

09/11/03
Driver: Kelvin

REF: NS/INC18007470/Klvb2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP / NS/TP RES / OD RES / EVA / INV / MV
 To Insp of Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: SOY 5087
 Policy No: 6092751815 NSU82017
 Claims No: MT/0991924-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHD41384 Yr Regn: 27 Apr 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Santa c.c. 1991
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 224258 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHE741VACA 824479
 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 A/Rim or _____
 Tyre Size: F: 215/60R16
 R: _____

(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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Welle
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 19/4/8 D.O.I. 23/4/8
 Survey held at LDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
then
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	CHD 41384 - NS/INC18007470/Klvb OVA: 16042018 INC 4/26/12
26/4/8	SOY 5087 - x Contracted P/p \$300 / 2 hrs. (Red 1672.02, 8579) (No LS)
RECEIVED 27 APR 2012	

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time File Return to?
 2) 27/4 - typst
 TP
 P/p \$300k

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

Survey Fee:	160
Transportation:	35
S + RS	_____
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/INC18007470/K1vb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 23-04-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGY 5128T	Veh. Inspected	SHD 4138U
Policy No.	5092751815	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/04/2018
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	19/04/2018	Inspection Date	23/04/2018
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.	Date of Accident
1	MT/0991171-002	Comfort Transportation	SHC 1863J	SLK 8879D	20/4/2018
2	MT/0991056-002	Comfort Transportation	SH 6314M	SHC 6794S	19/4/2018
3	MT/0991265-002	Comfort Transportation	SHA 7627X	SLS 1369M	21/4/2018
4	MT/0991375-002	Comfort Transportation	SHC 2164L	SJE 68K	21/4/2018
5	MT/0991583-002	Comfort Transportation	SHA 5984C	SFZ 1009L	21/4/2018
6	MT/0991278-002	Comfort Transportation	SH 6746A	SKW 2592T	21/4/2018
7	MT/0991262-002	Comfort Transportation	SHC 3572K	GBG 8101D	20/4/2018
8	MT/0991924-001	Comfort Transportation	SHD 4138U	SGY 5128T	19/4/2018
9	MT/0991927-001	Comfort Transportation	SHA 3460K	FQ 2735P	22/4/2018
10	MT/0991206-002	Comfort Transportation	SHD 3440C	GY 734B	20/4/2018

Hello, NAC_PAYA_UBI_800601

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[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"/>	5092751815	DOSH CAR RENTAL PTE LTD	201618369M	GFT	drive CLASSIC	SGY5128T	SGY5128T	08/08/2017	

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	21/04/2018 07:31
Date Of Accident	19/04/2018 19:10
Exact Location Of Accident	SLIP ROAD FROM BUONA VISTA TO AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4138U
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	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	YIP MAIU SENG
NRIC No	S1671284A
Date Of Birth	16/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1985
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	330 13-375 SEMBAWANG CLOSE
Postcode	750330
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?	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)	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

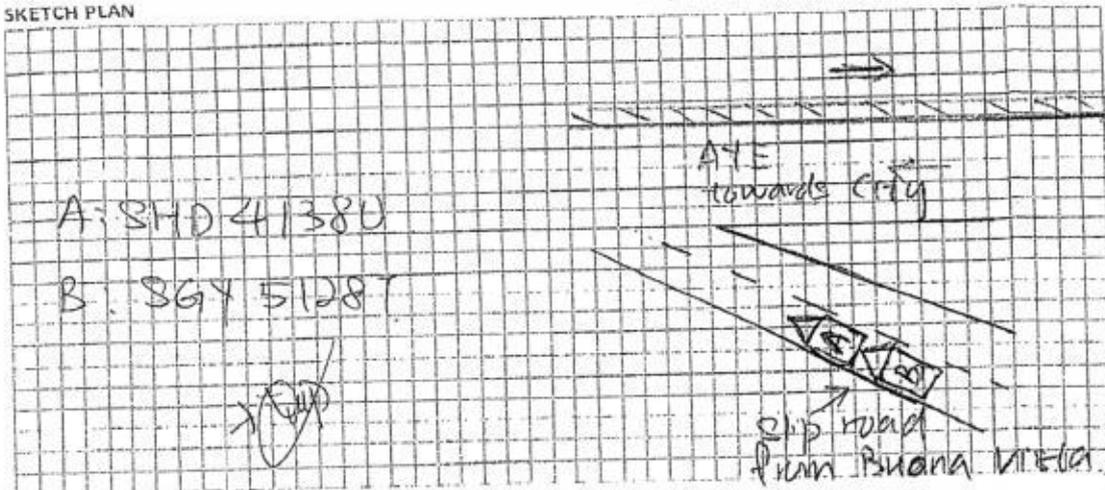
Vehicle Registration Number	SGY5128T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICK
NRIC/Passport Number	
Contact Number	91264753
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YIP MAIU SENG
------	---------------

Approximate Age	54
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHD4138U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/4/18 at about 19:10 hrs, I was driving along the slip road from Buana Vista to AYE leading direction towards City.

Shortly after the car in front of my taxi brake to stopped and i doing so. After a few seconds later, I felt an impact from my taxi behind. There is a car SGY 5128T collided onto the rear portion of my stationary taxi.

No passenger in my taxi. I felt pain on neck and shoulder after the accident, will consult doctor later on.

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)

Reporting Centre Personnel's Signature
Name:

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 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.

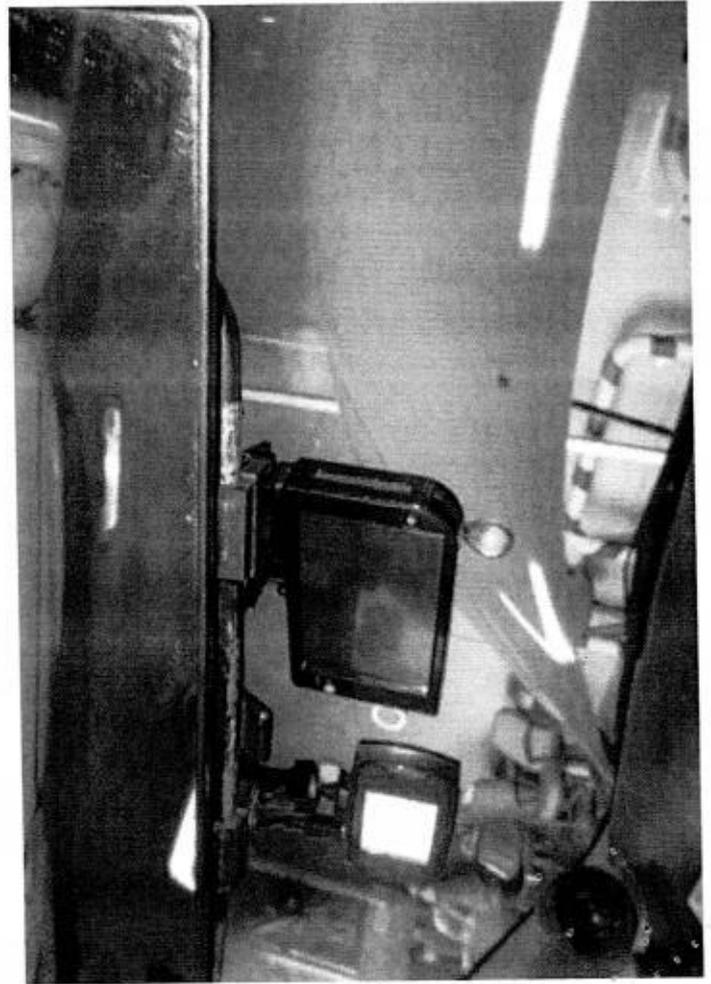
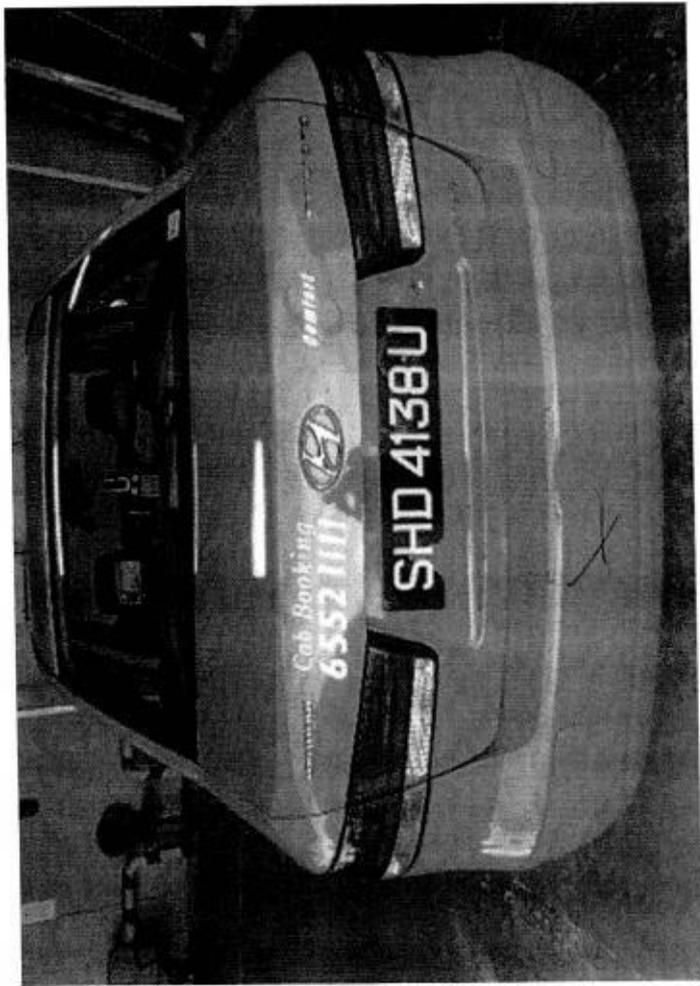
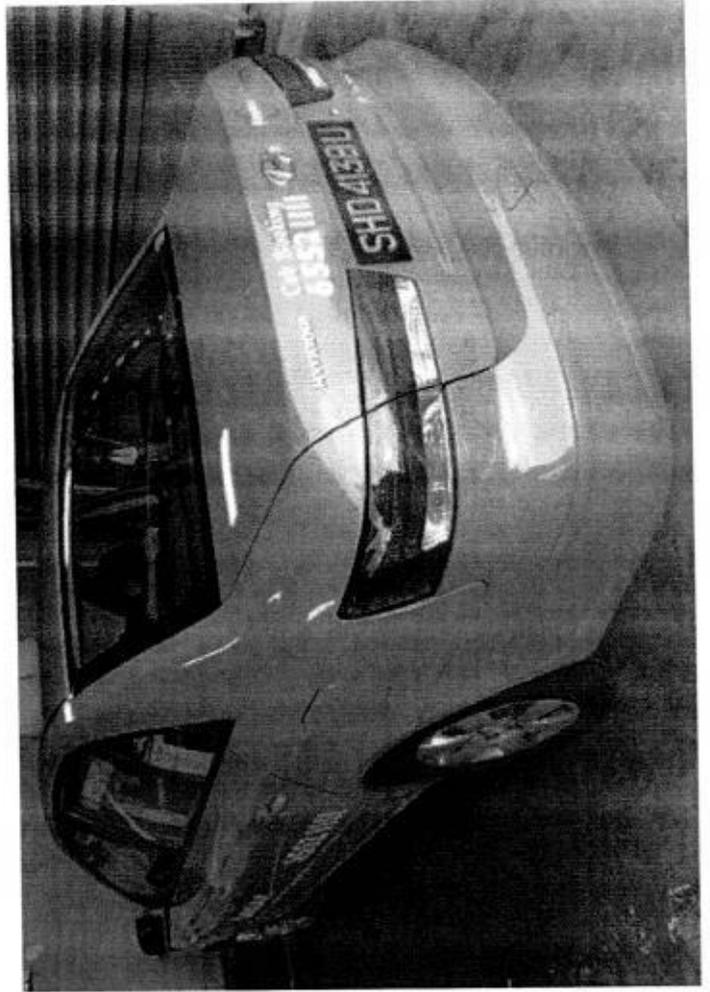
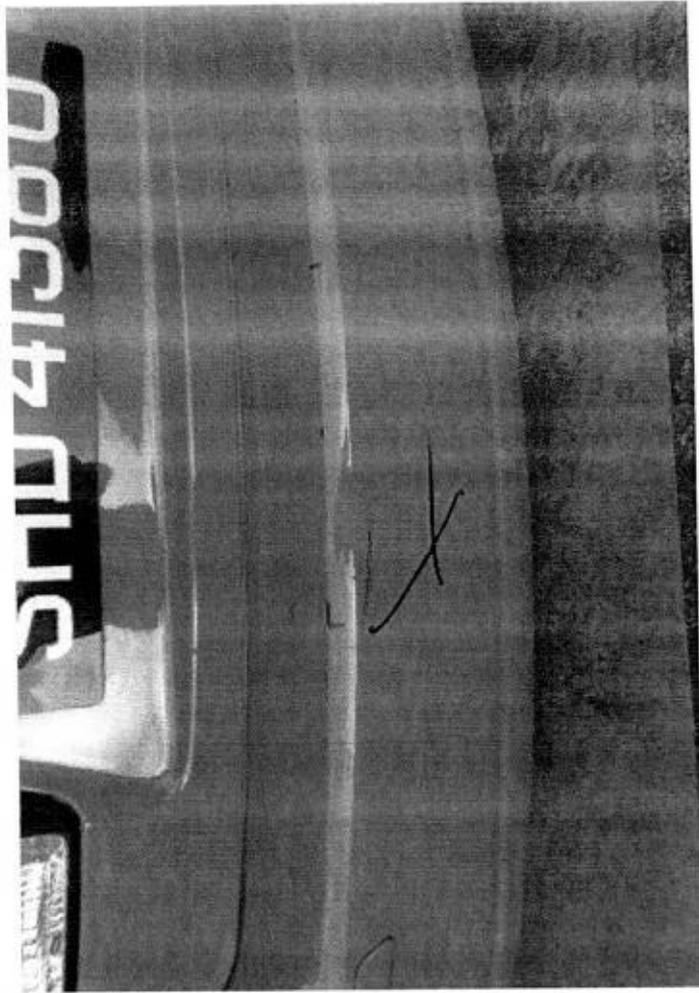
IMPORTANCE TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

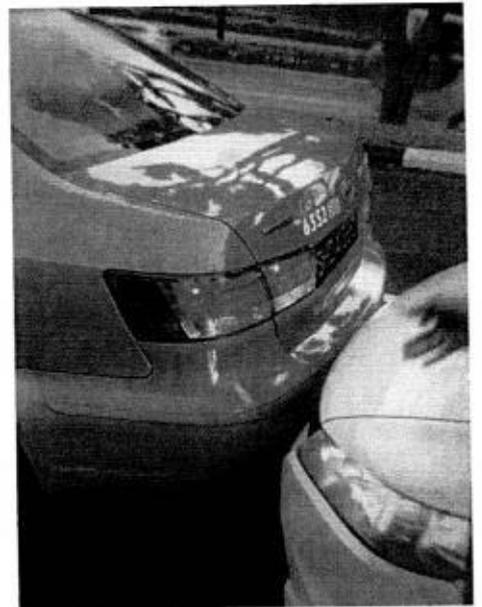
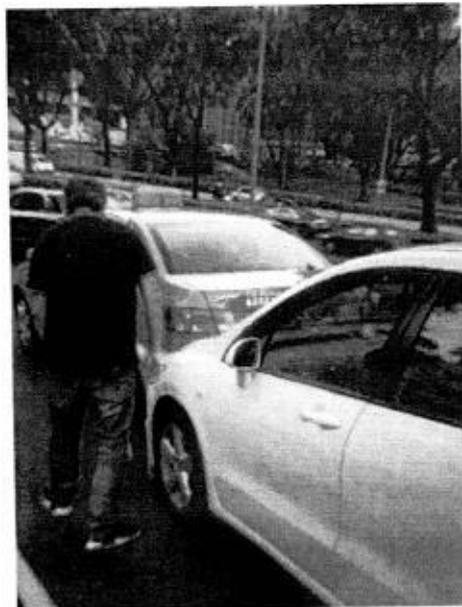
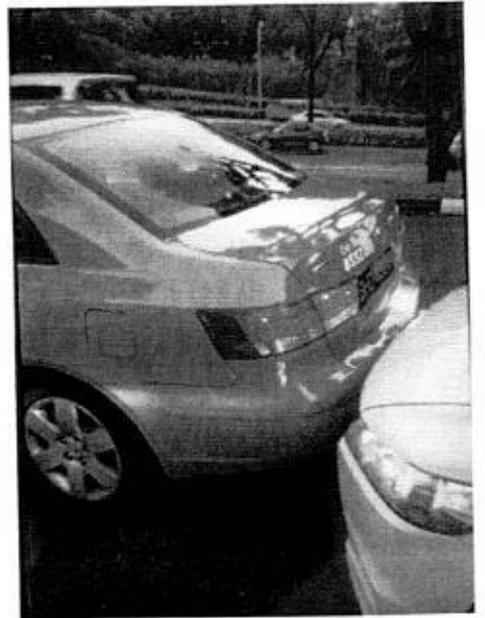
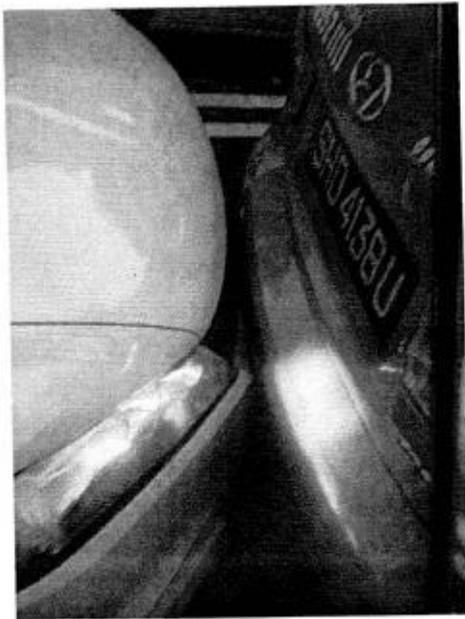
Policyholder's Signature
Date & Time:

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

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

2014/118





A member of COMFORTDELGRO

Date/Time: 21.04.2018 08:30 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305144107

STOMER VMS STOMER NO. DRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHD4138U	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL SONATA	DATE/TIME IN 20.04.2018 16:35
		YR OF MANU. 27.04.2012	TARGET DATE
		CHASSIS CODE KMHET41VMCA824479	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.04.2018

NATURE: 3P 19.04.18

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4138U
 FZ NTUC

Vehicle No.: SHD4138U

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 : SHD 4138U

DATE 4/21/2018 8:36

MAKE :

MODEL : HYUNDAI SONATA

NTMC
LKK
JU

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1pc</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X 1pc</i>			\$ 483.30
	Rear Bumper Clip <i>X 1pc</i>			\$ 22.00
	Rear Bumper Sponge <i>X 1pc</i>			\$ 137.40
	Rear Bumper Under Cover <i>X 1pc</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X 2pc</i>		\$ 38.00	\$ 76.00
	SUB TOTAL			\$ 1,482.90
	LESS 20%			\$ 296.58
	DISCOUNTED TOTAL			\$ 1,186.32
	Rear Bumper Reverse Sensor <i>X 1pc</i>			\$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 250.00 ¹⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁰⁰
	Wiring Charge			\$ 30.00 ^{X 1pc}
	Remove/Refix Reverse Sensor			\$ 120.00 ⁵⁰
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 1,972.02

Nett

Kobrin LLC
23/4/18 15h
2 Pr.
4s
After Repair

LKK Auto Centre assistance notify the Repairer of the following:
 • To resurvey before water spray painting
 • To display damaged parts during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary claims must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by the 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.

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 25.04.2018
Time: 18:18:37
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 : 305144107
REGN NO : SHD4138U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 27.04.2012
DATE/TIME IN : 20.04.2018 16:35
ACCIDENT DATE : 19.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	100.00
0001 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305144107

Date : 25.04.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD4138U

Date of Accident : 19.04.2018

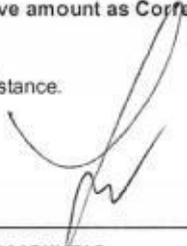
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SGY5128T
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$300.00</u>
Total for Part-By-Part Repair Cost	<u>\$300.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

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 : 26/4/18

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/INC18007470/K1vbn2			
73 BRAS BASAH ROAD		Date: 07-05-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGY 5128T	Veh. Inspected	SHD 4138U
Policy No.	5092751815	Coverage (\$)	0.00
Claim No.	MT/0991924-001	Excess (\$)	0.00
Assign From		Assign Date	23/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824479	Colour	BLUE
Odometer	224258	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 PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	19/04/2018	Inspection Date	23/04/2018
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 4138U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR	578.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NOT NECESSARY	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	-
	LESS 20% DISCOUNT		-296.58	-
			1,186.32	-
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			135.70	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			650.00	300.00
GRAND TOTAL			1,972.02	300.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				300.00

Report Ref No. NS/INC18007470/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
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REGD Auto Consultant-SAE, Licensed Appraiser

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