

Kalin

REF:

NS/INC18010417/Klvbnz

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBC 4376A

Policy No. 5057919306 - 05 160118 - 160118

Claims No. MT/0997687-002

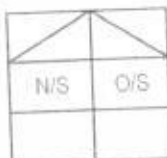
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No:

SHA 76092 Yr Regn: 2 Apr 2015

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

Truck / Trailer or

Make:

Hyundai Z40

C.C. 1685

Colour:

B/K

A/C: Insured / Std / NI / NA

Sp. Reading:

36 6774

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414MF4067860

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:

R:

205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Ward Laka

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

6/6/8

D.O.I.

7/6/8

Survey held at

CDHE (Loyang)

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

N/S Front.

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

Date / Time Action / Instruction

SHA 76092 - 03 / AIG 11013076 / H/H/21

GBC 11376A - 02 / M/D F16002441 / R/192

8/6/8

Andrew 45850/2h2

(Red 529.20, 389)

DA: 02072011

DA: 18122015

IRL  
42

RECEIVED 11 JUN 2018

Date/Time: File Pass to?



: Preli. Report

1)



: Final Report

Date/Time: File Return to?

2)

11/6 - typst

Report Format:

TP

Lump Sum / L.B.I. (\$) \_\_\_\_\_

850k

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

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/INC18010417/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-06-2018



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 4376A	Veh. Inspected	SHA 7609Z
Policy No.	5057919306-05	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

## 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

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## 5. General Information

Accident Date	06/06/2018	Inspection Date	07/06/2018
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](http://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)

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**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.

## Policy Search

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

06/06/2018 17:01

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5057919306-05	KEE MARINE PTE LTD	200801328Z	GCV	Comprehensive	GBC4376A	GBC4376A	16/01/2018	15/01/2019

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 07/06/2018 07:13  
 Date Of Accident 06/06/2018 11:15  
 Exact Location Of Accident BLK 339 ANG MO KIO ST 32 C/P  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7609Z  
**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 LEE KIAN KOK  
 NRIC No S1736097C  
 Date Of Birth 14/04/1966  
 Occupation OUTDOOR  
 Date Of Driving Pass 20/01/1987  
 Driving Experience 31 YEARS AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-90093360  
 Fax Number  
 Contact Number  
 Email Address KKLEE14041966@GMAIL.COM

Address 139 05-98 YISHUN RING ROAD  
Postcode 760139  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident SIDE SWIPE (\* Head + side)  
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? YES  
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? YES  
If Yes, Please state which Police Station  
POLICE STATION NAME [OTHER] TAMPINES E NPP  
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 GBC4376A  
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  
No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name	LEE KIAN KOK
Approximate Age	52
Injuries Sustain	BACK
Injured person in which vehicle?	SHA7609Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No. T/20180606/2123

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

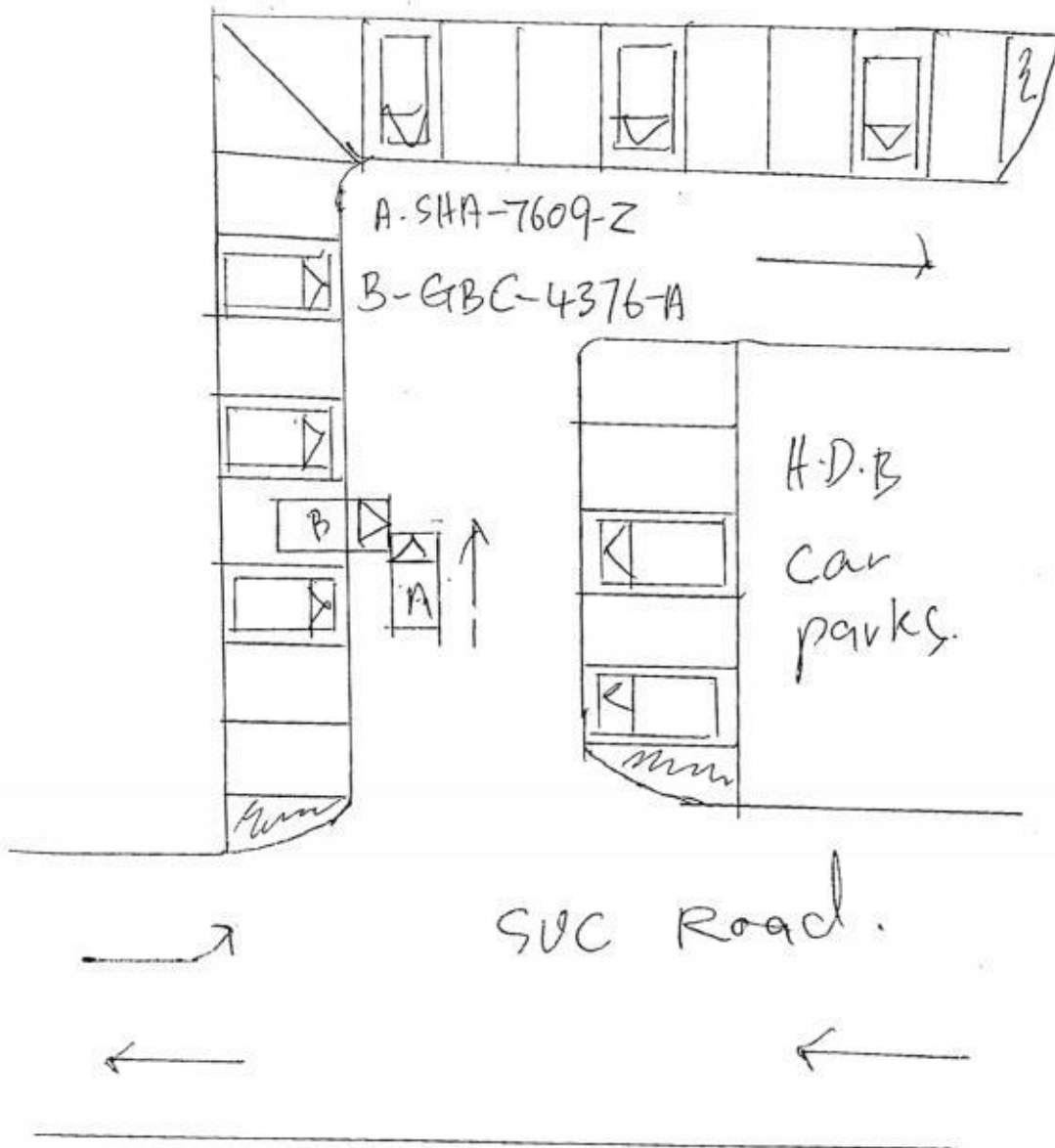
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Teo Yen Yee



BIK 339  
AMK, St 32





**SINGAPORE  
POLICE FORCE**



T/20180606/2123

1 of 3

Report No. T/20180606/2123

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/06/2018 14:39	Vide Report No.:	Station Diary No.: 18
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LEE KIAN KOK			Address: APT BLK 139 YISHUN RING ROAD #05-98 SINGAPORE 760139		
ID Type / ID No.: NRIC NO / S1736097C			Contact No.: Home/Office: Mobile: 90093360		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 14/04/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2018 11:15	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4376A	Van	NISSAN		White		0
SHA7609Z	TAXI	HYUNDAI		Blue		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999



T/20180606/2123

2 of 3

Report No. T/20180606/2123

**CONTINUATION OF REPORT**

Driver		ID No.		S1736097C	
Name	LEE KIAN KOK			Contact No.	90093360
Related Vehicle	SHA7609Z (TAXI)				
Hospital/Clinic	Y M CHAN CLINIC & SURGERY			Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	06/06/2018		Date Discharge	06/06/2018	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	

**Brief Details.**

On the date, time and location mentioned above, I V1 (SHA7609Z) was travelling within the carpark going straight, when V2 (GBC4376A) which was on my left side had driven out of a lot. Upon exiting the lot, V2 front collided onto the front left area of my vehicle near to the mug guard area. After the accident, both parties came down and acknowledge the accident before leaving the place.

As I felt pain on my back, I went down to the clinic for medical check-up. And was given MC. I wish to state that both parties will be reporting for own insurance claims.

No mechanical fault, there is in-built camera in my vehicle (front).



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999



T/20180606/2123

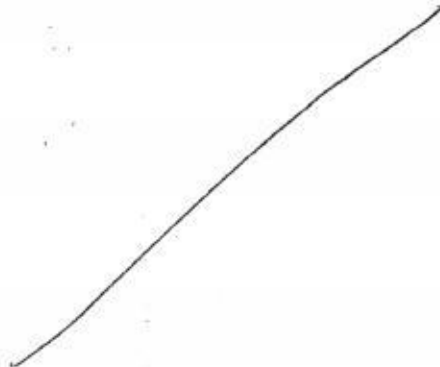
3 of 3

Report No. T/20180606/2123

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan



**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 2 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
06/06/2018 14:39

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:  
SINGAPORE  
POLICE FORCE

SIGNATURE

Authentication Stamp  
NP168

NAME  
LKK Date/

Workshops:  
56 Loyang Drive Singapore 508809  
383 5th Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
321 Telok Ayer Street Singapore 060000  
14 Bendong Loop Singapore 758156  
7 Sungei Kadut Way Singapore 728791  
6 Delfi Avenue 1 Singapore 329437

07.06.2018 08:15 Page : 1

Date/Time: 07.06.2018 08:15 Page : 1

JC NO305170564

REGN NO: SHA7609Z

MAKE: HYUNDAI

E.....1/2.....F

MODEL I-40

DATE/TIME IN  
06.06.2018 15:15

YR OF MANU. 02.04.2015

TARGET DATE
-------------

CHASSIS CODE  
KMHLB41UMFU067860

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 06.06.2018  
ATURE: 3P 06.06.18/C

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHA7609Z LIMTS

Vehicle No.: SHA7609Z

Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7609Z

MAKE :

MODEL : HYUNDAI i40

DATE 7/6/2018

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Bracket Top (LH) <i>X 5</i>			\$ 22.40
	Front Bumper Side Bracket (LH) <i>X 5</i>			\$ 14.30
	<i>Front LH fender X repair</i>			
	SUB TOTAL			\$ 599.00
	LESS 20%			\$ 119.80
	DISCOUNTED TOTAL			\$ 479.20

## Labour Charge

Panel Beating

Spray Painting Charge

Tuff Kote

TOTAL LABOUR

ESTIMATE TOTAL

200  
~~\$ 350.00~~  
~~\$ 500.00~~  
~~\$ 50.00~~

\$ 900.00

\$ 1,379.20

*Calvin LKK*  
*7/6/18 1125hrs.*  
*2 Pys*

*4s*  
*After Repair*

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.

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305170564  
Date : 08/06/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG  
Vehicle Reg No. : SHA7609Z

Fax :

Date of Accident : 06-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 --- GBC4376A
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% \$850.00
  - Final Lumpsum Repair cost** \$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 : 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



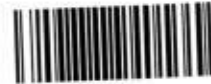
NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010417/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2018

189556

Code: INC4



## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBC 4376A	Veh. Inspected	SHA 7609Z
Policy No.	5057919306-05	Coverage (\$)	0.00
Claim No.	MT/0997687-002	Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067860	Colour	BLUE
Odometer	366374	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	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

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	06/06/2018	Inspection Date	07/06/2018
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 7609Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER SIDE BRACKET (LH)	SERVICEABLE	14.30	-
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-119.80	-112.46
			479.20	449.84
	<b>LABOUR</b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT LH FENDER.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			900.00	600.00
			1,379.20	1,049.84
	<b>GRAND TOTAL</b>			
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>850.00</b>

Report Ref No. NS/INC18010417/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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