

(06/11/15)

Surveyor: Kalvin

REF:

NS/INC18007232 / KHBn2

## ASSIGNMENT

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

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

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

To Insp'd Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SJF 4165G

Policy No. 5090891147 180517

Claims No. MT/099/001-002

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 Report: \_\_\_\_\_ 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: SHB 4181D

Yr Regn: 19 Nov, 2015

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

Truck / Trailer or

Make: Hyundai

Z40

C.C. 1685

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 254587

T/Radio: Insured / Std / NI / NA

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

C/No: KMHLB414M 440805X2

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: 205 / 60 R16

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

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

TOYO / YOKO or

Front

Rear

R/Bal. 7

mm

R/Bal. 7

mm

L/Bal. 7

mm

L/Bal. 7

mm

D.O.A. 17/4/8

D.O.I. 18/4/8

Survey held at

CD4E (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
	SHB 4181D - C04 / 17002351 / T16302
	SJT 4165G - X
23/4/8	Latex L/S \$1100 / 2 Pys (Red. 1481.58 : 570%)

RECEIVED 24 APR 2015

Date/Time, File Pass to?

1) AH Typist

Date/Time, File Return to?

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



Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

: Site Insp (\$)

: Interview (\$)

Survey Fee:

Transportation:

S + RS: SI

Photos

160

35

195

TP  
1100



# 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/INC18007232/K1tb			
73 BRAS BASAH ROAD		Date: 18-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJF 4165G	Veh. Inspected	SHB 4181D
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/04/2018
<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	17/04/2018	Inspection Date	18/04/2018
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.			

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 type="radio"/>	5090891147	KH LEASING PTE. LTD.	201611813C	GFT	drive CLASSIC	SJF4165G	SJF4165G	18/05/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0991340-002	COMFORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
2	MT/0990420-002	COMFORT TRANSPORTATION PTE LTD	SHC 1833X	GBG 6935C
3	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	SJF 4165G
4	MT/0987576-002	SMRT TAXIS	SHB 5490E	SGN 2724A
5	MT/0988974-002	SMRT TAXIS	SHF 474P	SKP 1761R
6	MT/0988606-002	SMRT TAXIS	SHF 287M	SHD 1850R
7	MT/0988375-002	SMRT TAXIS	SHB 5737U	SKZ 9804X
8	MT/0991050-002	COMFORT TRANSPORTATION PTE LTD	SHD 6647D	SLM 4176P
9	MT/0991603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
10	MT/0989297-002	SMRT TAXIS	SHB 5445L	GZ 8719M
11	MT/0989010-002	SMRT TAXIS	SHB 668T	SLV 3014H
12	MT/0988555-002	SMRT TAXIS	SHB 5515T	SLS 2028R
13	MT/0981124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
14	MT/0991610-001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
15	MT/0991074-002	COMFORT TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
16	MT/0990979-002	COMFORT TRANSPORTATION PTE LTD	SHD 6658Y	FBK 791T
17	MT/0990696-002	COMFORT TRANSPORTATION PTE LTD	SHD 4138U	PC 2948Y
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	YP 6440T

## 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	18/04/2018 09:36
Date Of Accident	17/04/2018 22:00
Exact Location Of Accident	SLE(CITY) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4181D
<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

### 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	CHUA PING CHU
NRIC No	S7676932Z
Date Of Birth	17/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	JCPCHU@HOTMAIL.COM

Address	BLK 327 HOUGANG AVENUE 5 #05-176
Postcode	530327
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)	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

PLS REFER TO 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	SJF4165G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG JUN
NRIC/Passport Number	S8676522E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

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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:

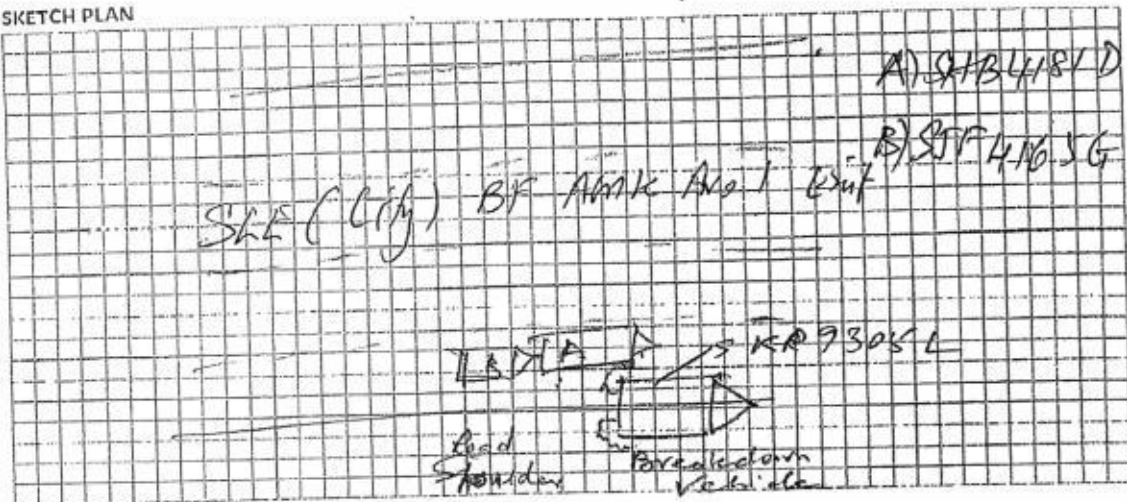
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/4/18 at about 2200hrs while driving straight ahead, I Veh A had to stop gradually because of a vehicle breakdown along the highway. The vehicle (SKR9305L) had stopped along the road shoulder. When I stopped and avoided a collision with the breakdown vehicle, Veh B collided on the rear of my vehicle.

## DECLARATION

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

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

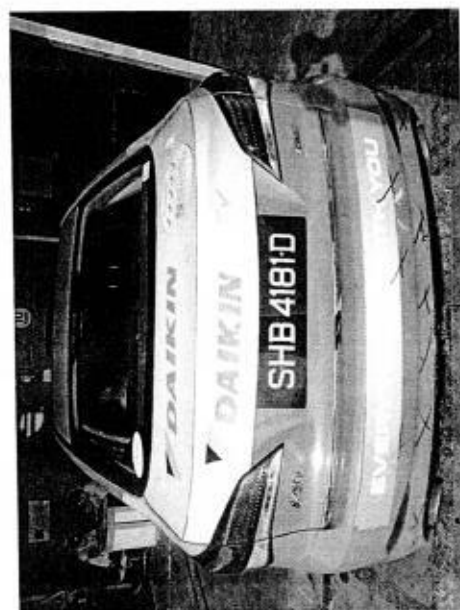
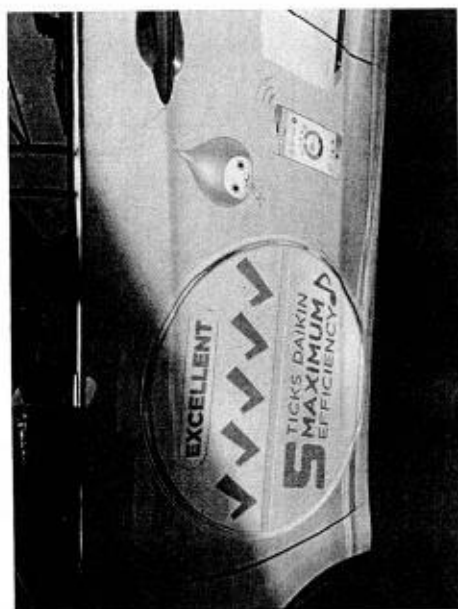
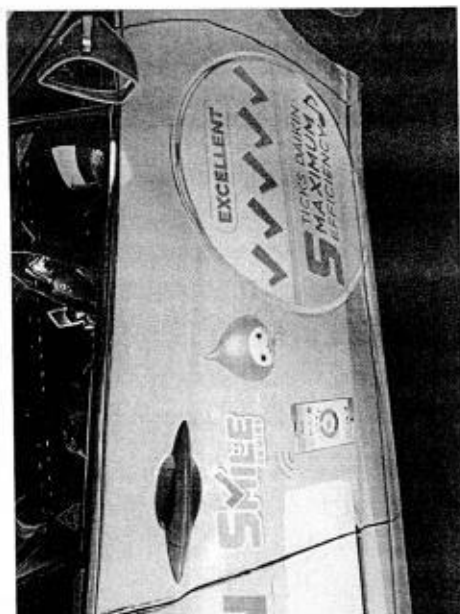
Policyholder's Signature  
Date & Time:

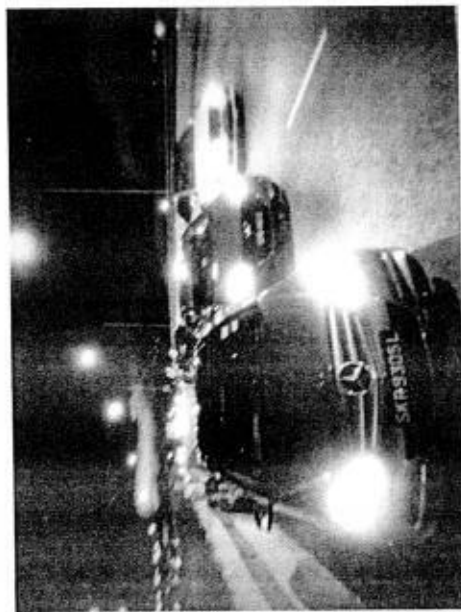
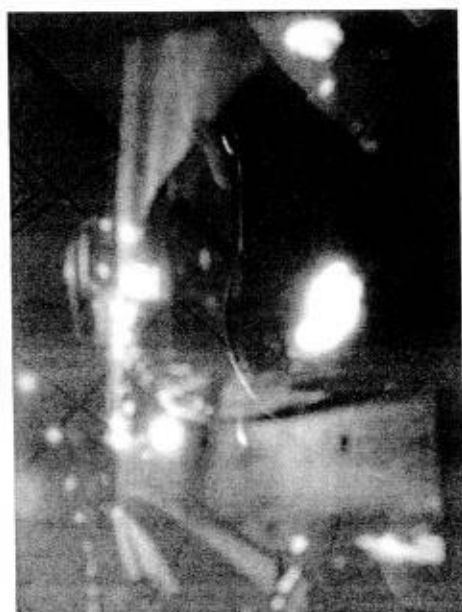
GIARMAC SketchPlanForm\_V3

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

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







am: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305143300

OMER

REGN NO.

SHB4181D

MILEAGE

IS COMFORT TRANSPORTATION PTE LTD

MAKE

HYUNDAI

FUEL

OMER NO 7010045

LESS 383 SIN MING DRIVE

MODEL

1-40

DATE/TIME IN 17.04.2018 22:45

Singapore SINGAPORE 575717

(R) 65508755

(O)

YR OF MANU

19.11.2015

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU080542

COMPLETION DATE/TIME

DUNT CARD NO.

## JOB DESCRIPTION

cident Date: 17.04.2018

ATURE: 3P 17.04.18

NO

LABOR CODE

DESCRIPTION

OKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

redgement Slip

Exit Pass

No.: SHB4181D

JU NTUC LKK

Vehicle No.:

SHB4181D

if Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 4181D

DATE 18/4/2018 10:50

MAKE :

MODEL : HYUNDAI i40

NTUC  
LKK  
JM

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rehnd</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>75u</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>75u</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>75u</i>			\$ 49.00	
	Rear Bumper Clips <i>me</i>			\$ 22.00	
	Rear Bumper Sponge <i>75u</i>			\$ 143.40	
	Rear Bumper Under Cover <i>ed</i>			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor <i>X 5u</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 385.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>250.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>250.00</del> <i>200</i>	
	Wiring Charge			\$ <del>50.00</del> <i>X 00</i>	
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>30</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,581.58</b>	
<i>Kah 1 UCH</i> <i>U 18/4/8 1100L</i> <i>201</i> <i>45</i> <i>After Repair pht</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.					

Our Job Ref No : 305143300

Date : 19/04/2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB4181D

Date of Accident : 17/04/2018

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

1. The repair job shall bill to: NTUC --- SJF4165G  
###

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% \$1,100.00

Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 6546 8156

Signature : 

Name : KALVIN

Date : 23/4/8

### 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:



**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/INC18007232/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 26-04-2018



Code: INC4

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

Insured Veh.	SJF 4165G	Veh. Inspected	SHB 4181D
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.	MT/0991001-002	Excess (\$)	0.00
Assign From		Assign Date	18/04/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080542	Colour	BLUE
Odometer	254587	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 REAR PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	17/04/2018	Inspection Date	18/04/2018
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
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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. SHB 4181D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	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
			385.70	250.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	230.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	430.00
<b>GRAND TOTAL</b>			<b>2,581.58</b>	<b>1,360.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,100.00</b>

Report Ref No. NS/INC18007232/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

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