

Kalin

REF:

NS/INC18010960/K1vbm2

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: SKA 112A
 Policy No: 5052468653-06 120118 -11-01-19
 Claims No: MT 10998675-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 5719C Yr Regn: 26 May 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Ixo C.C. 1635
 Colour: Blue A/C. Insured / Std / NI / NA
 Sp. Reading: 330095 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM HCB414A44090009
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / R/Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 13/6/18 D.O.I. 14/6/18
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Front NB
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
 18/6/18 SHA 5719C - X
 SKA 112A - X
 General 4/543050/2h. (Recd 1603.00, 359)

INC
L/S

RECEIVED 19 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

S+RS SI

Photos

Others

160

Date/Time, File Return to?

19/6- typist

Report Format:

TP

LS \$3050k

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)



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/INC18010960/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SKA 112A | Veh. Inspected | SHA 5719C |
| Policy No. | 5052468653-06 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 14/06/2018 |

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 | 13/06/2018 | Inspection Date | 18/06/2018 |
| 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. |
|--|

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/0998684-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8054G | SJP 1495X | 12/06/2018 | \$ 3,688.00 | \$ 1,500.00 |
| 2 | MT/0998356-002 | COMFORT TRANSPORTATION PTE LTD | SHD 4460M | YM 5162T | 10/06/2018 | \$ 13,249.18 | \$ 7,100.00 |
| 3 | MT/0998675-002 | COMFORT TRANSPORTATION PTE LTD | SHA 5719C | SKA 112A | 13/06/2018 | \$ 4,673.20 | \$ 3,050.00 |

Claim received from LKK Auto

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5052468653-06 | YAP KOK HAI | S6841651E | GPC | drive CLASSIC | SKA112A | SKA112A | 12/01/2018 | 11/01/2019 |

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 | 14/06/2018 10:44 |
| Date Of Accident | 13/06/2018 18:40 |
| Exact Location Of Accident | YISHUN RING RD TWDS YISHUN AVE2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA5719C |
| 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 | NASIR KHAN B PEROSIAH |
| NRIC No | S1316684F |
| Date Of Birth | 25/04/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/09/1986 |
| Driving Experience | 31 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97790991 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 252 YISHUN RING ROAD #01-1071 |
| Postcode | 760252 |
| 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 ON COLLISION |
| Weather Conditions | DRIZZLING |
| Road Surface | WET |

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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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 | SKA112A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LENG LEE FONG |
| NRIC/Passport Number | S7272207H |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | RIGHT 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

Policyholder's Signature
Date & Time:

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

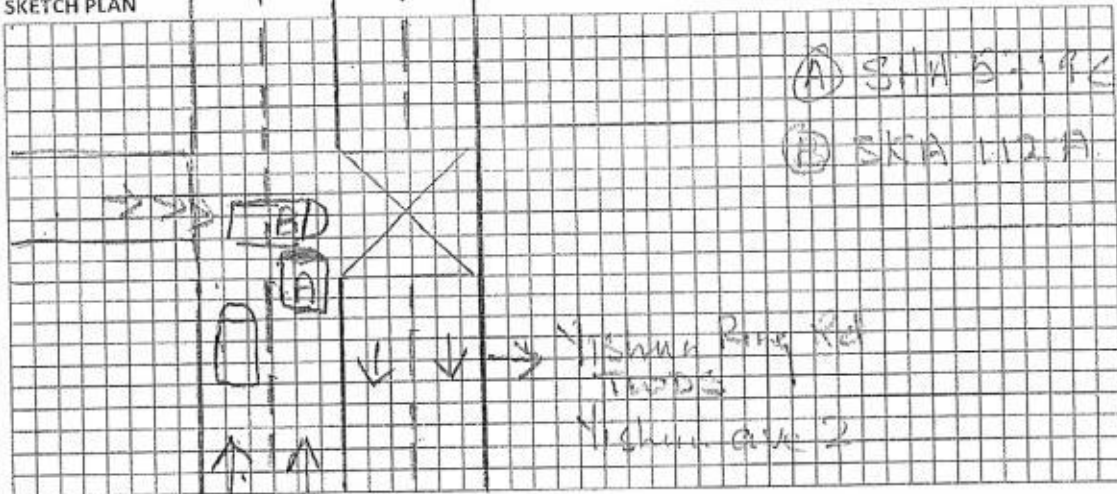
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/UMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/6/2018 at about 1840hrs, I vehicle A was driving along Yishun Ring road on the outer lane. The road surface was wet and light traffic. After I passed left side lane vehicle. Suddenly vehicle B dash out from a small lane. I could not brake in time and collided onto vehicle B right front portion. No one was injured at that time.

DECLARATION

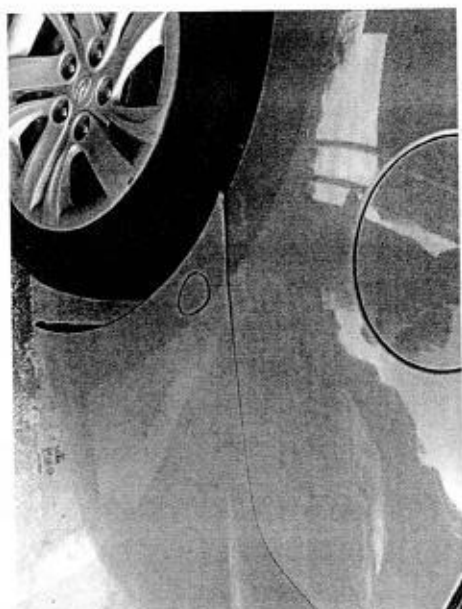
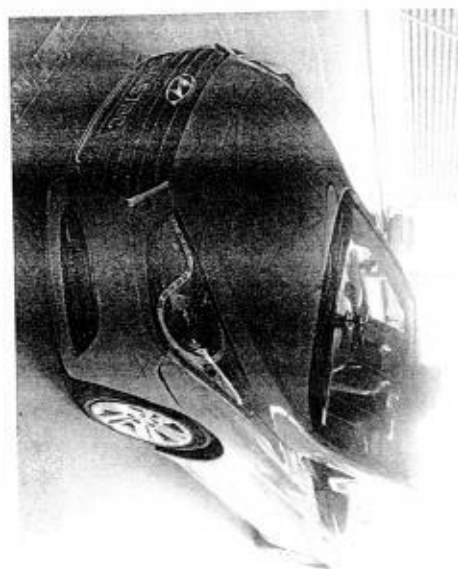
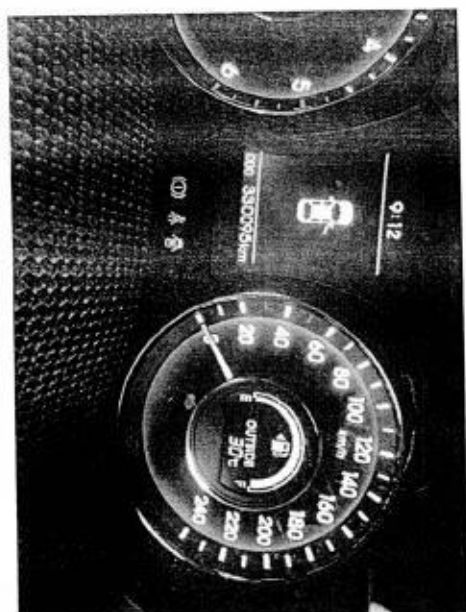
I/We declare the foregoing particulars are true in every respect.

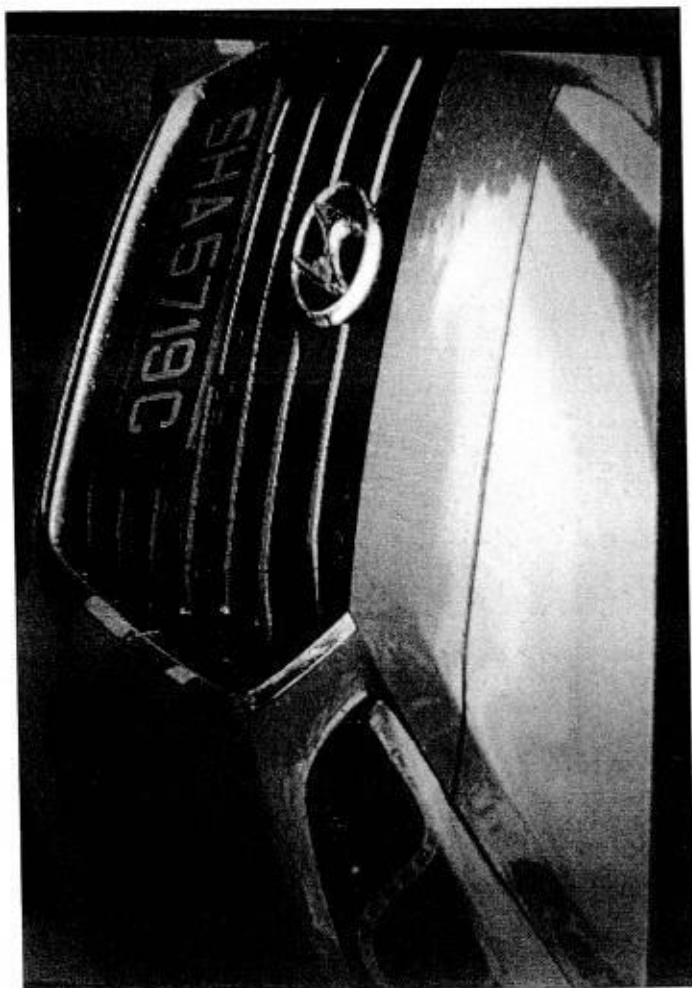
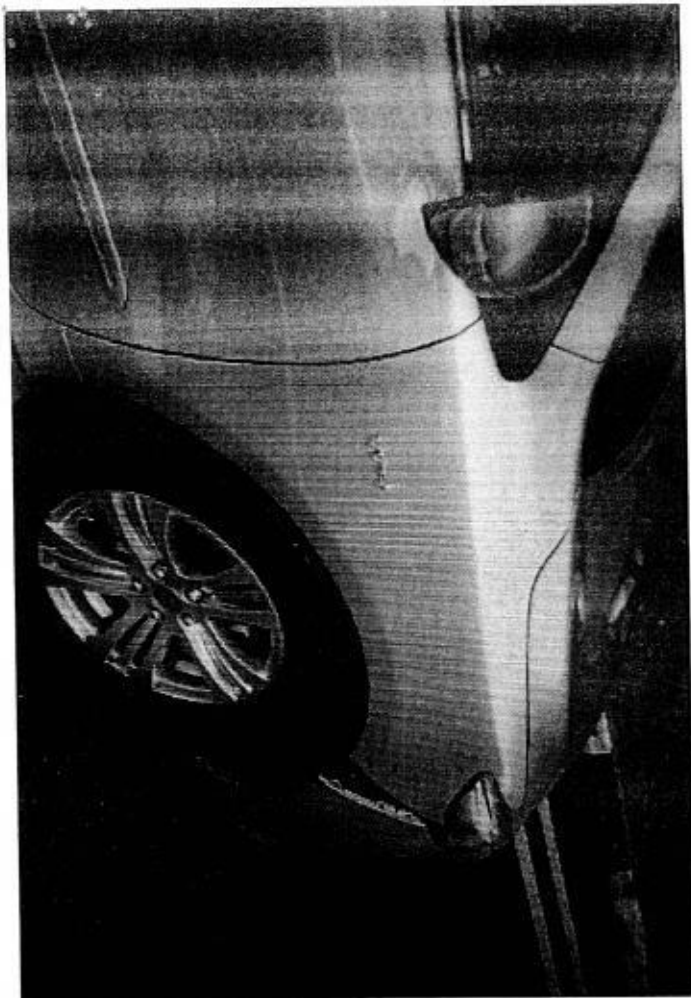
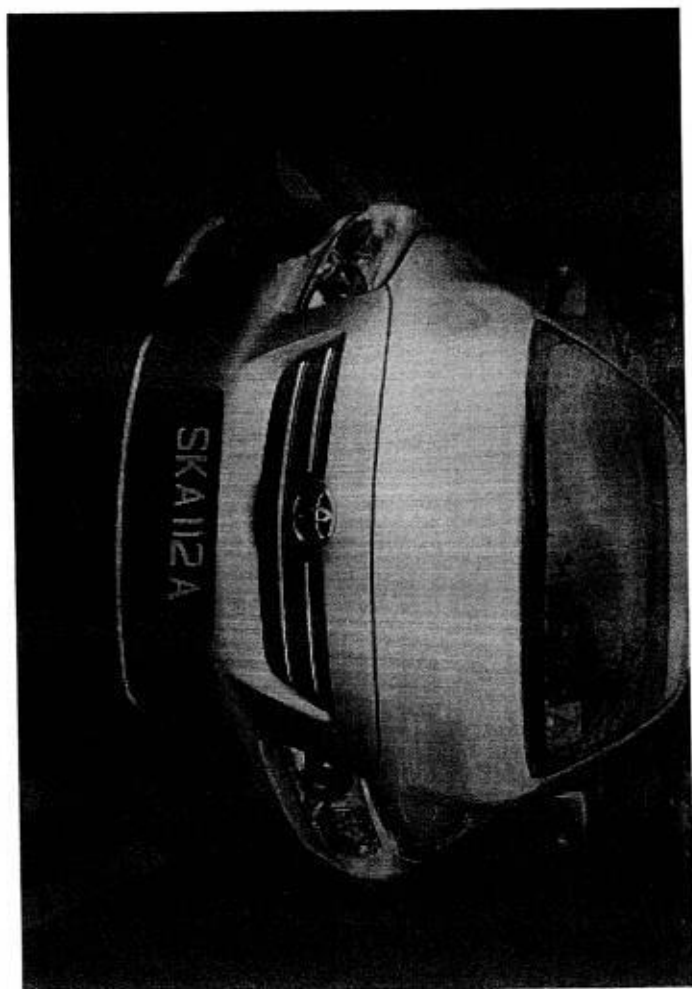
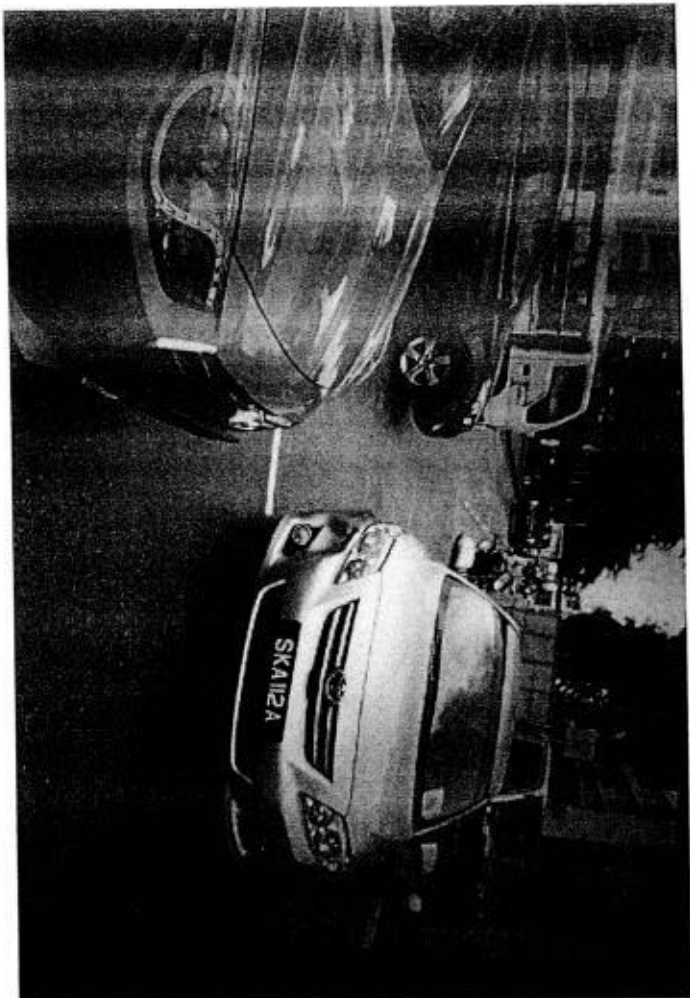
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

Policyholder's Signature
Date & Time:

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

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





A member of COMFORTDELGRO

Date/Time: 14.06.2018 11:34 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305175448

| | | | |
|--|--|-----------------------------------|----------------------------------|
| CUSTOMER COMFORT TRANSPORTATION PTE LTD VMS 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) | | REGN NO SHA5719C | MILEAGE |
| | | MAKE HYUNDAI | FUEL E.....1/2.....F |
| | | MODEL I-40 | DATE/TIME IN 14.06.2018 09:10 |
| | | YR OF MANU 26.05.2016 | TARGET DATE |
| SCOUNT CARD NO. | | CHASSIS CODE KMHLB41UMGU090009 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 13.06.2018
 NATURE: 3P 13.06.2018

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.: SHA5719C
 CHIANG

Vehicle No.: SHA5719C

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 5719C

DATE 14/6/2018 9:35

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|---|------|------------|---------------------------------|
| | Radiator Grille / <i>cm</i> | | | \$ 1,480.00 |
| | Front Bumper Cover - <i>filled</i> | | | \$ 1,052.20 |
| | Front Bumper Sponge <i>2500</i> | | | \$ 142.20 |
| | Front Bumper Reinforcement <i>2500</i> | | | \$ 526.10 |
| | Front Bumper Grille (LH) / <i>W</i> | | | \$ 285.50 |
| | Front Bumper Grille Airduct (LH) <i>X 200</i> | | | \$ 155.00 |
| | Headlamp (LH) / <i>grated</i> | | | \$ 1,388.00 |
| | SUB TOTAL | | | \$ 5,029.00 |
| | LESS 20% | | | \$ 1,005.80 |
| | DISCOUNTED TOTAL | | | \$ 4,023.20 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 <i>200</i> |
| | Spray Painting Charge | | | \$ 250.00 <i>200</i> |
| | Wiring Charge | | | \$ 50.00 <i>30</i> |
| | TOTAL LABOUR | | | \$ 650.00 |
| | ESTIMATE TOTAL | | | \$ 4,673.20 |
| <i>Kalvin 10/10/14</i> <i>14/6/18 1200hrs</i> <i>2 hrs</i> <i>1/2</i> <i>After Repair photo</i> | | | | |
| <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div> | | | | |
| 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 : 305175448
Date : 14/06/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA5719C

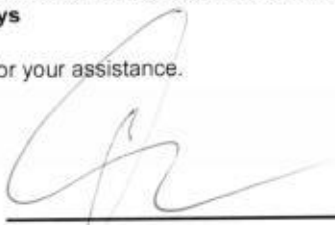
Fax :


13/06/2018

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

1. The repair job shall bill to: NTUC SKA112A
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. Estimated normal period for repairs: 2 working days.
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 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:



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/INC18010960/K1vbn2

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. | SKA 112A | Veh. Inspected | SHA 5719C |
| Policy No. | 5052468653-06 | Coverage (\$) | 0.00 |
| Claim No. | MT/0998675-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 14/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU090009 | Colour | BLUE |
| Odometer | 330095 | 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 | 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 |

4. Description of Damages

| |
|---|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS. |
|---|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 13/06/2018 | Inspection Date | 14/06/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 | | |

5a. Remarks

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

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 2 Working Days |
|-------------------------------------|----------------|



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5719C

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|----------------------------------|-------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | RADIATOR GRILLE | CRACKED | 1,480.00 | 1,480.00 |
| 1 | FRONT BUMPER COVER | DEFORMED | 1,052.20 | 1,052.20 |
| 1 | FRONT BUMPER SPONGE | SERVICEABLE | 142.20 | - |
| 1 | FRONT BUMPER REINFORCEMENT | SERVICEABLE | 526.10 | - |
| 1 | FRONT BUMPER GRILLE (LH) | CUT | 285.50 | 285.50 |
| 1 | FRONT BUMPER GRILLE AIRDUCT (LH) | SERVICEABLE | 155.00 | - |
| 1 | HEADLAMP (LH) | GRAZED | 1,388.00 | 1,388.00 |
| | LESS 20% DISCOUNT | | -1,005.80 | -841.14 |
| | | | 4,023.20 | 3,364.56 |
| LABOUR | | | | |
| | PANEL BEATING. | | 350.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | | 50.00 | 30.00 |
| | | | 650.00 | 430.00 |
| GRAND TOTAL | | | 4,673.20 | 3,794.56 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 3,050.00 |

Report Ref No. NS/INC18010960/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT (RET)

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