

105/1103

Name: Kalvin

REF:

NS/IN(1800705/Klgb02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Work stop m/s _____

of _____

Insured: SCH 377K

Policy No. 5077279854 100118 - 27-11-18

Claims No. MT/0990629-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8422C Yr Regn: 15 Oct, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 442443 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCBK14464078566

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: NI / S/Rim / STD 6 Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or West/66

Front 2 mm Rear 2 mm

R/Bal. 2 mm L/Bal. 2 mm

L/Bal. 2 mm D.O.A. 14/4/18 D.O.I. 16/4/18

Survey held at CD4E (Loyang)

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

o/s. Pen

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

Date / Time	Action / Instruction
	<u>SHC 8422C - NS / IN(12001626 / H/fm</u>
	<u>SCH 377K - CCB / AT(13018413 / Kheng</u>
<u>18/4/18</u>	<u>Contract 45 \$ 950 / 2 Pgs. (Red & 3752.16, 77%)</u>

RECEIVED 19 APR 2018

Date/Time, File Pass to?

1) 19/4 12:00 PM

Date/Time, File Return to?

2) _____

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

TP
LS: \$ 950



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/INC18007025/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.	SCH 377K	Veh. Inspected	SHC 8422C
Policy No.	5097279854	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	14/04/2018	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

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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"/>	5097279854	THANG TOON LIM VARJEN	S78143021	GPC	drive CLASSIC	SCH377K	SCH377K	10/01/2018	27/11/2018

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	14/04/2018 10:30
Date Of Accident	14/04/2018 09:00
Exact Location Of Accident	OPEN AIR CAR PARK NEAR TO BLK 125 SIMER ST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8422C
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	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	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	LOH NYEN CHONG (LUO YUANCHANG)
NRIC No	S7408527Z
Date Of Birth	15/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	STEEDLOH@YAHOO.COM

Address	BLK 274C PUNGGOL PLACE #13-830
Postcode	823274
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER ATTACHED

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	SCH377K
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THANG TOON LIM VARIEN
NRIC/Passport Number	S7814302I
Contact Number	90019636
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

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.
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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:

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

14/4/18

Sketch Plan Pg. 2

SKETCH PLAN

A: SHC 84 226

B: SCH 377K

Thana Toon Lim, Varien

S 18143001

HIP: 90019636

Blk 125 Simei St 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/4/18 at about 09:00 hrs, I was driving along Open air car park at Blk 125 Simei St 1 to drop off my passengers.

In the moment I drove pass a car SCH 377K, suddenly the car move forward from stationary mode and hit onto the right rear portion of my taxi.

02 male passenger on board my taxi. No injury at the point of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

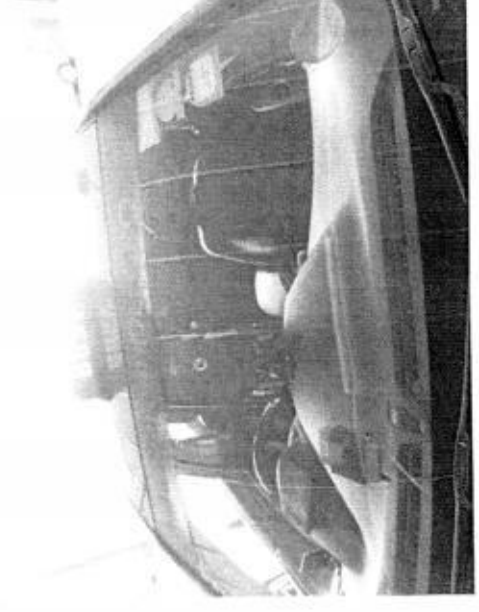
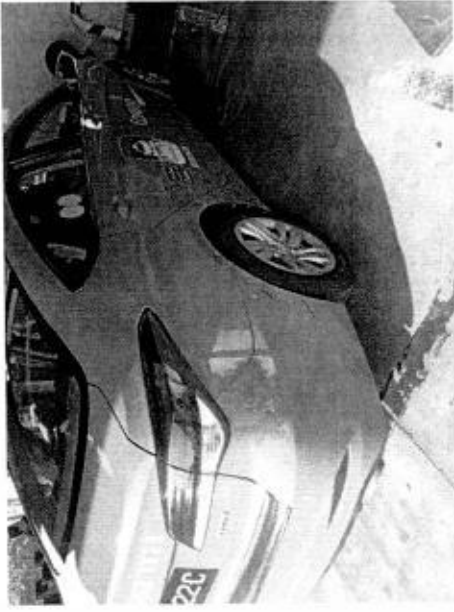
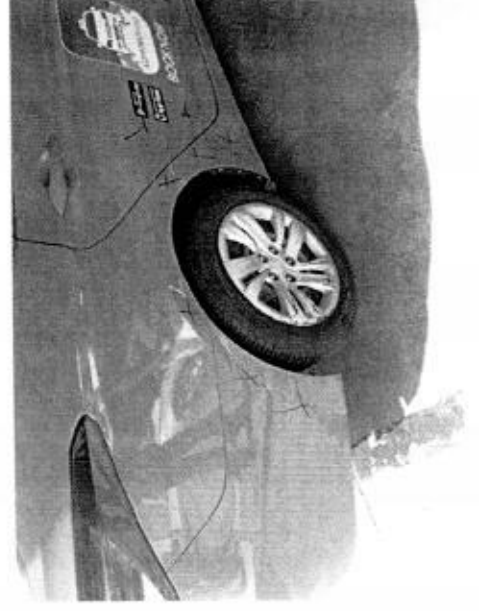
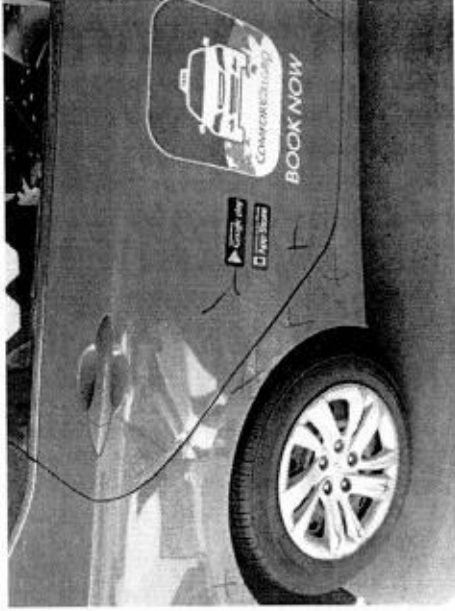
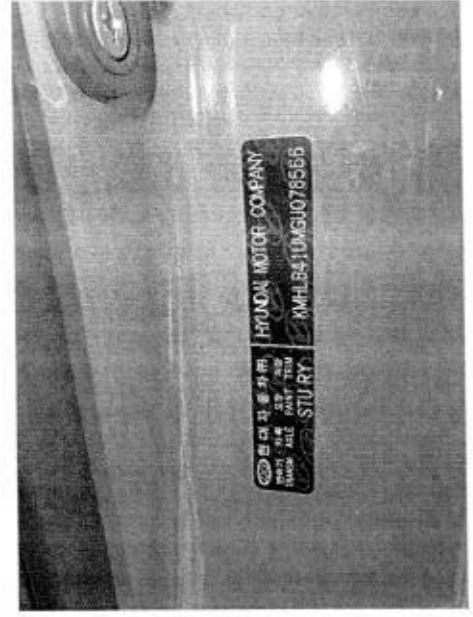
Policyholder's Signature
Date & Time:

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

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

GA/MSG SketchPlanForm_V3

14/4/18



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDeiGro Engineering Pte Ltd

304 Raffles Road Singapore 579701

Mainline + 65 6283 6280 Facsimile + 65 6283 0735

Workshops

59 Lorong Drive Singapore 500535 34 Serangoon Road Singapore 551151
383 Sin Ming Drive Singapore 575717 1 Sungei Kadut Way Singapore 72
45 Pandan Road Singapore 600096 8 Cebu Avenue 1 Singapore 599537

Date/Time: 14.04.2018 11:26

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No 305141789

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC8422C	
MR/MS	7010045	MAKE:	FUEL
CUSTOMER NO.		HYUNDAI	E.....1/2.....
ADDRESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	I-40	14.04.2018 09:21
TEL. (R)	65508755	YR OF MANU.	TARGET DATE
(P)	(O)	15.10.2015	
DISCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/T
		KMHLB41UMGU078566	

Accident Date: 14.04.2018
NATURE: 3P 14.04.18

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

NTUC

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

I/C No.:

Vehicle No.: SHC8422C

FZ NTUC

Vehicle No.:

SHC8422C

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to: Service Receipt

To be kept by: Workshop/Unit

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8422C

MAKE :

MODEL : HYUNDAI i40

DATE 16/4/2018 10:58

RIGHT REAR
NWIC

Fz

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (RH) <i>x repair</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>x sue</i>			\$ 164.40
	Rear Windscreen Moulding <i>x "</i>			\$ 60.00
	Rear Wheel Hub-Cap (RH) <i>- hatched</i>			\$ 150.70
	<i>Rear Door (RH) x repair</i>			
	<i>RH Rear Panel harness x repair</i>			
	SUB TOTAL			\$ 2,395.20
	LESS 20%			\$ 479.04
	DISCOUNTED TOTAL			\$ 1,916.16
	Rear Bumper Rubber Mat <i>+ "</i>			\$ 50.00
	Rear Windscreen Sealant <i>x "</i>			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>- "</i>			\$ 80.00
				\$ 176.00
	Labour Charge			
	Panel Beating			\$ 500.00 <i>200</i>
	Spray Painting Charge-Bumper/Fender/Door/Rear panel			\$ 1,000.00 <i>800</i>
	Wiring Charge			\$ 50.00 <i>x "</i>
	Tuff Kote			\$ 50.00 <i>x "</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>x "</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>x "</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>x "</i>
	Rear Wheel Alignment			\$ 120.00 <i>x "</i>
	TOTAL LABOUR			\$ 2,110.00
	ESTIMATE TOTAL			\$ 4,202.16
	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... • Third party surveys are subject to... • No illegal modifications • Supplier... is subject to final approval from insurance company.			
	Acknowledged by Repairer: Signature: _____ Date: _____			
	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.			

Kali 16/4/18

16/4/18 12:20hrs

2 Days

L/S

After Repair photo

Our Job Ref No : 305151789
Date : 17.04.2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHC8422C

Date of Accident : 14.04.2018

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

1. The repair job shall bill to: NTUC --- SCH 377K
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20%
 - Final Lumpsum Repair cost \$950.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature: 

Name : Kalvin

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:

**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/INC18007025/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-04-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SCH 377K	Veh. Inspected	SHC 8422C	
Policy No.	5097279854	Coverage (\$)	0.00	
Claim No.	MT/0990629-002	Excess (\$)	0.00	
Assign From		Assign Date	16/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU078566	Colour	BLUE	
Odometer	442443	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
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 O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/04/2018	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:		2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8422C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER (RH)	TO REPAIR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	150.70	150.70
1	REAR DOOR (RH)(NPA)	TO REPAIR	-	-
1	RH ROCKER PANEL GARNISH (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-479.04	-30.14
			1,916.16	120.56
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			176.00	80.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,060.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	800.00
			2,110.00	1,000.00
GRAND TOTAL			4,202.16	1,200.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				950.00

Report Ref No. NS/INC18007025/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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