

08/11/13

Name: Kelvin

REF: NS/INC18006028/KITbn2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp of Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: GBF 1876C

Policy No. 5086 907329 -01 01012018

Claims No. MT/0988602-002

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHA 30M Yr Regn: 13 May 2013

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

Truck / Trailer or

Make: Mercedes Benz E220 C.C. 2143

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

Sp. Reading: 516.23 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WPD2120.22A 727596

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: 225/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wexile

Front Rear

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

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

D.O.A. 1/4/18 D.O.I. 2/4/18

Survey held at CDGE (Loyang)

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

N/S Rnd.

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

Date / Time	Action / Instruction
	SHA 30M - NA / RSC14012893 / 04 DCA: 05/11/14 ZMK
	GBF 1876C - X 4/1
6/4/18	Contract 45 \$4400 / 3 Rys. (Pld: 2260.80 : 33%)

RECEIVED 06 APR 2018

Date/Time, File Pass to?

☐ : Prel. Report

☒ : Final Report

1) 6/4 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Insp (\$ \_\_\_\_\_)

☐ : \_\_\_\_\_ (\$ \_\_\_\_\_)

Survey Fee: 160

Transportation: 35

S + RS. SI

Photos

Others

TOTAL

160
35
195

Report Format: TP

①

TP

4400/-



# 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/INC18006028/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-04-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 1876C	Veh. Inspected	SHA 30M
Policy No.	5086907329-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

## 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	01/04/2018	Inspection Date	02/04/2018
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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# TP Claims against NTUC Income: Follow-Through Survey

Date : 6/4/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0988962-002	COMFORT TRANSPORTATION PTE LTD	SHC 3965K	SIG 9715G	3/4/2018	9:30	\$ 1,528.21
2	MT/0988882-002	COMFORT TRANSPORTATION PTE LTD	SHA 4649C	PC 578U	3/4/2018	11:25	\$ 3,654.72
3	MT/0989096-002	COMFORT TRANSPORTATION PTE LTD	SHD 6517X	SLU 4720B	3/4/2018	8:30	\$ 2,580.10
4	MT/0988390-002	COMFORT TRANSPORTATION PTE LTD	SHA 1447M	GY 2769M	29/3/2018	21:00	\$ 5,554.10
5	MT/0988139-002	COMFORT TRANSPORTATION PTE LTD	SHA 2702U	SLS 2682B	27/3/2018	22:50	\$ 1,616.18
6		COMFORT TRANSPORTATION PTE LTD	SHA 2066Y	SLX 8813A	31/3/2018	1:30	\$ 1,438.40
7	MT/0988602-002	CITY CAB	SHA 30M	GBF 1876C	1/4/2018	12:50	\$ 6,660.80

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"/>	5086907329-01	UNION ENERGY PTE. LTD.	200809207Z	GFT	Third Party	GBF1876C	GBF1876C	01/01/2018	

## 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	02/04/2018 15:09
Date Of Accident	01/04/2018 12:50
Exact Location Of Accident	TEBAN GARDEN OPEN AIR CAR PARK. ( NEAR BLK 33 )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA30M
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	MERC
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM CHIN MING(LIN ZHENMING)
NRIC No	S7409562C
Date Of Birth	25/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LIMCM08@YAHOO.COM.SG

Address 673A 06-405 CHOA CHU KANG CRESCENT  
 Postcode 681673  
 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 (70 reverse)  
 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) 5

Passenger 1  
 NAME: : -  
 GENDER: : MALE  
 Passenger 2  
 NAME: : -  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : -  
 GENDER: : FEMALE  
 Passenger 4  
 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

SEE ATTACH.

#### 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

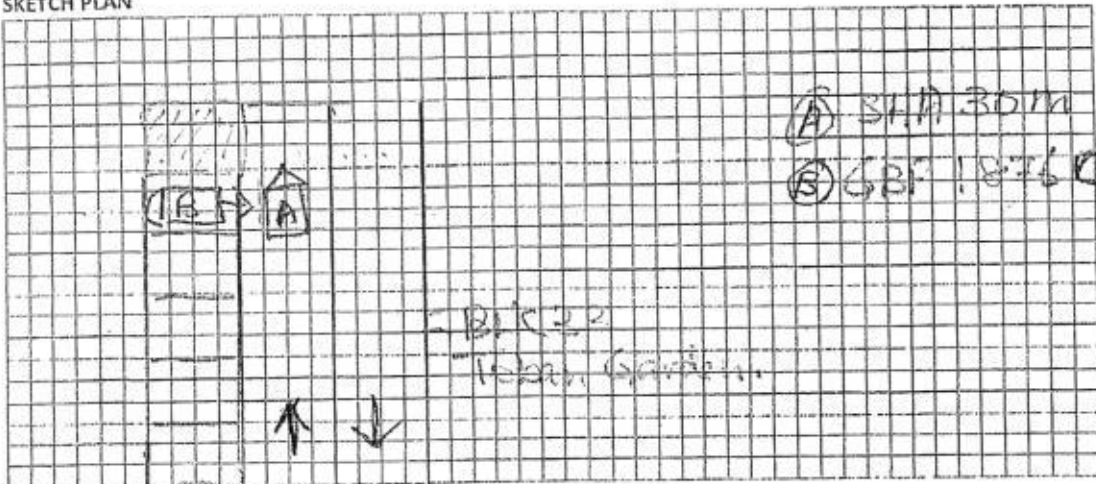
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF1876C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE

Name of Driver	YEO LEE LEE
NRIC/Passport Number	S1367084F
Contact Number	84228581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/04/2018 at about 1250 hrs, I vehicle A was driving along teban garden open car park, to the Exit, vehicle B was at the edge of the car park. Suddenly reverse out his lorry and bump on to my taxi left front portion. Sustain Serious damaged.

## DECLARATION

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

CITYCAB PTE LTD  
O. REG. NO. 199502839G

*[Signature]*

2/4/18  
Jackson Heng  
CEO

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


### 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)**

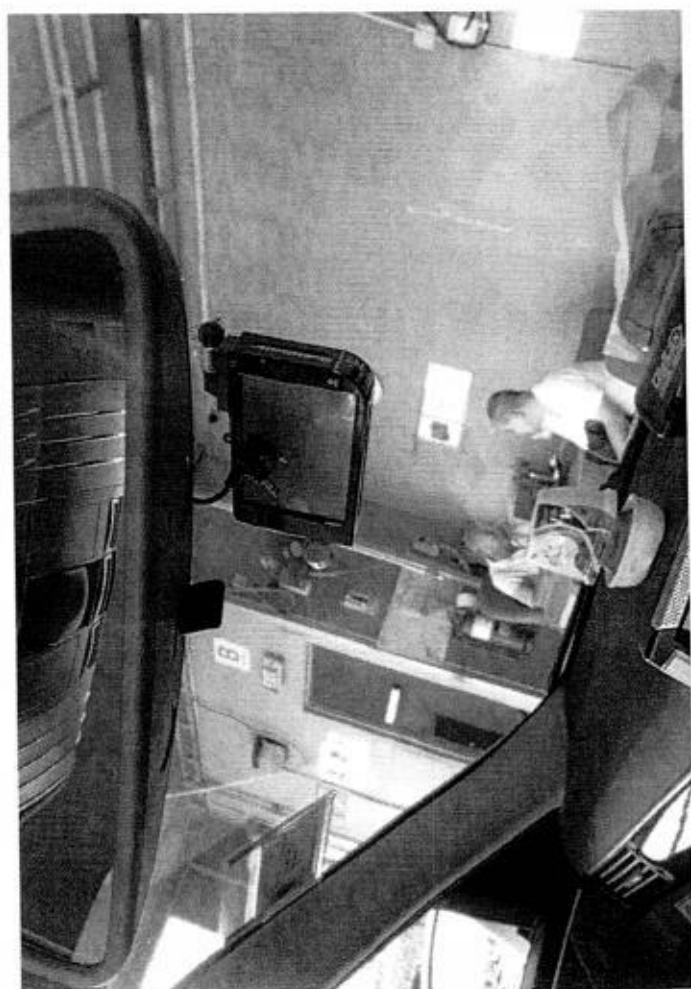
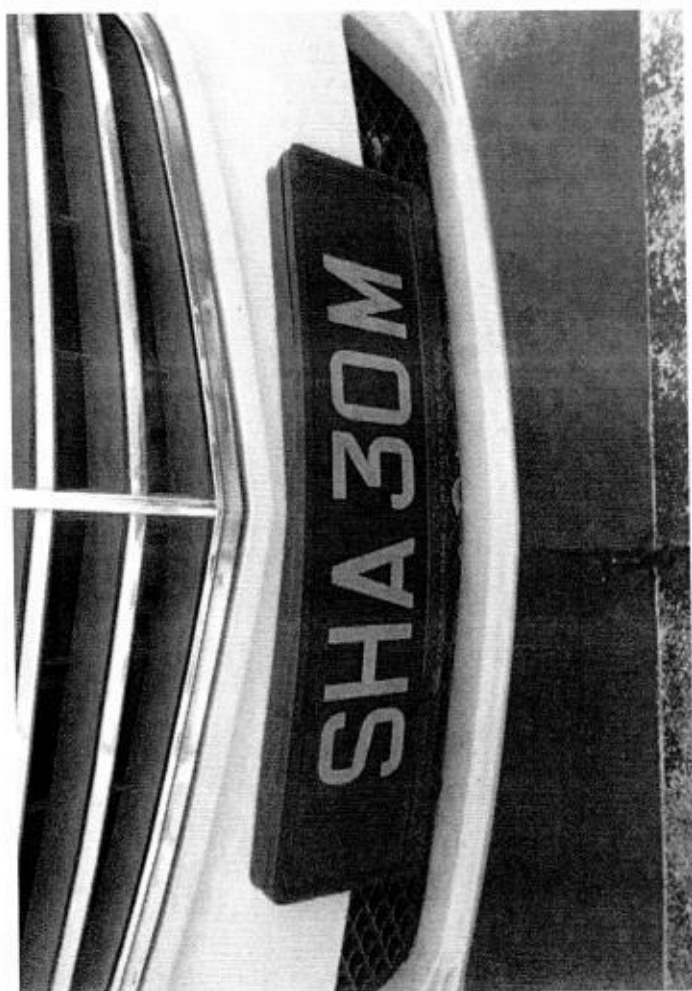
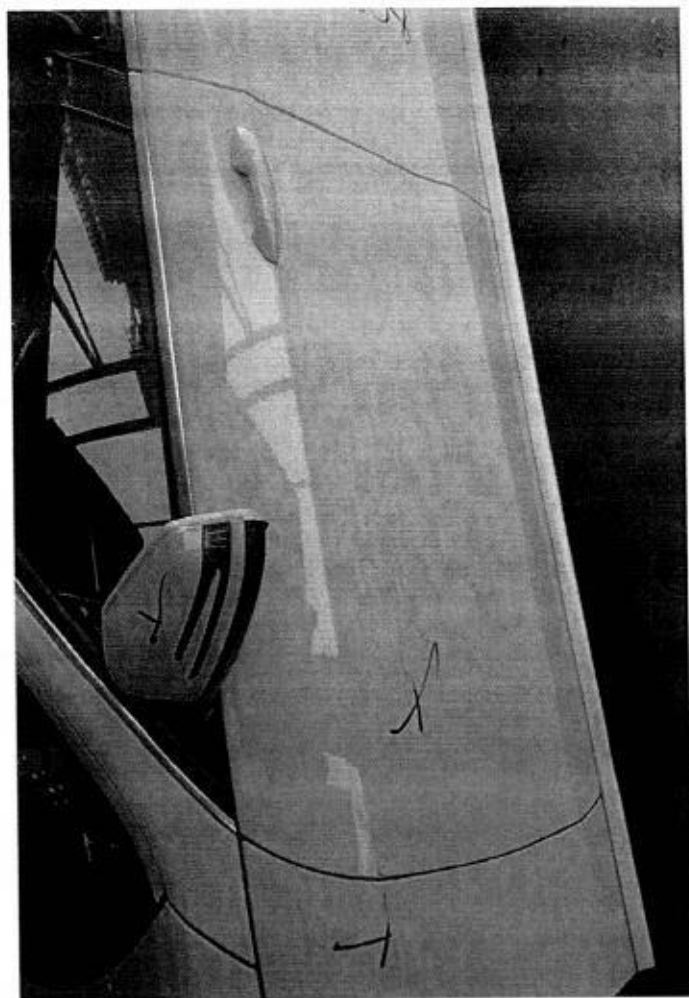
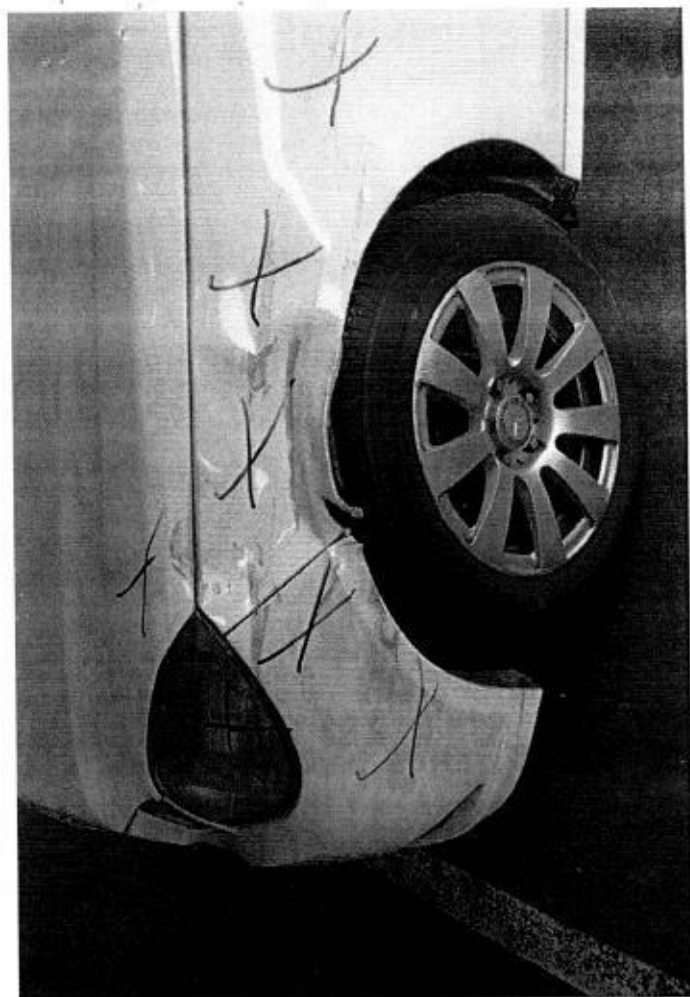
I understand, acknowledge, agree and consent that:

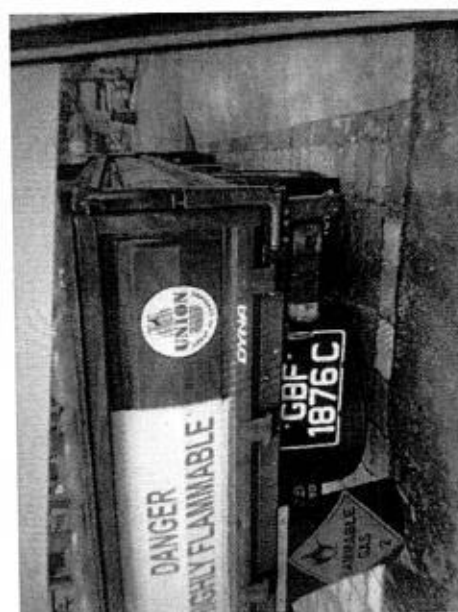
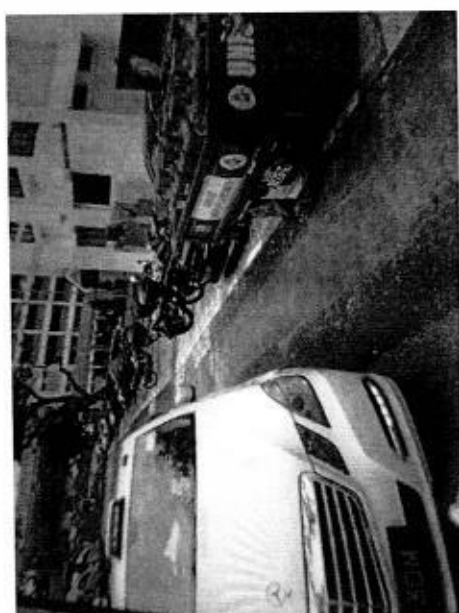
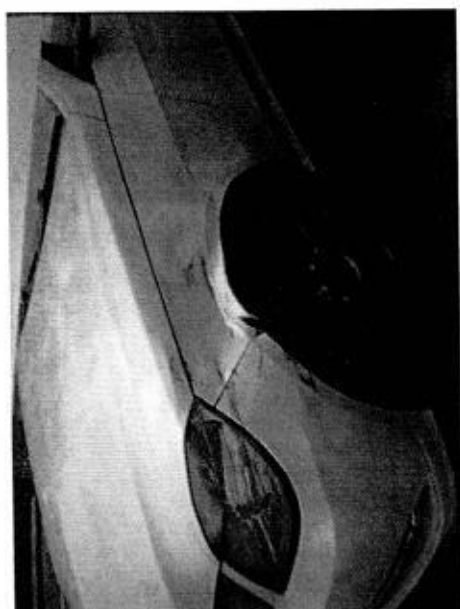
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD  
CO. REG. NO. 1995028  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/4/18

2/4/18  
Jackson Heng  
COO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





am: CK ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NC305137510

OWNER  IS CITYCAB PTE LTD OWNER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO	SHA 30M	MILEAGE
	MAKE	MERCEDES BENZ	FUEL
	MODEL	E220CDI(E5)	DATE/TIME IN
	YR OF MANU	13.05.2013	TARGET DATE
	CHASSIS CODE	WDD2120022A727596	COMPLETION DATE/TIME

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.04.2018  
 NATURE: 3P 01.04.18

NO	LABOR CODE	DESCRIPTION
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WORKED & PASSED OUT BY: \_\_\_\_\_

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Handgement Slip

Exit Pass

No.: SHA 30M JU NTUC LKK

Vehicle No.: SHA 30M

_____ Signature/Date	_____ Name of Service Advisor	_____ Date
-------------------------	----------------------------------	---------------

Returned to Service Reception upon collection

To be kept by Security Guard

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 30M

DATE 2/4/2018 15:40

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Refitted</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>Xsu</i>			\$ 95.00
	Head Lamp Assy (LH) <i>bracket</i>			\$ 2,380.00
	Head Lamp Bracket (LH) <i>Xsu</i>			\$ 300.00
	Fender, Frt/LH <i>Ref</i>			\$ 966.00
	Fender Splashshield , Frt/LH(Front) <i>Xsu</i>			\$ 257.00
	<i>Front Bonnet X repair</i>			
	<i>Front LH Door X repair</i>			
	<i>LH Wing Mirror X repair</i>			
	SUB TOTAL			\$ 5,888.50
	LESS 20%			\$ 1,177.70
	DISCOUNTED TOTAL			\$ 4,710.80
	Labour Charge			
	Panel Beating-Repair Bonnet			<i>400</i> \$ 1,000.00
	Spray Painting Charge-Bonnet/Bumper/Fender/Mirror			<del>\$ 1,000.00</del>
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,950.00
	ESTIMATE TOTAL			\$ 6,660.80
				<i>6810.80</i>
	<i>Kelvin Chua</i>			
	<i>2/4/18 1640L</i>			
	<i>3 Days</i>			
	<i>4/5</i>			
	<i>After Repair photo</i>			
	<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none"><li>• To resurvey before/after spray painting</li><li>• To display damaged part(s) during resurvey</li><li>• Parts prices are subject to confirmation</li><li>• Third party survey is on a "Without Prejudice" basis</li><li>• No illegal modification(s) is allowed</li><li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li></ul></div> <div>Acknowledged by Repairer: Signature: Date:</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.				

*NOTE*  
*LKK*  
*Jumani*

Our Job Ref No : 305137510  
Date : 04/04/18

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508968  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA 30M Date of Accident : 01/04/18

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

1. The repair job shall bill to: NTUC --- GBF1876C  
###
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% \$4,400.00  
Final Lumpsum Repair cost

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 : JUMANI  
Tel : 6214 8315  
Fax : 6546 8156

Signature :  
Name : KALVIN  
Date : 6/4/18

### 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:





# 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/INC18006028/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 11-04-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 1876C	Veh. Inspected	SHA 30M
Policy No.	5086907329-01	Coverage (\$)	0.00
Claim No.	MT/0988602-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

## 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A727596	Colour	WHITE
Odometer	516023	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	01/04/2018	Inspection Date	02/04/2018
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
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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. SHA 30M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BUMPER ASSY, FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET, FRT/LH	SERVICEABLE	95.00	-
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	HEAD LAMP BRACKET (LH)	SERVICEABLE	300.00	-
1	FENDER, FRT/LH	DENTED	966.00	966.00
1	FENDER APLASHSHIELD, FRT/LH (FRONT)	SERVICEABLE	257.00	-
1	FRONT BONNET (NPA)	TO REPAIR	-	-
1	FRONT LH DOOR (NPA)	TO REPAIR	-	-
1	LH WING MIRROR (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-1,177.70	-1,047.30
			4,710.80	4,189.20
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,050.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	870.00
			2,100.00	1,290.00
<b>GRAND TOTAL</b>			<b>6,810.80</b>	<b>5,479.20</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>4,400.00</b>

Report Ref No. NS/INC18006028/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

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.

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