Add Fee:

Site Insp (\$

TP OF MANY

17/4- typist

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S+RS SI



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

TUC	INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800653	6/Nvb
3 BF 105-0 1895) INION HOUSESINGAPORE	Date:	09-04-2018 INC4	
		Policy Particulars	:- THIR	D PARTY CLAIM	CONTRACTOR NO.
	Insured Veh.	FC 1037B	Veh. li	nspected	SHA 7625B
	Policy No.	5039164590-08	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	09/04/2018
7		Vehicle Parti	culars &	& Condition	THE OWNER WAS ASSESSED.
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	ır	
	Odometer	*	Steer	ing	
	Brakes		Modif	ication	
	General				
3.		Condit	tions of	Tyres	
		Size	Make	Ã	Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.		Descript	tion of D	amages	
5.	An May Ne	HARLING THE STATE OF THE PARTY NAMED IN	al Infor		00/04/0040
	Accident Date	07/04/2018		ection Date	09/04/2018
	Survey held at		ERING P	TE LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	Separation (Sa		Remark	Court of the second sec	
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	VITHOUT WE HAV	PREJUDICE" BAS E NOT AUTHORIS	S. ED REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

-	Parama Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
S/NO	MAT/000000 002	COMPORT TRANSPORTATION	SH 7032U	SLU 9220U
+	200-609-00-1MI	SMRT TAXI PTE LTD	SHF 243P	SLC 1382H
+	WII/U986062-002	COMEORT TRANSPORTATION	2689C	SLV 2508G
+	MI/0990239-002	COMEORT TRANSPORTATION	SHA 2258K	GZ 3691R
+	100-040000/1W	CITYCAR PTE LTD	SHA 8769M	FBL 6863A
	MI/0989/88-002	COMFORT TRANSPORTATION	SHA 7625B	FC 1037B
+	MI/0989478-002	COMFORT TRANSPORTATION	SHC 1583S	GBB 557B
+	M1/0989906-002	COMMEDIA TRANSPORTATION	SHD 4936H	SJR 7916Z
	MT/0989127-002	COMPORT TRANSPORTATION	SHC 8253Z	FY 4003M
	MT/0989972-002	CITYCAB PTE LTD	SHA 9241L	SKJ 6237L
	M1/0989045-002	SMRT BUSES LTD	SMB 1430X	SJG 2543G
	MT/0000773-002	SMRT TAXIS PTE LTD	SHB 833H	SLS 5507E

eBaoTech								Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601				,	Change La	nguage	Change Passwo	rd • Log Out
My Desktop	Policy Query								•
Notice of Loss	Policy No.				Date of Acc	cident	07/04	4/2018 18:14	
	Vehicle No.(For Moto	or) FC1037B							
				1	Search				
	Select Policy No	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	© 5039164590	0-08 PHUA KEAN SENG	52712024E	GMC	Third Party	FC1037B	FC1037B	01/11/2017	31/10/2018
				1	Continue				

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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

	ACCIDENT STATEMENT
Date Of Report	09/04/2018 07:28
Date Of Accident	07/04/2018 16:00
Exact Location Of Accident	SLIP RD FROM BUKIT PANJANG RD TO BUKIT PANJANG RIN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7625B
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	140
Exact Purpose for which vehicle was being use time of accident	ed at
Are you claiming under your own insurance pofor repair to your vehicle?	NO 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	JONID BIN HAJI ABBAS
NDIO N	S0819830F

S0819830F NRIC No 15/06/1947 Date Of Birth OUTDOOR Occupation 31/05/1977 Date Of Driving Pass 40 YEARS AND 10 MONTHS Driving Experience

MALE Gender

Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

Address

840 10-370 YISHUN STREET 81

Postcode

760840

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

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

FC1037B

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

PHUA KEAN SENG

NRIC/Passport Number

S2712024E

Contact Number

93848393

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN	CECCIONICE		
			+++++++++
		Bullet Paman	n Rinn road
A= \$HA 762	5B		8
5 6 14 0 77	2111111	HHMAH	
B= FC 10371		NATA	
Phua tean	3000		
1 3 52 11/02	4 E/1 a. + -	H 1801 H	
1111/12 24 026		ikit W	
1 11/1/30 103			
	Pavijan	0 19 2 19 15	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	and the second second	
		nut 1/ inn la	2 12
Un -	14/18 at abo	aut 16:00 hi	S I was
driving on the	e slip road.	them talket	ranjana road
to Bukit Pans	ann ring roo	nel.	•
,			
11.	1 toxi hruke to	stupped be	fore the
	CONT DIAGE II	cuting fer the	
pedestrian cvos		n n	u pedestriais clea
After a solit.	secund, I till c	an impact to	own my left behiv
There is a mi	stercycle hrt o	nto the left	Kear portion
	an taxi		
OF MY SWILLIAM	AVO COCC		
The west of the second second			
NO DO	assender in r	nu taxi. Ni	injum at the
point of dec	assenger in r	J	
DOWN SO OCC	- ICCCTT		
		The state of the s	
- (10-10-10-10-10-10-10-10-10-10-10-10-10-1			
ECLARATION	are are true in overviewest		V
We declare the foregoing particul	ars are true in every respect.		A
DMFORT TRANSPORTATIO	IN PTE LTD X		/ (
	COV. SECURIOR SECURIO		- 10
olicyholder's Signature	Driver's Signature (if driver is not the policyhold		Centra Personnal's Signature
ate & Time:	fu muse is not the bouckhold	and the same same same same same same same sam	WITIK

GUARNAC Sketch Plan Form_V3

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
- 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 aforesald.
- 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.

UMFORT TRANSPORTATION PTE LTD X CO REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

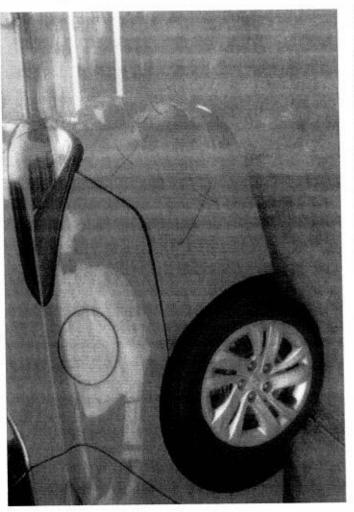
(If driver is not the policyholder)

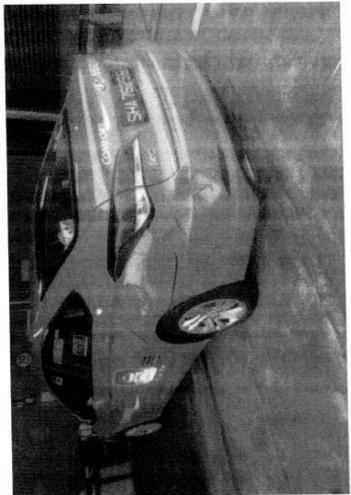
Date & Time:

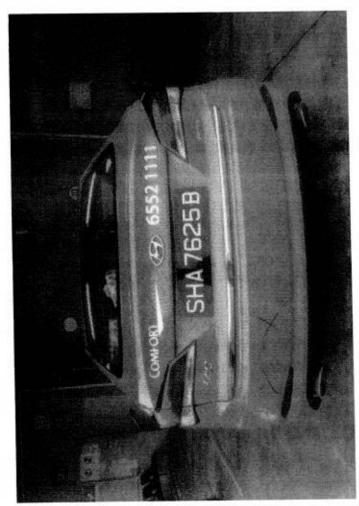
Reporting Centre Name:

NRIC/FIN No .:

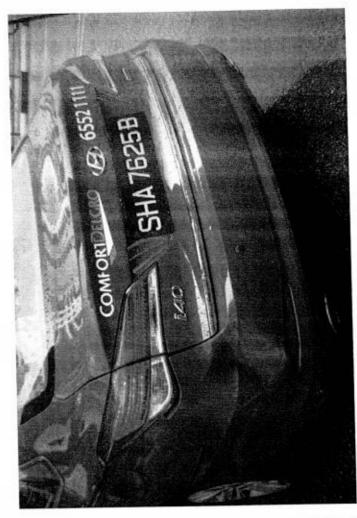
GIARRAC Sheich Plan Form V3















COMFORTDELGRO ENGINEERING

A member of COMFORTDELCRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 09.04.2018 08:38 Page: 1

REGN NO.: SHA7625B

MAKE: HYUNDAI

Team:

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305139653

MILEAGE

FUEL

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

MR/MS

CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

TEL. (R) 65508755

(0)

MODEL 1-40 YR OF MANU. 11.01.2017

TARGET DATE

08.04.2018 07:30

E......1/2.....

(P)

COMPLETION DATE/T CHASSIS CODE KMHLB41UMHU098240

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.04.2018

NATURE: 3P 07.04.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

I/C No.:

Vehicle No.:

SHA7625B

JU NTUC LKK

Exit Pass

Vehicle No.:

SHA7625B

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 7625B

DATE 9/4/2018 10:51

MAKE

NTUL PIP

THICK

ty	Parts Description/ Labour	Type	Unit Price	- 3	Amount
•	Rear Bumper 603.60	- 5,00	Caretine	S	- 578.40
	Rear Bumper Reinforcement			S	483.30
	Rear Bumper Clip			S	22.00
	Rear Bumper Sponge			S	137.40
	Rear Bumper Under Cover			S	185.80
	Refl Forder (RR) derted			- 4	(scatche.
	CET FORD (RE) GUB TOTAL		6	s	1,406.90
	Bootlid (RR) derted SUBTOTAL LESS 20%			S	281.38
	DISCOUNTED TOTAL			S	1,125.52
					1,120.02
	Rear Bumper Reverse Sensor			s	135.70
				s	135.70
	Labour Charge				1~2
	Labour Charge Panel Beating			-en	000
	Spray Painting Charge		0.	3	70.00
	Wiring Charge		عهر	0	50.00
	Remove/Refix Reverse Sensor			\$	50.00
	Remove/Renx Reverse Sensor			\$	120.00
	TOTAL LABOUR			\$	670.00
	ESTIMATE TOTAL			•	1 021 22
	ESTIMATE TOTAL			8	1,931.22
				کر ا	168.74
	No2	LICK Auto C	onsultants hence notify		_
	1-14-1100	the Repaire	of the following:		
	LKK 9/4/18 1130	To resurvey t	efore/after spray painting maged part(s) during resurvey		
	0.10	Parts prices :	re subject to confirmation		
		No illegal mo	rvey is on a "Withou: Prejudica" dification(s) is allower:	basis	
		Supplementa	y item(s) must be res veved a	nd	
	3 000	is subject to f	nal approval from Insur noe Co	mpany	
	After repair photo	Acknowledged	by Repairer		
	[10]	lignature: Nata:			
	4			-	
	This is an initial estimate based on a visual inspection of the	e above ve	hicle. The final repair q	uantı	ım will

COMFORTDELGRO ENGINEERING

		: 10/0	4/18		Comforti 59 Loyar Fax: 654	DetGro Engineering Pte Ltd ng Drive Singapore 508969 IS 8156		
FINA	LIZATI	ON FORM			Fax. 004	0 0 100		
То	: _	LI	KK	_	Fax:			
Attn	:		NAZ					
Vehi	cle Reg	No. : SHA762	25B	Date	of Accident :	07/04/18		
The	survey	and estimates of the	e repairs of the above	e-mentioned	vehicle are as f	ollows:-		
1.	The	epair job shall bill to	o: NT	UC		FC1037B		
2.	The f	inalized amount sha	all be:		###			
2.	(a)	Spare Parts after				\$614.84		
	(b)	Labour Charges	List discount	###		\$1,000.00		
	(0)		-Part Repair Cost	*****		\$1,614.84		
		101411011411					1	
	(c.)	Lumpsum Repair		2001				
		Total for Lumpsur Final Lumpsum	n repair cost after Le Repair cost	ss: 20%				
3.	We s		for repairs:		rking days rmed if there is	no reply from you		
	0.000,000							
5.	Than	k you for your assis	stance.		confirm the est dized amount	imates and		
5.	Signa	ature :	Ju -	fina Sig Na	inature : NA	14		
5.	Signa Nam Tel	ature : e : JUMANI : 63	214 8315	fina	inature : NA	H		
	Signa Nam Tel '	ature : e : JUMANI : 63	Ju -	fina Sig Na	inature : NA	14		oran
	Signa Nam Tel '	ature : e : JUMANI : 63	214 8315	fina Sig Na	inature : NA	14		
	Signa Nam Tel '	ature : e : JUMANI : 63	214 8315	fina Sig Na	inature : NA	14		
For	Signa Nam Tel ' Fax Officia	ature : e : JUMANI : 62 : 6	214 8315 5468156	Sig Na Da Document Attached	nature: me : NA	12		
For	Signa Nam Tel Fax Officia	ature : e : JUMANI : 62 : 6	214 8315 5468156	Sig Na Da Document Attached Yes or No	nature: me : NA	12		
1. F	Signa Nam Tel Fax Officia	ature : e : JUMANI : 62 : 6 I Use Only Item Rate P/Day Income Paid	214 8315 5468156	Sig Na Da Document Attached Yes or No YES	nature: me : NA	12		
1. F	Signa Nam Tel : Fax Officia Rental F Loss of Survey	ature : e : JUMANI : 62 : 6 I Use Only Item Rate P/Day Income Paid	214 8315 5468156	Sig Na Da Document Attached Yes or No YES	nature: me : NA	12		

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.04.2018

Time: 18:22:38

REPAIR ESTIMATE

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

: 305139653

MILEAGE

REGN NO : SHA7625B : 0000000000

: HYUNDAI

MODEL

; I-40

DATE OF REGN : 11.01.2017 DATE/TIME IN : 08.04.2018 07:30

ACCIDENT DATE : 07.04.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 603.60 20.00 482.88

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 04-01-0103-0787-G I40VC EMBLEM-I40 1 41.00 20.00 32.80

0004 04-01-0103-0786-G I40VC EMBLEM-CRDI 1 41.00 20.00 32.80

0005 04-01-0103-0800-G I40VC SYMBOL MARK-TRUNK L 1 27.20 20.00 21.76

587.84

0006 28-01-0103-0005-A (I40/SONATA)REAR BOOT LOG 1 N 15.00 10.00 13.50

13.50

0007 28-01-0103-0006-A (I40/SONATA)REAR BOOT TEL 1 N 15.00 10.00

SUB-TOTAL : 614.84

JOB NATURE

0000 L

PANEL BEATING- REAR

400.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

600.00

SUB-TOTAL : 1,000.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.04.2018 Time: 18:22:38

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305139653

JOB NO : 303139033

REGN NO : SHA7625B

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 11.01.2017

DATE/TIME IN : 08.04.2018 07:30

ACCIDENT DATE : 07.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,614.84

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

VEHICLE NO.	: SHA7625B	TYPE OF CASE	:	NTUC
JOBCARD NO.	305139653	SURVEY BY	٠	LKK-NAZ
ACC.DATE	07/04/18	DATE	:	

DESCRIPTION	QTY	ESTIMATE	REMARKS
BOOTLID EMBLEM - 140	1	\$41.00	/ NA .
BOOTLID EMBLEM - CRDI	1	\$41.00	1160
BOOTLID EMBLEM - H	1	\$27.20	-
BOOTLID COMFORT LOGO	1		NET ALC
BOOTLID TEL.NOS STICKER	1		NET ALC
		-	
9/-			



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/INC18006536/Nvbe2

		D UNION HOUSESINGAPORE		23-04-2018	
		D. II D II	Code:	INC4	
1.		Policy Particulars	T		SHA 7625B
_	Insured Veh.	FC 1037B	_	nspected	
	Policy No.	5039164590-08	_	age (\$)	0.00
_	Claim No.	MT/0989478-002	Exces		0.00
	Assign From	#1.00.000 \$4000 \$4000		n Date	09/04/2018
2.		Vehicle Parti	culars &	& Condition	4 2 3 3 3 6 6 6 6 6
_	Make & Model	HYUNDAI I40	c.c		1685
_	Engine No.	HIDDEN	_	of Reg.	2017
(Chassis No.	KMHLB41UMHU098240	Colou	7.11-	BLUE
(Odometer	225341	Steeri	realise.	IN ORDER
F	Brakes	IN ORDER	Modif	cation	STANDARD ALLOY RIM
(General	FAIR			
3.		Conditi	ions of	Tyres	
		Size	Make		Balance
ſ	R/H Front Tyre	205/60 R16	HANK	оок	7 mm
	L/H Front Tyre	205/60 R16	HANK	OOK	7 mm
F	R/H Rear Tyre	205/60 R16	HANK	оок	7 mm
l	L/H Rear Tyre	205/60 R16	HANK	оок	7 mm
4.		Descripti	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR N/S	AND N/S REAR PO	RTION.
1	DAMAGES SEE D	ETAILS.			
5.		Genera	Inform	ation	California (Section)
	Accident Date	07/04/2018	Inspe	ction Date	09/04/2018
!	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD	
	•	59 LOYANG DRIVE SINGAPORE 508969		No. 1 a Way and a second	
5a.	BA ZEN BATE	R	emarks	New York	
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	10 mg 15 10 10 10 10 10 10 10 10 10 10 10 10 10	Estimate	Dave	f Renair	

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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7625B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DENTED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	483.30	
1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	137.40	
1	REAR BUMPER UNDER COVER (SCRATCHED)	NOT CONSISTENT WITH THE IMPACT	185.80	
1	LEFT FENDER (RR) (NPA)	DENTED	-	
1	BOOT LID (RR) (NPA)	DENTED	-	
1	BOOTLID EMBLEM - I40	NECESSARY	41.00	41.00
1	BOOTLID EMBLEM - CRDI	NECESSARY	41.00	41.00
1	BOOTLID EMBLEM - H	NECESSARY	27.20	27.20
	LESS 20% DISCOUNT		-308.26	-146.96
			1,233.04	587.84
	NETT ITEMS	1		
1	BOOTLID COMFORT LOGO (N)	NECESSARY	15.00	15.00
1	BOOTLID TEL.NOS STICKER (N)	NECESSARY	15.00	15.00
	LESS 10% DISCOUNT			-3.00
		1	30.00	27.00
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	
			135.70	-
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		770.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST		800.00	600.00
-1	AND LABOUR.			000.00
- 1			13.5	S-
			1,570.00	1,000.00
	GRAND TOTAL		2,968.74	1,614.84

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1,614.84 RECOMMENDED COST OF REPAIRS (CONFIRMED)

Report Ref No. NS/INC18006536/Nvbe2

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

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