

REF: NS/2NC18010320/Kltbn2

## ASSIGNMENT

Fr \_\_\_\_\_ Date: \_\_\_\_\_  
Es \_\_\_\_\_  
OD \_\_\_\_\_ / TP RES / OD RES / EVA / INV / MV  
To \_\_\_\_\_  
at \_\_\_\_\_  
of \_\_\_\_\_  
Ins \_\_\_\_\_ red: GBC 3789Z  
Pol \_\_\_\_\_ cy No. 5096268820 30-11-17 - 29-11-18  
Cla \_\_\_\_\_ ms No. MY / 0993717-02  
Sur \_\_\_\_\_ insuat: \_\_\_\_\_ Excess: \_\_\_\_\_  
( ) (ent's record)  
Mat \_\_\_\_\_ e 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: 7 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 2931P Yr Regn: 24 Jan, 2011  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Hyundai Sonata c.c. 1994  
 Colour: Blue A/C: Ins / Std / NI / NA  
 Sp. Reading: 166499 T/Radio: Ins / Std / NI / NA

End/No:

C/No: KM HFT 41 VMRA 803683

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size; F: 215/60 R 6  
R: ..

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

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.	5/6/8	D.O.I.	6/6/8

Survey held at CDFE (Lonsdale)

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

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

Date / Time	Action / Instruction
	SHC 2931P - 04 / III 17017515 / Bug3 DUA: 070917 INC
	GBC 3789Z - 09 / MSG 17007531 / Ulber DUA: 231317 45
8/6/18	Enhanced C/S 1650/2 Rpt. (Red to 1501.70, 55%)
	RECEIVED 0 8 JUN 2018

Date/Time, File Passwd? ☐: Prel. Report

1) 08/6 2 ppts ☐: Final Report

DateType, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$ 1750 )

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

☐ : Interview (\$

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

Photos

Others

TOTAL



## 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/INC18010320/K1tb

73 BRAS BASAH ROAD

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

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 3789Z	Veh. Inspected	SHC 2931P
Policy No.	5096268820	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/06/2018

### 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	06/06/2018
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.

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 type="radio"/>	5096268820	GL ONE-STOP SERVICE PTE LTD	199907306Z	GCV	Comprehensive	GBC3789Z	GBC3789Z	30/11/2017	29/11/2018

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
2	MT/09909506-002	CITYCAB PTE LTD	SHA 3102U	SJA 4437X	03/06/2018	\$ 2,431.58	\$ 450.00
3	MT/0997824-001	CITYCAB PTE LTD	SHA 8202G	SJF 5615T	01/06/2018	\$ 2,077.44	\$ 1,100.00
4	MT/0997824-002	CITYCAB PTE LTD	SHA 811B	SJH 5573X	30/05/2018	\$ 3,265.96	\$ 2,850.00
5	MT/0997824-003	SMART TAXI PTE LTD	SHF 5571E	CU 5167J	15/05/2018	\$ 6,170.40	\$ 2,240.73
6	MT/0997824-004	SMART TAXI PTE LTD	SHF 441J	SJH 8401T	01/05/2018	\$ 26,621.94	\$ 8,100.00
7	MT/0997824-005	SMART TAXI PTE LTD	SHC 4212T	XE 565B	13/05/2018	\$ 21,016.42	\$ 4,600.00
8	MT/0997824-006	SMART TAXI PTE LTD	SHC 4382K	SKT 1790K	19/05/2018	\$ 1,449.70	\$ 300.00
9	MT/0994682-002	COMFORT TRANSPORTATION PTE LTD	SHD 4536J	GBD 5726L	14/05/2018	\$ 5,555.30	\$ 950.00
10	MT/0997288-002	COMFORT TRANSPORTATION PTE LTD	SHD 3230S	SIN 6185T	02/06/2018	\$ 2,736.58	\$ 1,302.98
11	MT/0997524-001	COMFORT TRANSPORTATION PTE LTD	SHC 1781L	SJT 1714T	03/06/2018	\$ 5,712.98	\$ 2,300.00
12	MT/0997717-002	COMFORT TRANSPORTATION PTE LTD	SHA 3460K	GBG 4353U	05/06/2018	\$ 2,752.02	\$ 900.00
13	MT/0996973-002	COMFORT TRANSPORTATION PTE LTD	SHC 2931P	GBC 3789Z	05/06/2018	\$ 2,751.20	\$ 1,250.00
14	MT/0997835-001	COMFORT TRANSPORTATION PTE LTD	SHA 3075P	FBE 3401G	01/06/2018	\$ 1,087.44	\$ 508.00
			SHA 3514P	SJA 2496R	04/06/2018	\$ 2,836.58	\$ 800.00

Claim received from LKK Auto

## 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 13:51
Date Of Accident	05/06/2018 09:10
Exact Location Of Accident	HOLLAND RD TWDS DEMSPEY BEFORE MINDEN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2931P
<b>Insured/Policyholder</b>	
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	SONATA
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	NG LEK SIONG (HUANG LISONG)
NRIC No	S7309294I
Date Of Birth	01/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1993
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82880999
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	218 12-190 SERANGOON AVENUE 4
Postcode	550218
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)	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

SEE ATTACH.

#### Attachment(s)

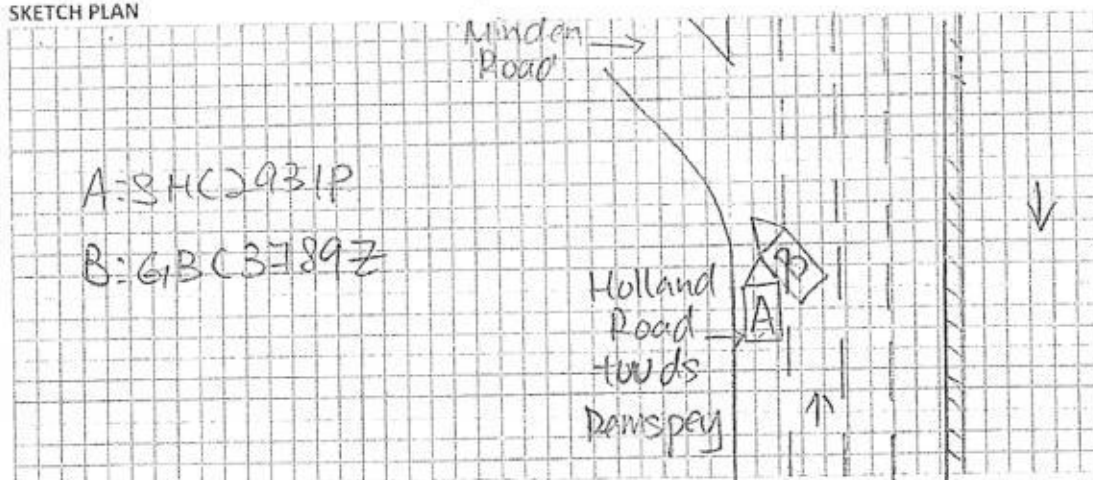
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC3789Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/18 at about 09:10 hrs, I was driving on extreme left lane along Holland road towards Dempsey before Minden Road.

Shortly after a lorry GBC3789Z driving on my right hand side encroached into my path without signaling. As it happen too sudden, I cannot react to avoid this accident. Due to this cause, the lorry left front portion hit and grazed onto the right front portion of my taxi. Thereafter, the lorry continue drove off, I immediate honked at the lorry eventually it comes to stop.

No passenger in my taxi. No injury reported in this accident

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CC REG. NO. 180003P21R

Policyholder's Signature  
Date & Time:

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

Loke Yee Yieng

Reporting Centre Personnel's Signature  
Name:  
Address/Phone No.:



**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  
CC REG. NO. 19203821R

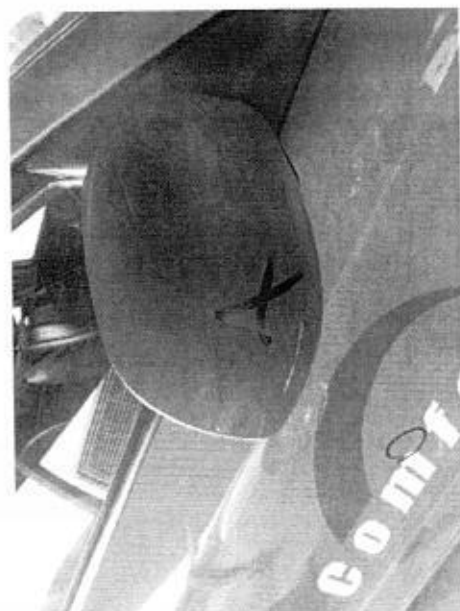
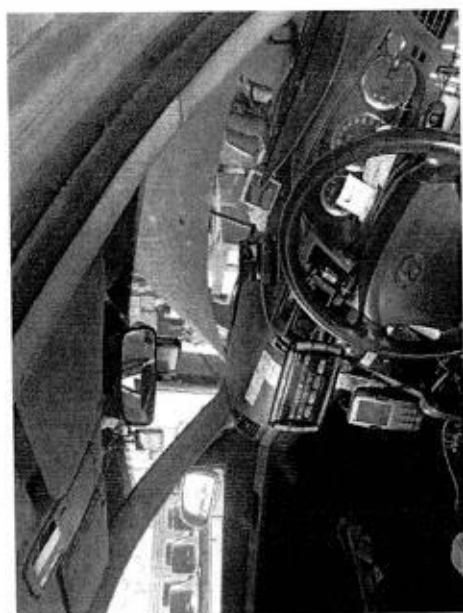
Policyholder's Signature  
Date & Time:

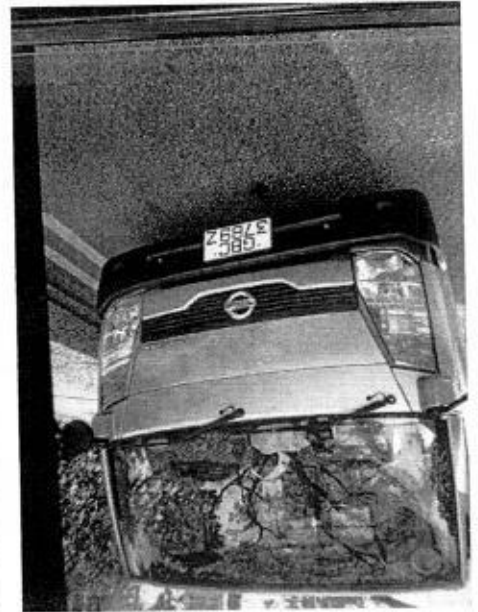
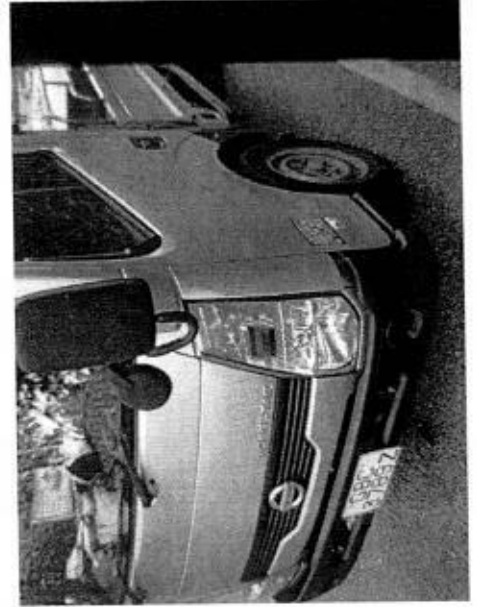
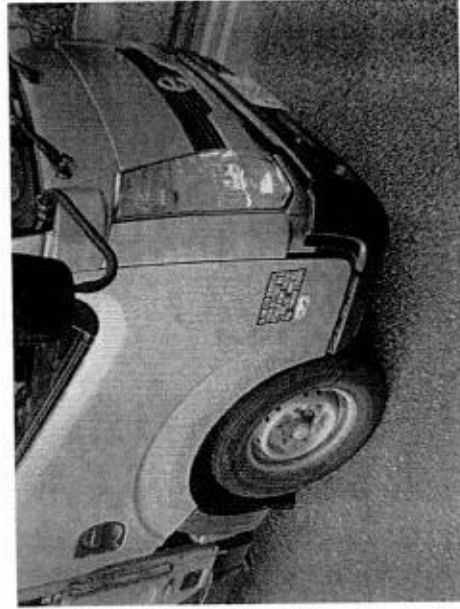
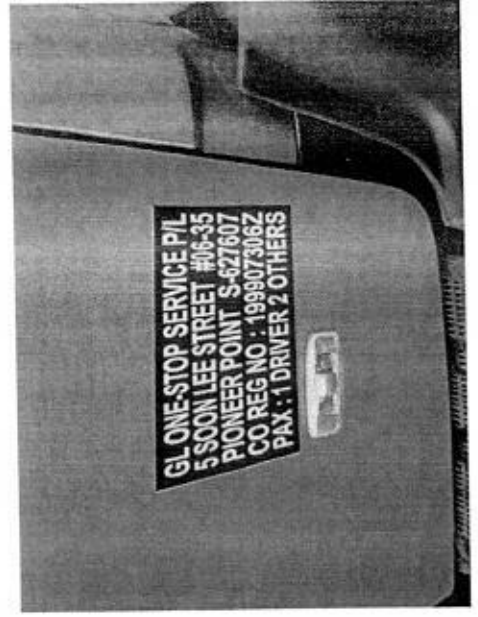
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Loke Wei Yieng







Date/Time: 05.06.2018 14:59

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order: 3829650

JC NO305169902

CUSTOMER  NAME COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)  COUNT CARD NO.	REGN NO. <b>SHC2931P</b>	MILEAGE
	MAKE <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>SONATA</b>	DATE/TIME IN <b>05.06.2018 10:25</b>
	YR OF MANU. <b>27.01.2011</b>	TARGET DATE
	CHASSIS CODE <b>KMHET41VMB803682</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.06.2018  
NATURE: 3P 05.06.18/B-

*NTUC*

S/N	LABOR CODE	DESCRIPTION
-----	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHC2931P**

**F+**

Vehicle No.: **SHC2931P**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 2931P

DATE 6/5/2018 15:24

Fauzy

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 538.80
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Protector (RH)			\$ 29.20
	Headlamp (RH)			\$ 797.90
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Retainer (RH)			\$ 9.20
	<b>SUB TOTAL</b>			<b>\$ 2,076.50</b>
	<b>LESS 20%</b>			<b>\$ 415.30</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,661.20</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 30.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,090.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,751.20</b>

Kaharick

6/6/18 1030 L.

2 Rys

4/3

Atk - Repair Lt

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 part(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.

Our Job Ref No : 305169902  
Date : 07.06.2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :


Vehicle Reg No. : SHC2931P Date of Accident : 05.06.2018


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

1. The repair job shall bill to: NTUC — GBC3789Z
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$0.00
  - Total for Part-By-Part Repair Cost \$0.00
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$1250.00  
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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 8/6/8

### 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/INC18010320/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-06-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBC 3789Z	Veh. Inspected	SHC 2931P	
Policy No.	5096268820	Coverage (\$)	0.00	
Claim No.	MT/0997717-002	Excess (\$)	0.00	
Assign From		Assign Date	06/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA803682	Colour	BLUE	
Odometer	166499	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	215/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/06/2018	Inspection Date	06/06/2018	
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:		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. SHC 2931P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CRACKED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (RH)	SERVICEABLE	29.20	-
1	HEADLAMP (RH)	SERVICEABLE	797.90	-
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER (RH)	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-415.30	-226.36
			1,661.20	905.44
<b>LABOUR</b>				
	PANEL BEATING.		560.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
			1,090.00	700.00
<b>GRAND TOTAL</b>			<b>2,751.20</b>	<b>1,605.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,250.00</b>

Report Ref No. NS/INC18010320/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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