

108-1113  
Kalin

REF: NS/TWC18010233/K1b2

# ASSIGNMENT

Fr:                      Date:                       
Es:                       
OD: ITP/RES/TP RES/OD RES/EVA/INV/MV  
To: Inspected Vehicle No:                        
at: ✓ Workshop/s                        
of                       
Insured: SKJ 799X  
Policy No: 5098649102      060318 - 051218  
Class No: MT/0997189-002  
Sur: 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: SHC 7067B Yr Regn: 7 Apr, 2016  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Hyundai Z40 C.C.: 1.685  
Colour: Yellow A/C: Insured / Std / NI / NA  
Sp. Reading: 33 2012 T/Radio: Insured / Std / NI / NA  
Eng/No:                       
C/No: KMH2G414AH4086822  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: 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 Wentk  
Front: 7 mm R/Bal. 7 mm  
L/Bal. 7 mm  
D.O.A. 4/6/18 D.O.I. 5/6/18  
Survey held at (DGE (Loring))  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
o/s Rear  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 7067B - CS/TC117013649/KVH3K2      DCA: 120918 Inc
	SKJ 799X - CS3/MT/11020123/G2342      DCA: 201014 4s
8/6/18	Change C/S \$1000/3hr. Rd: 46070.80, 86%

RECEIVED 11 JUN 2018

Date/Time, File Pass to? ☐ : Prell. Report  
1) Agent ☒ : Final Report  
Date/Time, File Return to?                       
2)                       
Report Format: TP  
Lump Sum / H.B.T. (\$) 1000  
Days Of Repair: 3  
Resurvey No. of Trip: 1  
Add Fee: ☐ : Site Insp (\$                     )  
☐ : Interview (\$                     )  
☐ : Tech. Invs (\$                     )  
☐ : Weekend (\$                     )  
Survey Fee:                       
Transportation:                       
S + RS, SI  
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/INC18010233/K1rb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 05-06-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKJ 799X	Veh. Inspected	SHC 7067B
Policy No.	5098648102	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	04/06/2018	Inspection Date	05/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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"/>	5098648102	CAR FOR YOU LLP	T18LL0381D	GPC	Third Party	SKJ799X	SKJ799X	06/03/2018	05/12/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/06/2018

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/0997189-002	COMFORT TRANSPORTATION PTE LTD	SHC 7067B	SKJ 799X	04/06/2018	11:35	\$ 7,070.80	\$ 1,000.00

## 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 11:20
Date Of Accident	04/06/2018 11:35
Exact Location Of Accident	FINLAYSON GREEN TWDS MARINA BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7067B
<b>Insured/Policyholder</b>	
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	LOONG KOK KHUNG
NRIC No	S1061118J
Date Of Birth	08/04/1946
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1966
Driving Experience	52 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84392562
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	215 YISHUN ST 21 06-293
Postcode	760215
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	SIDE SWIPE
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

see attach.

#### 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	SKJ799X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DIXION
NRIC/Passport Number	
Contact Number	90056151
Address	
Postcode	

Insurance Company Name

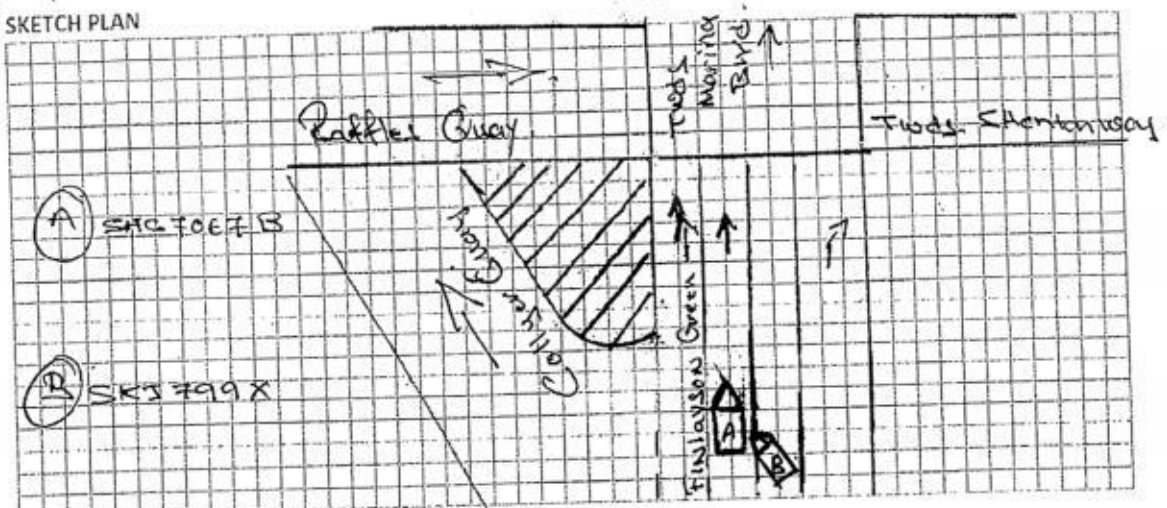
Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/06/2018 @ 11:35hrs, I was travelling along Finlayson Green towards Marina BLVD.

With 2 male passenger on board. My male passenger, Mr Yuhei Sasahara. Hp no: 9739 9681.

I was on the extreme left lane 2, while travelling straight. Suddenly, veh (B) SKJ 799X, cut into my lane and hit onto my taxi (A) right rear portion. My taxi (A) right rear portion was damaged.

No injury in this accident.

I had CCTV footage to support my claim.

Veh (B) (SKJ 799X) Mr.Yip Kai Yin.Nric no:S 8670724A.Hp no: 9006 6151.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time: 05 Jun 2018

GASLAC SketchPlanform\_V3

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 05 Jun 2018 @ 10:40hrs

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

5/6/18  
Jackson Heng  
CSO

Sukso



## Sketch Plan Pg. 2

### SKETCH PLAN

#### 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.

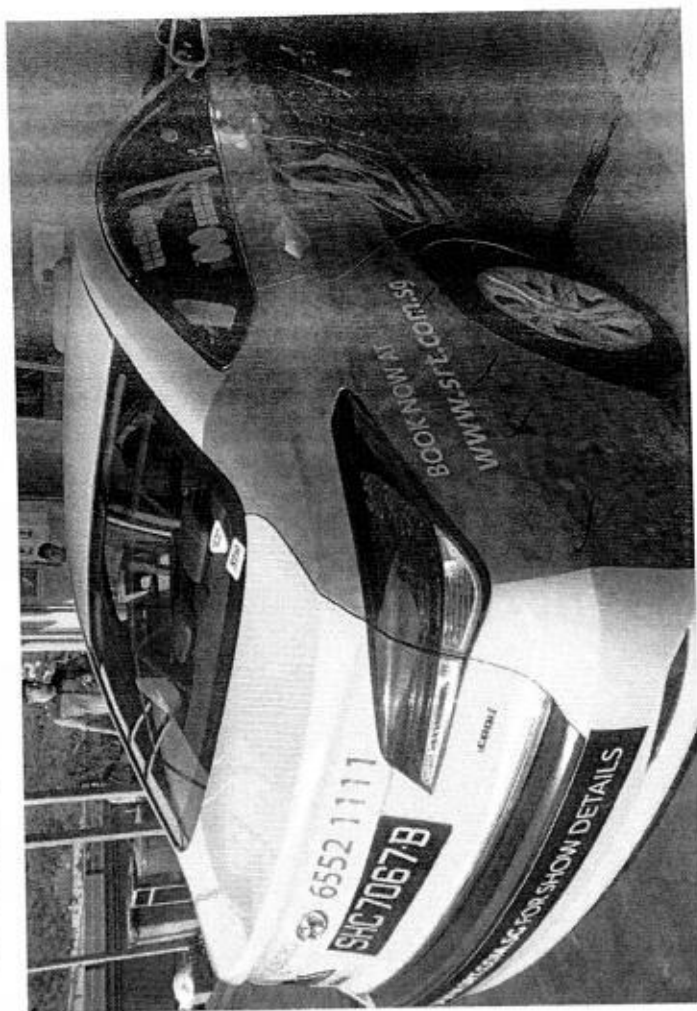
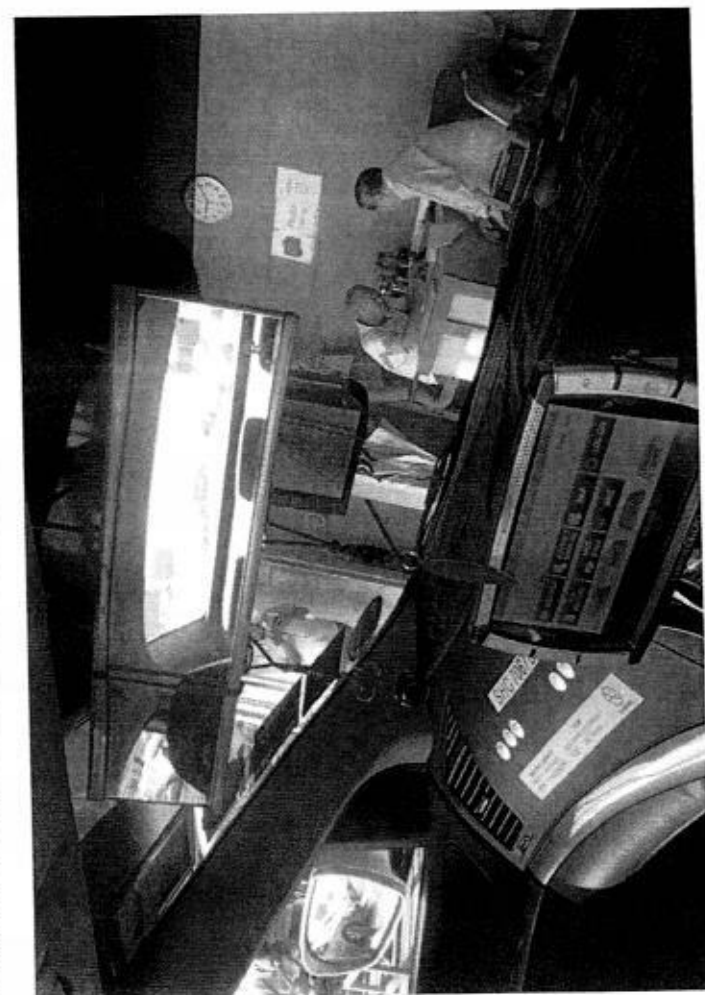
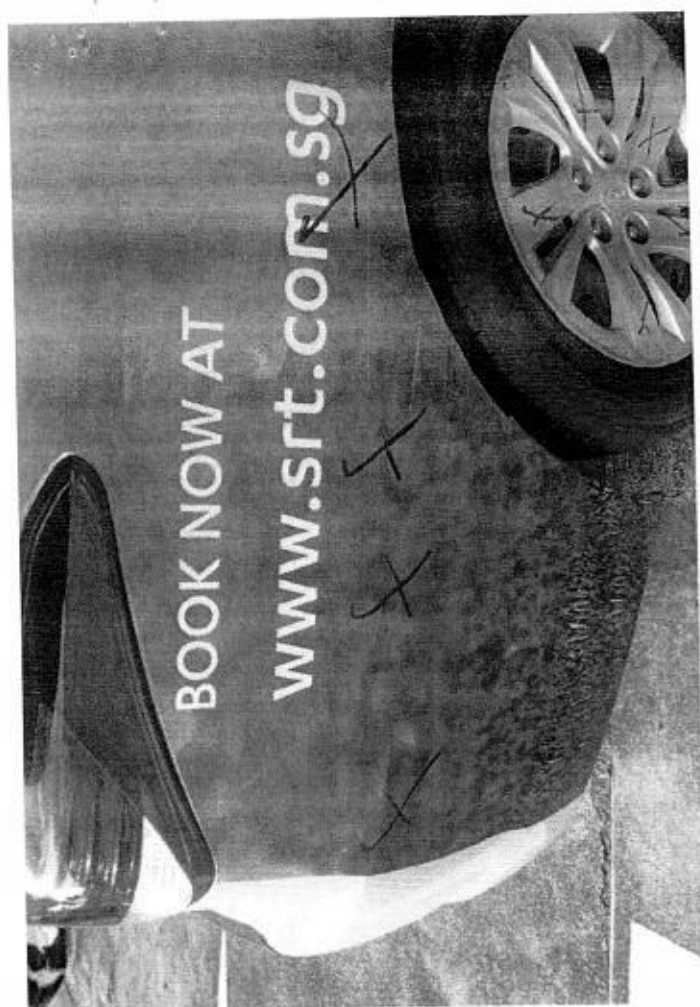
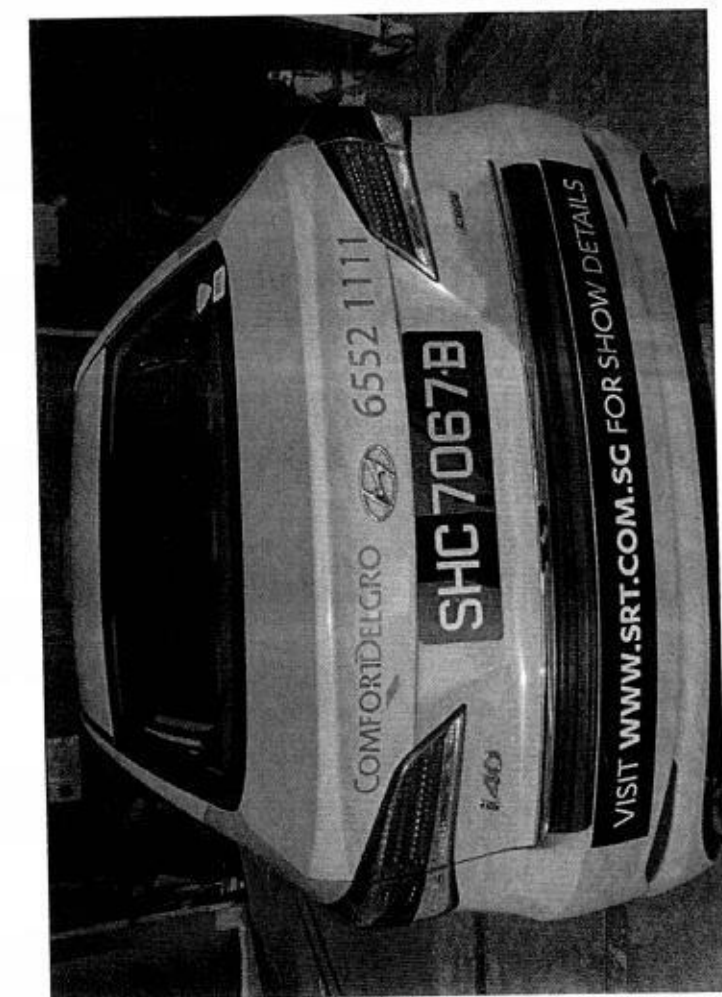
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

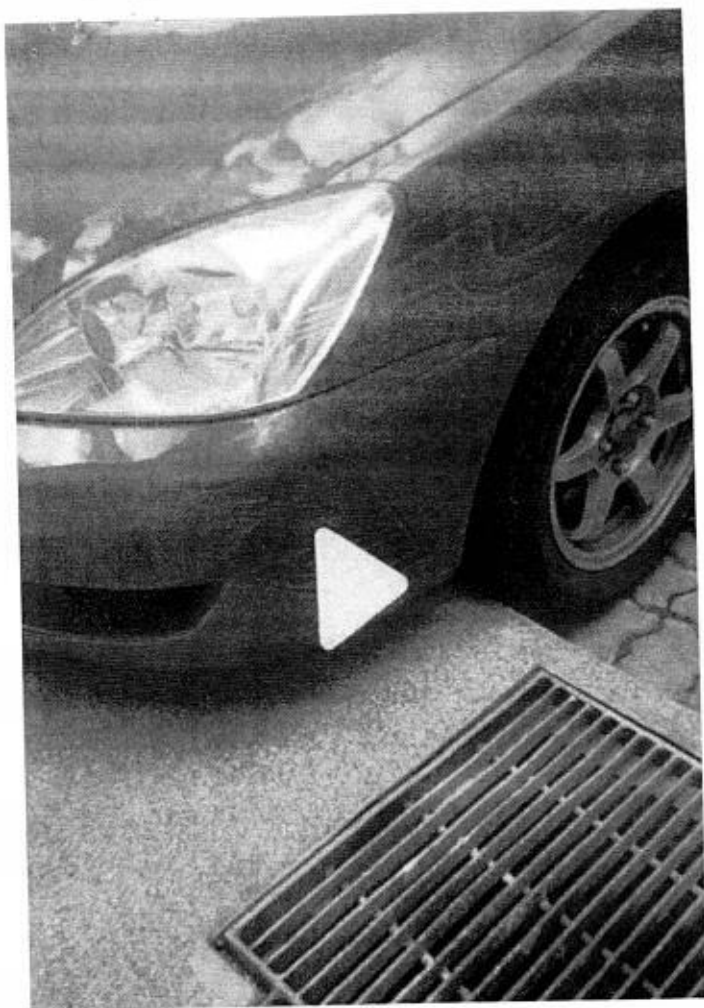
Policyholder's Signature  
Date & Time: 05 Jun 2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05 Jun 2018 @ 10:40hrs

5/6/18  
Jackson Hong  
CSO

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





Date/Time: 05.06.2018 13:38

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NQ305169833

CUSTOMER

VMS CITYCAB PTE LTD  
CUSTOMER NO. 7010070  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65551188 (O)  
(P)

REGN NO. SHC7067B	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.06.2018 09:10
YR OF MANU. 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086822	COMPLETION DATE/TIME:

SCOUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 04.06.2018  
NATURE: 3P 04.06.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Ref:  
No.:  
Vehicle No.: SHC7067B CHIANG

Exit Pass

Vehicle No.: SHC7067B

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard



## CITYCAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 7067B

DATE 6/5/2018 11:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1/2</i>			\$ 603.60
	Rear Bumper Clips 10 pcs <i>X 1/2</i>			\$ 22.00
	Rear Bumper Bracket (RH) <i>X 1/2</i>			\$ 49.00
	Rear Fender (RH) <i>X 1/2</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>X 1/2</i>			\$ 164.40
	Rear Windscreen Moulding <i>X 1/2</i>			\$ 60.00
	Rear Wheel Hup-Cap (RH) <i>X 1/2</i>			\$ 150.70
	Rear Wheelbearing ING & Hub (RH) <i>X 1/2</i>			\$ 401.40
	Rear Shock Absorber (RH) <i>X 1/2</i>			\$ 342.20
	Rear Shock Absorber Mounting (RH) <i>X 1/2</i>			\$ 57.70
	Rear Upper Arm (RH) <i>X 1/2</i>			\$ 335.75
	Rear Lower Arm (RH) <i>X 1/2</i>			\$ 204.35
	Rear Knuckle Arm (RH) <i>X 1/2</i>			\$ 574.80
	<b>SUB TOTAL</b>			<b>\$ 4,986.00</b>
	<b>LESS 20%</b>			<b>\$ 997.20</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,988.80</b>
	Rear Bumper Advertisement Logo <i>X 1/2</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>X 1/2</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>X 1/2</i>		\$ 100.00	\$ 200.00
	Rear Windscreen Sealant <i>X 1/2</i>			\$ 46.00
	Rear Tyre (RH) <i>X 1/2</i>			\$ 216.00
				<b>\$ 562.00</b>
	<b>Labour Charge</b>			
	Panel Beating (Repair)			\$ 1,000.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 400.00
	Rear Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 2,520.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,070.80</b>

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.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- No 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
- Supplemental claim(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:

TOTAL LABOUR

ESTIMATE TOTAL

Kalau LKK  
5/6/18 146hrs.  
3 days.  
After Repair photo

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 07.06.2018  
Time: 18:12:00  
Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS: CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305169833  
REGN NO : SHC7067B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 07.04.2016  
DATE/TIME IN : 05.06.2018 09:10  
ACCIDENT DATE : 04.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 150.70 20.00 120.56

SUB-TOTAL : 120.56

JOB NATURE

0000 20-05 REAR BUMPER ADVERTISEMENT 50.00  
0001 20-05 REAR FENDER ADVERTISEMENT 200.00  
0002 L PANEL BEATING 400.00  
0003 23-502 SPRAYPAINT ON AFFECTED AREA 400.00  
0004 20-204 REMOVE/REFIX UPHOLSTERY ASST REPAIR 50.00

SUB-TOTAL : 1,100.00

TOTAL : 1,220.56

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305169833  
Date : 04/06/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC7067B

Fax :

04/06/18

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

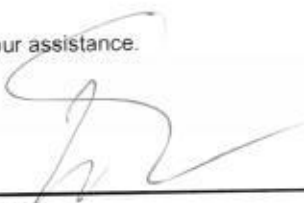
1. The repair job shall bill to: NTUC SKJ799X
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost**
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \$1000.00  
**Final Lumpsum Repair cost**


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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kahr  
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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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/INC18010233/K1rbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 14-06-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SKJ 799X	Veh. Inspected	SHC 7067B
Policy No.	5098648102	Coverage (\$)	0.00
Claim No.	MT/0997189-002	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086822	Colour	YELLOW
Odometer	332012	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	04/06/2018	Inspection Date	05/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7067B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.80	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER BRACKET (RH)	SERVICEABLE	49.00	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	150.70	150.70
1	REAR WHEELBEARING ING & HUB (RH)	SERVICEABLE	401.40	-
1	REAR SHOCK ABSORBER (RH)	SERVICEABLE	342.20	-
1	REAR SHOCK ABSORBER MOUNTING (RH)	SERVICEABLE	57.70	-
1	REAR UPPER ARM (RH)	SERVICEABLE	335.75	-
1	REAR LOWER ARM (RH)	SERVICEABLE	204.35	-
1	REAR KNUCKLE ARM (RH)	SERVICEABLE	574.80	-
	LESS 20% DISCOUNT		-997.20	-30.14
			3,988.80	120.56
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR TYRE (RH)(SN)	SERVICEABLE	216.00	-
			562.00	250.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (RH).		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-

Report Ref No. NS/INC18010233/K1rbn2



# 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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TOWING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REMOVE/REFIX UNDERCARRIAGE (RR).	NOT NECESSARY	400.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,520.00	850.00
	<b>GRAND TOTAL</b>		<b>7,070.80</b>	<b>1,220.56</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,000.00</b>

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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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