

11/13
 REF: Kavin

REF: NS/INC18010229 / Klsber

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 O/D / TP / INS / TP RES / OD RES / EVA / INV / MV
 To: Inspected Vehicle No: _____
 at: Workshop/s: _____
 of: _____
 Insured: FBE 34016
 Policy No: 5092968534 050817 - 240818
 Classification No: MT/0996973 - 002
 Survey 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: _____ 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 3075P Yr Regn: 8 Sep, 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 c.c.: 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 280080 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41M64093458
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STDA/Rim or _____
 Tyre Size; F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Carson

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>1/6/18</u>	D.O.I. <u>5/6/18</u>

 Survey held at CPGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
of front.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 3075P - call / III / 8103388 / 043 DUA: 1502008 INC
	FBE 34016 - X PIP
7/6/18	Indemnity PIP \$508 / 2 days.
08/06/18	(\$1,087.44) (\$1,087.44 - \$508) - Reduction = 53%
RECEIVED 05 JUN 2018	

Date/Time, File Pass to? 08/06/18
 : Prel. Report
 : Final Report
 1) Typist
 Date/Time, File Return to?
 2) _____
 Report Format: _____
 Lump Sum / I.B.I.: (\$ PIP \$508/-)
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)
 Survey Fee: 160
 Transportation: _____
 S + RS: _____
 Photos _____
 Others _____
 TOTAL: 160



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/INC18010229/K1sb			
73 BRAS BASAH ROAD		Date: 05-06-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBE 3401G	Veh. Inspected	SHA 3075P
Policy No.	5092968534	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
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	01/06/2018	Inspection Date	05/06/2018
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.			

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092968534	MUHAMMAD SHAH REZAL B JAMALUDIN	S9742510H	GMC	Third Party, Fire & Theft	FBE3401G	FBE3401G	05/08/2017	24/08/2018

Continue

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/0997402-002	COMFORT TRANSPORTATION PTE LTD	SHA 3102U	SIK 4437X	03/06/2018	\$ 2,431.58	\$ 450.00
2	MT/0996966-002	CITYCAB PTE LTD	SHA 8202G	SJF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
3	MT/0997824-001	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 5967J	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	SJN 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
10	MT/0997833-001	COMFORT TRANSPORTATION PTE LTD	SHC 1781L	SJT 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

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305169413

COMFORT TRANSPORTATION PTE LTD
 NO. 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 55508755 (O)

REGN NO: SHA3075P	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 04.06.2018 10:00
YR OF MANU. 08.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093458	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 01.06.2018
 E: 3P 01.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

 SHA3075P JU NTUC LKK

 e Advisor Signature/Date

Exit Pass

 Vehicle No.: SHA3075P

 Name of Service Advisor Date

to Service Reception upon collection

To be kept by Security Guard

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	01/06/2018 16:08
Date Of Accident	01/06/2018 13:20
Exact Location Of Accident	BUKIT PANJANG RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3075P
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	KANG GIM BOON
NRIC No	S0048037A
Date Of Birth	24/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1975
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97861686
Fax Number	
Contact Number	
EMail Address	KANGGIMBOON@GMAIL.COM

Address	674A JURONG WEST STREET 65 #07-76
Postcode	S641764
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 - CHANGE/CROSS LANE
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?	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

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

HEAD TO SIDE. PLS SEE 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	FBE3401G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SHSH REZAL BIN JAMALUDIN
NRIC/Passport Number	S9742510H
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FRONT

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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

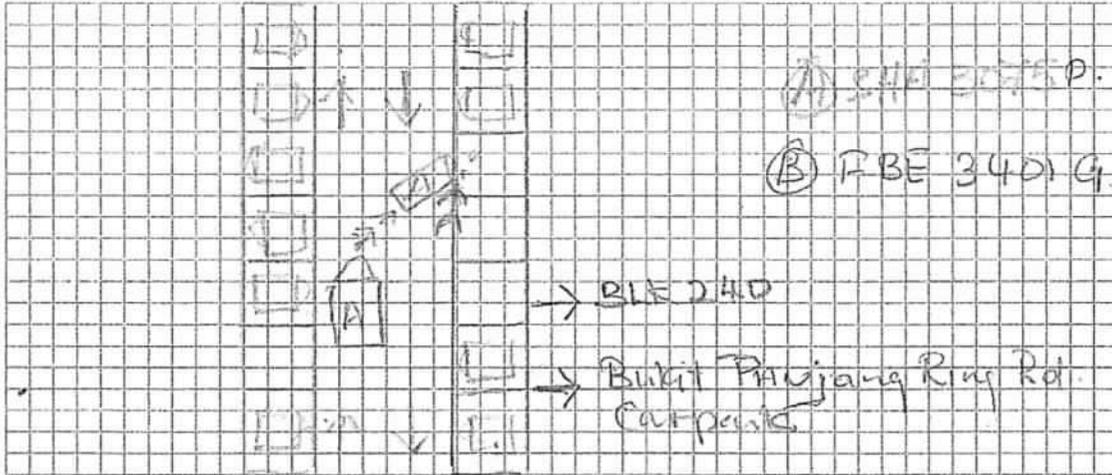
Driver's Signature
(If driver is not the policyholder)
Date & Time:

01/6/18
Jackson HONG
CSO

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/06/2018 at about 1320 hrs, I vehicle H was
 sending my passenger to bukit Panjang ring road
 at HDB open air Carpark, There was two way
 traffic and single lane each while I making a right
 turn, suddenly vehicle B came from my right and
 brush against my taxi right front fender and bumper.

DECLARATION

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

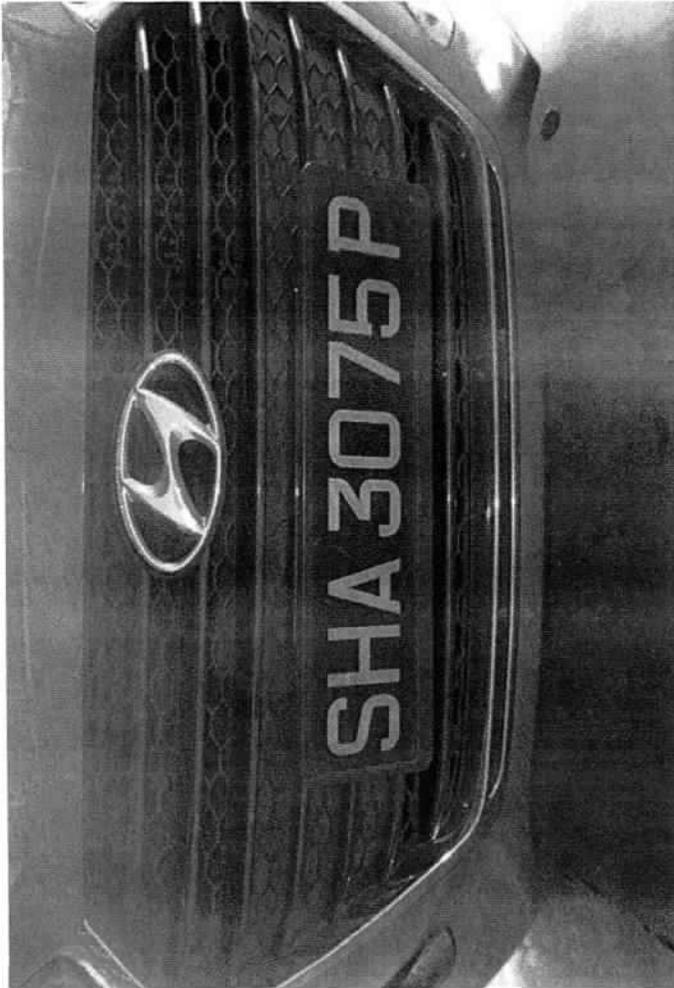
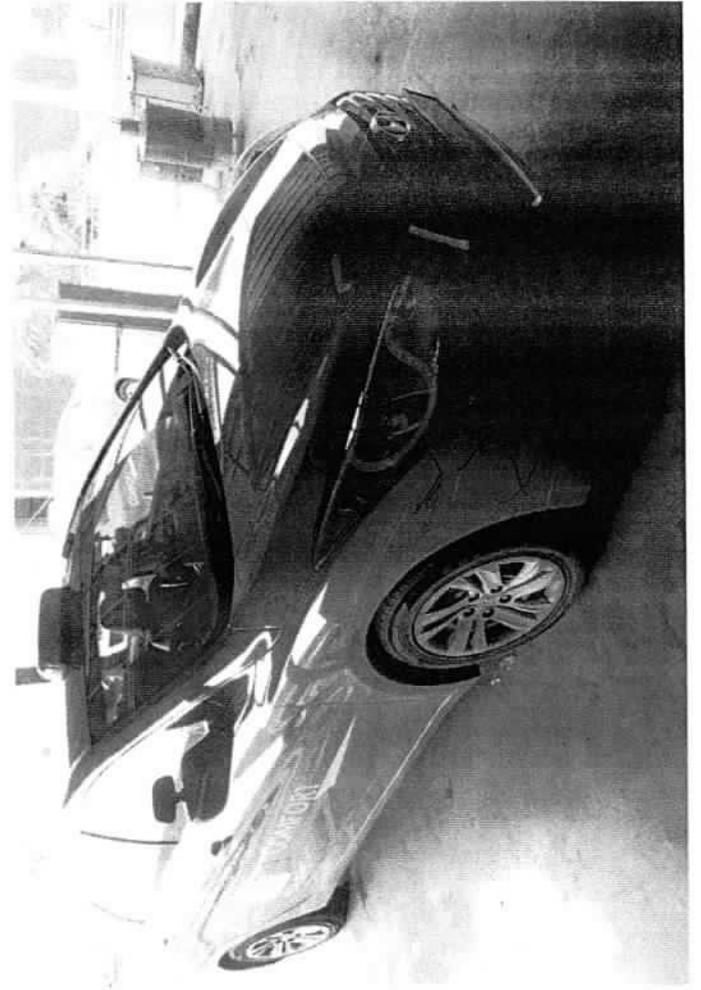
COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

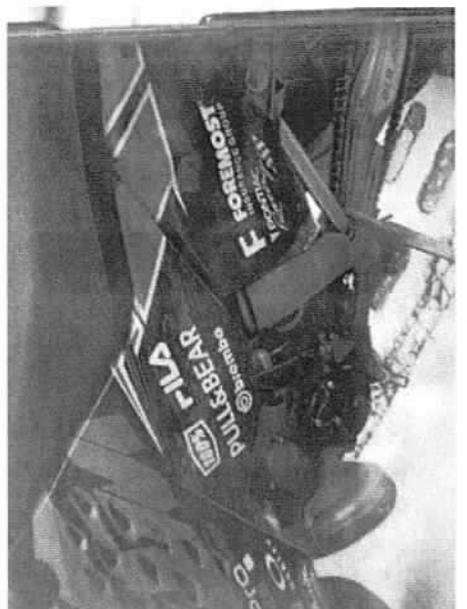
01/6/18
 Jackson Hong
 CSO Jackson

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.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3075P

DATE 4/6/2018 16:54

MAKE :

MODEL : HYUNDAI i40

None JM

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X 1/2</i>			\$ 562.30
	Front Bumper Bracket Top (RH) <i>X 1/2</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>X 1/2</i>			\$ 24.60
	SUB TOTAL			\$ 609.30
	LESS 20%			\$ 121.86
	DISCOUNTED TOTAL			\$ 487.44
	<i>Type / cut 50%</i>		<i>\$216</i>	
	Labour Charge			<i>200</i>
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00 <i>200</i>
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,087.44
	<i>Kaluz 10/11/12</i>			
	<i>5/16/18 1240hr</i>			
	<i>2 hrs</i>			
	<i>PIP</i>			
	<i>After Repair photo</i>			
				<i>1303-44</i>
<p>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.</p>				

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:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169413

Date : 07/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA3075P

Date of Accident : 01/06/18

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

1. The repair job shall bill to: NTUC --- FBE3401E
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$108.00</u>
(b) Labour Charges	###	<u>\$400.00</u>
Total for Part-By-Part Repair Cost		<u>\$508.00</u>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Calvin
Date : 7/6/18

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305169413
 REGN NO : SHA3075P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.09.2016
 DATE/TIME IN : 04.06.2018 10:00
 ACCIDENT DATE : 01.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 T-215 WL-RP26 (SONATA)WESTLAKE TYRE 215 1 216.00 50.00 108.00

SUB-TOTAL : 108.00

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 508.00

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO



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/INC18010229/K1sbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 14-06-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBE 3401G	Veh. Inspected	SHA 3075P
Policy No.	5092968534	Coverage (\$)	0.00
Claim No.	MT/0996973-002	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093458	Colour	BLUE
Odometer	280080	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/06/2018	Inspection Date	05/06/2018
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.			
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 3075P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	562.30	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
	LESS 20% DISCOUNT		-121.86	-
			487.44	-
SPECIAL NETT ITEMS				
1	TYRE (SN) (50%)	CUT	216.00	108.00
			216.00	108.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
GRAND TOTAL			1,303.44	508.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)			508.00
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Report Ref No. NS/INC18010229/K1sbe2

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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