02.2018
NATURE: 3P 15.02.18/C

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHC 924Z	Vehicle No.: SHC 924Z
JU NTUC LKK	
Signature/Date	Name of Service Advisor
of Service Advisor	Date
returned to Service Reception upon collection	To be kept by Security Guard



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 924Z

DATE 20/2/2018 5:05

MAKE :

Jumani

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper X ^{sc}			\$ 603.60	
	Rear Bumper Clips X ["]			\$ 22.00	
	Rear Door (RH) — ^{RH}			\$ 1,351.10	
	Rear Wheel Hub-Cap (RH) — ^{bracket}			\$ 150.70	
	Front Door (RH) X ^{repair}				
	SUB TOTAL			\$ 2,127.40	
	LESS 20%			\$ 425.48	
	DISCOUNTED TOTAL			\$ 1,701.92	
	Rear Bumper Rubber Mat X ["]			\$ 50.00	Nett
	Rear Bumper Advertisement Logo X ["]			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) ^{RH ✓ LH X 1}		\$ 100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (RH) — ^{all}			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) — ^{all}		-10%	\$ 80.00	Nett 72
	Front Door Coloured Comfort Logo (RH) — ^{all}		-10%	\$ 75.00	Nett 67.50
	Front Door Advertisement Logo (RH) — ^{all}			\$ 100.00	Nett
				\$ 655.00	
	Labour Charge				
	Panel Beating - Repair Rear RH Fender			\$ 750.00 400	
	Spray Painting Charge			\$ 1,000.00 540	
	Wiring Charge			\$ 50.00 50	X m
	Tuff Kote			\$ 50.00 20	
	Transfer of Door			\$ 120.00 50	
	Rear Wheel Alignment			\$ 80.00 50	X m
	TOTAL LABOUR			\$ 2,050.00	
	ESTIMATE TOTAL			\$ 4,406.92	
	Kalvin LKK 20/2/18 1136h 3 Rys. P/P Before Part photo				
<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none">To resurvey before/after spray paintingTo display damaged parts during resurveyParts prices are subject to confirmationThird party survey is on a "Without Prejudice" basisNo illegal modification(s) is allowedSupplementary item(s) must be resurveyed and is subject to final approval from Insurance CompanyAcknowledged by Repairer Signature: _____ Date: _____</div>					
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 PTE LTD

Date: 21.02.2018

REPAIR ESTIMATE

Time: 14:14:08

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305117536
REGN NO : SHC 924Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 19.02.2018 09:50
ACCIDENT DATE : 15.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0595-G	I40VC PANEL ASSY-RR DR RH	1	1,351.10	20.00	1,080.88
0002	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56
0003	28-01-0103-2014-A	I40V3 APP LOGO REAR DOOR	1 N	75.00	10.00	67.50
0004	28-01-0103-0007-A	(I40)FRT DOOR LOGO CCTPL	1 N	80.00	10.00	72.00

SUB-TOTAL : 1,340.94

JOB NATURE

0000 L	PANEL BEATING- REAR	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	540.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 L	TRANSFER DOOR PARTS	50.00
0004 20-05	RENEW ADVERTISEMENT STICKER-	300.00

SUB-TOTAL : 1,310.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.02.2018

REPAIR ESTIMATE

Time: 14:14:08

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305117536
REGN NO : SHC 924Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 19.02.2018 09:50
ACCIDENT DATE : 15.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,650.94

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305117536
Date : 21/02/2018

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

FINALIZATION FORM

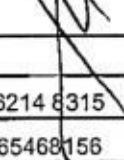
To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC 924Z Date of Accident : 15/02/2018


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

1. The repair job shall bill to: NTUC --- XD 7245J
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,340.94
 - (b) Labour Charges ### \$1,310.00
 - Total for Part-By-Part Repair Cost** \$2,650.94
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 22/2/18

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:



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/INC18003683/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 02-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 7245J	Veh. Inspected	SHC 924Z
Policy No.	5086631302-01	Coverage (\$)	0.00
Claim No.	MT/0983120-002	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.	2016
Chassis No.	KMHLB41UMGU081073	Colour	YELLOW
Odometer	269808	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	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 924Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	SERVICEABLE	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR DOOR (RH)	DENTED	1,351.10	1,351.10
1	REAR WHEEL HUP-CAP (RH)	GRAZED	150.70	150.70
1	FRONT DOOR (RH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-425.48	-300.36
			1,701.92	1,201.44
<u>NETT ITEMS</u>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	O/S NECESSARY / N/S NOT NECESSARY	200.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			500.00	300.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,000.00	450.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	560.00
			2,050.00	1,010.00
GRAND TOTAL			4,406.92	2,650.94
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,650.94

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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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