

REF: NS/2NC18010232/K1W0n2

ASSIGNMENT

Fr _____ Date: _____
Es _____ Cast: _____
OD ITP / ITP RES / OD RES / EVA / INV / MV
To Inspected Vehicle No: _____
at Workshop no/s _____
of _____
Insured: FBE 7862H
Policy No 5064522108 - 03 060917 - 050918
Class No MT/0997420-002
Sur Insured; _____ Excess: _____
() Rent'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

Vehicle No: SHD 6859J Yr Regn: 8 Oct 2015
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: ☒ Ins ☒ Std ☐ NI ☐ NA
Sp. Reading 331569 T/Radio: ☒ Ins ☒ Std ☐ NI ☐ NA

Eng/No: _____

C/No: KMHLB414M44078368

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: ☒ Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD WRim or

Tyre Size: F: 205/60 R16

R:

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or *Handwritten signature*

<u>Front</u>		<u>Rear</u>
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>5/6/18</u>		D.O.I. <u>5/6/18</u>

Survey held at DGE (Long)

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

Pen 10/3

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

Date / Time	Action / Instruction
	SID 1859J - CO3 / AIG / BU17834 / HJ16372 DOA: 17-10-15 INC
	TBI 7862H - X 41.
8/6/8	Change 4/s \$1650 / 3 lms - (Red 2336.86, 589)
	RECEIVED 11 JUN 2018

Date/Time, File Pass to? ☐: Prel. Report

1) ☐ : Final Report

DataTree, File Return to?

2) 11/6 - typist

Report Format : TP

Lump Sum / I.B.I: (\$ 1650k)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$

□: Interview (\$

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

$$) \quad \underline{\hspace{1cm}} S + RS \quad \underline{\hspace{1cm}} SI$$

) Photos

1	Others	
---	--------	--

TOTAL

168



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/INC18010232/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 7862H	Veh. Inspected	SHD 6859J
Policy No.	5064522108-03	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	05/06/2018	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.

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 11 June 2018 9:48 AM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FIR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, June 11, 2018 9:27 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FIR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0997420-002	COMFORT TRANSPOTATION PTE LTD	SHD 6859J	FBE 7862H
2	MT/0997687-002	COMFORT TRANSPOTATION PTE LTD	SHA 7609Z	GBC 4376A

D.O.A	Time of Accident	Estimate	Tentative repair cost
5/6/2018	9:00	\$3,986.86	\$1,650.00
6/6/2018	0.47	\$1,379.20	\$850.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

General Claim

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 type="radio"/>	5064522108-03	KHAJRUL ANWAR BIN MOHAMED KASSIM	S87076981	GMC	Third Party	FBE7862H	FBE7862H	06/09/2017	05/09/2018

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	05/06/2018 11:24
Date Of Accident	05/06/2018 09:00
Exact Location Of Accident	LOYANG AVE TWDS TAMPINES AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6859J
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	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	CHUA ENG HONG
NRIC No	S1757736J
Date Of Birth	27/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98302172
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 213 PASIR RIS STREET 21 #06-208
Postcode	510213
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)	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	FBE7862H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHAIRUL HAFIZ BIN MOHAMED KASSIM
NRIC/Passport Number	S8539439H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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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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.

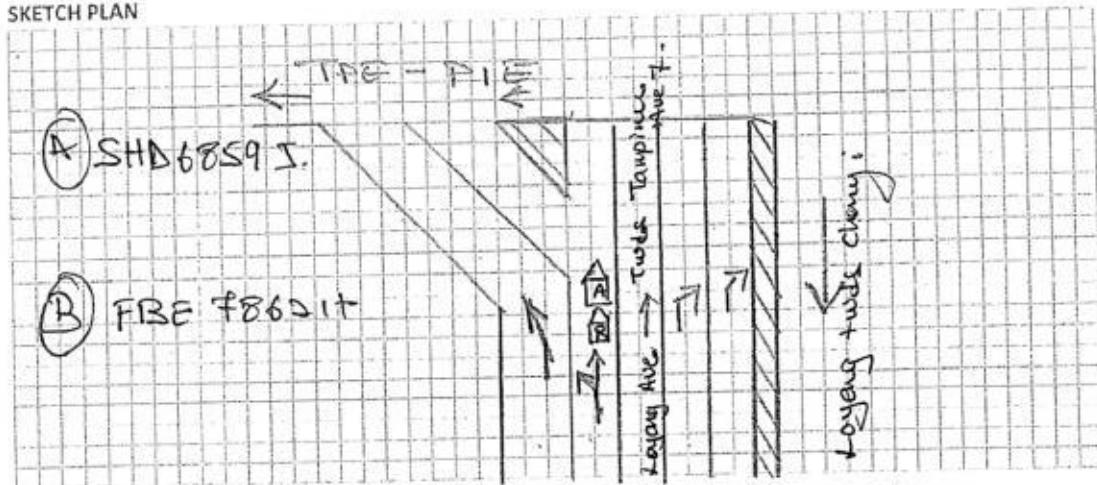
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 5 JUNE 2018 @ 0900h I

VEH A was driving along Tanjong Ave

to TPE/P1E. I slow down and stop

Suddenly VEH B hit VEH A Rear.

at the point of accident I VEH A

carry a male passenger he was ok.

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:
NIDP/PIA No.:



member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mobile + 65 6383 8280 Facsimile + 65 6383 9735

Workshops

58 Loyang Drive Singapore 506909 24 Bishoka Loop Singapore 756198
363 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728751
45 Pandan Road Singapore 609268 6 Delta Avenue 1 Singapore 539537
330 Kallang Road Singapore 330186

Date/Time: 05.06.2018 12:00 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305169830

TOMER AS COMFORT TRANSPORTATION PTE LTD TOMER NO 7010045 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHD6859J	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 05.06.2018 09:50
	YR OF MANU. 08.10.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU078368	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.06.2018
NATURE: 3P 05.06.18

/NO LABOR CODE DESCRIPTION

RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Edgecraft Slip

Exit Pass

No.: SHD6859J LIMITS

Vehicle No.: SHD6859J

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 6859J

DATE 6/5/2018

MAKE :

MODEL : HYUNDAI i40

NTUC - 4Sum.

TS

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem <i>me</i>			\$ 27.20
	Boot Lid CRDI Plate <i>me</i>			\$ 41.00
	Boot Lid Lamp (LH) <i>me</i>			\$ 556.80
	Bootlid i40 Emblem <i>me</i>			\$ 41.00
	Bootlid Lower Garnish <i>X repair</i>			\$ 398.00
	Rear Bumper <i>Rebel</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X me</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH) <i>X me</i>			\$ 180.00
	Rear Bumper Clips 10 pcs <i>me</i>			\$ 22.00
	Rear Bumper Bracket (LH) <i>X me</i>			\$ 49.00
	Rear Bumper Sponge <i>X me</i>			\$ 143.40
	Rear Bumper Under Cover <i>me</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH) <i>me</i>			\$ 32.00
	Tail Lamp (LH) <i>X me</i>			\$ 565.60
	SUB TOTAL			\$ 3,388.95
	LESS 20%			\$ 677.79
	DISCOUNTED TOTAL			\$ 2,711.16
	Boot Lid Comfort Logo & Tel No. Sticker <i>me</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>shorted</i>			\$ 135.70
				\$ 165.70
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	Repair Exhaust Pipe			\$ 60.00 <i>X 11</i>
	TOTAL LABOUR			\$ 1,110.00
	ESTIMATE TOTAL			\$ 3,986.86

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 is allowed
- Supplementary cost must be reviewed and is submitted to the relevant insurance company

Calvin LKK
5/6/18 1315hrs.
3 Dgs
4/3
After Repair photo

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

Our Job Ref No : 305169830

Date : 08/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD6859J

Date of Accident : 05-Jun-18

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

1. The repair job shall bill to: NTUC --- FBE7862H

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% \$1,650.00

Final Lumpsum Repair cost \$1,650.00

3. Estimated normal period for repairs: 3 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 : 8/6/18

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/INC18010232/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBE 7862H	Veh. Inspected	SHD 6859J
Policy No.	5064522108-03	Coverage (\$)	0.00
Claim No.	MT/0997420-002	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.	2015
Chassis No.	KMHLB41UMGU078368	Colour	BLUE
Odometer	331369	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 REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	05/06/2018	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:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6859J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOT LID LAMP (LH)	CRACKED	556.80	556.80
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
1	REAR BUMPER REINFORCEMENT BRACKET (LH)	SERVICEABLE	180.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET (LH)	SERVICEABLE	49.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	32.00	32.00
1	TAIL LAMP (LH)	SERVICEABLE	565.60	-
	LESS 20% DISCOUNT		-677.79	-309.72
			2,711.16	1,238.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			165.70	165.70
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	20.00
	REMOVE/REFIX REVERSES ENSOR.		120.00	30.00
	REPAIR EXHAUST PIPE.	NOT NECESSARY	60.00	-
			1,110.00	650.00
GRAND TOTAL			3,986.86	2,054.58

Report Ref No. NS/INC18010232/K1vbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,650.00
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Report Ref No. NS/INC18010232/K1vbn2

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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