

Assessment

Kalvin

REF:

NS/WC18010819/Klgbnz

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

9LL 8294K

Policy No.

50 8984 3386-01

060418 - 050419

Claims No.

M7/0998302-02

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

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 82164

Yr Regn:

2 Apr 2015

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

Truck / Trailer or

Make:

Hyundai 24

C.C

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

4 93326

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KM HLB4 / 4MF40 67892

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:

205/60R6

R:

7

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

TOYO / YOKO or

Wettk

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

12/6/8

D.O.I.

13/6/8

Survey held at

CDHE (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

SHC 8216 G - CS / FCL / 7007762 / Gth302

06A: 120417

INC

4s

9LL 8294K - X

18/6/18

Lum 45,2500/3 Rps (Fed B 2346.50, 482)

RECEIVED 18 JUN 2018

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

Report Format:

971

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/INC18010819/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 8294K	Veh. Inspected	SHC 8216G
Policy No.	5089843386-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/06/2018

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

1. Description of Damages

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General Information

Accident Date	12/06/2018	Inspection Date	13/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

3. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

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	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

eBaoTech

General Claim

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"/>	5089843386-01	YSL SERVS	53360093J	GPC	Third Party	SLL8294K	SLL8294K	06/04/2018	05/04/2019

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	12/06/2018 16:23
Date Of Accident	12/06/2018 08:25
Exact Location Of Accident	JURONG TOWN HALL RD TWDS AYE X GATEWAY LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8216G
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	SOH KHENG SIN
NRIC No	S0232097E
Date Of Birth	31/07/1950
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90728607
Fax Number	
Contact Number	
Email Address	SOHKHENGSI@GMAIL.COM

Address	BLK 419 JURONG WEST STREET 42 #11-989
Postcode	640419
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)	2
Passenger 1	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

PLS REFER TO 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL8294K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

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

Teo Yen Yee

Policyholder's Signature
Date & Time:

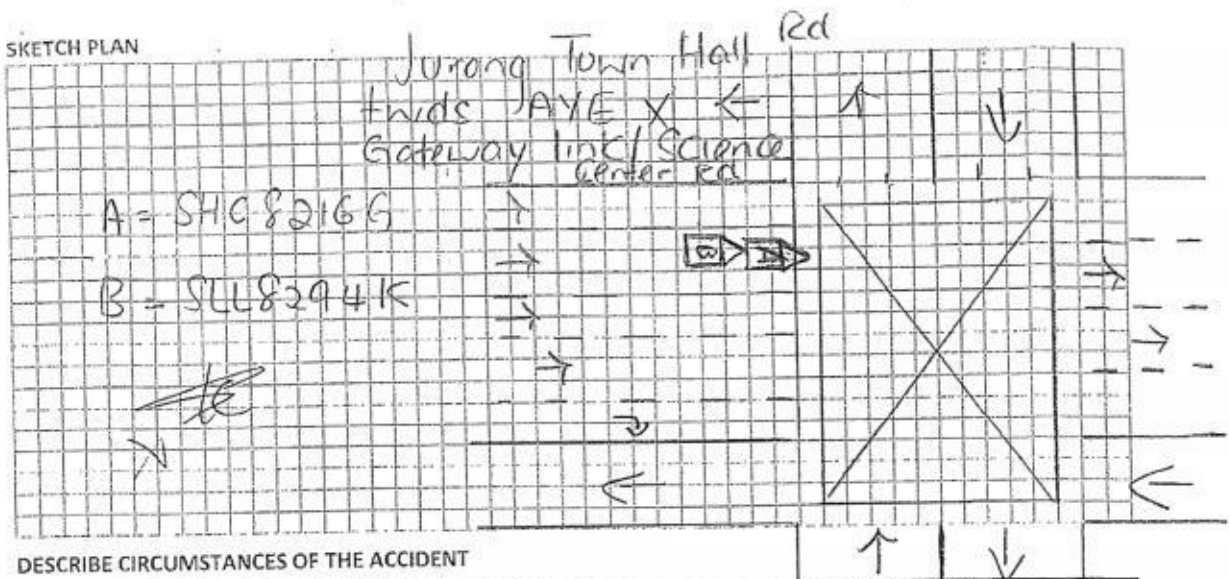
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/6/18 @ abt 0825 hrs. I was driving along above junction. In front car braked & stopped thus I braked and stopped as well. Suddenly I felt an impact followed by a jerk from behind. Shortly after I found that a car SLL8294K front portion collided onto the rear portion of my taxi. 1 female pax on board & no one was injured at the point of 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:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

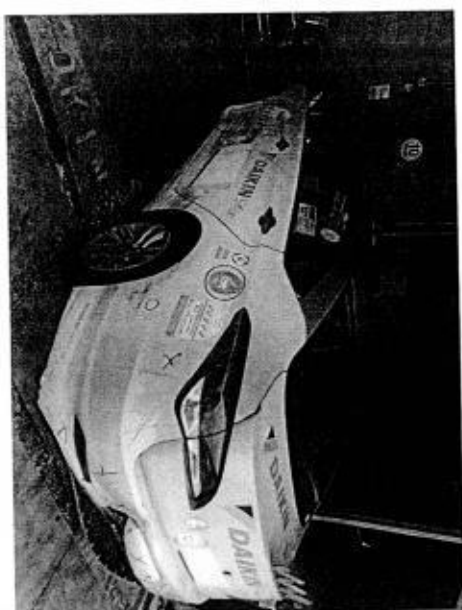
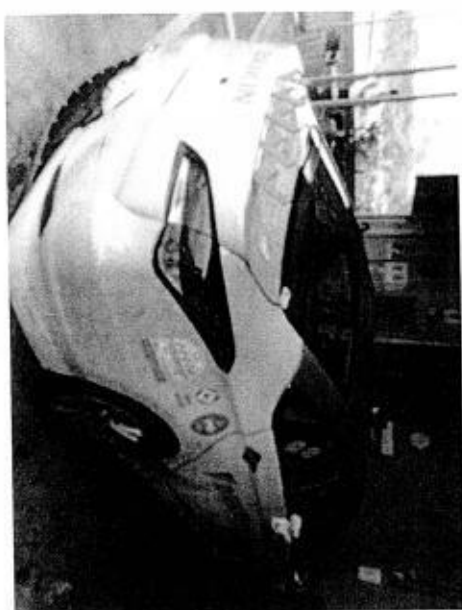
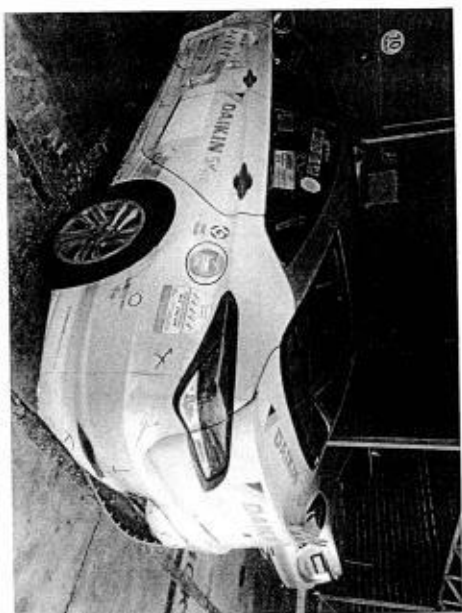
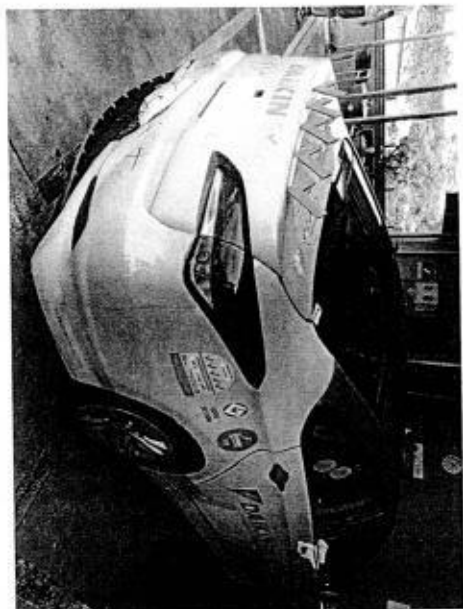
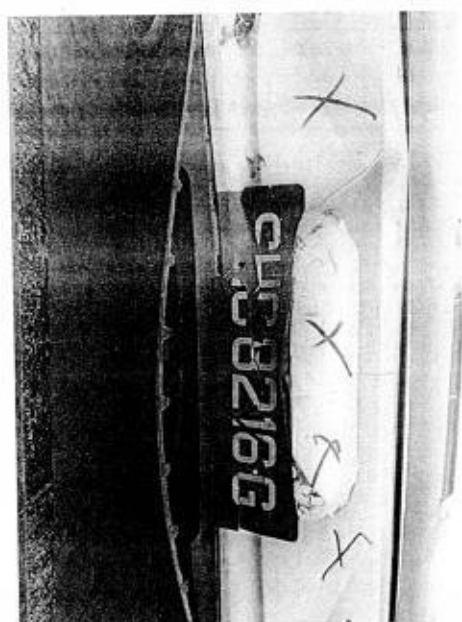
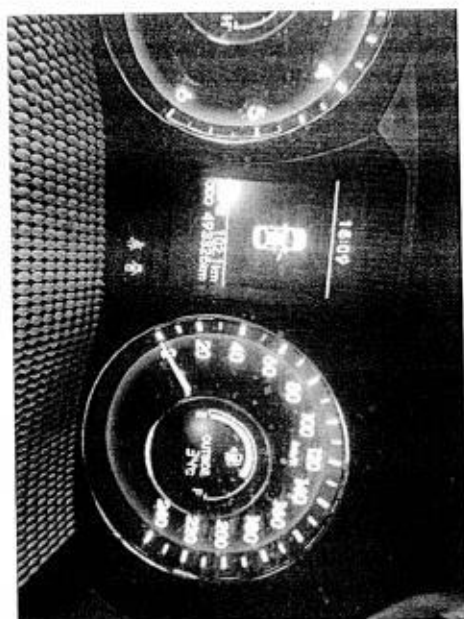
Date & Time:

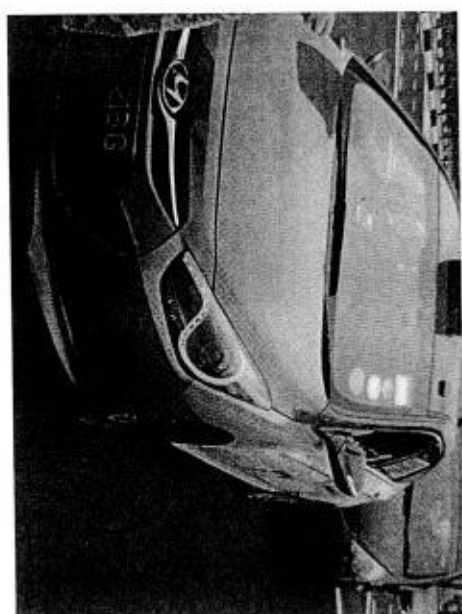
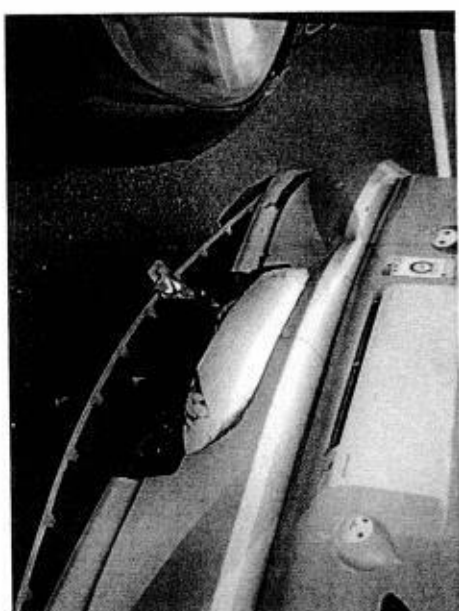
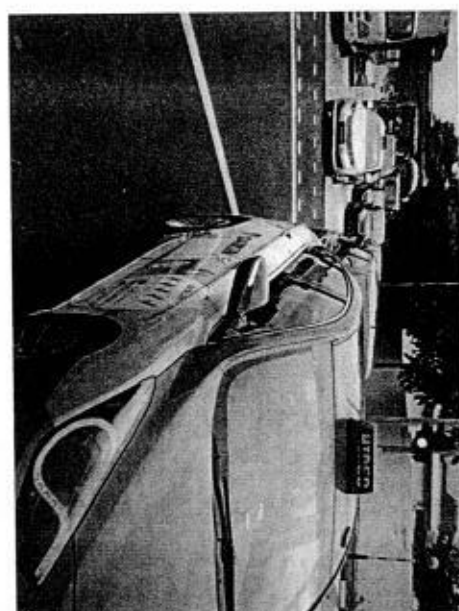
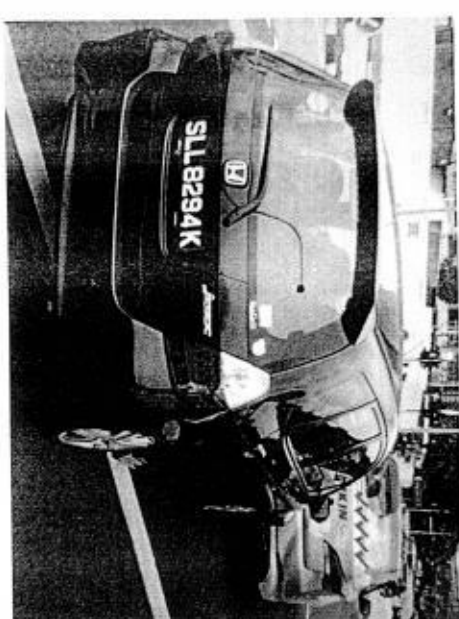
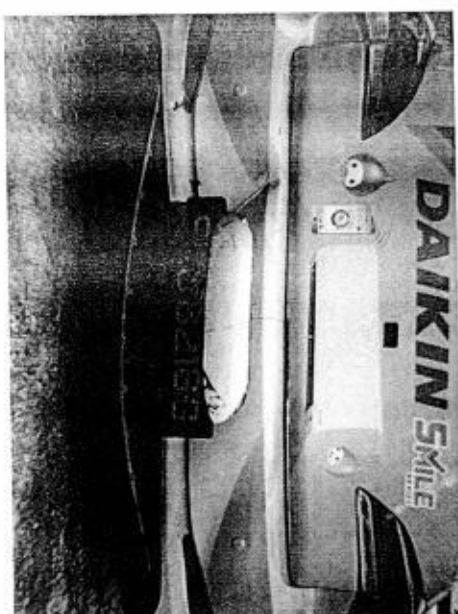
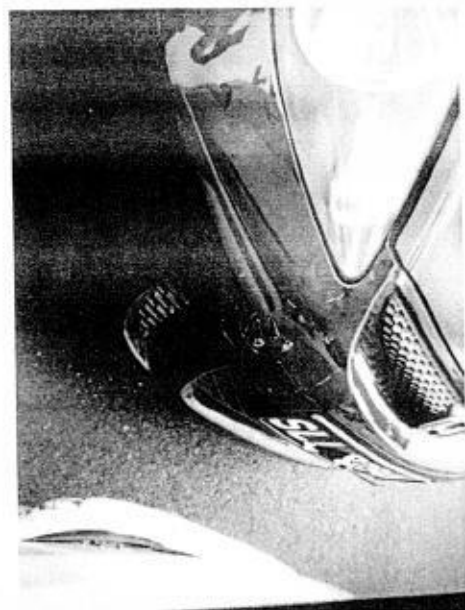
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Teo Yen Yee





ber of COMFORTDELGRO

Date/Time: 12.06.2018 16:58

Page : 1

ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305174603

COMFORT TRANSPORTATION PTE LTD
VO 7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO: SHC8216G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 12.06.2018 15:10
YR OF MANU. 02.04.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU067892	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 12.06.2018
E: 3P 12.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHC8216G

JU NTUC LKK

Vehicle No.:

SHC8216G

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8216G

DATE 12/6/2018 16:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Licence Lamp (LH/RH) — <i>one</i>		\$ 33.95	\$ 67.90
	Licence Plate Cover — <i>one</i>			\$ 100.00
	Rear Bumper — <i>both</i>			\$ 603.60
	Rear Bumper Reinforcement — <i>one</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) ✓ <i>both</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>both</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips — <i>one</i>			\$ 22.00
	Rear Bumper Sponge ✓ <i>both</i>			\$ 143.40
	Rear Bumper Under Cover — <i>one</i>			\$ 225.00
	Rear Panel <i>x repair</i>			\$ 592.30
	Rear Panel Garnish <i>x one</i>			\$ 57.70
	Rear Panel Lower Panel <i>x repair</i>			\$ 495.50
	SUB TOTAL			\$ 3,269.75
	LESS 20%			\$ 653.95
	DISCOUNTED TOTAL			\$ 2,615.80
	Rear No. Plate — <i>one</i>			\$ 25.00
	Rear Bumper Reverse Sensor — <i>both</i>		<i>-16%</i>	\$ 135.70
	Rear Bumper Advertisement Logo — <i>one</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) — <i>one</i>		\$ 100.00	\$ 200.00
				\$ 410.70
	Labour Charge			
	Panel Beating			\$ 850.00 <i>600</i>
	Spray Painting Charge			\$ 750.00 <i>600</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x 70</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 1,820.00
	ESTIMATE TOTAL			\$ 4,846.50
<p><i>K. Lim 10/10/18</i></p> <p><i>13/6/18 10:55 hrs</i></p> <p><i>3 Reps</i></p> <p><i>LP</i></p> <p><i>After Repair photo</i></p>				
<p>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.</p>				

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: _____

Attul

JM

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305174603

Date : 16/06/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC8216G

Date of Accident : 12/06/18

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

1. The repair job shall bill to: NTUC --- SLL8924K
###
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% \$2,500.00
Final Lumpsum Repair cost
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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 18/6/18

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:

CHECK ITEMS .REAR BUMPER SPONGE AND REINFORCEMENT STAY




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/INC18010819/K1qbn2			
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.	SLL 8294K	Veh. Inspected	SHC 8216G
Policy No.	5089843386-01	Coverage (\$)	0.00
Claim No.	MT/0998302-002	Excess (\$)	0.00
Assign From		Assign Date	13/06/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067892	Colour	BLUE
Odometer	493326	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 PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/06/2018	Inspection Date	13/06/2018
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	

**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8216G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	LICENCE LAMP (LH/RH) @\$33.95	CRACKED	67.90	67.90
1	LICENCE PLATE COVER	CRACKED	100.00	100.00
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	CRACKED	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	BENT	360.00	360.00
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR PANEL	TO REPAIR SEE LABOUR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
	LESS 20% DISCOUNT		-653.95	-405.25
			2,615.80	1,621.00
NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
SPECIAL NETT ITEMS				
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			275.00	275.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL.		850.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00

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National Assessment Centre Services

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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	50.00	20.00
	TUFF KOTE.		50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,820.00	1,250.00
GRAND TOTAL			4,846.50	3,268.13
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,500.00

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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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