

01/2/2018

NAZ

REF: NS/2NC18006333/Nrb2

Janice

ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SKA 3120R

Policy No. 5087053277-01 20.12.17 - 191218

Claims No. MT/0989283-002

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: SHC 2497B Yr Regn: 31 JUL 2012

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

Truck / Trailer or

Make: HYUNDAI SONATA cc 1991

Colour: BLUE A/C: (Insured) Std / NI / NA

Sp. Reading: 69,1061 T/Radio: (Insured) Std / NI / NA

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

C/No: KMHEU4IVMCA828873

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: 215/60 R16

R: 215/60 R16

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

TOYO / YOKO or MAXXIS

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 4/4/18 D.O.I. 5/4/18

Survey held at CDGE LOYANG

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

REAR

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

Date / Time Action / Instruction

SHC 2497B - CC2 / ALG13001630 / KBI#2W2

DA: 21013

SKA 3120R - X

NJMC

L/S

12/4/18 FINALIZED LUMP SUM \$ 1,550 / 3 DAYS

Red: \$2174.02, 58%

RECEIVED 18 APR 2018

Date/Time, File Pass to?

: Preli. Report

: Final Report

1) typout

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

Add Fee:  Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

TOTAL

Report Format: TP

Lump Sum / L.S.: (\$ 1550)

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/INC18006333/Nrb			
73 BRAS BASAH ROAD		Date: 05-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKA 3420R	Veh. Inspected	SHC 2497B
Policy No.	5087053277-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	04/04/2018	Inspection Date	05/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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"/>	5087053277-01	SAFE N SWIFT	53311649W	GPC	drive CLASSIC	SKA3420R	SKA3420R	20/12/2017	19/12/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
2	MT/0989233-002	COMFORT TRANSPORTATION	SHC 2497B	SKA 3420R	04/04/2018	\$ 3,724.02	\$ 1,974.66
3	MT/0989699-002	COMFORT TRANSPORTATION	SHC 1324Z	EL 988C	08/04/2018	\$ 1,736.88	\$ 1,000.00
4	MT/0986875-002	SMRT BUSES LTD	SG 1137X	SLI 5826G	17/03/2018	\$ 1,241.00	\$ 830.00
5	MT/0978573-003	SMRT AUTOMOTIVE	SHB 604C	YN 8091P	18/01/2018	\$ 2,700.00	\$ 2,700.00
6	MT/0987005-003	SMRT AUTOMOTIVE	SHB 741P	SKV 1989U	21/03/2018	\$ 8,763.86	\$ 2,052.20

Claim received from LKK Auto.

## 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	05/04/2018 07:22
Date Of Accident	04/04/2018 14:45
Exact Location Of Accident	ALONG CLEMENTI AVE 6 TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2497B
<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	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
<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-18088936MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	KOH LEONG HOCK
NRIC No	S0041217A
Date Of Birth	14/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	747 10-50 PASIR RIS STREET 71
Postcode	510747
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?	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
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	SKA3420R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAKARIA BIN OTHMAN
NRIC/Passport Number	S7225718I
Contact Number	92721348
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

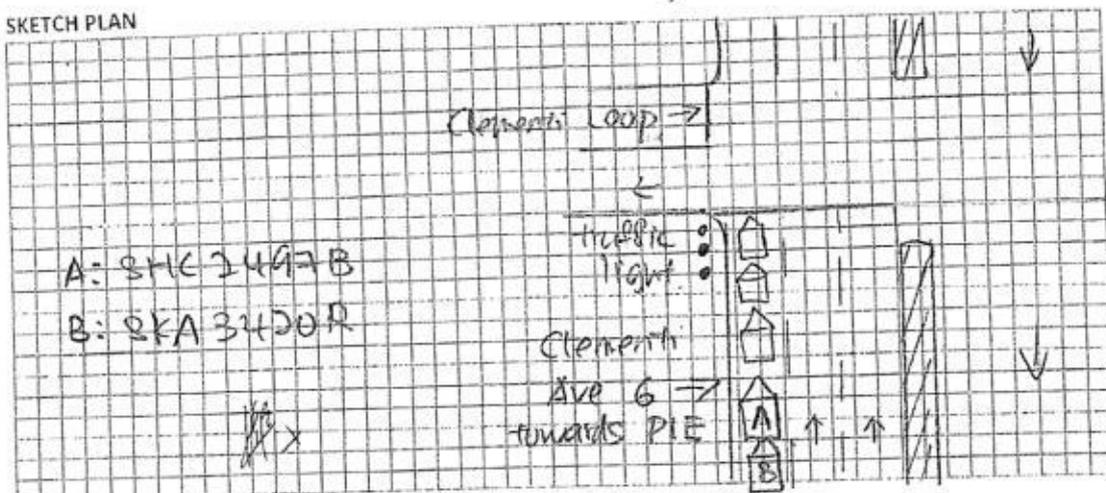
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	KOH LEONG HOCK
Approximate Age	67
Injuries Sustain	NECK
Injured person in which vehicle?	SHC2497B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/4/18 at about 14:45 hrs, my taxi stopped at the extreme left lane along Clementi Ave 6 before the junction of Clementi Loop waiting for traffic light turn to green.

Shortly after a few seconds, I felt an impact from my taxi behind. There is a car SKA 3420R collided onto the rear portion of my stationary taxi.

01 male passenger in my taxi. I felt pain on neck after the accident, will consult doctor if pain still persist.

DECLARATION

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

COMFORT TRANSPORTATION PT  
CO REG NO. 199301821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/IDM 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.

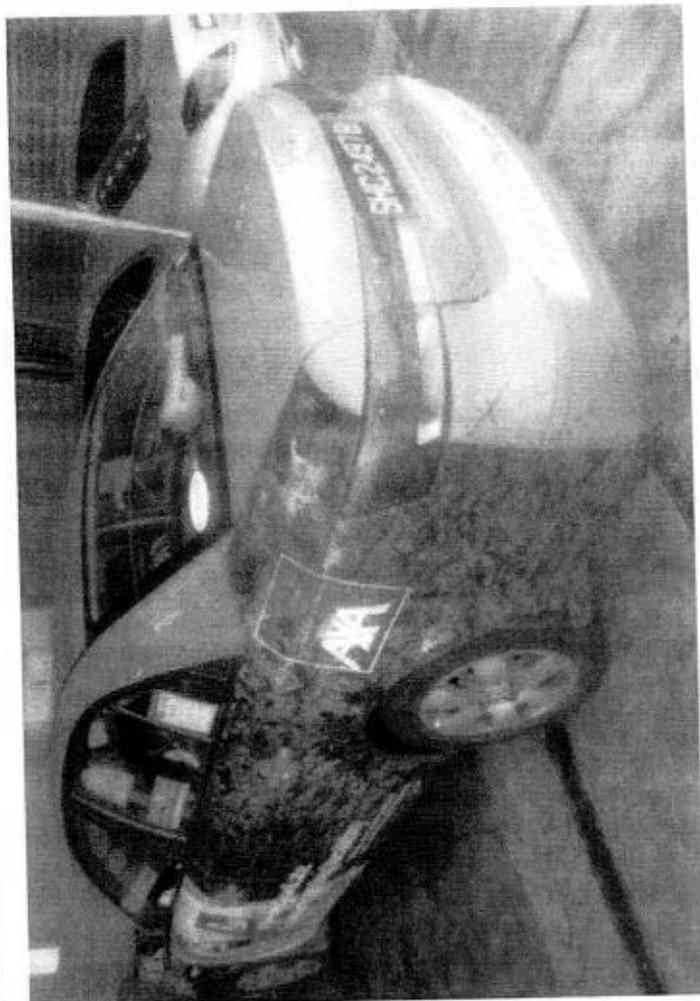
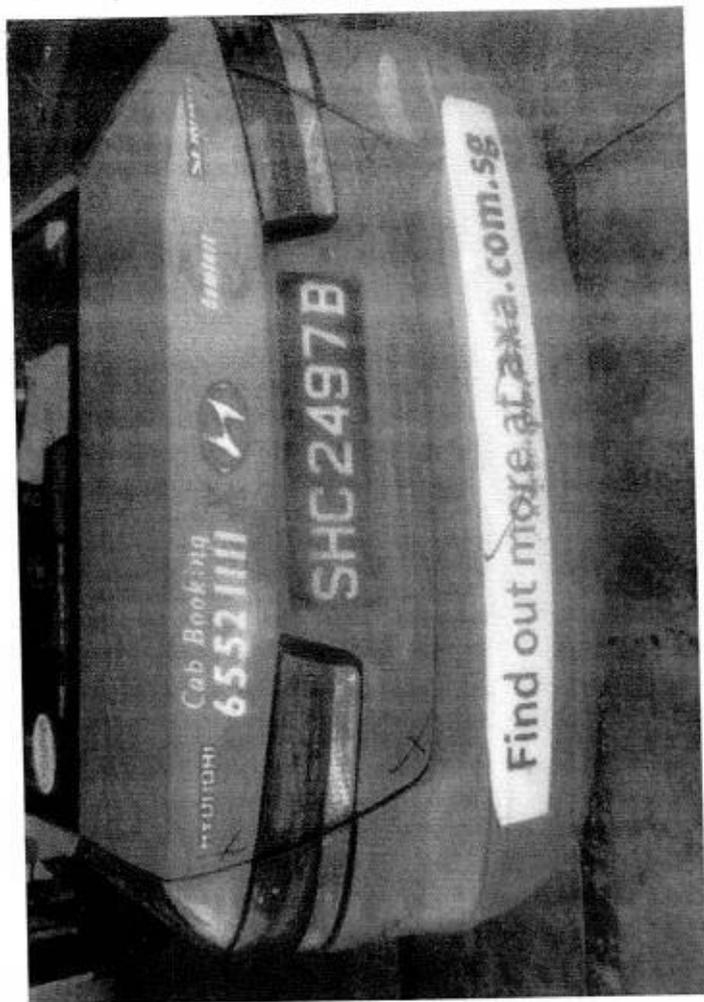
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R

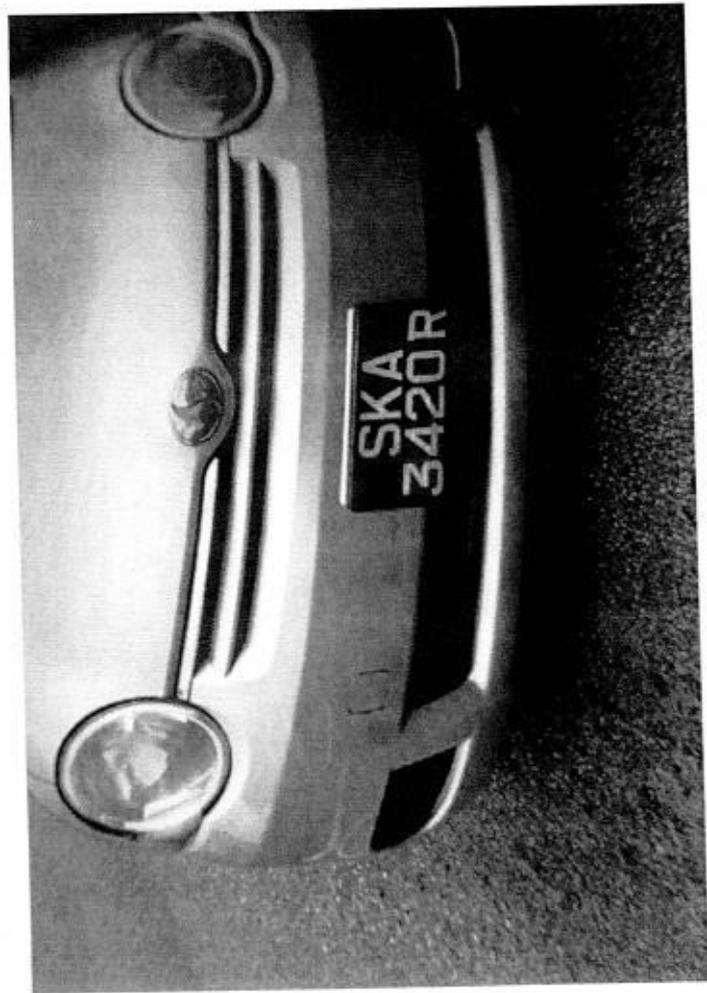
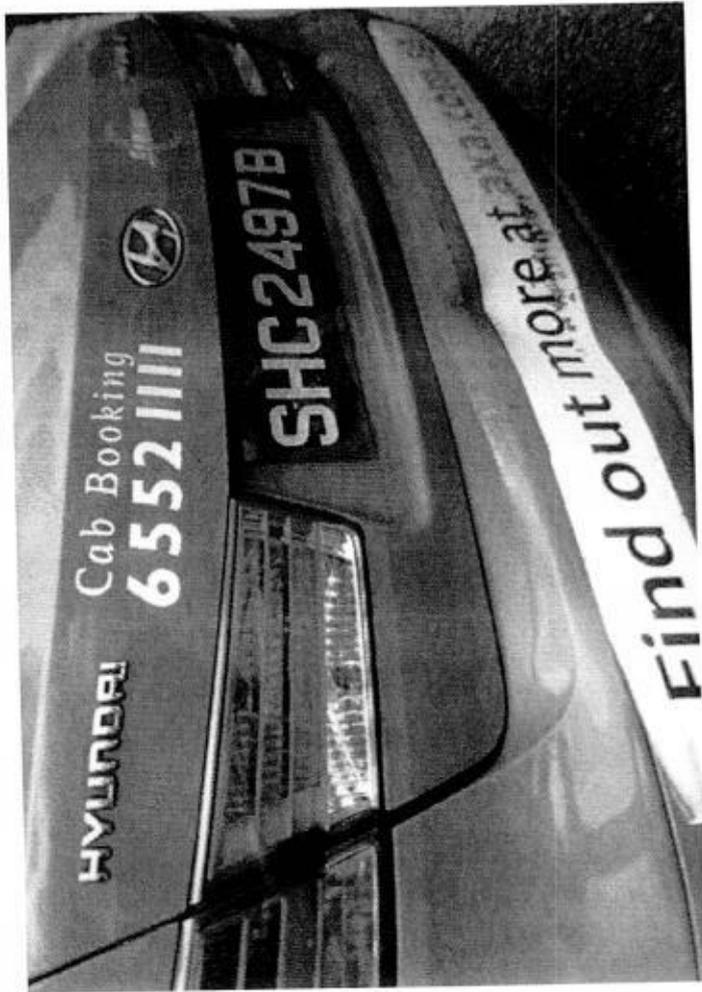
Policyholder's Signature  
Date & Time:

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

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

4/4/18





Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305138618

CUSTOMER MS CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO. SHC2497B	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 04.04.2018 15:45
	YR OF MANU. 31.07.2012	TARGET DATE
	CHASSIS CODE KMHET41VMCA828873	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.04.2018  
NATURE: 3P 04.04.2018

SL/NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Rear damage
	LKK/Kahin -	

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2497B

Service No.: SHC2497B LARRY

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 2497B

DATE 5/4/2018 10:34

MAKE :

NRUC  
DJA: 04.04.18

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Rubber			\$ 110.90	✓ checked
	Boot Lid Lock Upper			\$ 132.10	X m
	Boot Lid Lock Lower			\$ 30.30	X m
	Boot Lid Sonata Plate			\$ 43.60	✓ nec
	Boot Lid Hyundai Plate			\$ 24.20	✓ nec
	Boot Lid 'H' Emblem			\$ 26.10	✓ nec
	Boot Lid CRDI Plate			\$ 22.70	✓ nec
	Rear Bumper			\$ 578.40	✓ . dent
	Rear Bumper Reinforcement			\$ 483.30	X R
	Rear Bumper Clip			\$ 22.00	✓ nec
	Rear Bumper Sponge			\$ 137.40	X m
	Rear Bumper Under Cover			\$ 185.80	X no damage
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$ 76.00	X R
	Rear Panel			\$ 391.80	X R
	Rear Panel Garnish			\$ 95.80	✓ crack
	<b>SUB TOTAL</b>			\$ 2,360.40	723.7
	<b>LESS 20%</b>			\$ 472.08	249.89
	<b>DISCOUNTED TOTAL</b>			\$ 1,888.32	738.96
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett / all
	Rear Bumper Reverse Sensor			\$ 135.70	Nett / all
	Rear Bumper Advertisement Logo			\$ 50.00	Nett / all
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett / all
				\$ 415.70	415.70
	<b>Labour Charge</b>				
	Panel Beating-Repair Bootlid			\$ 500.00	400
	Spray Painting Charge			\$ 750.00	400
	Wiring Charge			\$ 50.00	X 10
	Remove/Refix Reverse Sensor			\$ 120.00	20
	<b>TOTAL LABOUR</b>			\$ 1,420.00	820
	<b>ESTIMATE TOTAL</b>			\$ 3,724.02	

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:

NAZ  
LKK 5/4/18 1325 HRS  
L/S  
3 days -  
After Repair Photo

Larry Ng

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

Our Job Ref No . 305138618

Date : 7. Apr. 2018

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHC2497B

Date of Accident: 40418

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

1. The repair job shall bill to: NTUC SKA3420R

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** \$1,550.00

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 : 

Signature : 

Name : Larry Ng

Name : NAZ

Tel : 6214 8316

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

Fax : 6546 8156

#### 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/INC18006333/Nrbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 24-04-2018
Code: INC4	



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

Insured Veh.	SKA 3420R	Veh. Inspected	SHC 2497B
Policy No.	5087053277-01	Coverage (\$)	0.00
Claim No.	MT/0989233-002	Excess (\$)	0.00
Assign From		Assign Date	05/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA828873	Colour	BLUE
Odometer	691061	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	5 mm
L/H Front Tyre	215/60 R16	MAXXIS	5 mm
R/H Rear Tyre	215/60 R16	MAXXIS	5 mm
L/H Rear Tyre	215/60 R16	MAXXIS	5 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	04/04/2018	Inspection Date	05/04/2018
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**

**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 2497B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID RUBBER	CRACKED	110.90	110.90
1	BOOT LID LOCK UPPER	NOT NECESSARY	132.10	-
1	BOOT LID LOCK LOWER	NOT NECESSARY	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DENTED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	TO REPAIR	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	137.40	-
1	REAR BUMPER UNDER COVER	NO DAMAGE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	CRACKED	95.80	95.80
	LESS 20% DISCOUNT		-472.08	-184.74
			1,888.32	738.96
<b>SPECIAL NETT ITEMS</b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NECESSARY	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			415.70	415.70
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		750.00	400.00
			1,420.00	820.00
<b>GRAND TOTAL</b>			<b>3,724.02</b>	<b>1,974.66</b>

Report Ref No. NS/INC18006333/Nrbe2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,550.00
--	--	--	----------

Report Ref No. NS/INC18006333/Nrbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



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.**