

Kalin

REF:

NS/TNC 18010418/Klvbnz

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured

Policy No

Claims No

Sum 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 Rpt:

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 1488J

Yr Regn:

29 Jun 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make:

Toyota Pirus

C.C. 1798

Colour:

Blue

A/C:

Ins~~ed~~ / Std / NI / NA

Sp. Reading

15 7325

T/Radio:

Ins~~ed~~ / Std / NI / NA

Eng/No:

C/No:

J70KBJF45035 61176

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

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

O/S B-L

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

Date / Time

Action / Instruction

SHC 1488J - NS/TNC/8010226/Klvb

QA: 050618

INL

SHC 5589B - X

PIP

12/6/18

Contract PIP \$ 1734.10/2018

(Red 1885.75, 501)

RECEIVED 13 JUN 2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

2

1)

☐

Final Report

Resurvey No. of Trip:

1

Survey Fee:

Date/Time, File Return to?

2)

13/6- typist

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

Transportation:

) \$ + RS: \$

) Photos

) Others

Report Format :

TP

PIP \$ 1734.10

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/INC18010418/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.	SLH 5589B	Veh. Inspected	SHC 1488J
Policy No.	5085537529-01	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

--	--

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: Wednesday, 13 June 2018 11:29 AM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR 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: Wednesday, June 13, 2018 10:55 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0997699-002	COMFORT TRANSPOTATION PTE LTD	SHC 1488J	SLH 5589E
2	MT/0997981-002	CITYCAB PTE LTD	SHD 8568K	SKK 8282I

D.O.A	Time of Accident	Estimate	Tentative repair cost
6/6/2018	21:15	\$3,619.85	\$1,734.10
8/6/2018	0.92	\$2,292.38	\$1,110.48

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

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 checked="" type="radio"/>	5085537529-01	COMFORT AMBULANCE & SERVICES PTE. LTD.	201222841W	GFT	Comprehensive	SLH5589B	SLH5589B	16/11/2017	

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 10:52
Date Of Accident	06/06/2018 21:15
Exact Location Of Accident	GEYLANG RD X PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1488J
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	TOYOTA
Model	PRIUS HYBRID 4G
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	YEO KENG SONG (YANG QINGSONG)
NRIC No	S7705935J
Date Of Birth	28/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088988
Fax Number	
Contact Number	
Email Address	EDWARDYEO77@GMAIL.COM

Address BLK 127A KIM TIAN ROAD
#38-529
Postcode 161127
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 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) 4
Passenger 1 NAME: : -
GENDER: : MALE

Passenger 2 NAME: : -
GENDER: : FEMALE

Passenger 3 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

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 Witness 1

Name HASSAN BIN NABI(PAX)
Phone Number -
Email Address -

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH5589B

Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HASSAN BIN NABI
NRIC/Passport Number	S1565233J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

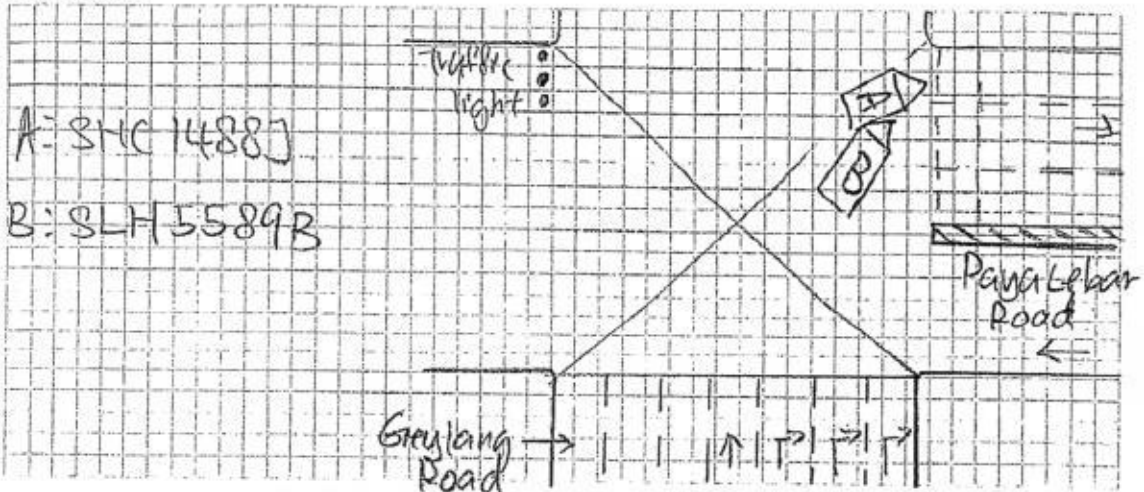
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Loke Wei Yieng

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/6/18 at about 21:15 hrs, my taxi turn right from Geylang road to Paya Lebar road.

While I waiting for pedestrian crossing clear, a private ambulance SLH 5589B coming from my right hand side hit and grazed onto the right side portion of my stationary taxi. At the point of accident, the ambulance driver admitted his fault to caused this accident happen (refer to attached note)

03 passengers on board my taxi. No injury reported in this accident.

DECLARATION

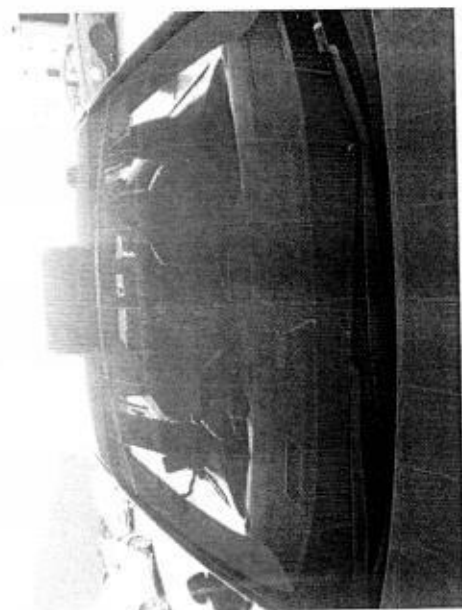
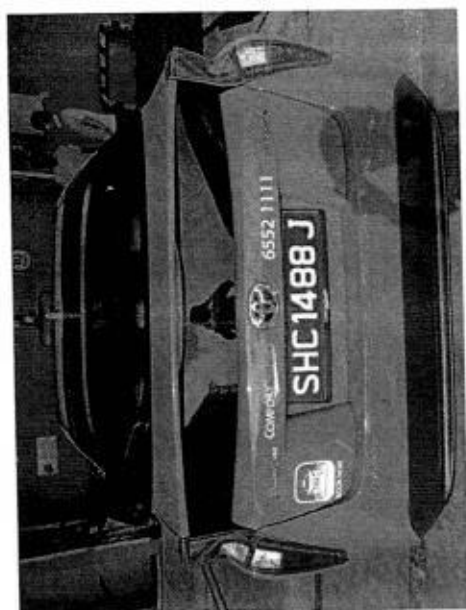
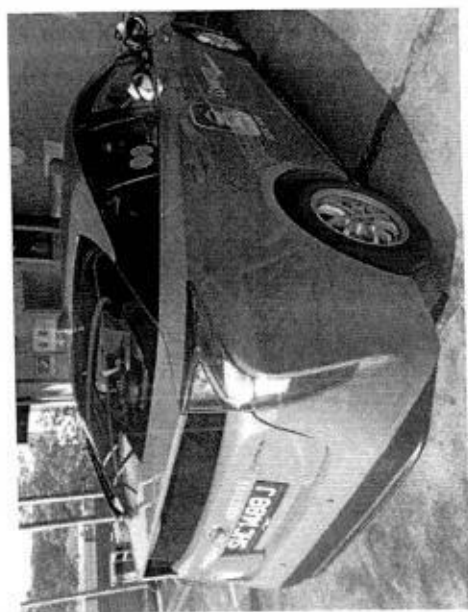
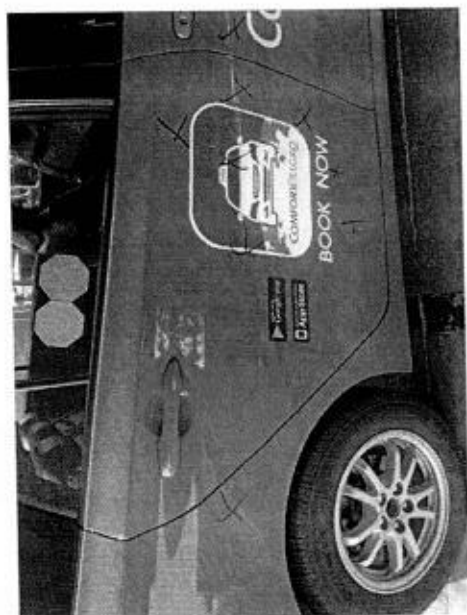
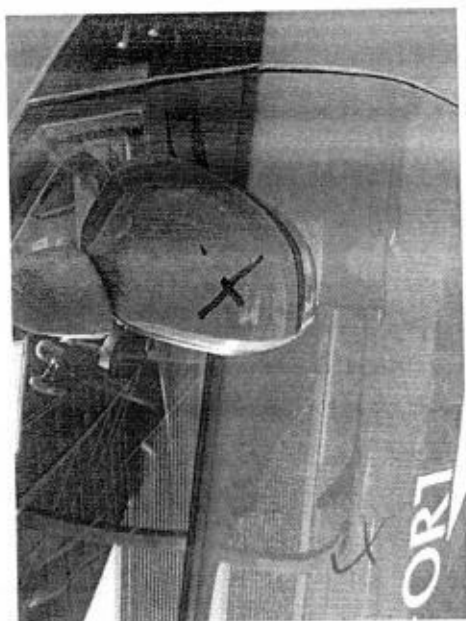
I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng



Date/Time: 07.06.2018 11:38

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305170794

OMER

S

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO

ESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

JUNT CARD NO.

REGN NO

SHC1488J

MILEAGE

MAKE

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)07.06.2018 09:25

DATE/TIME IN

YR OF MANU

29.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU503561176

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.06.2018

ATURE: 3P 06.06.2018

NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

redgement Slip

Exit Pass

No.:

SHC1488J

CHIANG

Vehicle No.:

SHC1488J

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

6/7/2018 12:20

6/7/2018 12:20
Chore Home

MODEL	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
TOYOTA PRIUS	PANEL SUB-ASSY, FRONT DOOR, RH <i>X Repair</i>			\$ 1,227.00
	<i>Rear Door RH - Paint</i>	<i>\$1232.60</i>		
	SUB TOTAL			\$ 1,227.00
	LESS 25%			\$ 306.75
	DISCOUNTED TOTAL			\$ 920.25
	FRONT DOOR COMFORT LOGO (RH) <i>rec</i>		<i>-10%</i>	\$ 75.00
	REAR DOOR COMFORT & APPS STICKER (RH) <i>me</i>		<i>-10%</i>	\$ 80.00
				\$ 155.00
	Labour Charge			<i>200</i>
	Panel Beating (Repair RH Door)			\$ 500.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 120.00
	TOTAL LABOUR			\$ 1,620.00
	<i>Kalua 1/6/14</i>			
	<i>7/6/18 15 hrs</i>			
	<i>2 hr</i>			
	<i>PIP</i>			
	<i>Before Part p Lh</i>			
	ESTIMATE TOTAL			\$ 2,695.25
				<i>3619.85</i>

LKK Auto Consultants hence notify the Reparer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Reparer
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.

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

JOB NO : 305170794
REGN NO : SHC1488J
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 29.06.2017
DATE/TIME IN : 07.06.2018 09:25
ACCIDENT DATE : 06.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0595-G	PRIG4 PANEL SUB-ASSY RR D	1	1,232.80	25.00	924.60
0002 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	10.00	67.50
0003 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	10.00	72.00

SUB-TOTAL : 1,064.10

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-05	RENEW ADVERTISMENT STICKER-	50.00
SUB-TOTAL :		670.00

TOTAL : 1,734.10

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305170794
Date : 11/06/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC1488J

Fax :

06/06/18

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

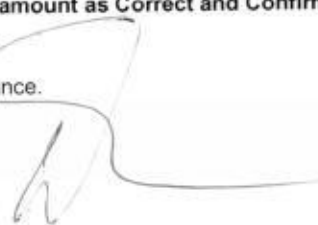
1. The repair job shall bill to: NTUC SLH 5589B
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | <u>\$1,064.10</u> |
| (b) Labour Charges | <u>\$670.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1,734.10</u> |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 12/6/18

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/INC18010418/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 20-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 5589B	Veh. Inspected	SHC 1488J
Policy No.	5085537529-01	Coverage (\$)	0.00
Claim No.	MT/0997699-002	Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503561176	Colour	BLUE
Odometer	157325	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

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.
--

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. SHC 1488J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	PANEL SUB-ASSY,FRONT DOOR,RH	TO REPAIR SEE LABOUR	1,227.00	-
1	REAR DOOR RH	DENTED	1,232.80	1,232.80
	LESS 25% DISCOUNT		-614.95	-308.20
			1,844.85	924.60
<u>NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER (RH)(N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY,FRONT DOOR,RH.	NOT NECESSARY	500.00	200.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.		50.00	-
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
			1,620.00	670.00
GRAND TOTAL			3,619.85	1,734.10
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,734.10

Report Ref No. NS/INC18010418/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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