

(08/11/13)

S. Mervin: Kalvin

REF: NS/INC18010093/KITb02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SH 5573 XPolicy No. 5083972699-01 09-11-17-08-11-18Claims No. 017/0997824-001

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: 2 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 811B Yr Regn: 13 Aug, 2015

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 296760 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLBK14M64077048

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / 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 HarKok

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 30/5/18 D.O.I. 4/6/18Survey held at (DGE (Loyang))

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Frnt N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 811B - 003/ICS17018745 / K166342
	SHA 5573 X - NA/INC17009545 / h4-
6/6/18	Letter 1 45 \$2850 / 2 Pgs. (Ref 8415.96, 13%)

RECEIVED 08 JUN 2018

Date/Time, File Pass to?

☐ : Prel. Report1) 08/6/18☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160

Report Format: 7PLump Sum / I.B.I. (\$) 2850Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)



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/INC18010093/K1tb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556			
Date: 04-06-2018			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLH 5573X	Veh. Inspected	SHA 811B
Policy No.	5085972699-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/06/2018
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	30/05/2018	Inspection Date	04/06/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3103U	SIF 4437X	07/06/2018	\$ 2,431.58	\$ 450.00
2	MT/0996966-002	CITYCAB PTE LTD	SHA 8202G	SIF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
3	MT/0997834-001	CITYCAB PTE LTD	SHA 811B	SLH 5573X	30/05/2018	\$ 3,265.96	\$ 2,850.00
4	MT/0994720-002	SMRT TAXI PTE LTD	SHB 5571E	GU 5267J	15/05/2018	\$ 6,170.40	\$ 2,240.23
5	MT/0992549-002	SMRT TAXI PTE LTD	SHF 441J	SHB 8401T	01/05/2018	\$ 26,621.94	\$ 8,100.00
6	MT/0994278-002	SMRT TAXI PTE LTD	SHC 4212T	XE 565B	13/05/2018	\$ 21,016.42	\$ 4,600.00
7	MT/0997827-001	SMRT TAXI PTE LTD	SHC 4382K	SKT 1790K	19/05/2018	\$ 1,449.70	\$ 300.00
8	MT/0994682-002	SMRT TAXI PTE LTD	SHC 4536J	GBD 5726L	14/05/2018	\$ 5,555.30	\$ 950.00
9	MT/0997288-002	COMFORT TRANSPORTATION PTE LTD	SHD 3230S	SIN 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
10	MT/0997833-001	COMFORT TRANSPORTATION PTE LTD	SHC 1781L	SIT 1714T	03/06/2018	\$ 5,712.98	\$ 2,300.00
11	MT/0997524-002	COMFORT TRANSPORTATION PTE LTD	SHA 3460K	GBG 4353U	05/06/2018	\$ 2,752.02	\$ 900.00
12	MT/0997717-002	COMFORT TRANSPORTATION PTE LTD	SHC 2931P	GBC 3789Z	05/06/2018	\$ 2,751.20	\$ 1,250.00
13	MT/0996973-002	COMFORT TRANSPORTATION PTE LTD	SHA 3075P	FBE 3401G	01/06/2018	\$ 1,087.44	\$ 508.00
14	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3514P	SJA 2496R	04/06/2018	\$ 2,836.58	\$ 800.00

Claim received from LKK Auto

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/05/2018 17:23"/>						
Vehicle No.(For Motor)	<input type="text" value="SLH5573X"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085972699-01	AMV PTE. LTD.	201505825Z	GPC	drive CLASSIC	SLH5573X	SLH5573X	09/11/2017	08/11/2018
<input type="button" value="Continue"/>									

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	02/06/2018 09:16
Date Of Accident	30/05/2018 22:30
Exact Location Of Accident	BLK 280 YISHUN ST 22 OPEN AIR CARPARK.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA811B
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHIA YEW SENG
NRIC No	S1334747F
Date Of Birth	10/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91471069
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 BUKIT MERAH VIEW #06-195
Postcode	161117
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	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)	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

REFER ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

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	SLH5573X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ARIS FADILLAH BIN A LATIFF
NRIC/Passport Number	S1770348Z
Contact Number	81552145
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

01/6/18
Jackson Hong
CSO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/6/2018 at about 2230 hrs, I Vehicle A was alighting my passenger at Block 280 Nishin St 22 open air Carpark. After alighting her, Vehicle B was in front of me suddenly make a reverse and collided onto my taxi front position causing the damaged.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G
Policyholder's Signature
Date & Time:

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

01/6/18
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name: Jackson

A member of COMFORTDELGRO

Date/Time: 04.06.2018 12:48 Page : 1

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO305169270

TOMER		REGN NO: SHA 811B	MILEAGE
AS CITYCAB PTE LTD		MAKE: HYUNDAI	FUEL
TOMER NO 7010070		MODEL I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE		DATE/TIME IN 04.06.2018 11:45	
Singapore SINGAPORE 575717		YR OF MANU 13.08.2015	TARGET DATE
(R) 65551188 (O)		CHASSIS CODE KMHLB41UMGU077048	COMPLETION DATE/TIME:
(P)			

OUNT CARD NO:

ccident Date: 30.05.2018
ATURE: 3P 30.05.18

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass	
Vehicle No.: SHA 811B	SHA 811B
Service Advisor	Signature/Date
Name of Service Advisor	Date
med to Service Reception upon collection	To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 811B

MAKE :

MODEL : HYUNDAI i40

DATE 1/6/2018

NTUC - LSUM

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille / <i>cm</i>			\$ 1,480.00	
	Front Bumper Cover / <i>phl</i>			\$ 1,052.20	
	Front Bumper Sponge X <i>sm</i>			\$ 142.20	
	Front Bumper Reinforcement X <i>sm</i>			\$ 526.10	
	Front Bumper Bracket Top (LH/RH) X <i>sm</i>		\$ 22.40	\$ 44.80	
	Front Bumper Retainer Mounting X <i>sm</i>		\$ 9.20	\$ 18.40	
	Front LH Head lamp / <i>cm</i>				
	SUB TOTAL			\$ 3,263.70	
	LESS 20%			\$ 652.74	
	DISCOUNTED TOTAL			\$ 2,610.96	
	Front Number Plate / <i>cm</i>			\$ 25.00	Nett
	Front No Plate Trim Cover X <i>sm</i>			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00	
	Wiring Charge			\$ 50.00	
	TOTAL LABOUR			\$ 600.00	
	ESTIMATE TOTAL			\$ 3,265.96	
				4376.36	

Kalvin

4/3/8 1400L

2/3/8

4/3/8

After Rep & L

LKK Auto Consultants hence notify the Repairer of the following:

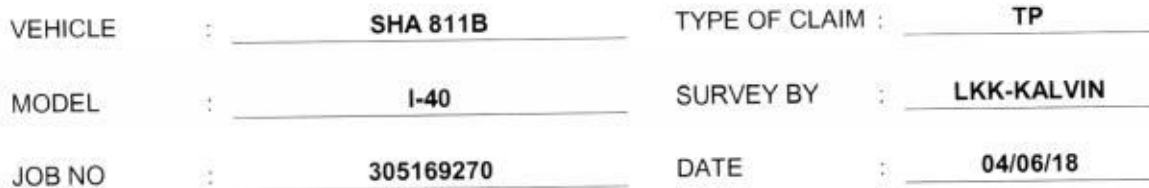
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

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.

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169270
Date : 06/06/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHA 811B

Fax :
Date of Accident : 30-May-18

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


1. The repair job shall bill to: NTUC --- SLH5573X
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% \$2,850.00
 - Final Lumpsum Repair cost \$2,850.00**

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 6/6/18

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:



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/INC18010093/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 18-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 5573X	Veh. Inspected	SHA 811B
Policy No.	5085972699-01	Coverage (\$)	0.00
Claim No.	MT/0997824-001	Excess (\$)	0.00
Assign From		Assign Date	04/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077048	Colour	YELLOW
Odometer	296760	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/05/2018	Inspection Date	04/06/2018
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.
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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. SHA 811B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$9.20	SERVICEABLE	18.40	-
1	FRONT LH HEAD LAMP	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-930.34	-784.04
			3,721.36	3,136.16
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	25.00
LABOUR				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		200.00	200.00
	WIRING CHARGE.		50.00	20.00
			600.00	420.00
GRAND TOTAL			4,376.36	3,581.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,850.00

Report Ref No. NS/INC18010093/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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