Since It: Karin REF: NS/1	NC18007807/KID02
divisional	ASSIGNMENT
From: Date:	Veh No: SHA 5 6/7 M Yr Regn: 3-Apr, 2/1 Type: M.Car/M.Cycle/Bus/Van/Lorry/Tab/Prime Mover/
OD ITP INSTPRES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insp @dVelide No:	Make: Hyundai Sonato c.c 1991
of	Colour B/- A/C: Insufed/SId/NI/NA Sp.Reading 63761 T/Radio: Insufed/SId/NI/NA Eng/No: C/No: CMHETY/VMSA 8/0/6 X
Claims Na MT 1099 2340 - 0+1	Gen. Cond: Good / Fair / Poor / Burnt
Sum Ins Clid: Excess: (Client'sRead) Make of Vah:	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STDON/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Maket Value:	Tyre Size; F: 2'5 60 R/6 R: SSIDUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Lon Kork Front Rear
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Surni: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS	R/Bal.
	IN/OUT /Cen
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
SHA 3617M = 103/A16150141 TEM 3878B - X 30/4/1 Carbons 4/5 \$1450/	45
Red:\$1162.10, 44.1.	
	+
RECEIVED 0	2 MAY 2010
Datefine, File Pass b? : Prell. Report 1) typist : Final Report Datefine, File Return to?	Days Of Repair: 2 Resurvey No. of Trip: Survey Fee: Transportation:
	Add Fee: : Site Insp (\$)s+Rssi
7. HUBIT: 14: 7P	Interview (\$) Photos



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933







NTU	C INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800780	7/K1rb		
73 B #05- 1895) INION HOUSESINGAPORE	Date:	27-04-2018 INC4			
	no distribution of the same	Policy Particulars	20000-0	acomotor.			
1.	Insured Veh.	EM 3928B		nspected	SHA 5617M		
-	Policy No.	5051880084-06		rage (\$)	0.00		
	Claim No.		Exces		0.00		
_	Assign From		1000	n Date	27/04/2018		
2.	Assign Trem	Vehicle Part	735		The San Laborate		
۷.	Make & Model	D_ESSENTIAL DESCRIPTION AND ADDRESS OF THE PARTY OF THE P	c.c		0		
-	Engine No. HIDDEN Chassis No. Odometer		Year of Reg.				
			Colou				
			Steering				
	Brakes		Modification				
	General						
3.	E WEEK ET	Condi	tions 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.		Descript	tion of D	amages			
			-11-6	al and a later to the later to the later	7-10-1-10-10-10-10-10-10-10-10-10-10-10-1		
5.	Securit No.	- SEARTH - CONTRACTOR	al Infor	421-24500-9	27/04/2018		
	0.000.000.000	cident Date 26/04/2018		ection Date	2770712010		
	Survey held at	COMFORTDELGRO ENGINE	EKINGP	IELIU			
		59 LOYANG DRIVE SINGAPORE 508969					
5a.		The state of the s	Remark		TO THE WATER		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	/ITHOUT WE HAV	PREJUDICE" BASI E NOT AUTHORIS	S. ED REPAIRS.		

eBaoTech								Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		N. A. S.	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED A		Change Lar	nguage	Change Password	+ Log Out
My Desktop	Policy Query						percent		
Notice of Loss	Policy No.				Date of Accid	dent	26/04	1/2018 16:34	
	Vehicle No.(For Motor)	ЕМ3928В		- 35					
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5051880084-06	LIM AH CHAY	502339113	GPC	Third Party, Fire & Theft	EM3928B	EM39288	06/11/2017	05/11/2018
					Continue				

TP Claims against NTUC Income: Follow-Through Survey

		V	Chimant Vahirla No.	Income Venicle No.	Date of Accident
1	· October	Claimant (Owner / Taxi Company)	Claimailt Veinere 110.		0100/1000
S/No	Income Kererence		KH 5617M	EM 3928B	0107/4/07
+	100 01 00001 ===	Comfort Transportation	STA SOLVING	41	01/1/1/20
_	MT/0992340-001		2799A2	SJL 3515E	76/4/7010
+	100 1100001-1-	Comfort Transportation	CICCO IIC		0100/0/01
_	MI/0992344-001		CMR 148T	SJM 5462E	12/3/2010
+	500 0112000/	SMRT BUSES LID	CLT CINIC		STOCINIAC
_	M1/0986118-002		CUC 7718G	XD 8343C	24/4/2010
+	200 1011000	CityCab	DOT / DUG		0100/0/01
	MT/0991/9/-002		TOAR SANT	SIM 5462E	12/3/2018
+		CAMPT RIISES LTD	SMB 1401		0,000
	MT/0986118-002	SIMIN DOOR THE	Veccooise	ERK 528M	26/4/2018
1		Comfort Transnortation	SH80031	I DIN SECURI	0.000
	MT/0992112-002	COLLINIT Hallsbortage		X AUDSX	23/4/2018
		noitetrogrammer to A.	SH 6/51J	ACOUR ID	
	MAT/0992351-001	Comfort Transportation			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 5. Any false reporting may be referred to the Police for investigation.
- 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

ACCIDENT	STATEMENT

Date Of Report

27/04/2018 09:04

Date Of Accident

26/04/2018 22:00 THOMSON ROAD TWDS BALESTIER SLIP ROAD

Exact Location Of Accident

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA5617M

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No Email Address FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

SONATA-2.0 (A)

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088936MFSH

Cover Note Number

Driver

YAHYA B ABU HASSAN

Name of Driver

S1553091Z

Date Of Birth

NRIC No

23/10/1962

Occupation

OUTDOOR

02/11/1984

Date Of Driving Pass

33 YEARS AND 5 MONTHS

Driving Experience

MALE

Gender

Mobile Number

Fax Number

Contact Number

NOEMAIL

EMail Address

BLK 159 WOODLANDS STREET 13

#04-669

Address 730159 Postcode

Was driver an employee of the Insured's Company NO OTHER - TAXI DRIVER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 YES Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

NAME: Passenger 1

: MALE GENDER:

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

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:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

EM3928B Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category UNKNOWN Name of Driver S8527677H NRIC/Passport Number 96192226 Contact Number

Address Postcode

Insurance Company Name

UNSURE Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode YAHYA B ABU HASSAN

GIDDY

SHA5617M

YES

NO

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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
- 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)

Lunderstand, 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)
 - (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, involces, 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
 - (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:

Teo Yen Yee

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIAC SketchPlanForm_V3

, <u>jus</u>

GIARNAC SketchPlanForm_V3

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Hads Woven	19 7	L XX	
		4-11-11-11-11-11-11-11-11-11-11-11-11-11	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
	Do son ottor	hed	
	As per attac	1, CCC	
Gainti San			-5,4133
Maria Ma	William Francisco		
DECLARATION	A PROCESSOR A VOICE CONTRACTOR OF THE PROCESSOR AND A STATE OF THE PROCESS		
1/We declare the foregoing partic	ulars are true in every respect.	<i>M</i>)	Teo Yen Yee
COMFORT TRANSPORTATION	ON PTE IXIX	V	· 255000000
CO. REG. NO. 19930:	3821R		
Policyholder's Signature	Driver's Signature		Personnel's Signature
Date & Time:	(If driver is not the policyhold Date & Time:	er) Name: NRIC/FIN No.:	
	the state of the s		

Sketch Plan Pg. 3

escribe Circumstances of the Accident.	
	-
n 26/04/2018 at about 22:00hrs, I was driving along Thomson Road towards Balestier slip	
oad.	
SUGGEST broked and stopped thus I braked and	1
As I approached the slip Road, the front car SLQ6564T braked and stopped thus I braked and	
stopped as well. Suddenly a few seconds later a car EM3928B came from behind collided	
topped as well. Suddenly a few seconds later a car Embago	
to the year of my tay	
onto the rear of my taxi.	
01 male passenger on board my taxi. No injury reported at the point of the accident.	
of male passenge, on some of	
	_
	- 30
	_
	151115
	111111
Declaration	
in the protein every respect.	
I/We declare the foregoing particulars are true in every respect.	
\~	
COMFORT TRANSPORTATION PTE LTD	
CO. REG. NO. 199303821R	eo Ye
I die V	

Driver's Signature(If driver is not the policyholder)/Date

& Time

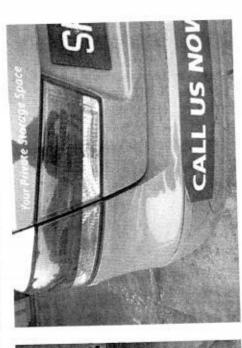
Policyholder's Signature/Date &

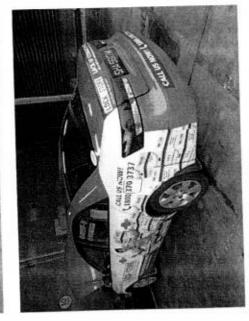
Time

Witnessed by Reporting

Centre Personnel













COMFORTDELGRO ENGINEERING

A member of 'COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 570701. Maiddele + 65 6383 6280 Fecalinitis + 65 0290 9730

Date/Time: 27.04.2018 10:06 Page: 1

	ARC Repair TP(CLSO)1	JOB CARD Sa.	les Order:	JC NO305153991
'eam: 3TOMEF			REGN NO. SHA5617M	MILEAGE
'MS	COMFORT TRANSPORTATION PTE 7010045	r mn	MAKE HYUNDAI	FUEL E
STOMES SRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	1	MODELSONATA 27.	04.2018 06:00
, (R)	65508755 (O)	attico	YR OF MANU 4. 2011	TARGET DATE
(P)		NIMC	CHASSIS CODE KMHET41VMBA810104	COMPLETION DATE/TIME:
COUNT	CARD NO.	4		

JOB DESCRIPTION

Accident Date: 26.04,2018 WATURE: 3P 26.04.2018

3/NO

LABOR CODE

DESCRIPTION

	CUSTOMER'S SIGNATURE
Exit Pass	
Vehicle No.: SHA561	1.7M
gnature/Date Name of Service Advisor	Date
	Vehicle No.: SHA56.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 5617M :

MAKE

DATE 27/4/2018 10:21 NTUC

EL	: HYUNDAI SONATA Parts Description/ Labour	Type	Unit	Price	A	mount	
Qty	- 0.1.1	-71-			\$	578.40	
	Rear Bumper				\$	483.30	
	Rear Bumper Reinforcement				S	22.00	
	Rear Bumper Clip ton				\$	137.40	
	Rear Bumper Sponge Rear Bumper Under Cover			1	S	185.80	
	Rear Bumper Protector (LH/RH)×		\$	38.00	\$	76.00	
	Rear Panel × 5		1		S	391.80	
	Rear Panel Garnish				\$	95.80	
	SUB TOTAL				\$	1,970.50	1
	LESS 20%			1	\$	394.10	1
	DISCOUNTED TOTAL				S	1,576.40	
	- /11						
	Rear Bumper Reverse Sensor * / shill				\$	135.70	1
	Rear Bumper Advertisement Logo				S	50.00	1 3
	Rear Fender Advertisement Logo (LH/RH)		S	100.00	\$	200.00	N
					\$	385.70	
	Labour Charge Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor				\$ \$ \$ \$	280.00 2 00.0 0 59.00 129.00	丁?
	TOTAL LABOUT				s	650.00	0
	ESTIMATE TOTAL	L			S	2,612.10	0
	1 27/4/-8 1100 hos to the oto To	resurvey before the control of the c	sultants hence I the following prelatter spray pi aged part(s) durive e subject to confinite pict to c	ng resurvey irmation yout Prejudice" bar	sis		
	This is an initial estimate based on a visual inspection o be prepared after the vehicle is surveyed by a motor Sur	f the abov	e vehicle. T	he final repai	r qua	intum will	

COMFORTDELGRO ENGINEERING

ate	b Ref No :	e : 28/04/18			59 Loyang	Gro Engineering Ple Ltd Drive Singapore 508969	
77.75					Fax: 6546 8	3156	
INAL	IZATION FO				Fax:		
o	1	LKK			1 00.		
Attn	: Mr	KALVIN				26.04.18	
		: SHA5617M	CTPL	_	_	20.04.10	
The s	urvey and est	imates of the repairs	of the above-mer	ntioned vehicle are	as follows:-		
١.		b shall bill to:		NTUC	***	EM3928B	
2.	110-121	d amount shall be: Parts after List disc	ount				
	Mark Day		Julic				
		ur Charges	enair Cost				
	Tota	I for Part-By-Part R	epail Cost				
	(c.) Lump	osum Repair (if applic	able)			\$1.450.00	
	Total	for Lumpsum repair Lumpsum Repair	cost after Less:	20%		\$1,450.00 \$1,450.00	
4.	We shall tr 7 working	normal period for repa eat the above amoundays for your assistance.		and Confirmed if	king days. there is no repl confirm the esti		
3. 4. 5.	We shall tr 7 working Thank you Signature:	eat the above amou days for your assistance.		and Confirmed if We fine	there is no repl		
	We shall tr 7 working Thank you Signature:	eat the above amount days for your assistance.		we find Sig	e confirm the esti alized amount anature :	mates and	
4.	We shall tr 7 working Thank you Signature : Name	eat the above amount of the second of the se		and Confirmed if We fine	e confirm the esti alized amount anature :	mates and	
4 . 5 .	We shall tr 7 working Thank you Signature : Name Tel	eat the above amount of the second of the se		we find Sig	e confirm the esti alized amount anature :	mates and	
4 . 5 .	We shall tr 7 working Thank you Signature : Name	eat the above amount of the second of the se		ond Confirmed if We find Sig	e confirm the esti alized amount anature :	mates and	
 4. 5. 	We shall tr 7 working Thank you Signature : Name Tel	eat the above amore days for your assistance. LIM KWOK ENG 62148316 65468156 Only		we find Sig	e confirm the esti alized amount anature :	mates and	
4. 5.	We shall tr 7 working Thank you Signature: Name Tel Fax	eat the above amore days for your assistance. LIM KWOK ENG 62148316 65468156 Only	unt as Correct a	ond Confirmed if We find Sig Na Da Document Attached	confirm the esti	ICALLA 3. / 4/-8	
4. 5.	We shall tr 7 working Thank you Signature: Name Tel Fax Official Use	eat the above amore days for your assistance. LIM KWOK ENG 62148316 65468156 Only	unt as Correct a	ond Confirmed if We fine Sig Na Da Document Attached Yes or No	confirm the esti	ICALLA 3. / 4/-8	
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4. 5. 1. 2. 3. 4.	We shall tr 7 working Thank you Signature: Name Tel Fax Official Use Item Rental Rate F Loss of Incon Survey Fees LTA Search	ceat the above amore days for your assistance. LIM KWOK ENG 62148316 65468156 Only P/Day ne Paid	unt as Correct a	ond Confirmed if We fine Sig Na Da Document Attached Yes or No	confirm the esti	ICALLA 3. / 4/-8	
4. 5. 1. 2. 3. 4. 5.	We shall tr 7 working Thank you Signature: Name Tel Fax Official Use Item Rental Rate F Loss of Incon	ceat the above amore days for your assistance. LIM KWOK ENG 62148316 65468156 Only P/Day The Paid Fee Gon behalf	unt as Correct a	ond Confirmed if We fine Sig Na Da Document Attached Yes or No	confirm the esti	ICALLA 3. / 4/-8	



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/INC18007807/K1rbn2

DE	AS BASAH ROAD	NION HOUSESINGAPORE	Date: 08-05-2018			
395			Code: INC4			
	SANTE CONTRACTOR	Policy Particulars	:- THIRD PARTY CLAIM			
	Insured Veh.	EM 3928B	Veh. Inspected	SHA 5617M		
_	Policy No.	5051880084-06	Coverage (\$)	0.00		
_	Claim No.	MT/0992340-001	Excess (\$)	0.00		
_	Assign From	Military Control	Assign Date	27/04/2018		
- 6	Assignition	Vehicle Par	ticulars & Condition			
	Make & Model	HYUNDAI SONATA	c.c	1991		
_		HIDDEN	Year of Reg.	2011		
	Engine No.	KMHET41VMBA810104	Colour	BLUE		
	Chassis No.	663767	Steering	IN ORDER		
	Odometer	IN ORDER	Modification	STANDARD ALLOY RIM		
_	Brakes	GOOD				
	General		litions of Tyres			
3.		Size	Make	Balance		
_		215/60 R16	HANKOOK	7 mm		
	R/H Front Tyre	215/60 R16	HANKOOK	7 mm		
	L/H Front Tyre R/H Rear Tyre	215/60 R16	HANKOOK	7 mm		
_		215/60 R16	HANKOOK	7 mm		
	L/H Rear Tyre 215/60 R16 Description of Damages					
4.	THE VEHICLE SI	ISTAINED DAMAGES AT THE				
	DAMAGES SEE I	DETAILS.	eral Information	DE LES DA CERCASIONES		
5.		26/04/2018	Inspection Date	27/04/2018		
	Accident Date					
	Survey held at	59 LOYANG DRIVE	Manager (177 1875) (1823 (1834 (1845) 1863))			
		SINGAPORE 508969				
5a			Remarks	CONTROL SIDE AND ADD		
-		ION WAS CONDUCTED ON A NCE TO YOUR INSTRUCTION	"WITHOUT PREJUDICE" BAS S. WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.		
	B)IN ACCORDA	NCE TO YOUR INSTRUCTION	ate Days of Repair			
5b		RMAL PERIOD FOR REPAIR:	2 Working Day	ys		



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5617M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1 1 10 1 1	REPLACEMENT OF PARTS REAR BUMPER REAR BUMPER REINFORCEMENT REAR BUMPER CLIP REAR BUMPER SPONGE REAR BUMPER UNDER COVER REAR BUMPER PROTECTOR (LH/RH) @\$38.00 REAR PANEL REAR PANEL GARNISH	DEFORMED CRACKED NECESSARY TORN SERVICEABLE TO REPAIR SERVICEABLE SERVICEABLE	578.40 483.30 22.00 137.40 185.80 76.00 391.80 95.80	-
1	LESS 20% DISCOUNT		-394.10 1,576.40	
9	SPECIAL NETT ITEMS 1 REAR BUMPER REVERSE SENSOR (SN) 1 REAR BUMPER ADVERTISEMENT LOGO (SN) 2 REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	SHORTED NECESSARY NECESSARY	135.70 50.00 200.00 385.70	50.00
	LABOUR THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.0 200.0 650.0	0 200.00
	GRAND TOTAL		2,612.1	
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,450.0

Report Ref No. NS/INC18007807/K1rbn2

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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