



# Survey Department Check List (Case Handler)

Reference No. : NS / INC / 800 3735 / Klvb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): 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 (** ): 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	✓			
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## (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: VERON 13/16  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



## 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/INC18003735/K1vb

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.	GT 4037E	Veh. Inspected	SH 7185L
Policy No.	5061789834-04	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	21/02/2018	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.
--

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0984034-001	COMFORT TRANSPORTATION PTE LTD	SHA 1578T	PC 2508J	17/2/2018
2	MT/0983240-002	CITY CAB PTE LTD	SHC 7849L	SGF 8231H	21/2/2018
3	MT/0983930-002	COMFORT TRANSPORTATION PTE LTD	SHC 8739P	FBG 1944J	16/2/2018
4	MT/0983144-002	COMFORT TRANSPORTATION PTE LTD	SHA 4339Y	PA 8235S	16/2/2018
5	MT/0982985-002	COMFORT TRANSPORTATION PTE LTD	SHA 4519U	SJL 3341P	16/2/2018
6	MT/0982807-002	CITY CAB PTE LTD	SHD 8845K	SJH 994X	15/2/2018
7	MT/0983460-002	COMFORT TRANSPORTATION PTE LTD	SHC 8578L	SJD 6928U	23/2/2018
8	MT/0983588-002	CITY CAB PTE LTD	SHA 39P	SHD 2276S	26/2/2018
9	MT/0982777-002	CITY CAB PTE LTD	SHC 739S	SHC 6222B	14/2/2018
10	MT/0982554-002	COMFORT TRANSPORTATION PTE LTD	SH9778M	SJJ 8500A	15/2/2018
11	MT/0983265-002	COMFORT TRANSPORTATION PTE LTD	SH 7185L	GT 4037E	21/2/2018
12	MT/0982542-002	COMFORT TRANSPORTATION PTE LTD	SHC 3778J	SJR 3977Z	15/2/2018
13	MT/0983492-002	COMFORT TRANSPORTATION PTE LTD	SH 8772K	SJJ 6971L	23/2/2018
14	MT/0983425-002	COMFORT TRANSPORTATION PTE LTD	SHC 3943Z	FBB 7581J	22/2/2018
15	MT/0984043-001	COMFORT TRANSPORTATION PTE LTD	SHA 2563D	SKN 8654G	22/2/2018

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5061789834-04	RONNIE KITCHEN	53212156B	GCV	Third Party	GT4037E	GT4037E	01/11/2017	31/10/2018

## 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	21/02/2018 17:18
Date Of Accident	21/02/2018 15:50
Exact Location Of Accident	RIVERVALE STREET TWDS RIVERVALE DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7185L
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM KHIM KEOW
NRIC No	S1374618D
Date Of Birth	05/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LIMKHIMKEOW59@GMAIL.COM

Address	BLK 132 RIVERVALE STREET #09-814
Postcode	540132
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

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	GT4037E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



**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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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:

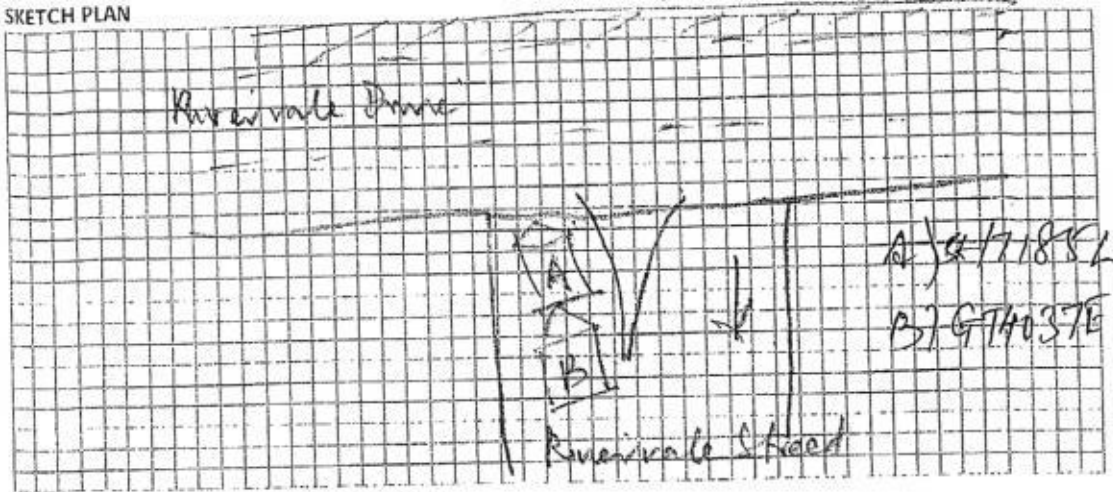
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/18 at about 1550hrs while I Veh A stopped at the give-way mark before the main road, Veh B collided on the rear of my stationary vehicle -

## DECLARATION

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

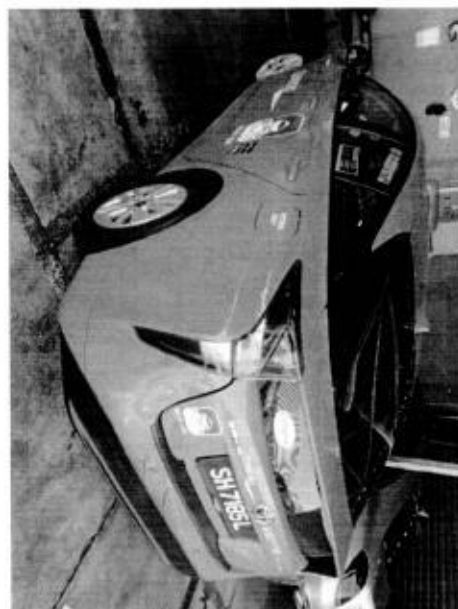
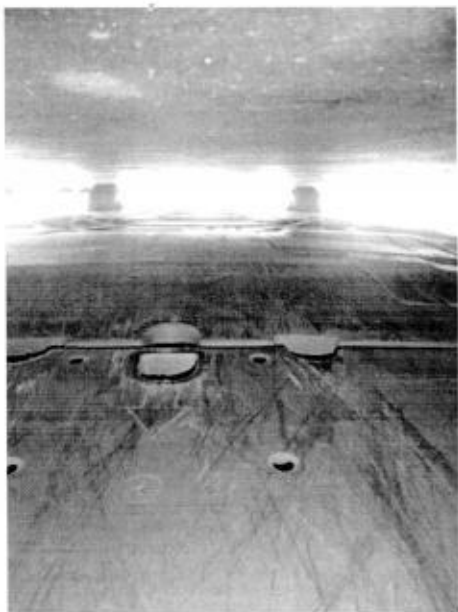
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

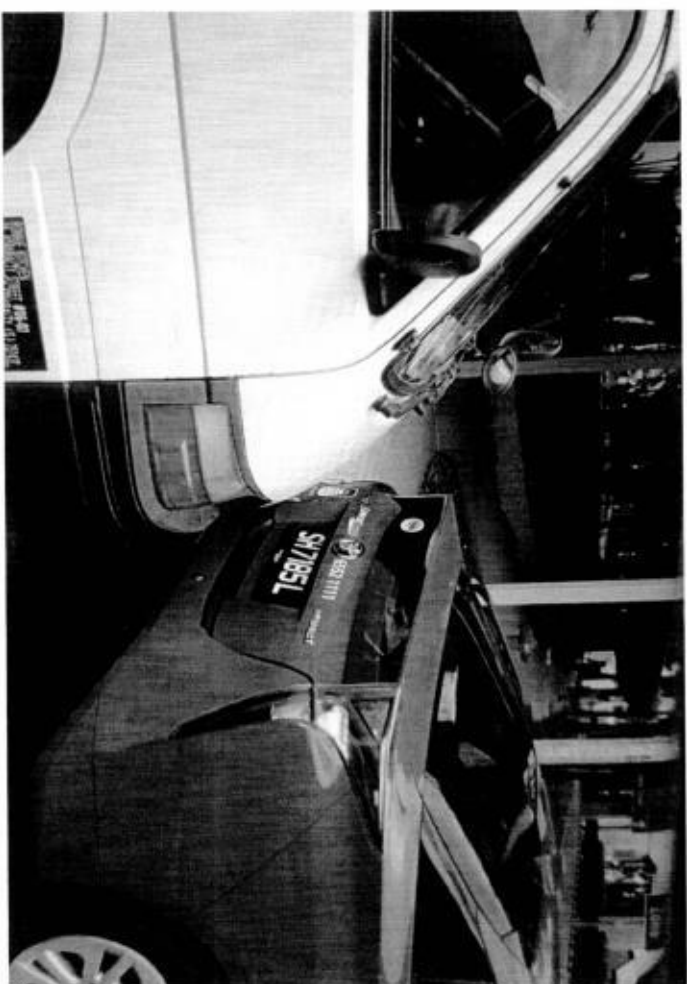
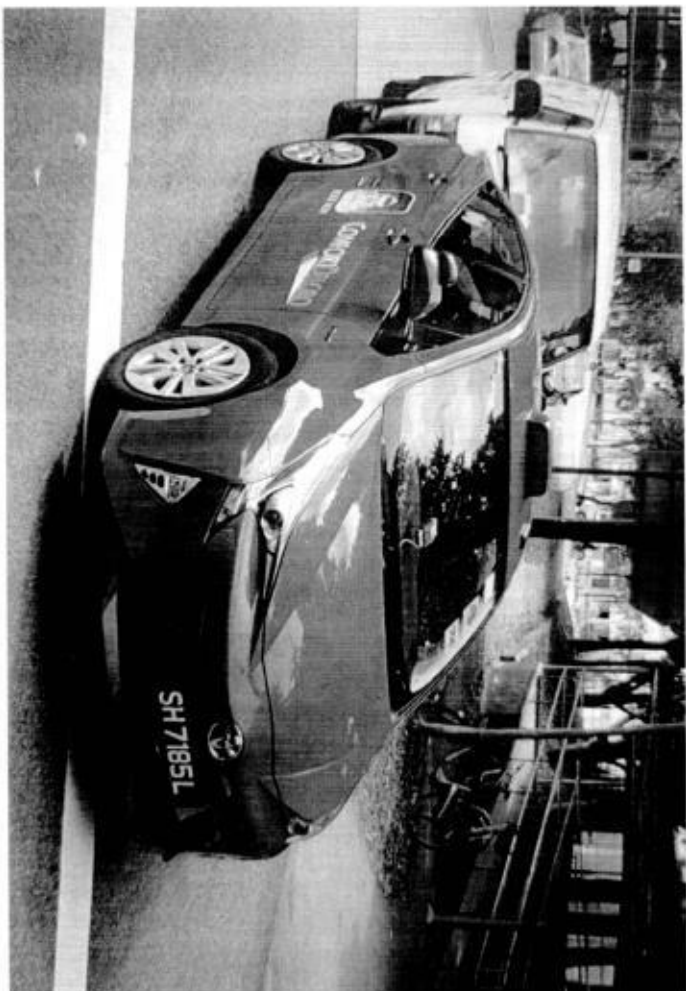
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

*[Signature]*  
S R Moorthy  
CSO  
21/2/18





Date/Time: 26.02.2018 15:15 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305120045

CUSTOMER		REGN NO:	SH 7185L	MILEAGE
R/MS		MAKE:	TOYOTA	FUEL
CUSTOMER NO		MODEL:	PRIUS HYBRID(G4)26.02.2018 09:20	E.....1/2.....F
ADDRESS		YR OF MANU	25.05.2017	TARGET DATE
L. (R)		CHASSIS CODE	JTDRB3FU203556808	COMPLETION DATE/TIME
(P)				
SCOUNT CARD NO.				

Accident Date: 21.02.2018  
NATURE: 3P 21.02.2018

JOB DESCRIPTION

S/I	LABOR CODE	DESCRIPTION
	NTUC - taxi	Rear damage
	LCC/Kalmi	---

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

e:  
lo.: SH 7185L LARRY  
le No.:

Vehicle No.: SH 7185L

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

a returned to Service Reception upon collection

To be kept by Security Guard

Larry Ng

REPAIR ESTIMATE

VEHICLE NO : SH 7185L

MAKE :

MODEL : TOYOTA PRIUS

26/2/2018 12:03

N2uc

DOA 201-02-18

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X 1900</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X 1900</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>- 1</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 1900</i>			\$ 112.70
REAR BUMPER SPONGE <i>X 1900</i>			\$ 143.40
REAR BUMPER UNDER SIDE CENTRE COVER <i>X 1900</i>			\$ 552.60
REAR BUMPER CLIPS <i>X 1900</i>			\$ 22.00
SUB TOTAL			\$ 2,160.70
LESS 25%			\$ 540.18
DISCOUNTED TOTAL			\$ 1,620.53
REAR BUMPER REVERSE SENSOR <i>shutal - 107</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>- 107</i>			\$ 50.00
			\$ 185.70
Labour Charge			\$ 200
Panel Beating			\$ 380.00
Spray Painting Charge			\$ 180 200.00
Wiring Charge			\$ 21 X 50.00
Remove/Refix Reverse Sensor			\$ 20 120.00
TOTAL LABOUR			\$ 720.00
ESTIMATE TOTAL			\$ 2,526.23

NETT

NETT

1/Calvin 16/1/18  
 26/2/18 1550 hrs

207

P/P

After Repair photo

Larry Ng

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

## REPAIR ESTIMATE

Date: 27.02.2018

Time: 15:02:13

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 : 305120045  
REGN NO : SH 7185L  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 26.02.2018 09:20  
ACCIDENT DATE : 21.02.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

0002 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY 1 135.70 10.00 122.13

SUB-TOTAL : 536.58

## JOB NATURE

0000 L Rear Bumper Rubber Mat 50.00

0001 L PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

0003 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

SUB-TOTAL : 450.00

TOTAL : 986.58

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



## COMFORTDELGRO ENGINEERING

Our Job Ref No . 305120045

Date : 27.02.2018

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7185L

Date of Accident: 21.02.2018

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

1. The repair job shall bill to: NTUC GT4037E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$586.58

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$986.58

(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 : Kaha

Date : 27/2/18

### 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_



**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/INC18003735/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-03-2018

189556



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	GT 4037E	Veh. Inspected	SH 7185L
Policy No.	5061789834-04	Coverage (\$)	0.00
Claim No.	MT/0983265-002	Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU203556808	Colour	BLUE
Odometer	92435	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

**4. Description of Damages**

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

**5. General Information**

Accident Date	21/02/2018	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.
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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. SH 7185L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-540.17	-138.15
			1,620.53	414.45
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	400.00
<b>GRAND TOTAL</b>			<b>2,526.23</b>	<b>986.58</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>986.58</b>

Report Ref No. NS/INC18003735/K1vbn2

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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