

Assignment

Kalin

REF:

NS/INC 18010619/KSbn2

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:

YJ 5050Z

Policy No.

5086597038-01 01/09/2017

Claims No.

MT/0998908-001

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 7595D

Yr Regn:

7 May 2015

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

Truck / Trailer or

Make:

Hyundai Z40

C.C

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

479506

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UMF40 68850

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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

Han Kak

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/6/18

D.O.I.

11/6/18

Survey held at

CD4E (Loyang)

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

Rear

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

Date / Time

Action / Instruction

SHA 7595D - CG / CAT 11004518 / Hlibri

QA: 14/6/2018 INC

YJ 5050Z

4

13/6/18

Labour c/s \$ 3150 / 4 Hrs.

18/06/18

( \$ 2,105.52 - Reduc - 40% )

RECEIVED 18 JUN 2018

Date/Time, File Pass to?

12/06/18

1)

3p.3t

Date/Time, File Return to?

2)

Report Format :

L/S \$ 3,150/-

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

Add Fee:

☐

Site Insp

(\$

☐

Interview

(\$

☐

Tech. Invs

(\$

166



## 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/INC18010619/K1sb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 11-06-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YJ 5050Z	Veh. Inspected	SHA 7595D	
Policy No.	5086597038-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	11/06/2018	
<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	08/06/2018	Inspection Date	11/06/2018	
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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/06/2018 18:09"/>						
Vehicle No.(For Motor)	<input type="text" value="YJ5050Z"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086597038-01	EDMUND VEHICLE RENTAL PTE LTD	201625244G	GFT	Preferred Workshop Plan	YJ5050Z	YJ5050Z	01/09/2017	
<input type="button" value="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/0997986-002	COMFORT TRANSPORTATION PTE LTD	SHB 4262D	YH 9914R	08/06/2018	\$ 4,432.08	\$ 950.00
2	MT/0998484-002	COMFORT TRANSPORTATION PTE LTD	SHC 8469T	SJE 5006G	11/06/2018	\$ 4,423.50	\$ 1,000.00
3	MT/0998302-002	COMFORT TRANSPORTATION PTE LTD	SHC 8216G	SLL 8294K	12/06/2018	\$ 4,846.50	\$ 2,500.00
4	MT/0998092-002	COMFORT TRANSPORTATION PTE LTD	SHA 1516Y	SLV 1256P	09/06/2018	\$ 6,632.76	\$ 1,350.00
5	MT/0997943-002	COMFORT TRANSPORTATION PTE LTD	SHA 7325S	YL 7550Z	08/06/2018	\$ 6,352.54	\$ 2,950.00
6	MT/0998908-001	COMFORT TRANSPORTATION PTE LTD	SHA 7595D	VJ 5050Z	08/06/2018	\$ 5,255.52	\$ 3,150.00
7	MT/0998211-002	CITYCAB PTE LTD	SHB 2173R	SJL 2667G	11/06/2018	\$ 2,761.58	\$ 830.00
8	MT/0998911-001	COMFORT TRANSPORTATION PTE LTD	SHA 1784P	SJJ 2762A	12/06/2018	\$ 3,596.80	\$ 3,105.68

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	09/06/2018 10:17
Date Of Accident	08/06/2018 22:00
Exact Location Of Accident	JUNCTION OF GAMBAS AVE AND WOODLANDS AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7595D
<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	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	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	MOHAMAD RIDZUAN ABDULLAH @NG HOE SOON
NRIC No	S1385984A
Date Of Birth	23/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553261
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	785B #04-84 WOODLANDS RISE
Postcode	732785
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS E NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YJ5050Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

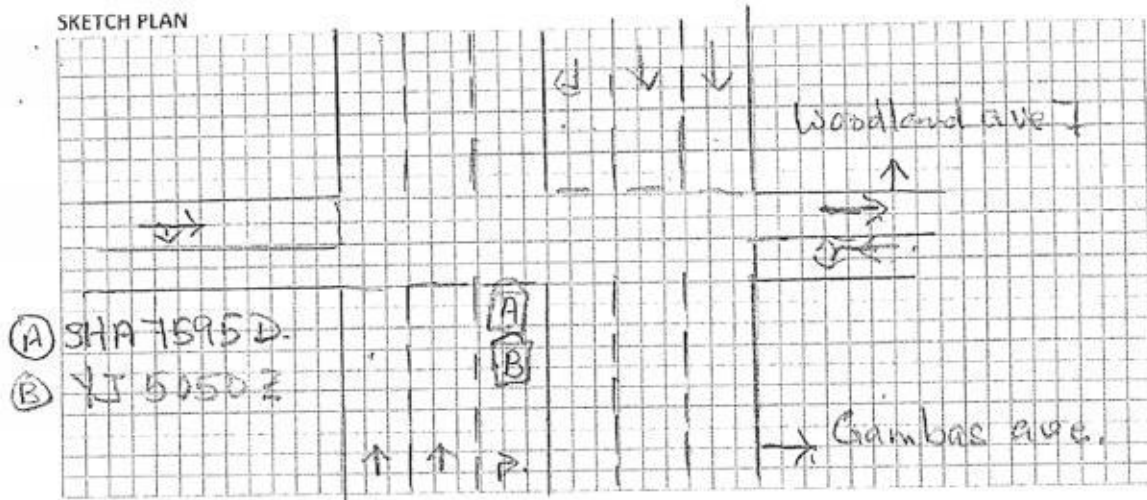
Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report attach T/20180609/2011

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD.  
CC REG. NO 189003821R

*Andrew*

9/6/18  
Jackson Hong  
CSO

*JACKSON*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
Address:

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180609/2011

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20180609/2011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/06/2018 02:23	Vide Report No.:	Station Diary No.: 41
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: MOHAMAD RIDZUAN ABDULLAH		Address: APT BLK 785B WOODLANDS RISE #04-84 SINGAPORE 732785	
ID Type / ID No.: NRIC NO / S1385984A		Contact No.: Home/Office: Mobile: 98553261	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 23/03/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/06/2018 22:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GAMBAS AVENUE WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7595D	Car				Slightly Damaged	2
YJ5050Z	Lorry					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:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20180609/2011

2 of 3

Report No. T/20180609/2011

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMAD RIDZUAN ABDULLAH		ID No. S1385984A
Related Vehicle	SHA7595D (Car)		Contact No. 98553261
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 08/06/2018 at about 2200hrs, I was driving on my taxi, SHA7595D along Gambas Avenue towards Yishun. I had 2 passengers at that point of time.

While approaching the junction of Gambas Avenue and Woodlands Avenue 7, I was on lane 01 and wanted to make a U-turn. While waiting, I felt an impact from the left side of my taxi and was shifted forward a bit. I alighted from my taxi and noticed that a lorry YJ5050Z, had collided onto my taxi. I noticed that the front right portion of the lorry was stuck onto to the left rear right of my taxi. I then confronted the lorry driver to come down. The driver had opened the door to make a check. When he had open the door, there was a strong smell of alcohol. I then told my son to call for the police. The driver then closed the door, reversed his lorry and turned right into Woodlands Avenue 7.

Traffic police had came down to the scene. No one was injured at that time. My taxi's left rear tail light and left rear portion was damaged. There is an in-car camera installed at the front of my taxi. Traffic police officer namely, SSgt Azhar Zhuri and Sgt Muhammad Asyraf had seized my camera and memory card for investigation purposes.

TP IO Fadzly  
65476204



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20180609/2011

3 of 3

Report No. T/20180609/2011

CONTINUATION OF REPORT

**Sketch Plan**

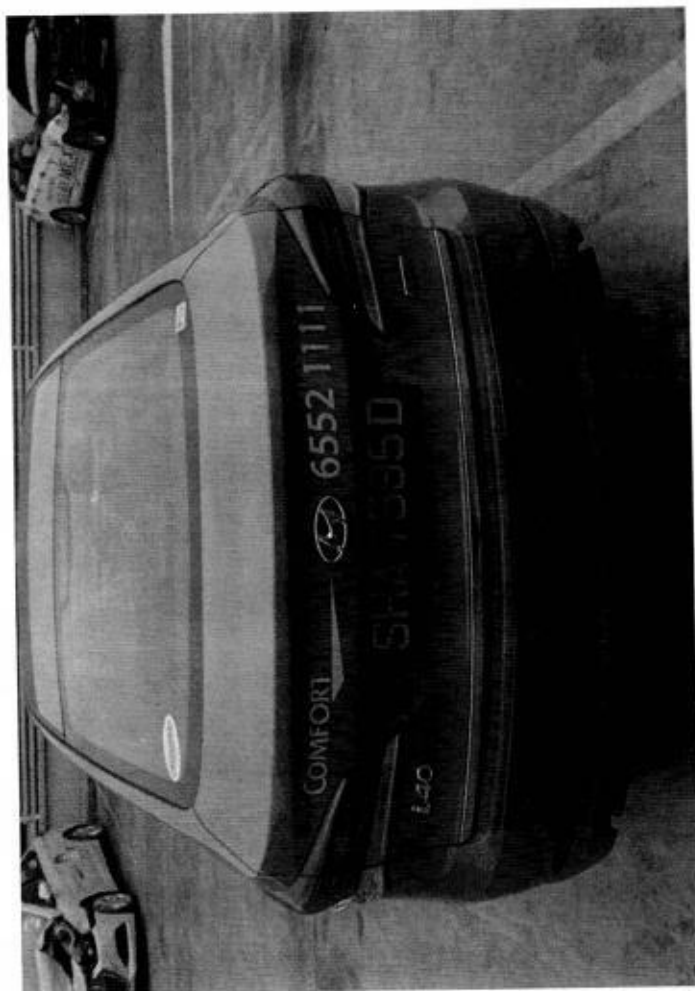
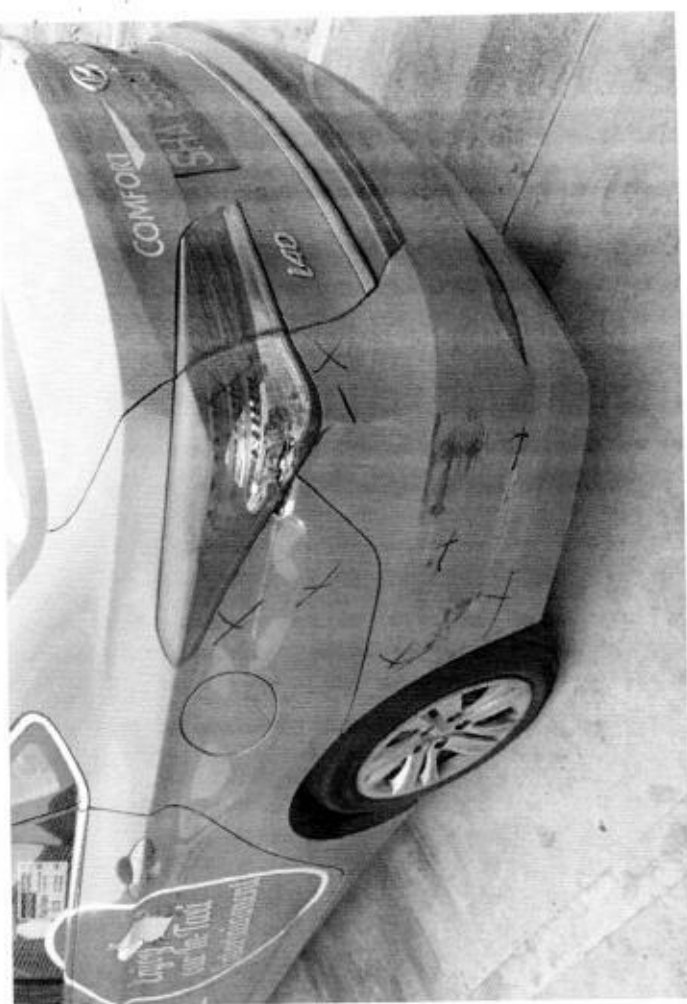
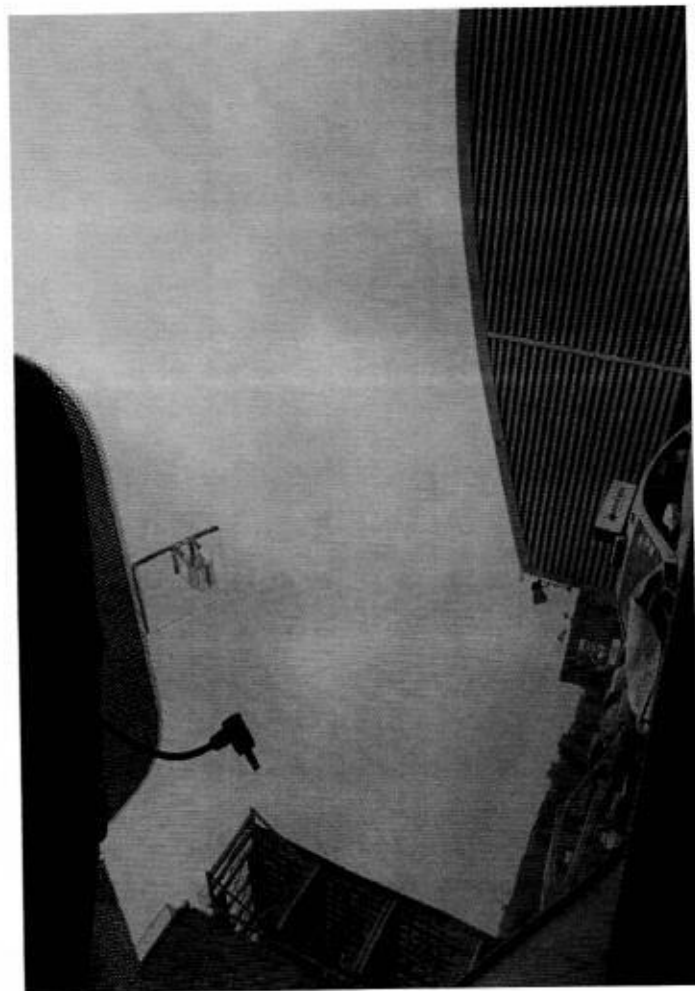
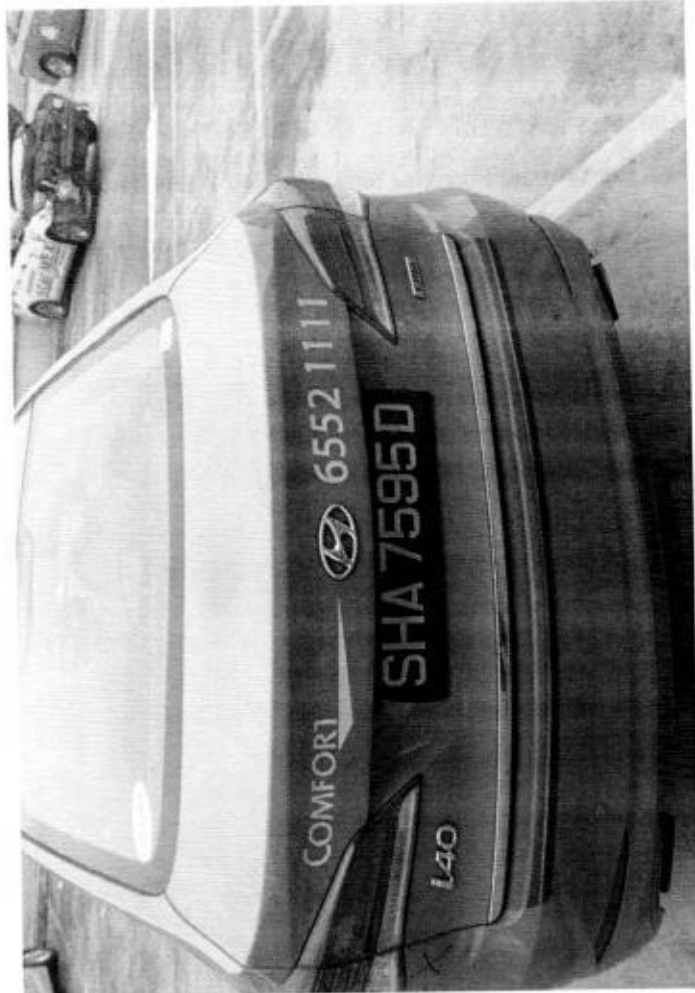
Informant is not able to provide sketch plan

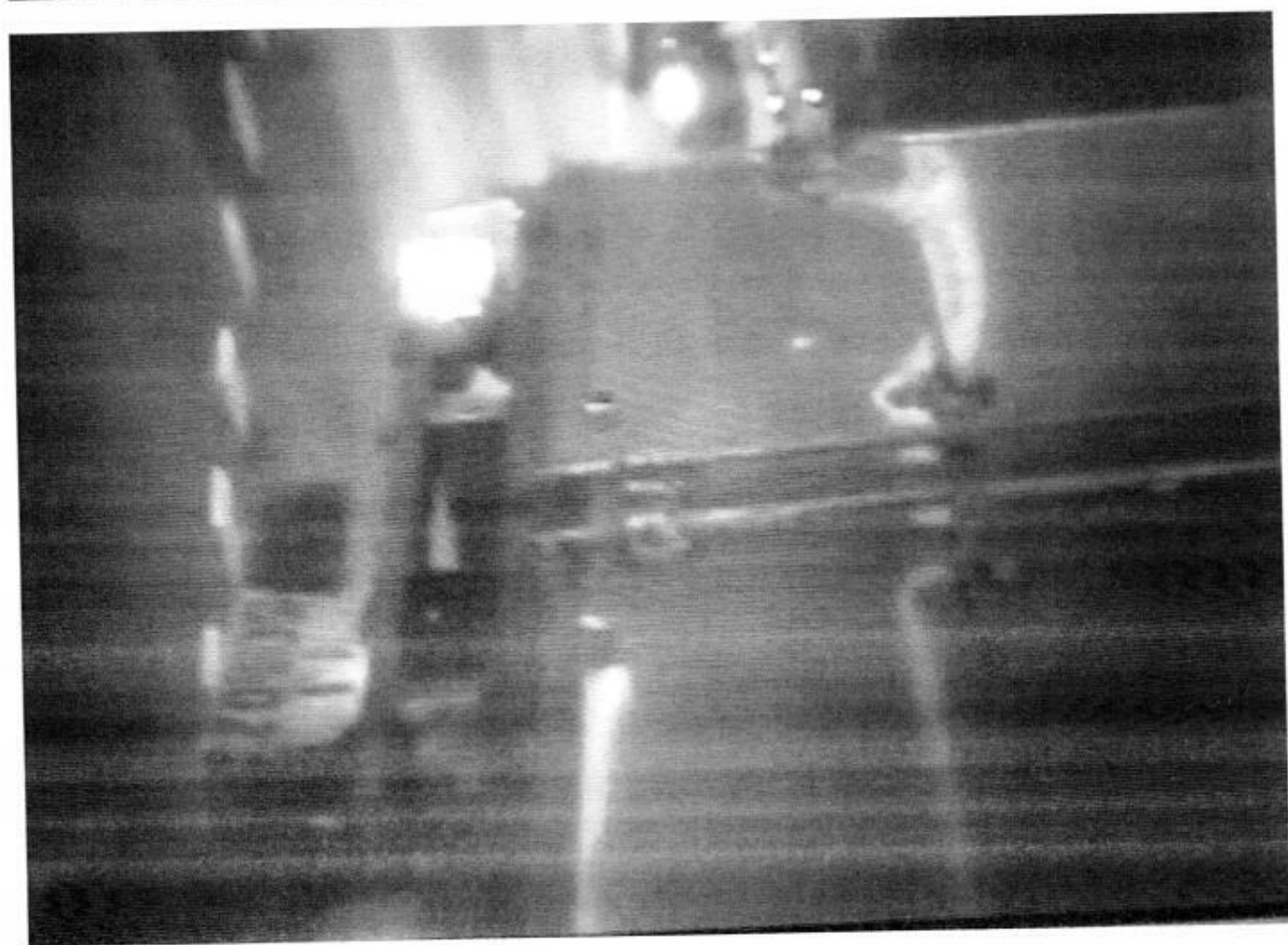
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report J / Staff Sgt MUHAMMAD SYAZWAN BIN SHAMSUDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No: 65476902
Authentication Stamp NP188

SN 130

Signature Of Informant: 
Date/Time: 09/06/2018 02:23
Classification Of Case:





Date/Time: 09.06.2018 11:03

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305173230

STOMER

REGN NO:  
SHA7595D

MILEAGE

/MS COMFORT TRANSPORTATION PTE LTD

MAKE:  
HYUNDAI

FUEL

STOMER NO 7010045

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

DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL  
I-40

DATE/TIME IN  
08.06.2018 23:30

(R) 65508755

(O)

YR OF MANU  
07.05.2015

TARGET DATE

(P)

CHASSIS CODE  
KMHLB41UMFU068850

COMPLETION DATE/TIME:

COUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 08.06.2018

NATURE: 3P 08.06.2018

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

1:

2:

Vehicle No.: SHA7595D

CHIANG

Vehicle No.:

SHA7595D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHA 7595D

DATE 9/6/2018 11:24

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Defunct</i>			\$ 603.60
	Rear Bumper Side Bracket, LH <i>2011</i>			\$ 49.00
	Rear Bumper Clips <i>new</i>			\$ 22.00
	Tail Lamp (LH) <i>new</i>			\$ 565.60
	Tail Lamp Quarter Panel (LH) <i>X new</i>			\$ 226.50
	Rear Fender (LH) <i>new</i>			\$ 2,020.10
	Rear Fender Inner Lining (LH) <i>new</i>			\$ 164.40
	Rear Windscreen Moulding <i>new</i>			\$ 60.00
	Rear Wheel Hub Cap, LH <i>X new</i>			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 3,861.90</b>
	<b>LESS 20%</b>			<b>\$ 772.38</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,089.52</b>
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00 <b>Nett</b>
	Rear Windscreen Sealant <i>new</i>			\$ 46.00 <b>Nett</b>
				<b>\$ 96.00</b>
	<b>Labour Charge</b>			<b>600</b>
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>100</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	Rear Wheel Alignment			\$ 80.00 <i>X 11</i>
	<b>TOTAL LABOUR</b>			<b>\$ 2,070.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,255.52</b>

*Kehin 11/6/18 10.00h*  
*3 4 Aug*  
*Ys*  
*After Repair*

LKK Auto Consultants hence notify the Repairer 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 illegal modifications allowed  
 • Any 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.

Our Job Ref No : 305173230  
Date : 12/06/18

## COMFORTDELGRO ENGINEERING

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


### FINALIZATION FORM


To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHA7595D  
Fax : 08/06/18

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

1. The repair job shall bill to: NTUC YJ5050Z
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:  
**Final Lumpsum Repair cost** \$3,150.00
3. Estimated normal period for repairs: 4 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 : 13/6/18

### 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/INC18010619/K1sbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 22-06-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YJ 5050Z	Veh. Inspected	SHA 7595D
Policy No.	5086597038-01	Coverage (\$)	0.00
Claim No.	MT/0998908-001	Excess (\$)	0.00
Assign From		Assign Date	11/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068850	Colour	BLUE
Odometer	479506	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	08/06/2018	Inspection Date	11/06/2018
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:		4 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. SHA 7595D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER SIDE BRACKET, LH	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
1	TAIL LAMP QUARTER PANEL (LH)	TO REPAIR SEE LABOUR	226.50	-
1	REAR FENDER (LH)	DENTED	2,020.10	2,020.10
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR WHEEL HUB CAP, LH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-772.38	-654.26
			3,089.52	2,617.04
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			96.00	96.00
<b>LABOUR</b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF TAIL LAMP QUARTER PANEL (LH).		1,000.00	600.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	20.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,070.00	1,210.00
<b>GRAND TOTAL</b>			<b>5,255.52</b>	<b>3,923.04</b>

Report Ref No. NS/INC18010619/K1sbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,150.00
--	--	--	----------

Report Ref No. NS/INC18010619/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.  
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.