

08/11/13
Surveyor: Kelvin

REF: NS/WNC18007338 / Klubn2

ASSIGNMENT

From: _____ Date: _____
 Estimate ^{of} Cost: _____
 OD/TP / INS/TP RES / OD RES / EVA / INV / MV
 To: Insp ^{of} Vehicle No: _____
 at Work ^{shop} m/s: _____
 of: _____
 Insured: FBK 791T
 Policy No: 5092195858 290617 - 040918
 Claims No: MT/0990979-002
 Sum Ins ^{ured}: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 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

N/S	O/S

Veh No: SHD 6658Y Yr Regn: 9 Apr 2013
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Trailer / Prime Mover /
 Truck / Trailer or _____
 Make: Honda 200 c.c. 168
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 306957 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMF40 67944
 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: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wet/ke
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 18/4/8 D.O.I. 19/4/8
 Survey held at LDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S Part.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 6658Y - NS/WNC16015234 / Klubn2 QA: 140816 <u>ZKL</u> <u>42</u>
23/4/8	FBK 791T - X Contract up \$1050/2 yrs (Red 1784.48, 6390)
RECEIVED 24 APR 2010	

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 24/4 - typust
 TP
 LS \$1050/2

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. insp (\$ _____)
 : _____ (\$ _____)

Survey Fee:	160
Transportation:	35
\$ + RS, SI	
Photos	
Other	
	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/INC18007338/K1vb			
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.	FBK 791T	Veh. Inspected	SHD 6658Y
Policy No.	5092295858	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/04/2018
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	18/04/2018	Inspection Date	19/04/2018
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.			

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

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"/>	5092295858	KAMARULZAMAN BIN BACHOK	S6720042F	GMC	Third Party, Fire & Theft	FBK791T	FBK791T	29/06/2017	04/09/2018

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	19/04/2018 09:08
Date Of Accident	18/04/2018 16:10
Exact Location Of Accident	NTH BRIDGE RD > STH BRIDGE RD X OF NTH BOAT QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6658Y
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	LOH WAN FOOK
NRIC No	S1291879H
Date Of Birth	19/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 164 GANGSA ROAD
#18-80
Postcode 670164
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 -
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? 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) 4

Passenger 1 NAME: : -
GENDER: : FEMALE
Passenger 2 NAME: : -
GENDER: : FEMALE
Passenger 3 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 FBK791T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver KAMARULZAMAN BIN BACHOK
NRIC/Passport Number S8720042F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KAMARULZAMAN BIN BACHOK(RIDER)

Approximate Age

Injuries Sustain

RH SHOULDER

Injured person in which vehicle?

FBK791T

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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 Authorized 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:

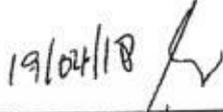
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:



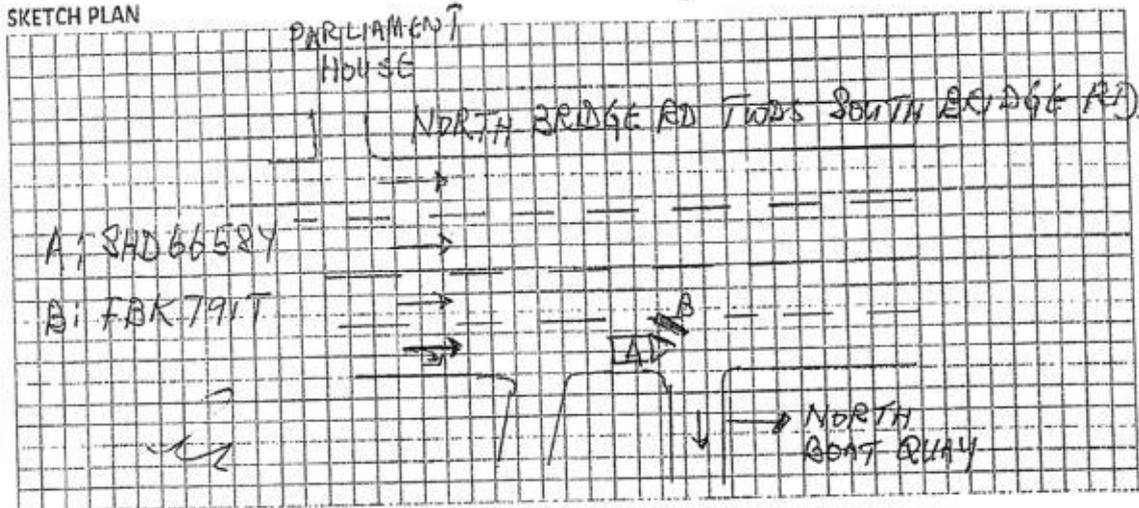
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

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

19/04/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SIAR-9C SketchPlanForm_V3

Sketch Plan Pg. 3

Describe Circumstances of the Accident.
On 18 Apr 2018 at about 16:10 hrs I was slowly driving straight on the extreme right lane along
North Bridge Rd heading towards the direction of South Bridge Rd.
As I was about to drive passed the junction of North Boat Quay which is on my right suddenly
a motorcycle FBK791T coming from my left make a sharp right turn towards North Boat Quay
in a reckless manner. As it was too sudden I have no time to react at all.
In the process the right hand side front of the motorcycle hit and grazed the left hand side
front of my taxi.
Shortly after I stopped out from my taxi and render assistance to the motorcyclist at the
same time asked him whether he is okay or not. He told me he felt some pain to his right
shoulder. Later the ambulance arrived at the scene followed by the Police. The paramedics
attended to him but did not send him to hospital.
03 passengers on board my taxi.
Enclosed is a video footage to support my claims.

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

19/04/18

Witnessed by Reporting
Centre Personnel



am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305143715

OMER	REGN NO. SHD6658Y	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL E.....1/2.....F
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 19.04.2018 08:10
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU. 09.04.2015	TARGET DATE
(R) 65508755 (O)	CHASSIS CODE KMHLB41UMFU067944	COMPLETION DATE/TIME:
(P)		
JUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 18.04.2018
 NATURE: 3P 18.04.18

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHD6658Y CHIANG NTUC

Vehicle No.: SHD6658Y

Name 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 : SHD 6658Y
 MAKE :
 MODEL : HYUNDAI i40

DATE 4/19/2018 11:29

NMC
 HKK
 LC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Paint</i>			\$ 562.30
	Front Bumper Sponge <i>X 2</i>			\$ 142.20
	Front Bumper Reinforcement <i>X 2</i>			\$ 526.10
	Front Bumper Grille (LH) — <i>cut</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>X 2</i>			\$ 22.40
	Front Bumper Side Bracket (LH) — <i>cut</i>			\$ 14.30
	Front Fender (LH) <i>X 2</i>			\$ 619.00
	Front Fender Shield (LH) <i>X 2</i>			\$ 169.80
	Front Fender Retainer (LH) <i>X 2</i>			\$ 9.20
	SUB TOTAL			\$ 2,595.50
	LESS 20%			\$ 519.10
	DISCOUNTED TOTAL			\$ 2,076.40
	Front Fender Advertisement Logo (LH) <i>1</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 500.00 <i>300</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 3,226.40
				2834.48

Kalin Ullky
19/4/18 1405hr
2 Pys.
4/3
After Repair photo

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

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

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

Our Job Ref No : 305143715
Date : 20/04/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHD6658Y 18/04/2018

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

1. The repair job shall bill to: NTUC FBK791T
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** \$1050.00

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : _____
Name : Kalvin
Date : 23/4/18

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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007338/K1vbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBK 791T	Veh. Inspected	SHD 6658Y
Policy No.	5092295858	Coverage (\$)	0.00
Claim No.	MT/0990979-002	Excess (\$)	0.00
Assign From		Assign Date	19/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067944	Colour	BLUE
Odometer	306957	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/04/2018	Inspection Date	19/04/2018
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. SHD 6658Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET (LH)	CRACKED	14.30	14.30
1	FRONT FENDER (LH)	TO REPAIR	619.00	-
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER (LH)	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-421.12	-123.38
			1,684.48	493.52
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		500.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			1,050.00	700.00
GRAND TOTAL			2,834.48	1,293.52
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC18007338/K1vbn2

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

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.