

Kalin

REF:

NS/TNC18010997/Klvbnz

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: AV 3263P
 Policy No: 0089644283-14 010218-310119
 Claims No: MT/099892-002
 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: SHB 4238A Yr Regn: 27 Mar 2018
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: Hyundai ZKO c.c. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 59369 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414ME4 052878
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 15/6/18 D.O.I. 18/6/18
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 o/s rear.
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20/6/18 | SHB 4238A - NS/TNC 10007046/Dn AV 3263P - CS/TNC 14007322 / Klvbnz Insured 1/541000/26% (Red 3702.64, 79%) DA: 100410 DAF: 20214 INC 45 |

RECEIVED 27 JUN 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: 1

Date/Time, File Return to?

21/6- typist

Report Format :

TP
LS \$1000p

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

Survey Fee:
 Transportation
) S+RS, SI
) Photos
) Others





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/INC18010997/K1vb | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | Date: 18-06-2018 |
| Code: INC4 | |



1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | GV 3263P | Veh. Inspected | SHB 4238A |
| Policy No. | 0089644283-14 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 18/06/2018 |

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 | 15/06/2018 | 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. |
|----------------------------------------------------------------------------------------------------------------------------------------|

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 21 June 2018 10:33 AM
To: Veron Chen (LKKAuto)
Subject: RE: REQUEST FOR CLAIM NUMBER

Hi all,

Claims created.

With Regards

Junainah

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: 21 June 2018 08:03
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle I |
|------|-----------------------|---------------------------------|----------------------|------------------|
| 1 | MT/0998811-002 | COMFORT TRANSPOTATION PTE LTD | SH 6758R | SGQ 3872H |
| 2 | MT/0998922-002 | COMFORT TRANSPOTATION PTE LTD | SHB 4238A | GV 3263P |

| D.O.A | Time of Accident | Estimate | Tentative repair cost |
|-----------|------------------|------------|-----------------------|
| 15/6/2018 | 1:15 | \$9,345.74 | \$3,750.00 |
| 15/6/2018 | 21:00 | \$4,702.64 | \$1,000.00 |

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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"/> | 0089644283-14 | LEONG KONG ELECTRICAL & PLUMBING CONTRACTOR | 48170300D | GCV | Third Party | GV3263P | GV3263P | 01/02/2018 | 31/01/2019 |

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 | 16/06/2018 10:46 |
| Date Of Accident | 15/06/2018 21:00 |
| Exact Location Of Accident | RIVER VALLEY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHB4238A |
| 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 | CHAN CHEIN KOK |
| NRIC No | S1604486E |
| Date Of Birth | 11/10/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/06/1987 |
| Driving Experience | 31 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97476730 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------------------------------|
| Address | BLK 542 ANG MO KIO AVENUE 10 #10-2380 |
| Postcode | 560542 |
| 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) | 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 | GV3263P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SIEW LEONG KONG |
| NRIC/Passport Number | S1851871F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | LEFT 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.

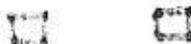
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

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.:

SF Mborthy
CSO
16/6/18



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/6/18 at about 2:00pm while I Veh A was travelling along my lane in the bend, Veh B collided on the right rear portion of my vehicle when taking the same bend.

DECLARATION

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

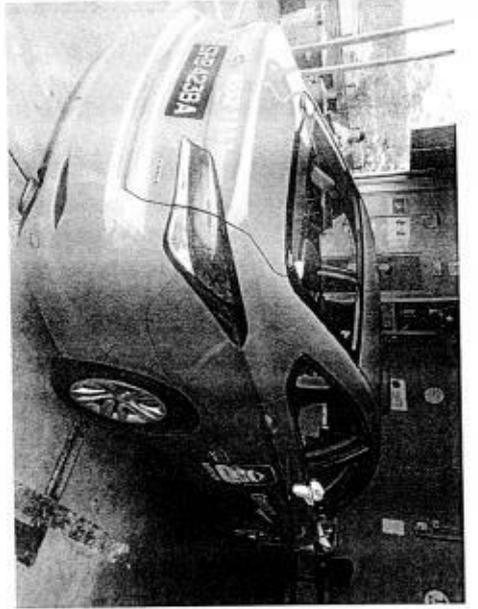
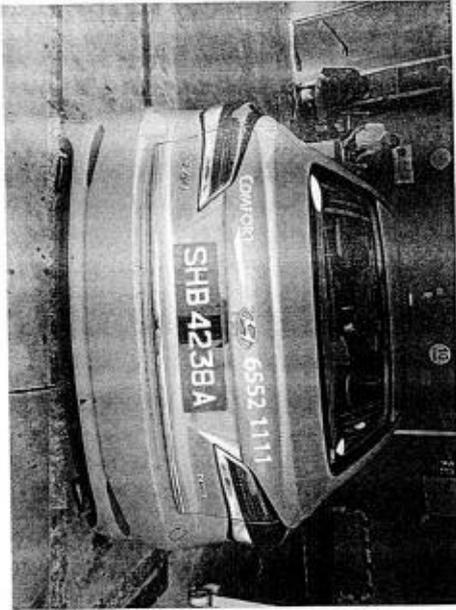
COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

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.:

[Handwritten Signature]
16/6/18
CSO





A member of COMFORTDELGRO

Date/Time: 18.06.2018 08:32 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No 305176118

CUSTOMER
 NAME: COMFORT TRANSPORTATION PTE LTD
 IR/MS: 7010045
 CUSTOMER NO: 7010045
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL: (R) 65508755 (O)
 (P)
 DISCOUNT CARD NO.

| | |
|------------------------------------|----------------------------------|
| REGN NO: SHB4238A | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL: I-40 | DATE/TIME IN 16.06.2018 00:15 |
| YR OF MANU: 27.03.2014 | TARGET DATE |
| CHASSIS CODE: KMHLB41UMEU052878 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 15.06.2018
 NATURE: 3P 15.06.2018

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

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:
 No.:
 Vehicle No.: SHB4238A CHIANG

Vehicle No.: SHB4238A

Name 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

Our Job Ref No : 305176118
Date : 18/06/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHB4238A 15/06/2018

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

1. The repair job shall bill to: NTUC GV3263P
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** \$1,000.00

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 finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 20/6/18

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/INC18010997/K1vbn2 |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 25-06-2018 |
| | | Code: INC4 |



1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GV 3263P | Veh. Inspected | SHB 4238A |
| Policy No. | 0089644283-14 | Coverage (\$) | 0.00 |
| Claim No. | MT/0998922-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 18/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2014 |
| Chassis No. | KMHLB41UMEU052878 | Colour | BLUE |
| Odometer | 593691 | 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 O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--------------------------------------------------------------------------|-----------------|------------|
| Accident Date | 15/06/2018 | 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.

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. SHB 4238A

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | TO REPAIR SEE LABOUR | 603.60 | - |
| 10 | REAR BUMPER CLIPS | NOT NECESSARY | 22.00 | - |
| 1 | REAR FENDER (RH) | TO REPAIR SEE LABOUR | 2,020.10 | - |
| 1 | REAR FENDER INNER LINING (RH) | SERVICEABLE | 164.40 | - |
| 1 | REAR WINDSCREEN MOULDING | NOT NECESSARY | 60.00 | - |
| 1 | REAR WHEEL HUP-CAP (RH) | GRAZED | 150.70 | 150.70 |
| 1 | REAR RH DOOR (NPA) | TO REPAIR SEE LABOUR | - | - |
| | LESS 20% DISCOUNT | | -604.16 | -30.14 |
| | | | 2,416.64 | 120.56 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR WINDSCREEN SEALANT (SN) | NOT NECESSARY | 46.00 | - |
| 1 | REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN) | NECESSARY | 80.00 | 80.00 |
| | | | 126.00 | 80.00 |
| LABOUR | | | | |
| | PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR FENDER (RH) AND REAR RH DOOR. | | 850.00 | 400.00 |
| | SPRAY PAINTING CHARGE. | | 750.00 | 600.00 |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX CUSHION & UPHOLSTERY REAR. | | 150.00 | 50.00 |
| | REMOVE/REFIX REAR WINDSCREEN GLASS. | NOT NECESSARY | 120.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | NOT NECESSARY | 120.00 | - |
| | REAR WHEEL ALIGNMENT. | NOT NECESSARY | 120.00 | - |
| | | | 2,160.00 | 1,050.00 |
| GRAND TOTAL | | | 4,702.64 | 1,250.56 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,000.00 |

Report Ref No. NS/INC18010997/K1vbn2



Report Ref No. NS/INC18010997/K1vbn2

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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