

10/01/18

Driver: Mr. Kelvin

REF:

NS/INC18007932/K153bn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp: _____

at Work: _____

of _____

Insured: SLC 3102LPolicy No: 5088017748-01 170318-160319Claims No: MT/0992192-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(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:

SHA 4 645M

Yr Regn:

22 Dec 2016

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

Truck / Trailer or

Make:

Hyundai 2.0

c.c.

1605

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

16206

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KM HLBK14MH4097306

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Wellfa

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/4/18

D.O.I.

30/4/18

Survey held at

CDGE (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

SHA 4645M - C03 / III / 5017449 / Ru6352DUA: 10015 INCSLC 3102L - NA / INC / 8017754 / H4DUA: 260418 PIP2/5/18 Claims PIP \$1015.20 / 2 Rep.02/05/18 Red - 56%

RECEIVED 02 MAY 2018

Date/Time File Pass to?

02/05/18

Prel. Report



Final Report

1) Typist

Date/Time File Return to?

2) _____

Days Of Repair:

2 days

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Ins. (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

16035195



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/INC18007932/K1s3b

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 30-04-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 3102L	Veh. Inspected	SHA 4645M
Policy No.	5088017748-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/04/2018

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	26/04/2018	Inspection Date	30/04/2018
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.
--

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 checked="" type="radio"/>	5088017748-01	E-CUBE VEHICLE RENTAL PTE LTD	201607761H	GPC	drive CLASSIC	SLC3102L	SLC3102L	17/03/2018	16/03/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 02/05/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0991982-002	CTPL	SHD 3491E	XD6616D	26/04/2018	8:25	\$ 4,486.64	\$ 1,440.24
2	MT/0991289-002	CTPL	SHD 3301X	SJJ 3280S	20/04/2018	18:06	\$ 5,353.90	\$ 4,808.05
3	MT/0992192-002	CTPL	SHA 4645M	SLC 3102L	26/04/2018	18:15	\$ 2,311.58	\$ 1,015.20
4	MT/0991977-003	CTPL	SHA 3309R	SJN 8596C	25/04/2018	9:30	\$ 9,850.38	\$ 5,100.00
5	MT/0989359-002	SMRT TAXIS PTE LTD	SHB 757U	SLE 8939X	05/04/2018	17:40	\$ 7,706.32	\$ 3,950.00
6	MT/0992601-001	SMRT TAXIS PTE LTD	SHB 5717C	SJF 1261G	18/04/2018	6:30	\$ 3,335.11	\$ 1,125.39
7	MT/0990691-002	SMRT TAXIS PTE LTD	SHB 912M	SJK 3549M	14/04/2018	3:50	\$ 1,641.92	\$ 638.92

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	27/04/2018 16:18
Date Of Accident	26/04/2018 18:15
Exact Location Of Accident	VIVO CITY DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4645M
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	TAN LIAN HUAT @THAM LIAN HUAT
NRIC No	S1100521G
Date Of Birth	30/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 353 YISHUN RING RD #04-1748
Postcode	760353
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	DRIZZLING
Road Surface	WET

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)	2
Passenger 1	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	SLC3102L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR HO
NRIC/Passport Number	
Contact Number	96330827
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	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.
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:

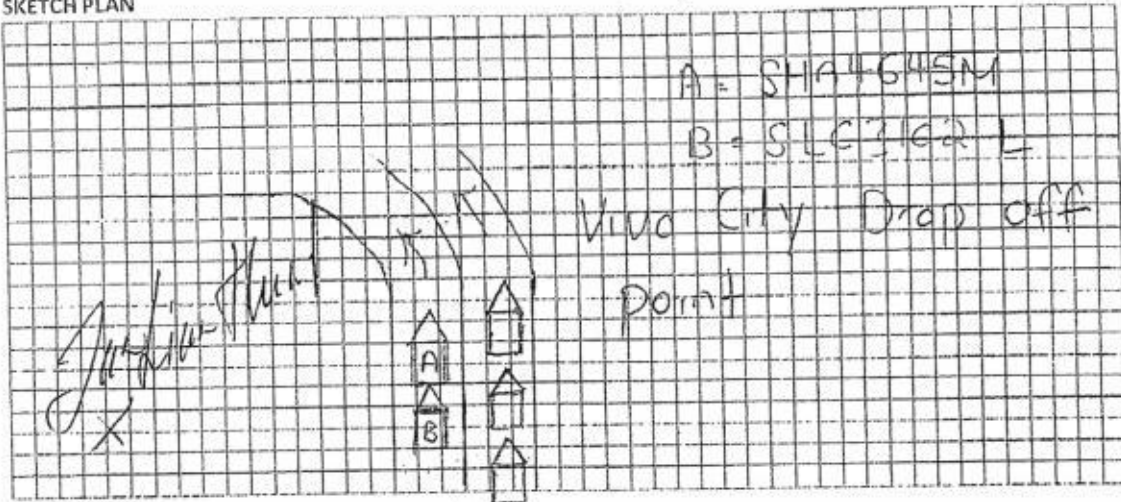
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Teo Yen Yee



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

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.:

Teo Yen Yee

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On 26/04/2018 @ about 1815hrs, I was driving towards Vivo City drop off point. Upon alighting my passengers, suddenly I felt an impact followed by a jerk from behind in the midst of collecting the taxi fare. After the collision, I stepped out of my taxi and checked. Found a car SLC3102L collided onto the rear of my stationery taxi.

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

Declaration

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

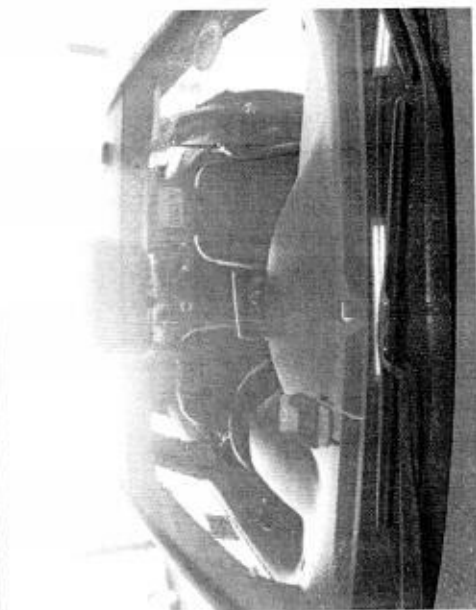
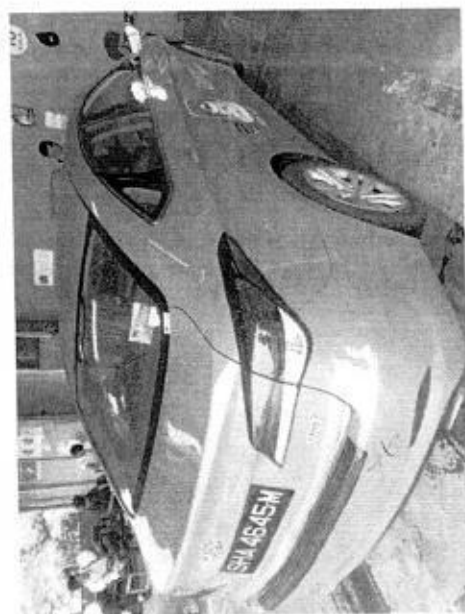
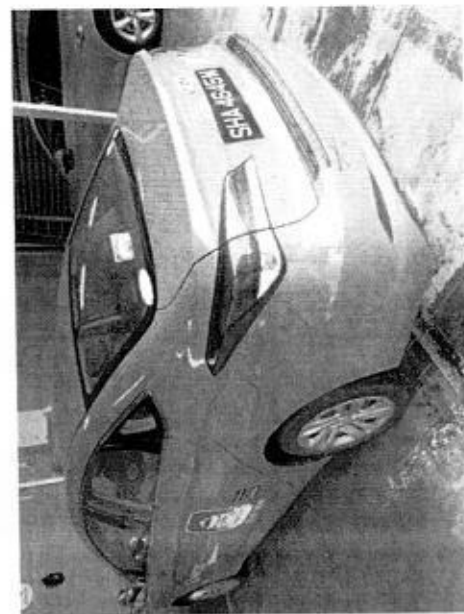
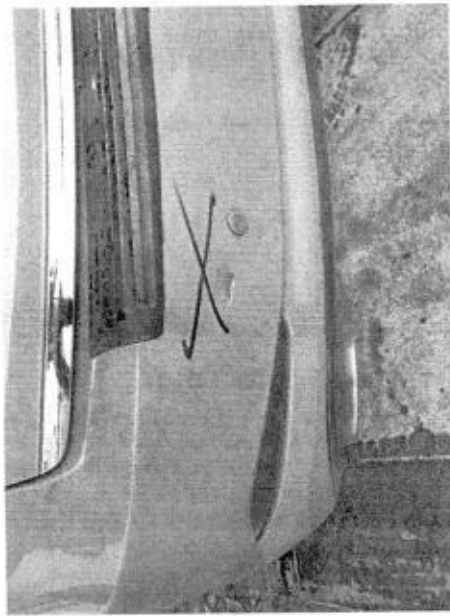
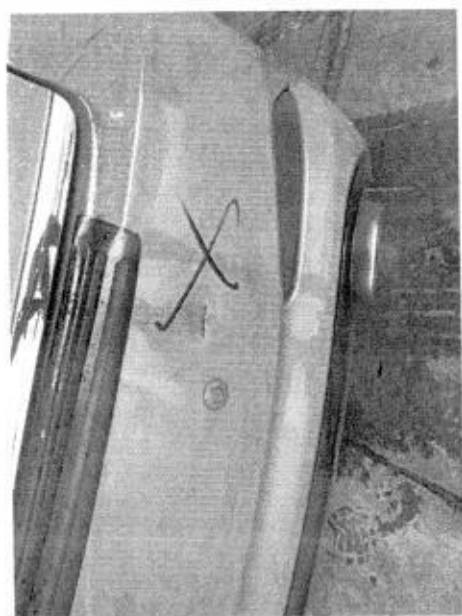
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

Teo Yen Yee

Witnessed by Reporting
Centre Personnel



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305154095

TOMER

VS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

COUNT CARD NO.

REGN NO.

SHA4645M

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

27.04.2018 14:30

YR OF MANU.

22.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097306

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.04.2018

ATURE: 3P 26.04.2018

/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

No.: SHA4645M

LKE

Exit Pass

Vehicle No.:

SHA4645M

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 : SHA 4645M

DATE 27/4/2018 15:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor			\$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 280.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 2,311.58

1/6/18/18
 30/4/18 1025h
 2 B2
 PIP
 Before pay phb

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 legal modification is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:

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.

LKR/Kalvin Pby P
 NTUC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 30.04.2018

Time: 18:26:18

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 : 305154095
REGN NO : SHA4645M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 27.04.2018 14:30
ACCIDENT DATE : 26.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1 L	143.40	20.00	114.72

SUB-TOTAL : 615.20

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

TOTAL : 1,015.20

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

**COMFORTDELGRO
ENGINEERING**

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

Our Job Ref No 305154095

Date 30/04/18

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA4645M CTPL

26.04.18

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

1. The repair job shall bill to: NTUC --- SLC3102L
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$615.20
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost \$1,015.20**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN

Date : 2/5/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

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/INC18007932/K1s3bn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-05-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 3102L	Veh. Inspected	SHA 4645M
Policy No.	5088017748-01	Coverage (\$)	0.00
Claim No.	MT/0992192-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097306	Colour	BLUE
Odometer	163006	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	26/04/2018	Inspection Date	30/04/2018
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. SHA 4645M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-153.80
			1,525.88	615.20
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		450.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			650.00	400.00
GRAND TOTAL			2,311.58	1,015.20
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,015.20

Report Ref No. NS/INC18007932/K1s3bn2

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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 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.