

NAME: Kelvin

REF: NS/TNC 18003688/KIRbn2

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

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

To Insp Vehicle No: _____

at Work Shop: _____

of _____

Insured: SKU 4830D

Policy No: 5094636222 270917-260918

Claims No: MT10981887-002

Sum Insured: _____ Excess: _____

(Claim Record)

Make of Veh: _____

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ 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

Veh No: SHD 4934M /r Regn: 27 Mar 2014

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover /

Truck / Trailer or

Make: Hyundai Ix0 cc 1685

Colour: Blue A.C. Insu: ☒ Std / NI / NA

Sp. Reading: 562471 T/Radio: Insu: ☒ Std / NI / NA

Eng No: _____

C/No: 1CM HLB8144 EY 052326

Gen. Cond: Good / ☒ Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or H.K.K.

Front 7 mm Rear 7 mm

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

D.O.A. 10/2/08 D.O.I. 20/2/08

Survey held at 104E (1724)

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

Front o/s

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

Date / Time Action / Instruction

22/2/08 Check 45, \$1600/2 Pgs. (Ref \$1430, 471.) JNC

SHD 4934M - CC6/TU 13002975/TJ53 DOA: 100215 41

SKU 4830D - X

RECEIVED 01 MAR 2018

Date/Time, File Pass to?

☐ : Prell. Report

1) typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

160
35
195

TP
L/S: \$1600



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/INC18003688/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.		Veh. Inspected		SHD 4934M
Policy No. 5094636222		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 10/02/2018		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"/>	5094636222	PAAMEE GO	53341522E	GCV	Comprehensive	SKU4830D	SKU4830D	27/09/2017	26/09/2018

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 12:17
Date Of Accident	10/02/2018 15:05
Exact Location Of Accident	VERDUN RD X KITCHENER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4934M
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	LINGGAM S/O V KARUPPIAH
NRIC No	S1136737B
Date Of Birth	29/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 428 TAMPINES STREET 41
	#02-453
Postcode	520428
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	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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. * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4830D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	97772470

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WHOLE LH SIDE

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.
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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
CORP. REG. NO. 100303627K

Policyholder's Signature
Date & Time:

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

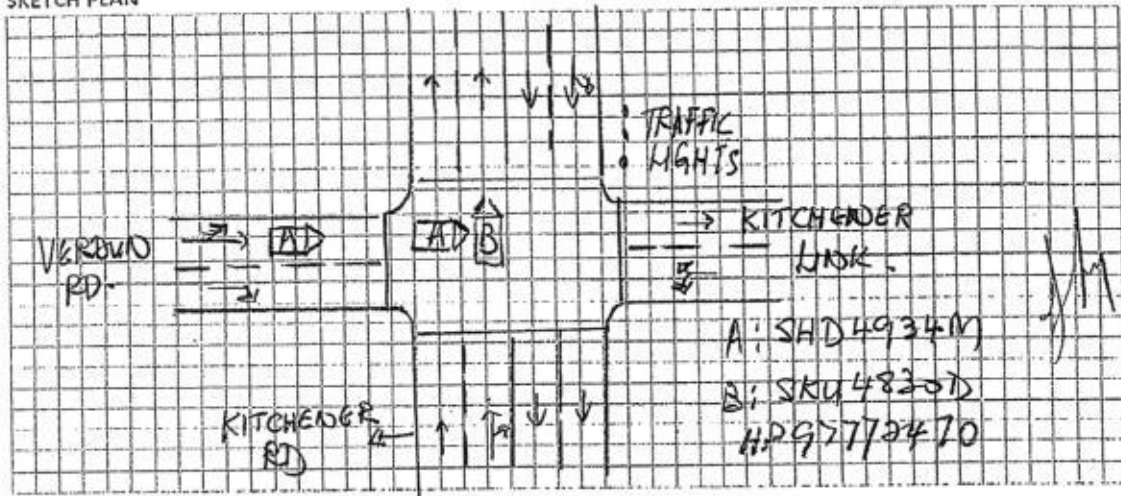
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAIAC SketchPlanForm_V2



Sketch Plan Pg. 2

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.:

SIARAC SketchPlanForm_v3

Describe Circumstances of the Accident

On 10 Feb 2018 at about 15:05 hrs I was driving straight on the left lane along Verdun Rd heading towards the direction of Kitchener Link.

As I approached the traffic junction of Kitchener Rd I reduced my taxi speed. Upon reaching the traffic junction I saw the traffic lights is in my favour hence I slowly proceeded to drive across the junction.

Suddenly a car SKU4830D coming from my right from Kitchener Rd apparently beating the Red Traffic lights drive across the junction.

As a result of this the front right of my taxi hit the left hand side mid-section of the said car.

03 passengers(a couple and young girl) on board my taxi. No injury at the point of the accident.

Declaration

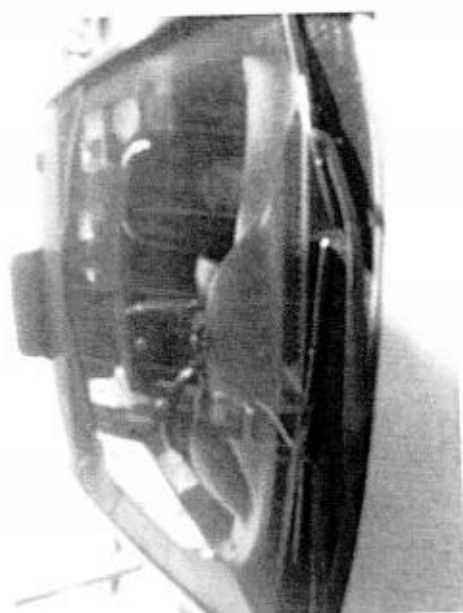
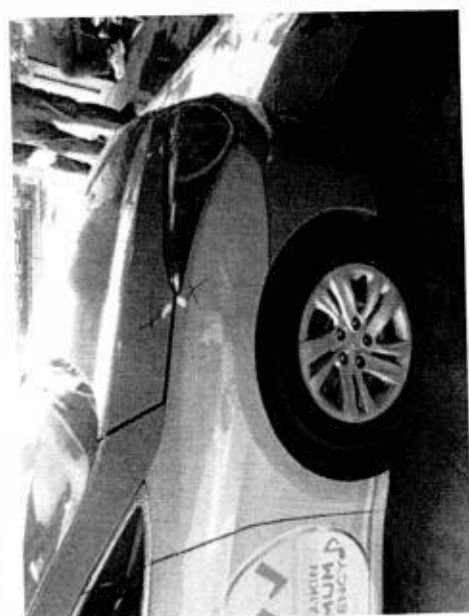
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117763

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHD4934M MAKE: HYUNDAI MODEL I-40 YR OF MANU. 27.03.2014 CHASSIS CODE KMHLB41UMEU052326	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 19.02.2018 09:05 TARGET DATE COMPLETION DATE/TIME:
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JOINT CARD NO.

JOB DESCRIPTION

Accident Date: 10.02.2018
NATURE: 3P 10.02.18

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHD4934M

JU NN

Vehicle No.: SHD4934M

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 : SHD 4934M

DATE 20/2/2018 3:43.

MAKE :

MODEL : HYUNDAI i40

Jumani

MODEL : HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Rehnd</i>			\$ 562.30
	Front Bumper Sponge <i>Xin</i>			\$ 142.20
	Front Bumper Reinforcement <i>Xin</i>			\$ 526.10
	Front Bumper Grille (RH) — <i>et</i>			\$ 40.30
	Front Bumper Bracket Top (RH) — <i>6a</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xin</i>			\$ 9.20
	<i>Front RH Head Lamp — hupel \$1388</i>			
	SUB TOTAL			\$ 1,302.50
	LESS 20%			\$ 260.50
	DISCOUNTED TOTAL			\$ 1,042.00
	Labour Charge			
	Panel Beating			\$ 350.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	Wiring Charge			\$ 50.00 ²⁰
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,642.00
				2752.40
	<i>Ka Lin (11/11/18)</i>			
	<i>20/2/18 1050h</i>			
	<i>2 Rys</i>			
	<i>4/s</i>			
	<i>After Repair pls</i>			
	<div><div>LKK Auto Consultants hence notify the Repaired 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 surveys on a "Without Prejudice" basis• No illegal modification(s) is allowed• Supplementary works must be approved and is subject to final approval from Insurance Company</div><div>Acknowledged: <i>[Signature]</i> Signature: Date:</div></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.				

Our Job Ref No : 305117763
Date : 21/02/2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHD4934M Date of Accident : 10/02/18

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

1. The repair job shall bill to: NTUC --- SKU4830D
###
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: 20% \$1600.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 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 : 6546 8156

Signature :
Name : K. Loh
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/INC18003688/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.	SKU 4830D	Veh. Inspected	SHD 4934M
Policy No.	5094636222	Coverage (\$)	0.00
Claim No.	MT/0981887-002	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.	KMHLB41UMEU052326	Colour	BLUE
Odometer	562471	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	10/02/2018	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:	2 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. SHD 4934M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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 (RH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	FRONT RH HEADLAMP	GRAZED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-538.10	-402.60
			2,152.40	1,610.40
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			600.00	400.00
GRAND TOTAL			2,752.40	2,010.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC18003688/K1rbn2

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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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.