

Kalin

REF:

NS/INC18010625/Klqbn2

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:

SLV 1256P

Policy No:

5096747880

21122017 - 201218

Claims No:

117/0998092-02

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:

2 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 1516 Y

Yr Regn: 12 May 2016

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

Truck / Trailer or

Make:

Hyundai 240

C.C

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

328375

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414464090108

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

9/6/18

D.O.I.

11/6/18

Survey held at

CDHE (Loyang)

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

Rear

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

Date / Time

Action / Instruction

SHA 1516 Y - CS / FC18010625 / Htd372

Date: 12012018

Inc

4s

SLV 1256P - X

14/6/18 Wheel LPS 1350/24. (Cred 5282.76, 85%)

RECEIVED 18 JUN 2018

Date/Time, File Pass to?



: Preli. Report

11/6/18



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) \$ + RS: \$

) Photos

) Others

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)

Report Format:

7P

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/INC18010625/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 1256P	Veh. Inspected	SHA 1516Y
Policy No.	5096747880	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/06/2018

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	09/06/2018	Inspection Date	11/06/2018
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

General Claim

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="09/06/2018 18:09"/>						
Vehicle No. (For Motor)	<input type="text" value="SLV1256P"/>								
<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"/>	5096747880	SK CHAUFFEUR & LIMOUSINE SERVICE	53373847D	GPC	drivo CLASSIC	SLV1256P	SLV1256P	21/12/2017	20/12/2018
<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	SIE 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	YI 5050Z	08/06/2018	\$ 5,255.52	\$ 3,150.00
7	MT/0998211-002	CITYCAB PTE LTD	SHB 2173R	SIL 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	11/06/2018 08:49
Date Of Accident	09/06/2018 23:55
Exact Location Of Accident	CROSS ST TOWARDS ROBINSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1516Y
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	WONG FATT KIONG
NRIC No	S1004623H
Date Of Birth	18/06/1945
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1962
Driving Experience	55 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96887772
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	619 #09-1079 ANG MO KIO AVENUE 4
Postcode	560619
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)	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.

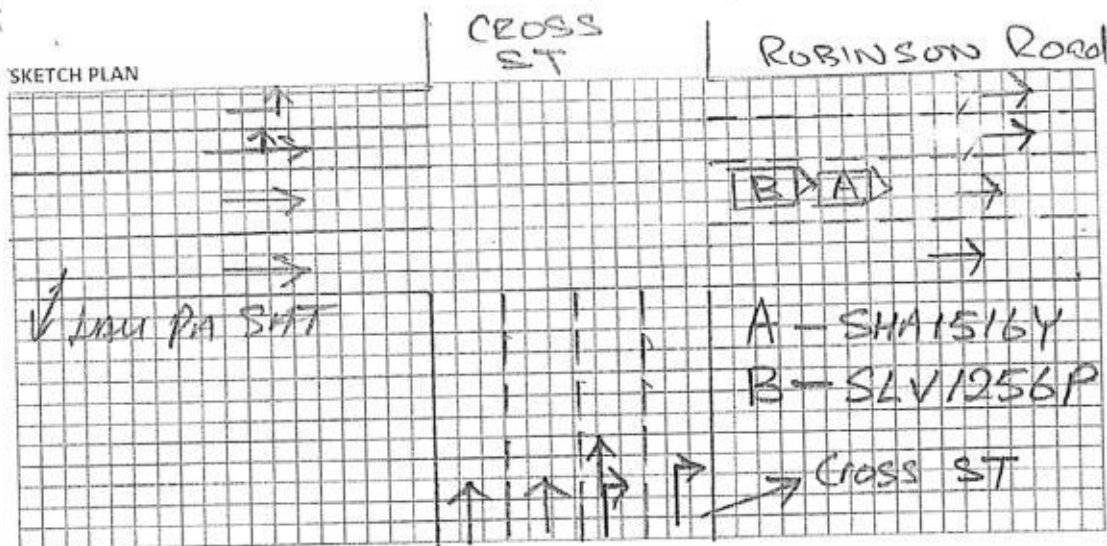
Attachment(s)

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	SLV1256P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HOWE CHUA
NRIC/Passport Number	S1771060E
Contact Number	88389278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/6/18 @ around 2355hr, I was driving from Cross St turning Right towards Robinson Rd straight Road. Suddenly There is Vehicle Black Colour Suddenly make change Lane Infront and I apply to stop without hit Vehicle. I continue moving Suddenly Vehicle (B) SLV1256P hit my taxi on the rear portion Cause damage.

There is No Pax on board at my taxi and No injury.

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)

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

CS REC NO 160303821R

Policyholder's Signature

Date & Time:

Driver's Signature

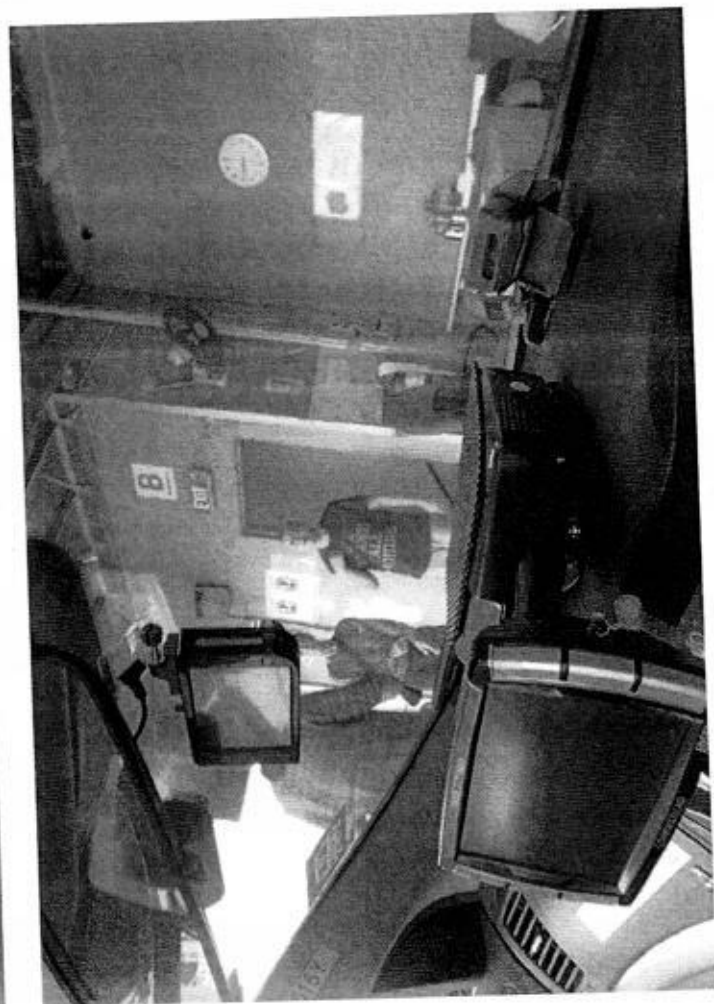
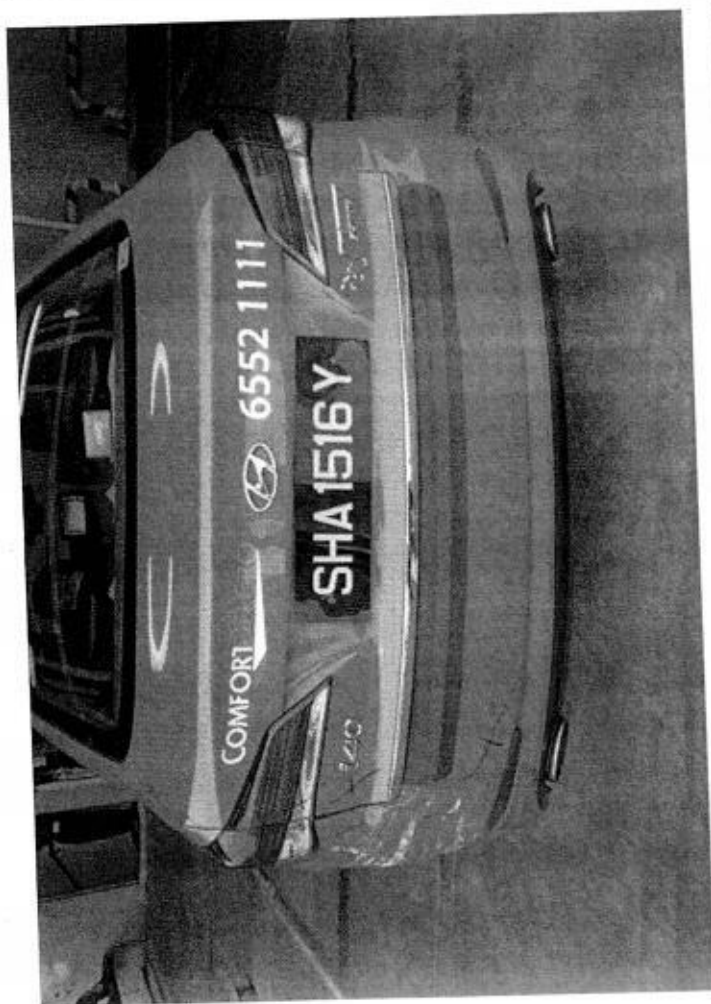
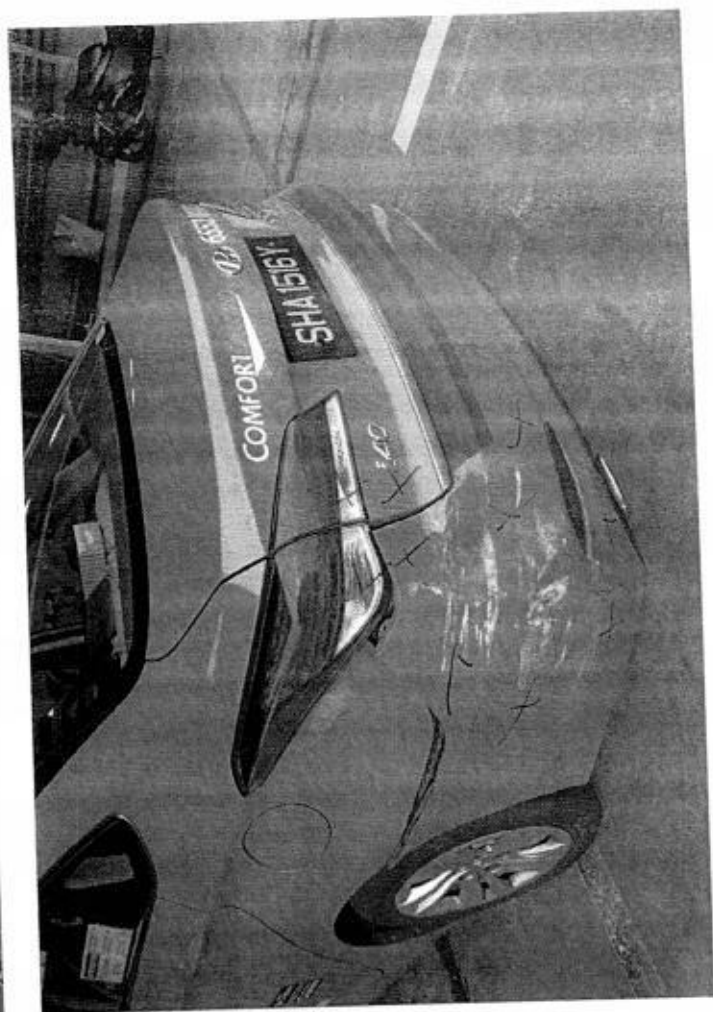
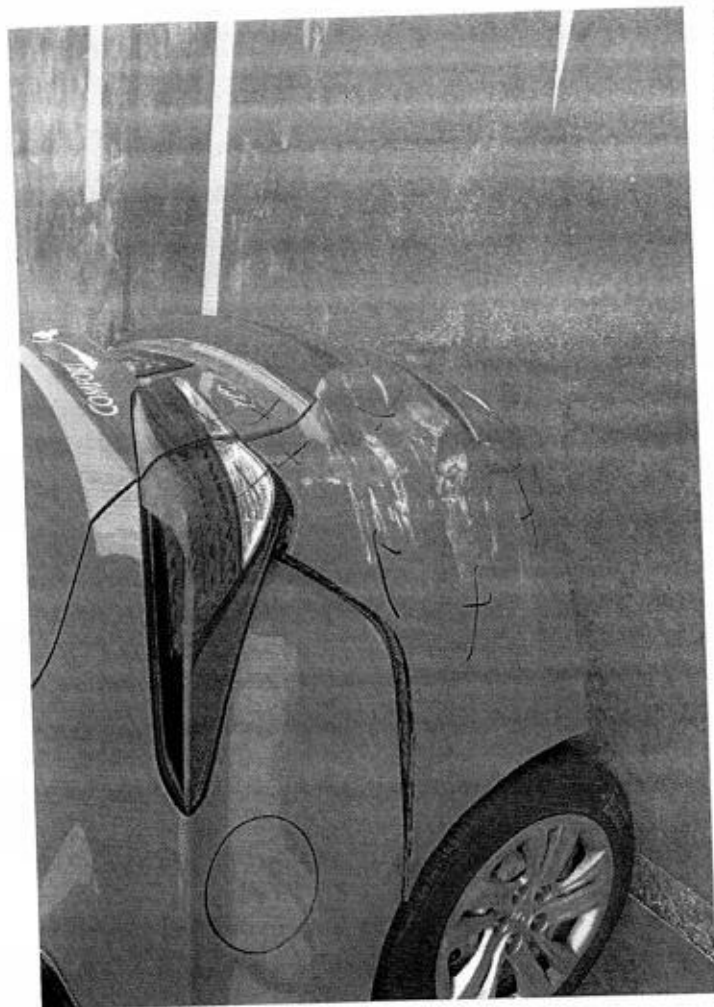
(If driver is not the policyholder)

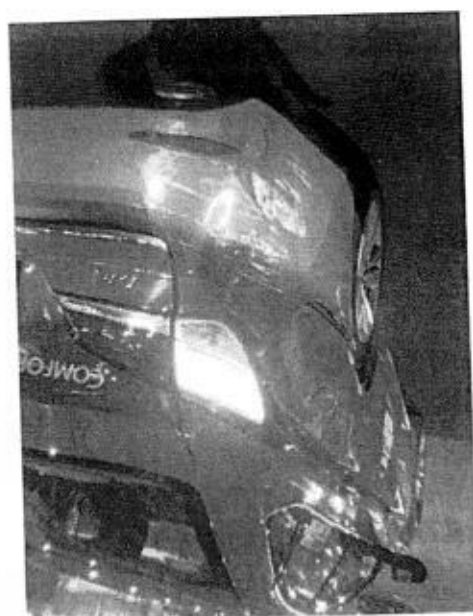
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





member of COMFORTDELGRO

Date/Time: 11.06.2018 11:04

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305173582

Customer: COMFORT TRANSPORTATION PTE LTD
 Vehicle No: 7010045
 Address: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 Phone: 65508755 (R) (P) (O)

REGN NO:	SHA1516Y	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	1-40	E.....1/2.....F
YR OF MANU	12.05.2016	DATE/TIME IN
CHASSIS CODE	KMHLE41UMGU090108	TARGET DATE
		COMPLETION DATE/TIME:

NTUC

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.06.2018
 Nature: 3P 09.06.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle No.

No.: SHA1516Y

LKE

Signature

Exit Pass

Vehicle No.:

SHA1516Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 1516Y

DATE 11/6/2018 11:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid Lamp (LH) X <i>see</i>			\$ 556.80
	Rear Bumper — <i>Rebond</i>			\$ 603.60
	Rear Bumper Reinforcement <i>see</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>see</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket, LH <i>see</i>			\$ 49.00
	Rear Bumper Clips — <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>see</i>			\$ 143.40
	Rear Bumper Under Cover — <i>ct</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH) — <i>ag</i>			\$ 32.00
	Tail Lamp (LH) — <i>ag</i>			\$ 565.60
	Tail Lamp Quarter Panel (LH) X <i>see</i>			\$ 226.50
	Rear Fender (LH) X <i>see</i>			\$ 2,020.10
	Rear Fender Inner Lining (LH) X <i>see</i>			\$ 164.40
	Rear Windscreen Moulding X <i>ag</i>			\$ 60.00
	Rear Wheel Hub Cap, LH X <i>see</i>			\$ 150.70
	SUB TOTAL			\$ 5,683.45
	LESS 20%			\$ 1,136.69
	DISCOUNTED TOTAL			\$ 4,546.76
	Rear Bumper Rubber Mat — <i>see</i>			\$ 50.00 Nett
	Rear Windscreen Sealant X <i>ag</i>			\$ 46.00 Nett
				\$ 96.00
	Labour Charge			
	Panel Beating			\$ 1,000.00 <i>200</i>
	Spray Painting Charge			\$ 500.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 X <i>17</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 X <i>77</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 X <i>47</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 1,990.00
	ESTIMATE TOTAL			\$ 6,632.76

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 modification(s) to allow Ld
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

TOTAL LABOUR

ESTIMATE TOTAL

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.

Date : 13/06/18

To : _____ LKK
Attn : Mr _____ KALVIN ANG
Vehicle Reg No. _____ SHA1516Y _____ CTPL

Fax :

09.06.18

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

- | | NTUC | --- | SLV1256P |
|---|------------------------------|---------------|-------------------|
| 1. The repair job shall bill to: | | | |
| 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% | | \$1,350.00 |
| Final Lumpsum Repair cost | | | \$1,350.00 |
| 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 | | |

We confirm the estimates and finalized amount.

Signature : _____
 Name : LIM KWOK ENG
 Tel : 62148316
 Fax : 65468156

Signature : _____
Name : Kalvin
Date : 14/6/18

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/INC18010625/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 1256P	Veh. Inspected	SHA 1516Y
Policy No.	5096747880	Coverage (\$)	0.00
Claim No.	MT/0998092-002	Excess (\$)	0.00
Assign From		Assign Date	11/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU090108	Colour	BLUE
Odometer	328375	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 REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	09/06/2018	Inspection Date	11/06/2018
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1516Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID LAMP (LH)	SERVICEABLE	556.80	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET, LH	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	32.00	32.00
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
1	TAIL LAMP QUARTER PANEL (LH)	SERVICEABLE	226.50	-
1	REAR FENDER (LH)	SERVICEABLE	2,020.10	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUB CAP, LH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-1,136.69	-289.64
			4,546.76	1,158.56
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		1,000.00	200.00
	SPRAY PAINTING CHARGE.		500.00	200.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-

Report Ref No. NS/INC18010625/K1qbn2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,990.00	450.00
	GRAND TOTAL		6,632.76	1,658.56
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,350.00

Report Ref No. NS/INC18010625/K1qbn2

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.