

06/11/2017

Surveill. Kelvin

REF:

NS/INC 18003733 / K116 n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHC 6770K

Policy No. 5095103993 20.10.2017

Claims No. MT/0983617-002

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 9111L Yr Regn: 12 May 2016

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

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

Sp. Reading: 165024 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KAHCB414A64087976

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 / 60 R16

R: _____

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

TOYO / YOKO or Han Kook

Front Rear

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

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

D.O.A. 24/2/18 D.O.I. 26/2/18

Survey held at CDHE (Loyang)

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

Rear. o/s

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

Date / Time	Action / Instruction	DOA	INC
	SH 9111L - NS / INC 17023981 / K116 n2	DOA: 18/12/2017	INC
	SHC 6770K - CS / MSH 18001009 / K116 n3 m	DOA: 13/01/2018	PIP
1/3/18	Continued PIP \$975.48 / 2 Pys. (Red. 1629.62 - 6290)		

RECEIVED 08 MAR 2018

Date/Time, File Pass to?

1) 8/3 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format:

Lump Sum: 0 (\$)

TP
975.48

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/INC18003733/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6770K	Veh. Inspected	SH 9111L
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

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	24/02/2018	Inspection Date	26/02/2018
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	SHC6770K	SHC6770K	20/10/2017	

TP Claims against NTUC Income: Follow-Through Survey

Date: 5/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	-	SMRT BUSES LTD	SMB 3529H	FV 3043U	11/12/2018	16:15	\$ 3,858.03	\$ 2,550.00
2	MT/0983770-002	COMFORT TRANSPORTATION PTE LTD	SHC 8339K	FY 5545J	25/2/2018	2:25	\$ 6,898.96	\$ 4,100.00
3	MT/0984758-001	COMFORT TRANSPORTATION PTE LTD	SHC 3155G	GBG 1237S	22/2/2018	14:40	\$ 2,549.36	\$ 1,400.00
4	MT/0980882-004	COMFORT TRANSPORTATION PTE LTD	SHD 3132S	GBC 3328X	3/2/2018	7:55	\$ 3,503.26	\$ 1,348.21
5	MT/0984276-002	COMFORT TRANSPORTATION PTE LTD	SHC 746X	SLR 7216L	28/2/2018	2:00	TOTAL LOSS	TOTAL LOSS
6	MT/0984762-001	SMRT BUSES LTD	SG 5452J	SKQ 3494T	5/1/2018	13:22	\$ 8,131.29	\$ 7,161.29
7	MT/0984765-001	SMRT BUSES LTD	SMB 336S	SHD 1237L	27/1/2018	18:30	\$ 2,990.00	\$ 700.00
8	MT/0979197-002	SMRT BUSES LTD	TIB 1116B	GBD 5665D	23/1/2018	10:05	\$ 3,964.77	\$ 3,000.00
9	MT/0983952-002	COMFORT TRANSPORTATION PTE LTD	SHB 6713G	SLA 46X	26/2/2018	6:05	\$ 6,740.80	\$ 4,950.00
10	NOT INSURED	COMFORT TRANSPORTATION PTE LTD	SHA 6973C	FBB 4102D	23/2/2018	17:15	\$ 1,250.48	\$ 600.00
11	MT/0983501-002	CITY CAB PTE LTD	SHA 9243G	PC 4246B	23/2/2018	18:05	\$ 2,681.58	\$ 2,400.00
12	MT/0984783-001	CITY CAB PTE LTD	SHB 4736D	FBL 7388Z	22/2/2018	12:30	\$ 2,487.18	\$ 950.48
13	MT/0982510-002	COMFORT TRANSPORTATION PTE LTD	SH 6763A	SJP 3496E	13/2/2018	22:00	\$ 2,324.08	\$ 1,295.76
14	MT/0984221-001	CITY CAB PTE LTD	SHC 926T	SDX 6942T	18/2/2018	16:50	\$ 3,181.90	\$ 1,400.00
15	MT/0984099-001	COMFORT TRANSPORTATION PTE LTD	SHA 4722Z	SJR 294E	16/2/2018	16:40	\$ 5,637.20	\$ 2,237.52
16	MT/0984101-001	COMFORT TRANSPORTATION PTE LTD	SHC 3372X	SLU 1543R	18/2/2018	5:35	\$ 4,132.08	\$ 560.00
17	MT/0984790-001	CITY CAB PTE LTD	SHC 7866L	SLP 4518X	18/2/2018	17:50	\$ 1,375.12	\$ 660.00
18	MT/0983617-002	COMFORT TRANSPORTATION PTE LTD	SH9111L	SHC 6770K	24/2/2018	22:50	\$ 2,605.10	\$ 975.48
19	MT/0983513-002	COMFORT TRANSPORTATION PTE LTD	SH A 3341X	SJL 7579U	24/2/2018	14:05	\$ 6,414.38	\$ 1,200.00
20	MT/0972860-002	COMFORT TRANSPORTATION PTE LTD	SMB 3141S	GBE 9185R	4/12/2017	14:25	\$ 6,153.67	\$ 6,090.67
21	MT/0983749-002	COMFORT TRANSPORTATION PTE LTD	SHA 7760T	SJD 3446M	25/2/2018	22:15	\$ 6,759.82	\$ 1,850.00

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 willful 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	26/02/2018 09:08
Date Of Accident	24/02/2018 22:50
Exact Location Of Accident	FARRER RD TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9111L
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	AZMAN BIN ARSHAD
NRIC No	S7402843H
Date Of Birth	02/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	AZMAN8647@YMAIL.COM

Address	BLK 180C RIVERVALE CRESCENT #06-381
Postcode	543180
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
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

PLS REFER TO 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	SHC6770K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP TEIK WEI
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
FRT

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

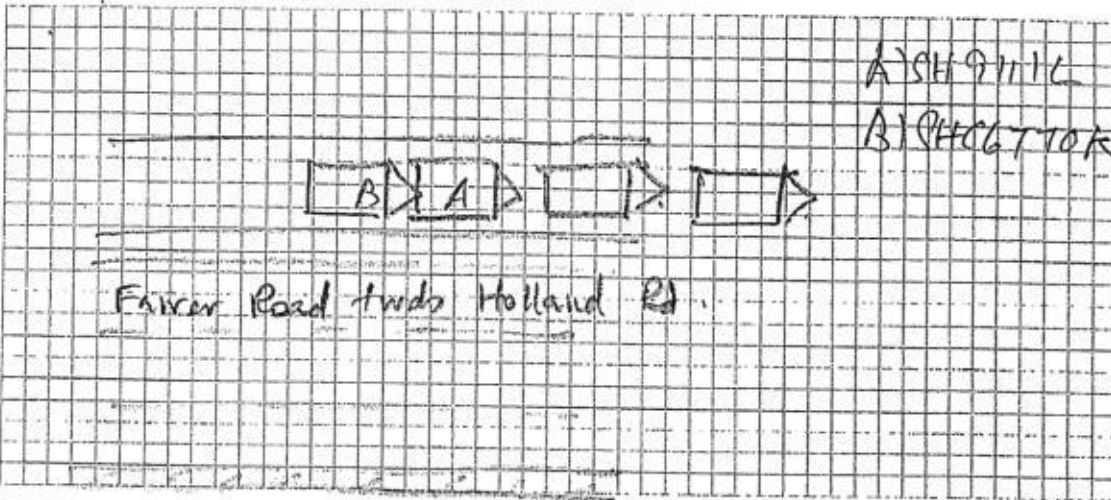
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/2/18 at about 2250 hrs while I Veh A
 slowed down because vehicles in front of mine
 slowed down. Veh B could not stop in time
 and collided on the rear of my vehicle

DECLARATION

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

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

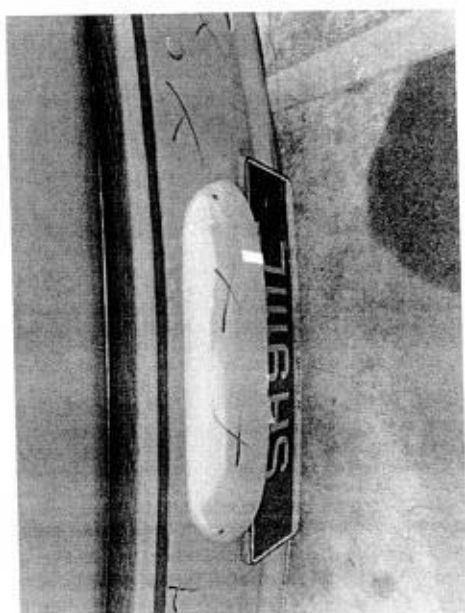
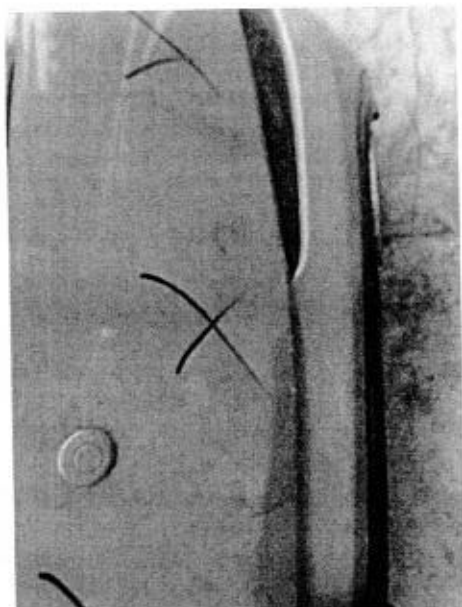
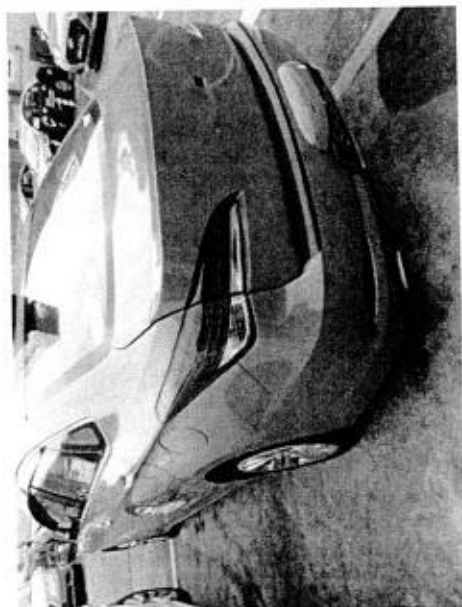
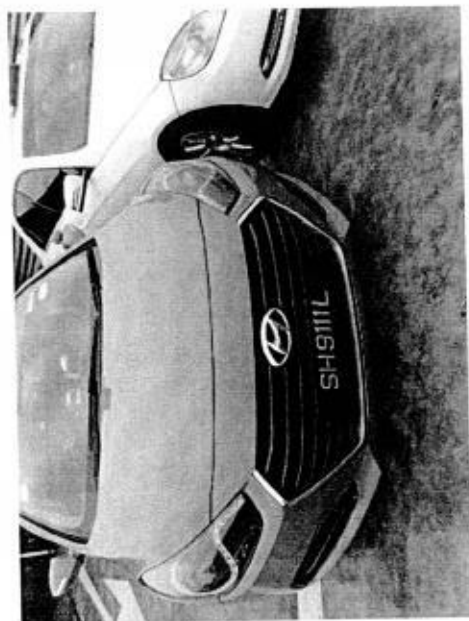
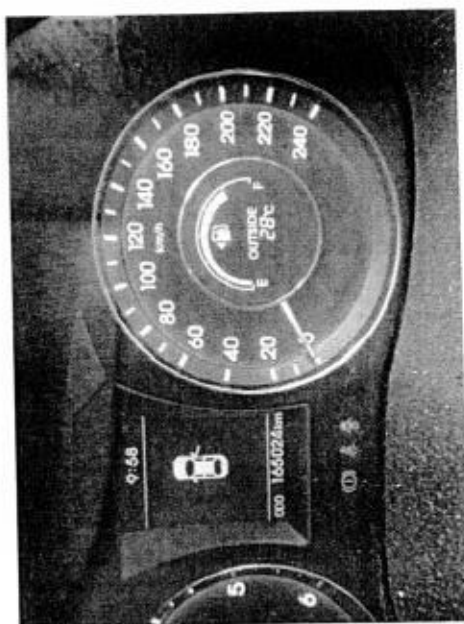
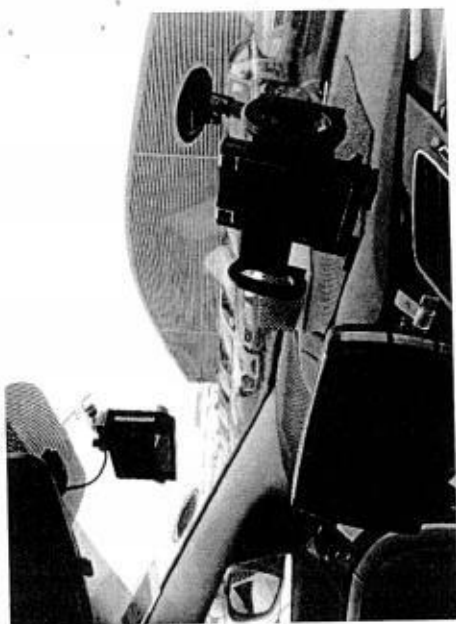
Policyholder's Signature
 Date & Time:

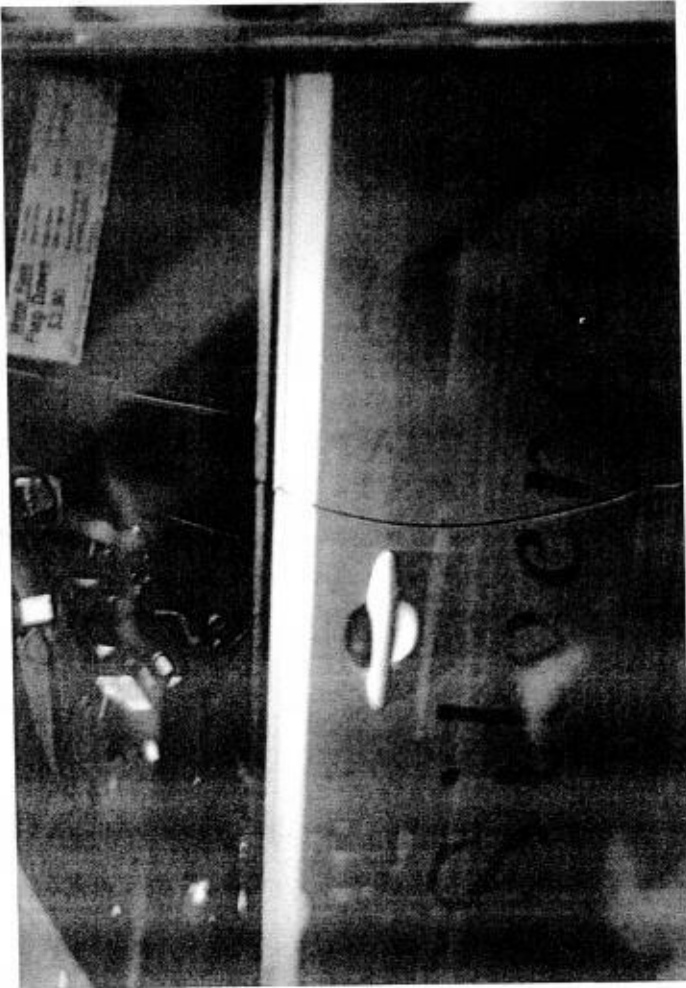
GAAPAC SketchPlanForm_V3

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

SR Moorthy 25/2/18
 CSO

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





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305120048

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

L (R) (O)
(P)

SCOUNT CARD NO.

REGN NO. SH 9111L

MILEAGE

MAKE HYUNDAI

FUEL

MODEL I-40

DATE/TIME IN 25.02.2018 10:00

YR OF MANU 12.05.2016

TARGET DATE

CHASSIS CODE KMLB41UMGU087936

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.02.2018

NATURE: 3P 24.02.2018

S/I

LABOR CODE

DESCRIPTION

NTUC - (SHC G770K - Premier) - Rear damage
Lte/Kelw -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ie:
No.: SH 9111L LARRY
File No.: Larry Ng

Vehicle No.: SH 9111L

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MAKE :

DATE 26/2/2018 11:48

DWT: 24.0278

Larry Ng

Ka lwin (K14)
N 26/2/18 1535 hrs
2 Ar
P/P
Before Print photo

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.03.2018

Time: 16:50:29

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305120048
REGN NO : SH 9111L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 25.02.2018 10:00
ACCIDENT DATE : 24.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00
0004	FNPS	NO PLATE(S)	1 N	25.00		25.00

SUB-TOTAL : 575.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

TOTAL : 975.48

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305120048

Date : 1. Mar. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9111L

Date of Accident: 24.02.2018

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

1. The repair job shall bill to: NTUC SHC6770K(Premier)

2. The finalized amount shall be:

(a) Spare Parts after List discount \$575.48

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$975.48

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 1/3/18

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/INC18003733/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6770K	Veh. Inspected	SH 9111L
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0983617-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087936	Colour	BLUE
Odometer	165024	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 REAR O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	24/02/2018	Inspection Date	26/02/2018
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:	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. SH 9111L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	LICENCE LAMP (LH/RH) @\$33.95	SERVICEABLE	67.90	-
1	LICENCE LAMP COVER	TO REPAIR	100.00	-
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	-
	LESS 20% DISCOUNT		-424.85	-125.12
			1,699.40	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	NO PLATE (SN)	CRACKED	25.00	25.00
			210.70	75.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		470.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	180.00
			720.00	400.00
GRAND TOTAL			2,630.10	975.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				975.48

Report Ref No. NS/INC18003733/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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