



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/INC18004005/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-03-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 9583S	Veh. Inspected	SHD 8837J
Policy No.	5097492044	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/03/2018

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	28/02/2018	Inspection Date	01/03/2018
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. 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 type="radio"/>	5097492044	HO YAO YING	S8526454J	GPC	drive CLASSIC	SLV9583S	SLV9583S	23/01/2018	22/01/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 6/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983987-002	COMFORT TRANSPORTATION PTE LTD	SHD 3779B	SGF 2628L	27/2/2018	22:50	\$ 7,764.56
2	MT/0984022-002	CITY CAB PTE LTD	SHD 8837J	SLV 9583S	28/2/2018	8:55	\$ 6,364.38
3	MT/0983682-002	COMFORT TRANSPORTATION PTE LTD	SHC 8332D	SKA 6590M	26/2/2018	8:45	\$ 9,912.30
4	MT/0983845-002	COMFORT TRANSPORTATION PTE LTD	SH 6511K	SLC 6282E	26/2/2018	18:20	\$ 4,228.95

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	28/02/2018 14:34
Date Of Accident	28/02/2018 08:55
Exact Location Of Accident	SLE(BKE) AFT THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8837J
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	CHONG CHARLIE
NRIC No	S1197412J
Date Of Birth	01/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1978
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHARLIE_2155@YAHOO.COM

Address 109 09-20 RIVERVALE WALK
 Postcode 540109
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 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) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? NO Yes
 If Yes, Please state which Police Station Templer A N 110
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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 SLV9583S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHIN JUN KWAN
 NRIC/Passport Number S8228820A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFZ6628S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAM AIK SENG
NRIC/Passport Number	S8742591F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHONG CHARLIE
Approximate Age	63
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD8837J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

A) 1H08837J
 B) 5LV95835
 STE (BKE) AP Thomas 2001 C9FZ66285
 TCNBNAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20180228/2039

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502870

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:


 S.F. Murphy
 CSO

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180228/2039

1 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180228/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 12:21	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CHONG CHARLIE		Address: APT BLK 109 RIVERVALE WALK #09-20 SINGAPORE 540109	
ID Type / ID No.: NRIC NO / S1197412J		Contact No.: Home/Office: Mobile: 96376373	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 21/05/1955	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/02/2018 08:55	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY towards BKE after Thomson Flyover Lamp Post Number: 333				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SFZ6628S					Slightly Damaged	1
SHD8836J	M/TAXI				Slightly Damaged	1
SLV9583S	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180228/2039

2 of 4

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180228/2039

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SHD8835J	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0015	01/01/2018	31/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KAM AIK SENG		ID No.	S8742591F
Related Vehicle	SFZ6628S		Contact No.	0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHONG CHARLIE		ID No.	S1197412J
Related Vehicle	SHD8835J (M/TAXI)		Contact No.	96376373
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	28/02/2018		Date Discharge	28/02/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	CHIN JUN KWAN		ID No.	S8228820A
Related Vehicle	SLV9583S (Car)		Contact No.	0
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180228/2039

3 of 4

Report No. T/20180228/2039

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Brief Details.

On 28/02/2018 @ 0857hrs, I was driving my Taxi SHD8835J (V1) yellow CityCab along SLE towards BKE on Lane 1 after Thomson Flyover near L/P no. 333 when a Lexus in front of me braked to a halt causing me to brake in time and stopped 3 feet away from his vehicle. Suddenly, a car SLV9583S (V2) hit me from the rear and another car, SFZ6628S (V3) hit onto V2's rear.

I sustained injuries to my neck and back. I was given 5 days MC by Sunshine Clinic Family Practise and Surgery.

My Taxi sustained damages to its rear boot.

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**



T/20180228/2039

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Report No. T/20180228/2039

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /
Sr Staff Sgt MOHAMMAD ABDULGHANI BIN
MOHD ADNAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/02/2018 12:21

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20180228/2068

1 of 3

Report No. T/20180228/2068

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180228/2039

Report Number T/20180228/2068

Vide Report Number

Date/Time of Report Made 28/02/2018 14:16

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant CHONG CHARLIE

ID Type / ID No. NRIC NO / S1197412J

Home/Office 0

Mobile 96376373

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 28/02/2018 08:55

17

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SFZ6628S	Car					0
SHD8837J	M/TAXI				Slightly Damaged	1
SLV9583S	Car					0



T/20180228/2068

2 of 3

Report No. T/20180228/2068

Continuation of CSF For NP168

Brief Facts.

AMMENDMENT TO TAXI PLATE NO:

CORRECT ONE SUPPOSED TO BE SHD8837J.

VIDE REF T/20180228/2039.

T/20180228/2068

3 of 3

Report No. T/20180228/2068

Sketch Plan

Informant is not able to provide sketch plan

Case Sensitivity

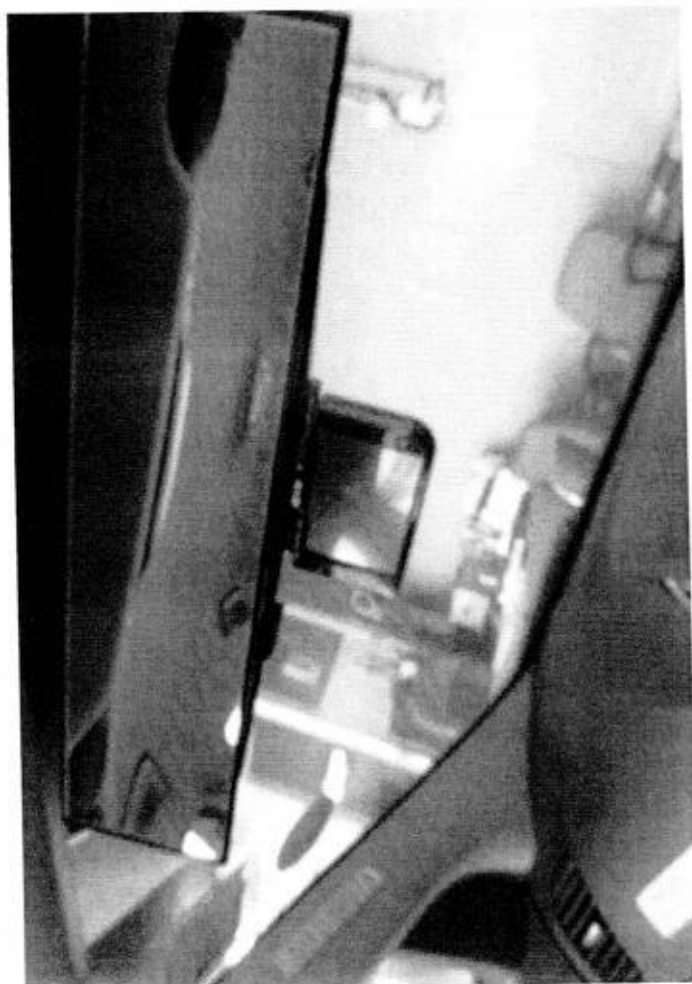
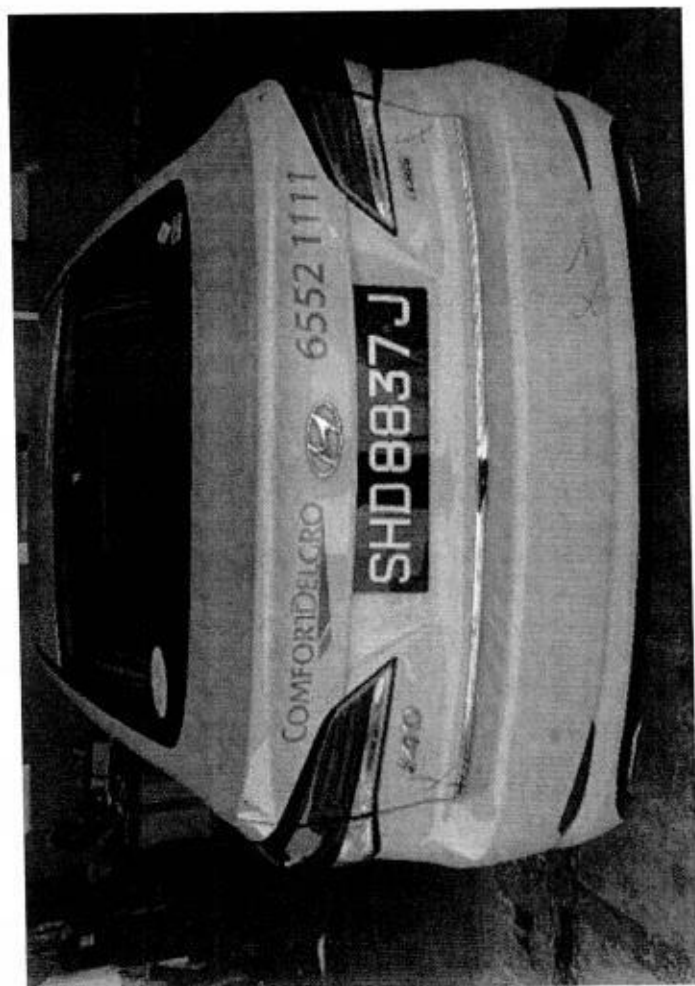
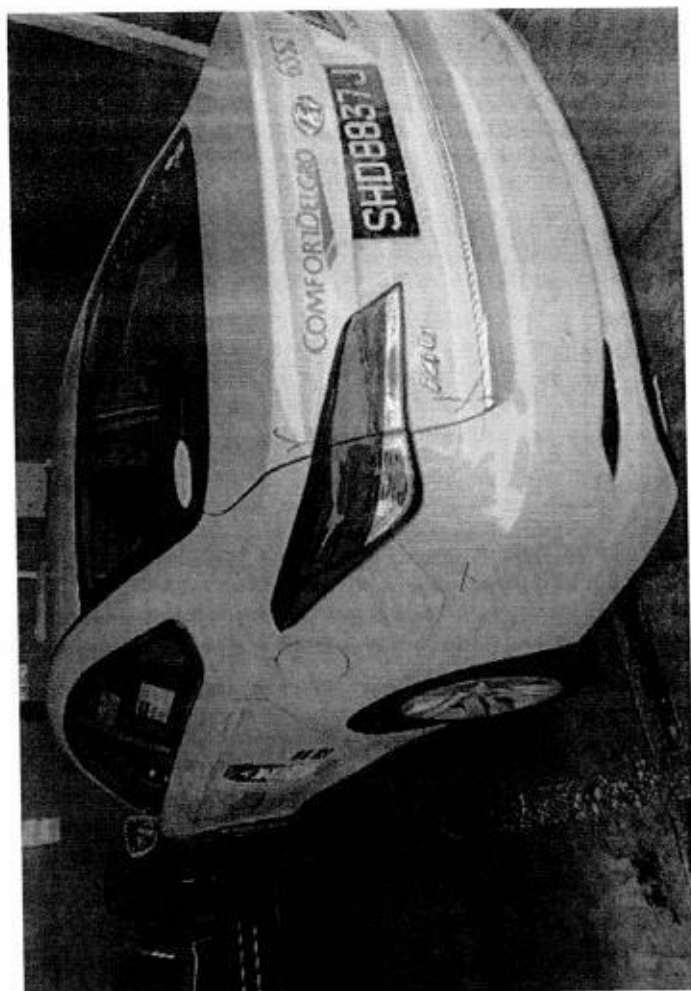
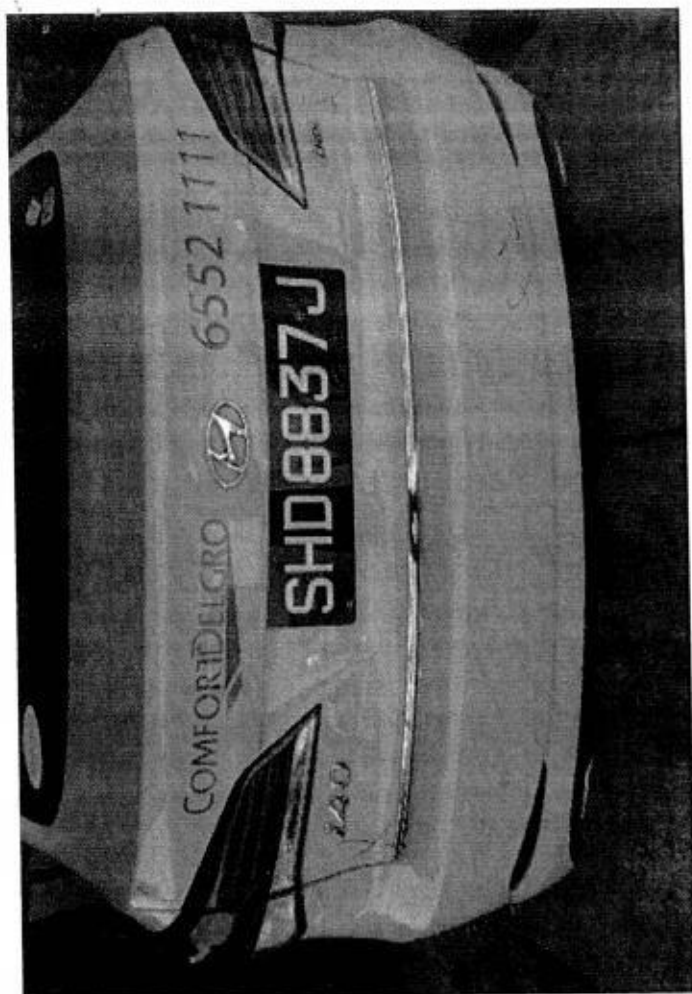
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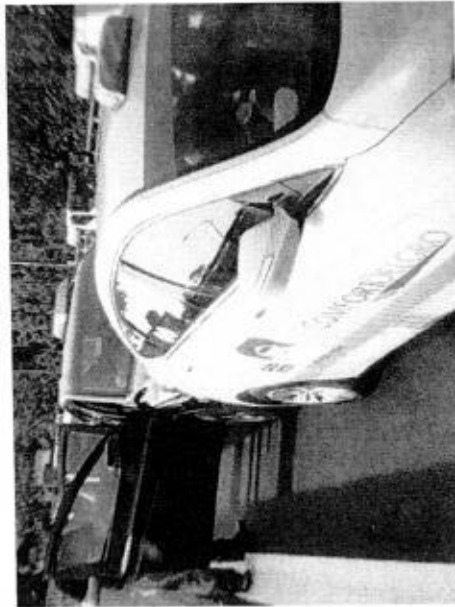
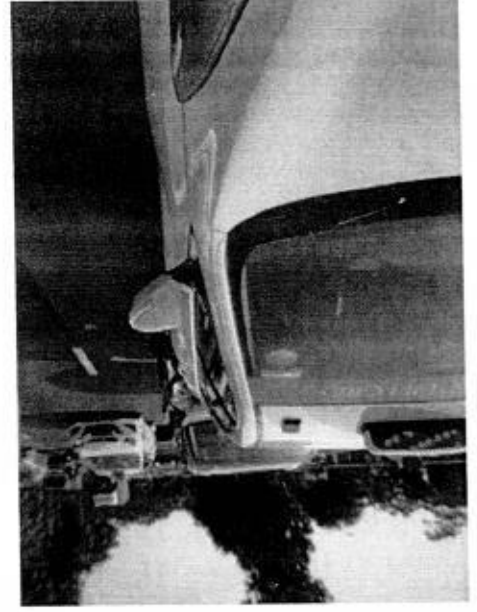
Officer-In-Charge of Case

TP / AEIT /
SITIMARSITA BINTE BOHARI

Classification of Case

1) INJURY / OTHERS





Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO: 305120793

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 L (R) (O) (P)	REGN NO: SHD8837J	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.02.2018 12:50
	YR OF MANU 03.12.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU080744	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 28.02.2018
NATURE: 3P 28.02.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____		_____	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD8837J CHIANG		Vehicle No.: SHD8837J	
Name of Service Advisor		Name of Service Advisor	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8837J

DATE 28/2/2018 15:47

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid X <i>see</i>			\$ 1,681.40
	Boot Lid Rubber X <i>see</i>			\$ 115.80
	Boot Lid Lock Upper X <i>see</i>			\$ 137.90
	Boot Lid Lock Lower X <i>see</i>			\$ 31.70
	Boot Lid 'H' Emblem X <i>see</i>			\$ 27.20
	Boot Lid CRDI Plate X <i>see</i>			\$ 41.00
	Bootlid Moulding X <i>see</i>			\$ 85.00
	Bootlid i40 Emblem X <i>see</i>			\$ 41.00
	Bootlid Lower Garnish X <i>see</i>			\$ 398.00
	Rear Bumper <i>see</i>			\$ 603.60
	Rear Bumper Reinforcement X <i>see</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X <i>see</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket X <i>see</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips X <i>see</i>			\$ 22.00
	Rear Bumper Sponge X <i>see</i>			\$ 143.40
	Rear Bumper Under Cover X <i>see</i>			\$ 225.00
	Rear Panel X <i>see</i>			\$ 592.30
	Rear Panel Garnish X <i>see</i>			\$ 57.70
	Rear Panel Lower Panel X <i>see</i>			\$ 495.50
	SUB TOTAL			\$ 5,660.85
	LESS 20%			\$ 1,132.17
	DISCOUNTED TOTAL			\$ 4,528.68
	Boot Lid City Cab Logo & Tel No. Sticker X <i>see</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>see</i>			\$ 135.70 Nett
				\$ 165.70
	Labour Charge			
	Panel Beating			\$ 850.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	Tuff Kote			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,670.00
	ESTIMATE TOTAL			\$ 6,364.38
<p>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.</p>				

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature

Date:

Ka Loh / Ucker

11/3/18 10:55h

2 PM

L/S

After Repair

Our Job Ref No : 305120793
Date : 28/02/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD8837J
Fax :
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 SLV9583S
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:
Final Lumpsum Repair cost \$1,050.00
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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : Kalvin
Date : 2/3/18

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:

**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/INC18004005/K1rbn2

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.	SLV 9583S	Veh. Inspected	SHD 8837J
Policy No.	5097492044	Coverage (\$)	0.00
Claim No.	MT/0984022-002	Excess (\$)	0.00
Assign From		Assign Date	01/03/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080744	Colour	YELLOW
Odometer	196538	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	28/02/2018	Inspection Date	01/03/2018
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8837J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	SERVICEABLE	1,681.40	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	41.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NOT NECESSARY	41.00	-
1	BOOTLID LOWER GARNISH	SERVICEABLE	398.00	-
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	-
1	REAR PANEL	TO REPAIR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR	495.50	-
	LESS 20% DISCOUNT		-1,132.17	-125.12
			4,528.68	500.48
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID CITY CAB LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			165.70	135.70
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,020.00	320.00

Report Ref No. NS/INC18004005/K1rbn2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	360.00
			1,670.00	680.00
	GRAND TOTAL		6,364.38	1,316.18
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,050.00

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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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