

105/1113

Surveilled by: Kalvin

REF: NS/INC18007023/K100n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp ed Vehicle No: _____

at Work stop m/s _____

of _____

Insured: GBE 3953E

Policy No. 5095313880

26-10-17 - 25-10-18

Claims No. MT/0990416-02

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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 4513K Yr Regn: 14 Apr 2011

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

Truck / Trailer or

Make: Hyundai Santa c.c. 1991

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

Sp. Reading: 512943 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMBAA807519

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: 215/60R16

R: _____

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

TOYO / YOKO or WSP

Front

Rear

R/Bal. 2 mm

R/Bal. 2 mm

L/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 13/4/8

D.O.I. 16/4/8

Survey held at

CD4E (Loyang)

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

Rear n/s

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

Date / Time	Action / Instruction
	<u>SHA 4513K - CC3/MTG/18006585/K1003</u>
	<u>GBE 3953E - X</u>
<u>18/4/8</u>	<u>Confirmed 45 \$1700 / 30% cred 8/474.66, 46%</u>

RECEIVED 19 APR 2018

Date/Time, File Pass to?

☐ : Prell. Report

1) 19/4/8 thrust

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

160

35

195

US-B TP 1700



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/INC18007023/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 16-04-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 3953E	Veh. Inspected	SHA 4513K
Policy No.	5095313880	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	16/04/2018

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

--

5. General Information

Accident Date	13/04/2018	Inspection Date	16/04/2018
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.
--

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
1	MT/0991009-001	COMFORT TRANSPORTATION	SH 9400C	CB 7499C	15/4/2018
2	MT/0990416-002	COMFORT TRANSPORTATION	SHA 4513K	GBE 3953E	13/4/2018
3	MT/0990629-002	COMFORT TRANSPORTATION	SHC8422C	SCH 377K	14/4/2018
4	MT/0990685-002	CITYCAB PTE LTD	SHA 352J	SKD 22K	12/4/2018
5	MT/0991013-001	COMFORT TRANSPORTATION	SHC 8829M	SJM 1869S	13/4/2018
6	MT/0990856-002	COMFORT TRANSPORTATION	SHA 7278U	FBG 9719R	16/4/2018
7	MT/0990054-002	COMFORT TRANSPORTATION	SHD 3199A	SJF 8842J	11/4/2018
8	MT/0990358-002	COMFORT TRANSPORTATION	SHD 3085U	SGS 8799T	13/4/2018
9	MT/0991016-001	COMFORT TRANSPORTATION	SHB 4465K	SJJ 5341L	14/4/2018
10	MT/0990602-002	COMFORT TRANSPORTATION	SHA 5005D	XD 8050Y	14/4/2018

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 checked="" type="radio"/>	5095313880	JGJ ENGINEERING PTE LTD	201629521W	GCV	Comprehensive	GBE3953E	GBE3953E	26/10/2017	25/10/2018

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	13/04/2018 15:51
Date Of Accident	13/04/2018 13:15
Exact Location Of Accident	TAMPINES IND AVE 5 (SLIP RD)TWDS TAMPINES AVE10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4513K
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	GOH TECK LYE
NRIC No	S1312236I
Date Of Birth	29/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1977
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	GOHTECKLYE2905@YAHOO.COM

Address	540 11-1233 HOUGANG AVENUE 8
Postcode	530540
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?	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)	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

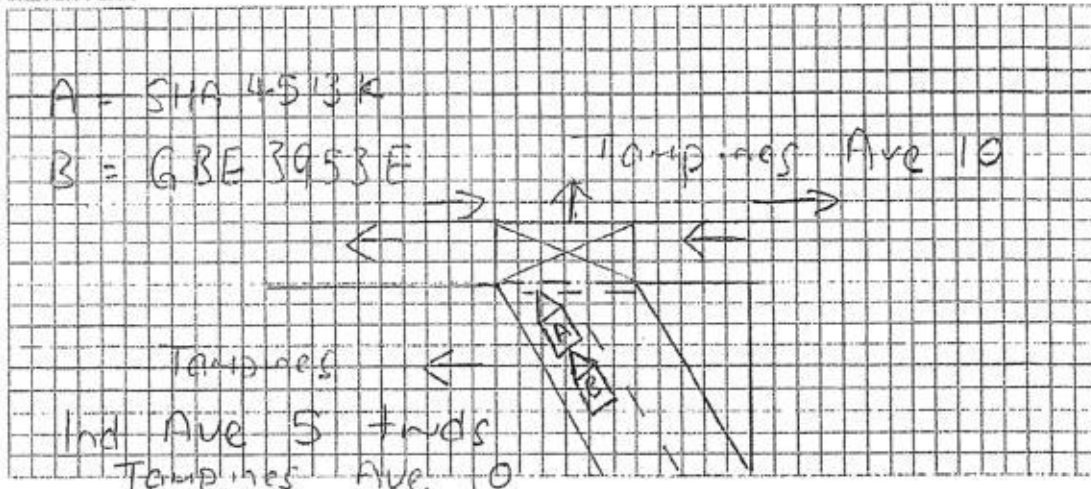
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3953E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAU KANG CHAI
NRIC/Passport Number	G7020565W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/18 @ 1315 hrs, 1 Veh A was driving along the Slip Rd of Tampines Ind Ave 5 towards Tampines Ave 10. 1 Veh A was stationary at the slip road, suddenly Veh B hit onto my veh A rear. 1 male passenger on board & no injury reported at the point of accident

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

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.
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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.

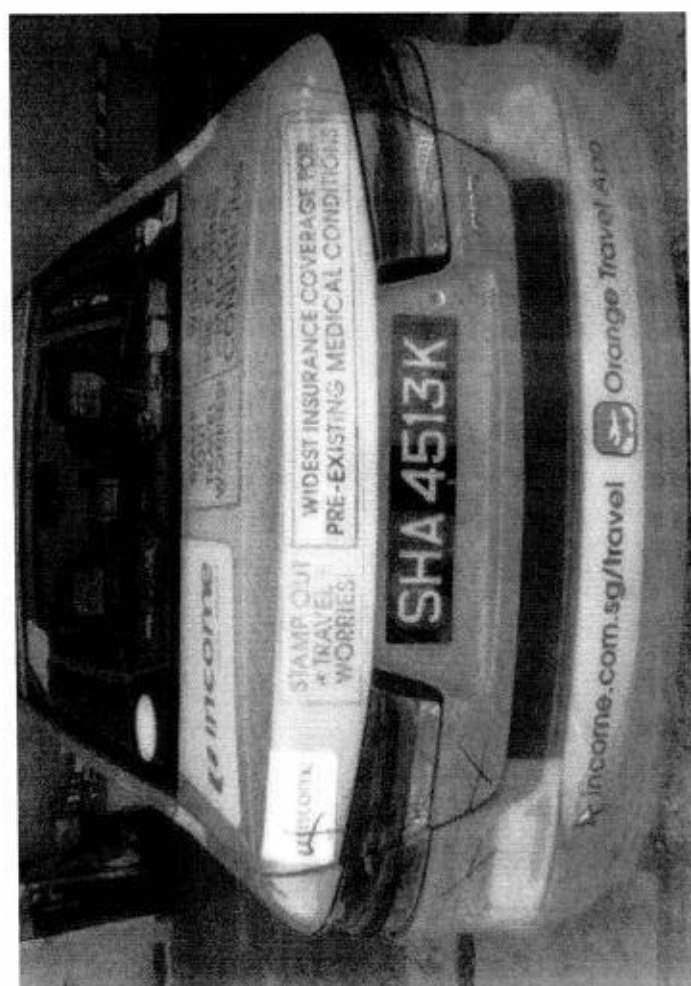
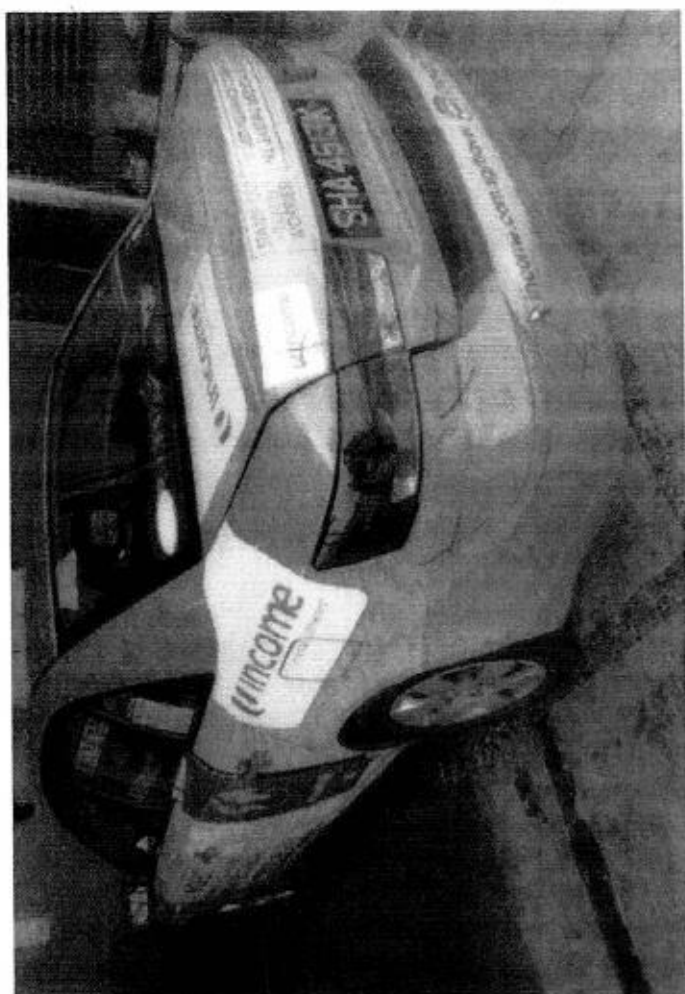
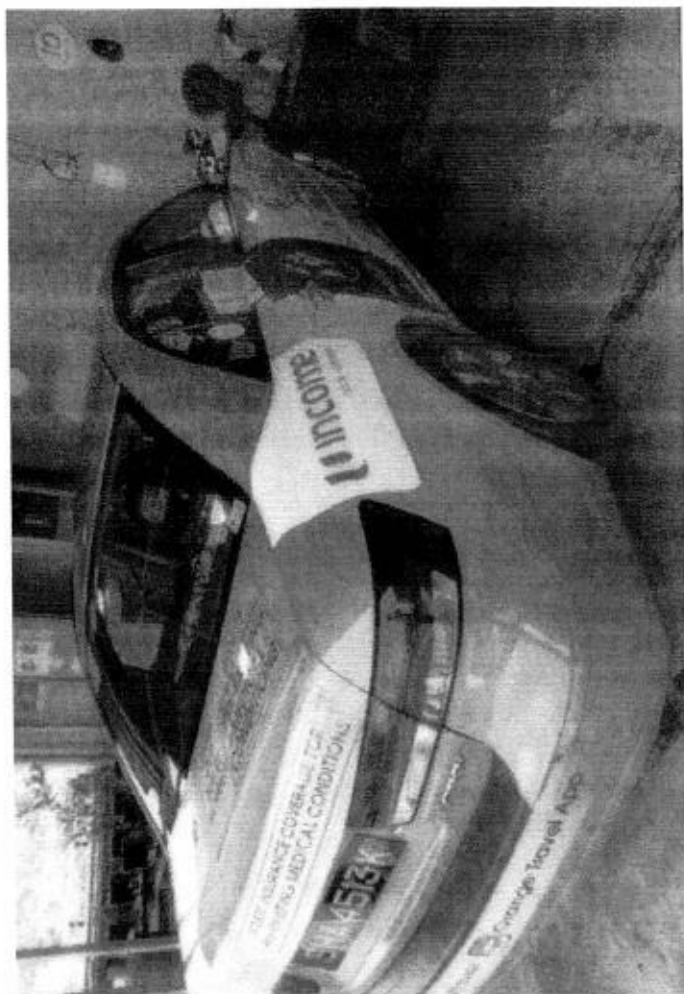
COMFORT TRANSPORTATION PTE LTD
CO. REG NO 199303821R

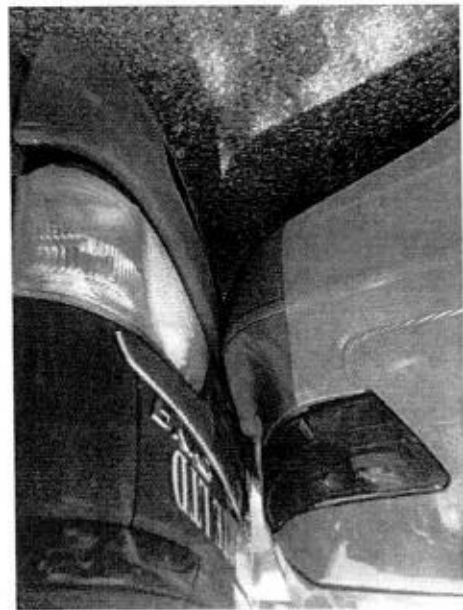
Policyholder's Signature
Date & Time:


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

13/4/18
Jackson Heng
CSO

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





am: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305141568

OMER

REGN NO.

SHA4513K

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

TESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

MAKE

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN 13.04.2018 13:35

YR OF MANU.

14.04.2011

TARGET DATE

CHASSIS CODE

KMHET41VMBA807519

COMPLETION DATE/TIME:

DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.04.2018

NATURE: 3P 13.04.18

'NO

LABOR CODE

DESCRIPTION

PACKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA4513K

JU NTUC LKK

Vehicle No.:

SHA4513K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4513K

DATE 13/4/2018 16:51

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Sonata Plate <i>nc</i>			\$ 43.60	
	Boot Lid Hyundai Plate <i>nc</i>			\$ 24.20	
	Boot Lid 'H' Emblem <i>nc</i>			\$ 26.10	
	Boot Lid CRDI Plate <i>nc</i>			\$ 22.70	
	Boot Lid Lamp (LH) <i>nc</i>			\$ 230.20	
	Rear Bumper <i>Refund of cost</i>			\$ 578.40	
	Rear Bumper Reinforcement			\$ 483.30	
	Rear Bumper Clip <i>nc</i>			\$ 22.00	
	Rear Bumper Sponge <i>nc</i>			\$ 137.40	
	Rear Bumper Under Cover <i>nc</i>			\$ 185.80	
	Rear Bumper Protector (LH/RH) <i>nc</i>		\$ 38.00	\$ 76.00	
	Tail Lamp (LH) <i>nc</i>			\$ 344.00	
	SUB TOTAL			\$ 2,173.70	
	LESS 20%			\$ 434.74	
	DISCOUNTED TOTAL			\$ 1,738.96	
	Boot Lid Comfort Logo & Tel No. Sticker <i>nc</i>			\$ 30.00	Nett
	Rear Bumper Reverse Sensor <i>X nc</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo <i>nc</i>			\$ 50.00	Nett
				\$ 215.70	
	Labour Charge			400	
	Panel Beating			\$ 500.00	
	Spray Painting Charge-Bootlid/Bumper			\$ 500.00	400
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	X nc
	Remove/Refix Reverse Sensor			\$ 120.00	X nc
	TOTAL LABOUR			\$ 1,220.00	
	ESTIMATE TOTAL			\$ 3,174.66	
<p><i>Kelvin (UCC)</i> <i>16/4/18 1120h</i> <i>3 Pys</i> <i>4/5</i> <i>After Repair plz</i></p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 modifications is allowed Supplementary items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</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.					

Our Job Ref No : 305141568
Date : 17/04/2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4513K

Date of Accident : 13/04/2018

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

1. The repair job shall bill to: NTUC --- GBE3953E
###
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% \$1,700.00
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 : 65468156

Signature :
Name :
Date : 18/4/18

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:

CHECK ITEMS: REAR BUMPER REINFORCEMENT

**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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007023/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-04-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 3953E	Veh. Inspected	SHA 4513K
Policy No.	5095313880	Coverage (\$)	0.00
Claim No.	MT/0990416-002	Excess (\$)	0.00
Assign From		Assign Date	16/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA807519	Colour	BLUE
Odometer	512943	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	13/04/2018	Inspection Date	16/04/2018
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4513K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	BOOT LID LAMP (LH)	SERVICEABLE	230.20	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
	LESS 20% DISCOUNT		-434.74	-308.86
			1,738.96	1,235.44
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
			215.70	80.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
	-		-	-
	-		-	-
	-		-	-
			1,220.00	820.00
GRAND TOTAL			3,174.66	2,135.44

Report Ref No. NS/INC18007023/K1qbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,700.00
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Report Ref No. NS/INC18007023/K1qbn2

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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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.