

08/11/09
Surve No: Kairin

REF: NG/INC18003799 / KHb02

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / T / F / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop mis _____
 of _____
 Insured: SHB 8494A
 Policy No: 509510393 20-10-17
 Claims No: MT/0983685-002
 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 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 3061T Yr Regn: 31 Jan 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai-Santa C.C. 1991
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 943k2 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 1CM HBTX / VMBA 804251
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxxis
 Front R/Bal. 2 mm
 L/Bal. 7 mm
 D.O.A. 25/2/08
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 6/5 Frnt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 3061T - RCH/III 16013103 / Rthg 392 DA: 140716 INC
	SHB 8494A - R03/ATG 17000314 / Rthg 392 DA: 030117 4s
5/3/08	Control L/S \$2200 / 3 Pgs (Red. 2738.28 : 55%)

RECEIVED 06 MAR 2010

Date/Time, File Pass to?

1) 6/3 Typist

Date/Time, File Return to?

2)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

S + RS, SI

Police

160

35

195

Lump Sum

2200

TP



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/INC18003799/K1tb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 8494A	Veh. Inspected	SHC 3061T	
Policy No.	5095103893	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	27/02/2018	
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	25/02/2018	Inspection Date	27/02/2018	
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	SHB8494A	SHB8494A	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
1	MT/0983705-002	COMFORT TRANSPORTATION PTE LTD	SHD 3005B	SJC 6863C	26/2/2018	12:05	\$ 2,461.58
2	MT/0984841-001	COMFORT TRANSPORTATION PTE LTD	SHC 8951S	GBA 3707X	25/2/2018	14:15	\$ 2,711.58
3	MT/0983685-002	COMFORT TRANSPORTATION PTE LTD	SHC 3061T	SHB 8494A	25/2/2018	20:00	\$ 4,938.28

Claim received from LKK

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3806821 JC NO: 305120060

OWNER	COMFORT TRANSPORTATION PTE LTD	REGN NO	SHC3061T	MILEAGE
IS	7010045	MAKE	HYUNDAI	FUEL
OWNER NO	383 SIN MING DRIVE	MODEL	SONATA	E.....1/2.....F
LESS	Singapore SINGAPORE 575717		25.02.2018 20:00	DATE/TIME IN
(R)	65508755	YR OF MANU	31.01.2011	TARGET DATE
(P)	(O)	CHASSIS CODE	KMHET41VMBA804251	COMPLETION DATE/TIME
JUNT CARD NO.				

Accident Date: 25.02.2018
NATURE: 3P 25.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.:	SHC3061T	Vehicle No.:	SHC3061T
FZ NTUC LKK			
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	
Returned to Service Reception upon collection			

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	26/02/2018 14:28
Date Of Accident	25/02/2018 20:00
Exact Location Of Accident	TEBAN GARDENS RD X BLK 31 CAR PARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3061T
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	SONATA
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	TAN KIM SENG
NRIC No	S1157081Z
Date Of Birth	09/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TAN.KOKKENG@YAHOO.COM.SG

Address	BLK 204 BUKIT BATOK STREET 21 #05-06
Postcode	650204
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	
Was any body injured in the Accident?	YES
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	SHB8494A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HOW AH POW
NRIC/Passport Number	S2016963Z
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN KIM SENG
------	--------------

Approximate Age

62

Injuries Sustain

PAIN TO RIGHT ANKLE AND RIGHT SHOULDER.

Injured person in which vehicle?

SHC3061T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

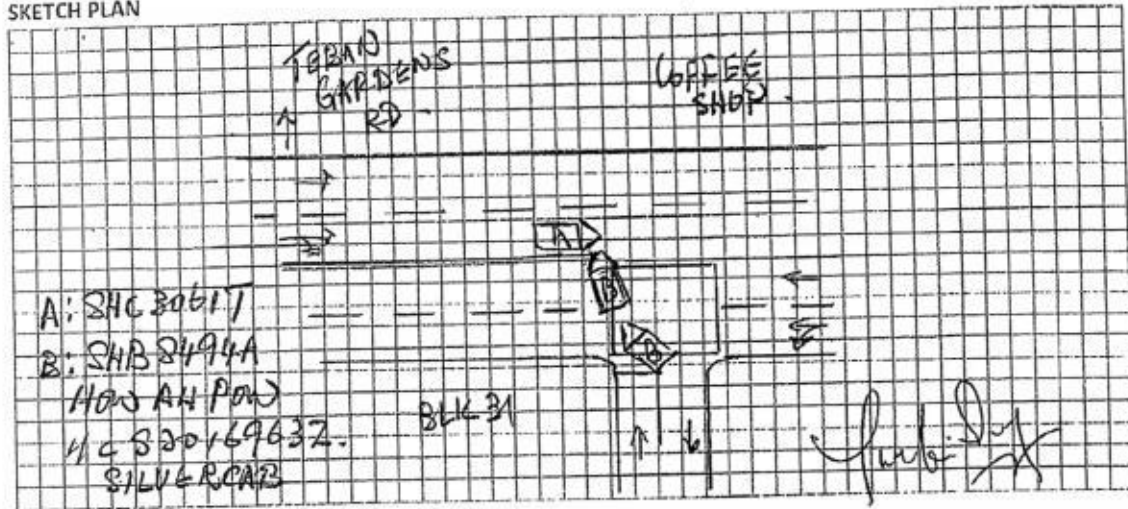
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan 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.:

Describe Circumstances of the Accident

On 25 Feb 2018 at about 20:00 hrs I was driving straight along Teban Gardens Rd heading towards the direction of Jurong Town Hall Rd.

Somewhere near Blk 31 car park exit suddenly a Silver Cab taxi SHB8494A suddenly make a

U-turn in a reckless manner thereby causing this accident to happen.

As a result of this, the left hand side front corner of the Silver Cab taxi hit and grazed the right hand side front corner including the right hand side front wheel of my taxi. The ensuing

impact subsequently caused the front bumper of my taxi to be dislodged, the right hand side front door and the steering system of my taxi to be out of alignment.

No passenger on board my taxi. No injury at the point of the accident. However after the accident I felt pain to my right ankle and right shoulder. If the pain still persist I will consult a

Doctor later.

Enclosed is a video footage to support my claims.

Declaration

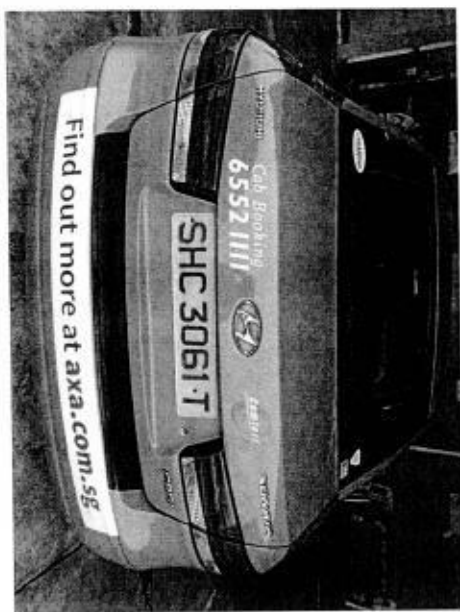
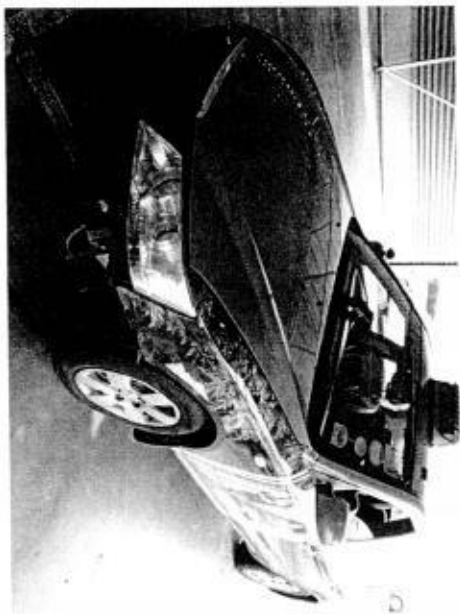
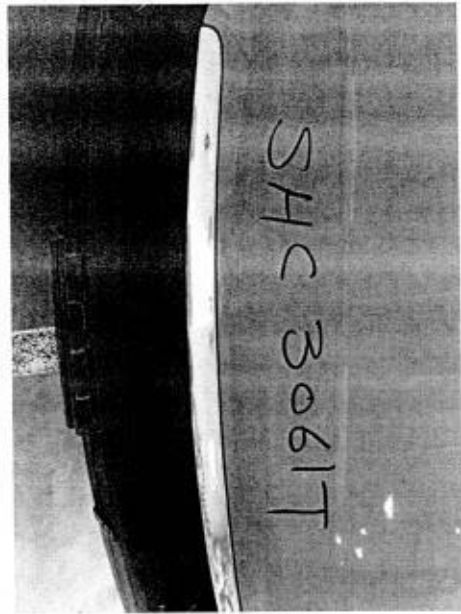
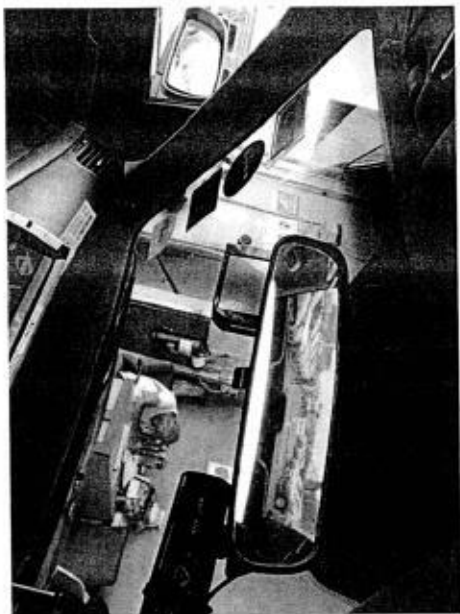
I/We declare the foregoing particulars are true in every respect.

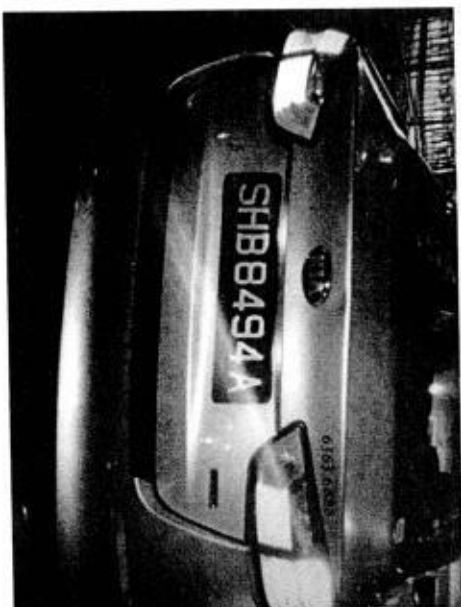
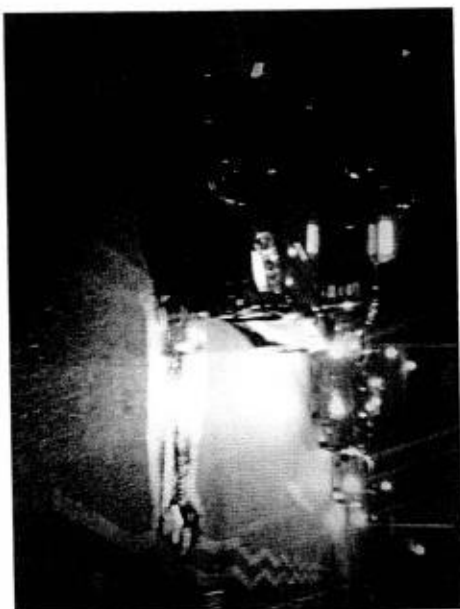
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3061T

DATE 26/2/2018 16:24

MAKE :

MODEL : HYUNDAI SONATA

NTWC / LKK

RIGHT FRONT

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover - <i>Ret</i>			\$ 538.80	
	Front Bumper Sponge - <i>new</i>			\$ 136.30	
	Front Bumper Reinforcement <i>X su</i>			\$ 504.10	
	Front Bumper Grille (<i>LB</i>) (<i>RH</i>) <i>su</i>			\$ 17.60	
	Front Bumper Bracket Top (LH/RH) - <i>su</i>		\$ 22.40	\$ 44.80	
	Front Bumper Protector (LH/RH) <i>+ new</i>		\$ 29.20	\$ 58.40	
	Headlamp Support Panel Assy <i>X su</i>			\$ 1,023.00	
	Headlamp (<i>LB</i>) (<i>RH</i>) - <i>su</i>			\$ 797.90	
	Front Fender (<i>LB</i>) (<i>RH</i>) - <i>su</i>			\$ 593.00	
	Front Fender Shield (<i>LB</i>) (<i>RH</i>) - <i>su</i>			\$ 86.00	
	Front Fender Retainer <i>X</i>			\$ 9.20	
	Front Wheel Hub Cap (<i>LB</i>) (<i>RH</i>) <i>X su</i>			\$ 145.00	
	wiper tank - <i>Ret</i> \$ 59				
	wiper tank motor - <i>su</i> \$ 63				
	SUB TOTAL			\$ 3,954.10	
	LESS 20%			\$ 790.82	
	DISCOUNTED TOTAL			\$ 3,163.28	
	Front Fender Advertisement Logo (<i>LB</i>) (<i>RH</i>) - <i>su</i>			\$ 100.00	Nett
	Front Number Plate <i>X su</i>			\$ 25.00	Nett
	Front No Plate Trim Cover <i>+ su</i>			\$ 30.00	Nett
				\$ 155.00	
	Labour Charge				
	Panel Beating			\$ 850.00	
	Spray Painting Charge			\$ 400.00	360
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	20
	FRT Wheel Alignment			\$ 120.00	X no
	Remove/Refix Aircon & Refill Gas			\$ 150.00	X no
	TOTAL LABOUR			\$ 1,620.00	
	ESTIMATE TOTAL			\$ 4,938.28	
				5035.88	
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.					

Kalin 11/11/18

27/2/18 11:25 hrs

3 Days

L/s

After Repair

TOTAL LABOUR
ESTIMATE TOTAL

LKK Auto Consultants hence notify the Repairer of the following:

- To display damaged parts 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
- Subject to final approval from Insurance Company

Signature:

Date:

**COMFORTDELGRO
ENGINEERING**

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

Our Job Ref No : 305120060

Date : 05.03.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHC3061T

Date of Accident : 25.02.2018

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

1. The repair job shall bill to: NTUC --- SHB8494A

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges \$0.00

Total for Part-By-Part Repair Cost \$0.00

(c.) Lumpsum Repair (if applicable) 20% \$2,200.00

Total for Lumpsum repair cost after Less: \$2,200.00


Final Lumpsum Repair cost \$2,200.00

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 : **FAUZY BIN MOKHTAR**

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 5/3/18

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		N		
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/INC18003799/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 8494A	Veh. Inspected	SHC 3061T
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0983685-002	Excess (\$)	0.00
Assign From		Assign Date	27/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA804251	Colour	BLUE
Odometer	94342	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

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

5. General Information

Accident Date	25/02/2018	Inspection Date	27/02/2018
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:	3 Working Days
-------------------------------------	----------------

**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 3061T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER SPONGE	MISSING	136.30	136.30
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER GRILLE RH	SERVICEABLE	17.60	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	CRACKED	44.80	44.80
2	FRONT BUMPER PROTECTOR (LH/RH) @\$29.20	TO REPAIR	58.40	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,023.00	-
1	HEADLAMP RH	CRACKED	797.90	797.90
1	FRONT FENDER RH	DENTED	593.00	593.00
1	FRONT FENDER SHIELD RH	TORN	86.00	86.00
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP RH	SERVICEABLE	145.00	-
1	WIPER TANK	DEFORMED	59.00	59.00
1	WIPER TANK MOTOR	CRACKED	63.00	63.00
	LESS 20% DISCOUNT		-815.22	-463.76
			3,260.88	1,855.04
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO RH (SN)	NECESSARY	100.00	100.00
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	25.00	-
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			155.00	100.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,170.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,620.00	800.00
GRAND TOTAL			5,035.88	2,755.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,200.00

Report Ref No. NS/INC18003799/K1tbn2

Report Ref No. NS/INC18003799/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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.