

Kalvin

REF:

NS/INC 18010421 / K150n2

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: **SLZ 5422**  
 Policy No: **5099609716** **20042018**  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 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: **SHA 7223C** yr Regn: **31 May 2011**  
 Type: M. Car / M. Cycle / Bus / Van / Lorry /  / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai Santa Fe** c.c. **1991**  
 Colour: **Blue** A/C:  / Std / NI / NA  
 Sp. Reading: **34 6571** T/Radio:  / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHET41VMB A 811 650**  
 Gen. Cond: Good /  / Poor / Burnt  
 Steering: In order /  / Jammed / Leaked / Burnt or  
 Brake: In order /  / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD /  / Rim or  
 Tyre Size: F: **215/60 R16**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Went like**  
 Front **7** mm Rear **7** mm  
 R/Bal. **7** mm L/Bal. **7** mm  
 D.O.A. **7/6/18** D.O.I. **7/6/18**  
 Survey held at **CDHE (Loyang)**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**N/S Ren**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 7223C - (13/ALG 17005374 / H1pa392) <b>DOM: 11031017 INC 45</b>
	SLZ 5422 - x
11/6/18	Contract 45 \$1600 / 3 Pys.
12/06/18	(\$5,862.58 - \$1,600.00) - Reduction = 72%

RECEIVED 12 JUN 2018

Date/Time, File Pass to? **12/06/18**  : Preli. Report  
 : Final Report  
 Date/Time, File Return to? **Typist**  
 Days Of Repair: **3**  
 Resurvey No. of Trip: **1**  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  Site Insp (\$ )  S+RS \$  
 Interview (\$ )  Photos  
 Tech. Invs (\$ )  Others  
 Report Format : \_\_\_\_\_  
 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/INC18010421/K1sb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-06-2018
Code: INC4	



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

Insured Veh.	SLZ 542Z	Veh. Inspected	SHA 7223C
Policy No.	5099609716	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	07/06/2018	Inspection Date	07/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

### 5a. Remarks

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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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099609716	JUBSTAR PTE LTD	201808107N	GFT	drivo CLASSIC	SLZ542Z	SLZ542Z	20/04/2018	

Continue

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
1	MT/0997658-002	COMFORT TRANSPORTATION PTE LTD	SHA 4063S	PC 5963H	06/06/2018	\$ 7,206.74	\$ 3,421.04
2	MT/0997826-002	COMFORT TRANSPORTATION PTE LTD	SHA 7223C	SLZ 542Z	07/06/2018	\$ 5,862.58	\$ 2,025.12
3	MT/0997427-002	CITYCAB	SH 2987Y	SKE 6861K	05/06/2018	\$ 2,962.10	\$ 1,100.00
4	MT/0997579-002	COMFORT TRANSPORTATION PTE LTD	SH 7346P	SKG 739K	06/06/2018	\$ 2,086.68	\$ 580.00

Claim received from LKK Auto

A member of COMFORTDELGRO

Date/Time: 07.06.2018 14:37 Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO: 305170861

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD COMPANY NO: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL (R): 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO: <b>SHA7223C</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL
	MODEL: <b>SONATA</b>	E.....1/2.....F
	YR OF MANU: <b>31.05.2011</b>	DATE/TIME IN: <b>07.06.2018 10:30</b>
	CHASSIS CODE: <b>KMHET41VMBA811650</b>	TARGET DATE
		COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.06.2018  
 NATURE: 3P 07.06.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Rear Left damage
	LKK/Kohir -	

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name: \_\_\_\_\_  
 Job No.: **SHA7223C**      **LARRY**

Vehicle No.: **SHA7223C**

*Larry Ng*

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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 11:52
Date Of Accident	07/06/2018 02:15
Exact Location Of Accident	OUTRAM RD TWDS CTE AFTER NEW BRIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7223C
<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	LIM KIT ENN
NRIC No	S0220475D
Date Of Birth	27/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1977
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97351598
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	514 10-46 CHOA CHU KANG STREET 51
Postcode	680514
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	
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: : 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

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	SLZ542Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83103616
Address	
Postcode	

Insurance Company Name

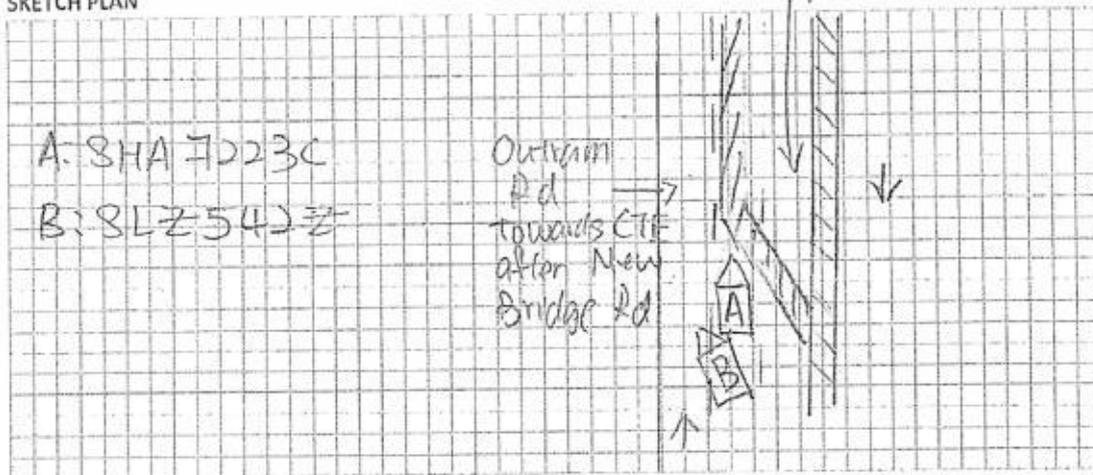
Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/6/18 at about 02:15 hrs,  
 I was driving along Outrum road towards CTE  
 after New Bridge road

Shortly after I reduced my taxi speed  
 gradually comes to stop as road work ahead.  
 While I checking for traffic behind whether is clear,  
 I felt an impact from behind. A car SLZ 542Z.  
 Front right portion collided onto the rear left  
 portion of my stationary taxi.

02 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.  
 CC REG. NO. 199303821R

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)

Loke Wei Yieng  
 Reporting Centre Personnel's Signature  
 Name:

Sketch Plan Pg. 2

**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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

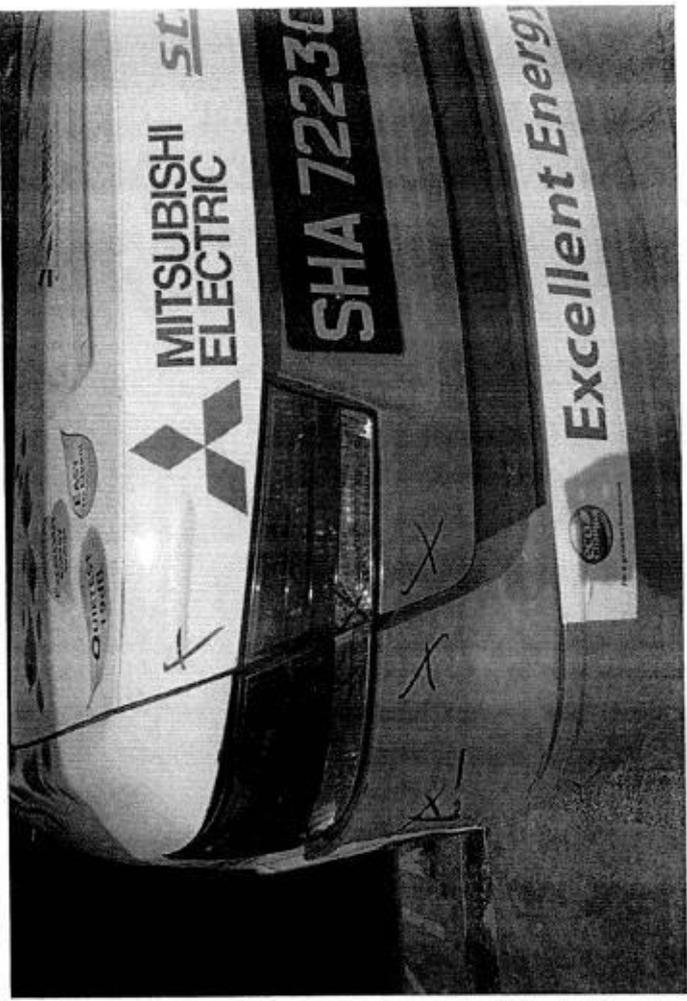
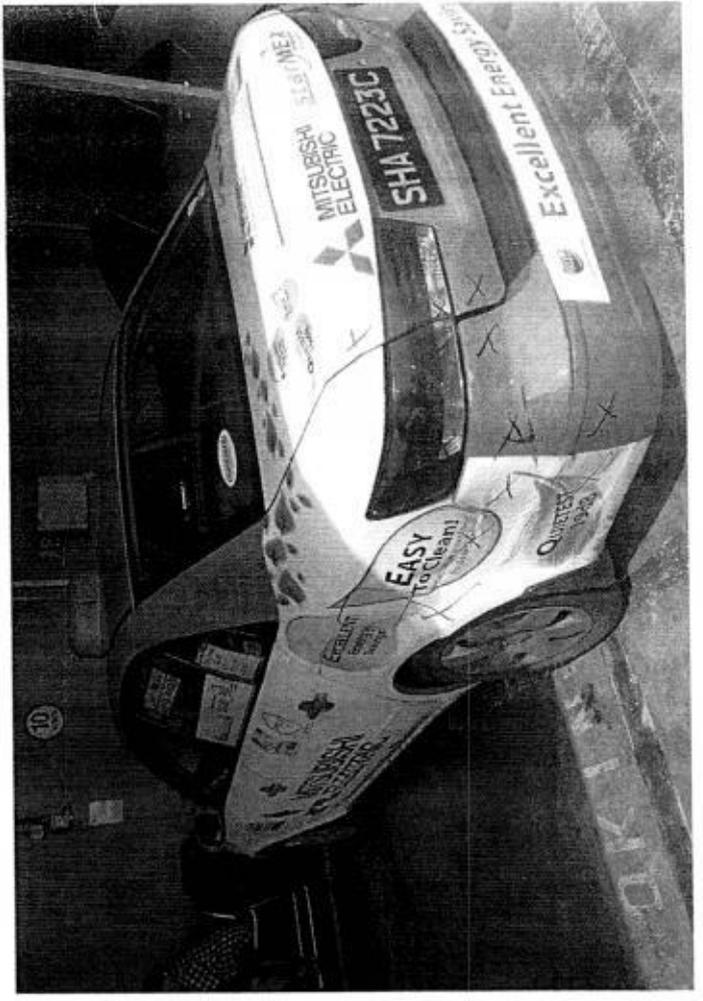
Date & Time:

Loke Wei Yieng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**COMFORTDELGRO ENGINEERING PTE LTD**

VEHICLE NO : SHA 7223C

MAKE :

MODEL : HYUNDAI SONATA

DATE 6/7/2018 11:51

NOA: 07.06.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Return</i>			\$ 578.40
	Rear Bumper Reinforcement <i>Fix</i>			\$ 483.30
	Rear Bumper Clip <i>me</i>			\$ 22.00
	Rear Bumper Bracket (LH) <i>me</i>			\$ 49.00
	Rear Bumper Sponge <i>Fix</i>			\$ 137.40
	Rear Bumper Under Cover <i>X me</i>			\$ 185.80
	Rear Bumper Protector (LH) <i>me</i>			\$ 38.00
	Tail Lamp (LH) <i>me</i>			\$ 344.00
	Tail Lamp Quarter Panel (LH) <i>X repair</i>			\$ 93.80
	Rear Fender (LH) <i>X repair</i>			\$ 1,935.90
	Rear Fender Inner Lining (LH) <i>Fix</i>			\$ 74.10
	Rear Fender Air-Duct (LH) <i>Fix</i>			\$ 49.40
	Rear Windscreen Moulding <i>X 17</i>			\$ 60.00
	<b>SUB TOTAL</b>			<b>\$ 4,051.10</b>
	<b>LESS 20% DISCOUNTED TOTAL</b>			<b>\$ 810.22</b>
				<b>\$ 3,240.88</b>
	Rear Bumper Reverse Sensor <i>X me</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00 <b>Nett</b>
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>	\$	100.00	\$ 200.00 <b>Nett</b>
	Rear Windscreen Sealant <i>X 17</i>			\$ 46.00 <b>Nett</b>
				<b>\$ 481.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>1,000.00</del> <sup>400</sup>
	Spray Painting Charge			\$ <del>500.00</del> <sup>400</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>20</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>X 17</sup>
	Remove/Refix Cushion & Upholstery Rear			\$ <del>150.00</del> <sup>50</sup>
	Remove/Refix Rear Windscreen Glass			\$ <del>120.00</del> <sup>X 17</sup>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <sup>30</sup>
	Remove/Refix Fuel Tank			\$ <del>150.00</del> <sup>X 17</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 2,140.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,862.58</b>

*Kalvin 10/6/14*  
*7/6/18 15:10 hrs.*  
*3 Days*  
*45 After Repair photo*

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 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

Our Job Ref No : 305170861  
Date : 11. Jun. 2018

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHA7223C Date of Accident: 07/06/18

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

1. The repair job shall bill to: NTUC SLZ542Z
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	
(b) Labour Charges	
<b>Total for Part-By-Part Repair Cost</b>	
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
<b>Final Lumpsum Repair cost</b>	<b>\$1,600.00</b>

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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kelvin  
Date : 11/6/18

### 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

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010421/K1sbn2	
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.	SLZ 542Z	Veh. Inspected	SHA 7223C
Policy No.	5099609716	Coverage (\$)	0.00
Claim No.	MT/0997826-002	Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA811650	Colour	BLUE
Odometer	346571	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	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

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	07/06/2018	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:	3 Working Days
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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7223C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER BRACKET (LH)	CRACKED	49.00	49.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (LH)	CUT	38.00	38.00
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
1	TAIL LAMP QUARTER PANEL (LH)	TO REPAIR SEE LABOUR	93.80	-
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	1,935.90	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
1	REAR FENDER AIR-DUCT (LH)	SERVICEABLE	49.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-810.22	-206.28
			<b>3,240.88</b>	<b>825.12</b>
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	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	-
			<b>481.70</b>	<b>300.00</b>
<b>LABOUR</b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF TAIL LAMP QUARTER PANEL (LH) AND REAR FENDER (LH).		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-

Report Ref No. NS/INC18010421/K1sbn2



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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 (\$)
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	REMOVE/REFIX FUEL TANK.	NOT NECESSARY	150.00	-
			2,140.00	900.00
<b>GRAND TOTAL</b>			<b>5,862.58</b>	<b>2,025.12</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,600.00</b>

Report Ref No. NS/INC18010421/K1sbn2

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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