

Kalin

REF:

NS/INC 1801120 / Klgbnz

ASSIGNMENT

From:
Estimated Cost:

Date:

Veh No:

SH 6426Z

Yr Regn:

24 Mar 2015

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

Truck / Trailer or

Make:

Hyundai I40

C.C.

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

299016

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KALHCB4/4AF406582X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Ceyan

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

18/6/18

D.O.I.

19/6/18

Survey held at

CDHE (Loyang)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

GBA 4103 G

Policy No:

5086597467-01

16062018

Claims No:

M7/0999459-002

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:

2

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

SH 6426Z - CC3/ATG 10001429 / 1329191

DUA 20012010

Inc
4/s

GBA 4103G - X

25/6/18

Contract 4/s \$1250 / 26% LRA 51592.18, 56%

RECEIVED 27 JUN 2018

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Survey Fee:

Transportation

) \$ + PS. SI

) Photos

) Others

Report Format:

TP



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/INC18011120/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 4103G	Veh. Inspected	SH 6426Z
Policy No.	5086597467-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

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	18/06/2018	Inspection Date	19/06/2018
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. 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"/>	5086597467-01	EDMUND VEHICLE RENTAL PTE LTD	201625244G	GFT	Third Party	GBA4103G	GBA4103G	16/06/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/06/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1000385-001	COMFORT TRANSPORTATION PTE LTD	SHC 3193X	FBH 502C
2	MT/0998883-002	COMFORT TRANSPORTATION PTE LTD	SHC 1576M	SLX 7001H
3	MT/0999459-002	COMFORT TRANSPORTATION PTE LTD	SH 6426Z	GBA 4103G
4	MT/0999645-002	COMFORT TRANSPORTATION PTE LTD	SHC 2166G	FBG 234G

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	19/06/2018 08:34
Date Of Accident	18/06/2018 12:25
Exact Location Of Accident	PETIR ROAD TWDS WOODLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6426Z
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	TEE CHWEE LENG
NRIC No	S1217040H
Date Of Birth	08/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91146879
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 448 BUKIT PANJANG RING ROAD #12-549
Postcode	670448
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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180618/2111

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	GBA4103G
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN FONG SING
NRIC/Passport Number	G3024972R
Contact Number	93727720
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEE CHWEE LENG

Approximate Age

Injuries Sustain

BACK AND NECK

Injured person in which vehicle?

SH6426Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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:

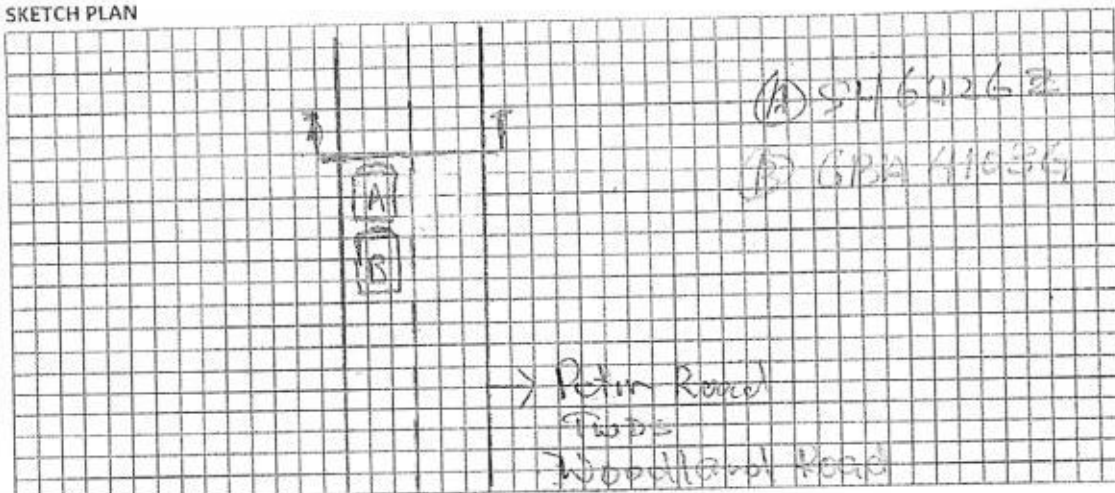
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

18/6/18
Jackson Wong
CSU

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report attach T/20180618/211

DECLARATION

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

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/6/16
Jackson Heng
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180618/2111

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180618/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 15:27		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: TEE CHWEE LENG			Address: APT BLK 448 BUKIT PANJANG RING ROAD #12-549 SINGAPORE 670448		
ID Type / ID No.: NRIC NO / S1217040H			Contact No.: Home/Office: Mobile: 91146879		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 08/08/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2018 12:25	Type of Location: Straight Road
Location: Along Road 1 PETIR ROAD				
Bukit Panjang LRT				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBA4103G	Van					0
SH6426Z	Taxi				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180618/2111

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180618/2111

CONTINUATION OF REPORT

Driver			
Name	CHAN FONG SING		ID No. G3024972R
Related Vehicle	GBA4103G (Van)		Contact No. 93727720
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEE CHWEE LENG		ID No. S1217040H
Related Vehicle	SH6426Z (Taxi)		Contact No. 91146879
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location I was driving on the extreme left lane of a two lanes road. I had stopped my taxi behind the pedestrian crossing as the traffic light was red. One vehicle bearing registration number GBA4103G hit the rear bumper of my taxi. I wish to state that I was injured and my taxi damaged due to the collision. That is all.



**SINGAPORE
POLICE FORCE**



T/20180618/2111

3 of 3

Report No. T/20180618/2111

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt MUHAMMAD HADIZ AMINURACID
BIN JOHAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2018 15:27

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

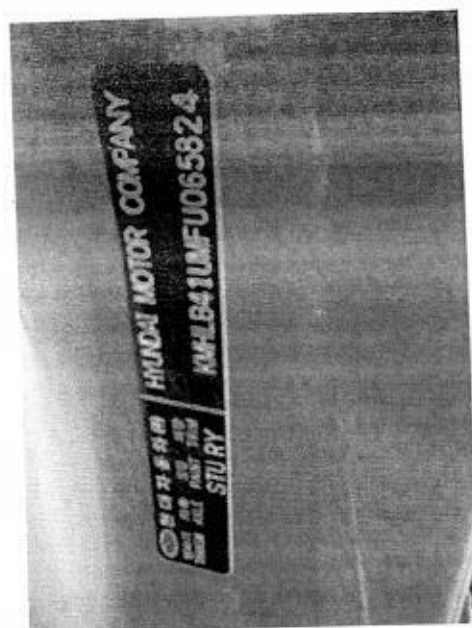
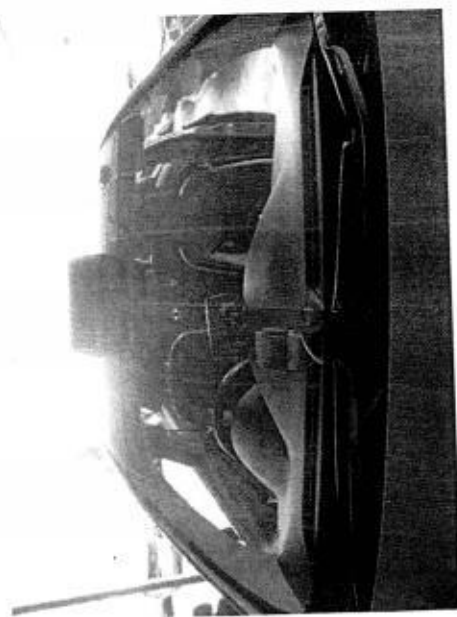
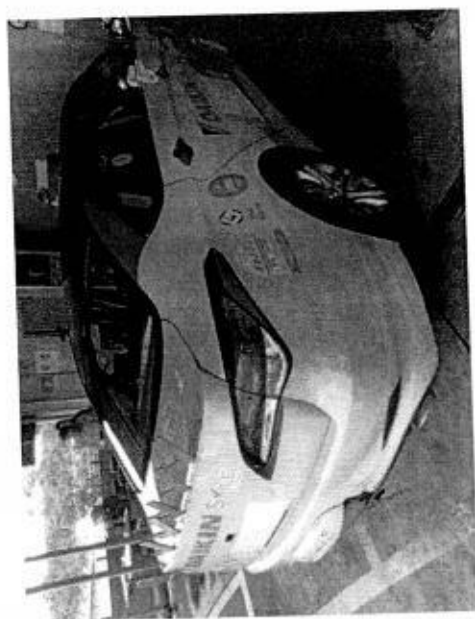
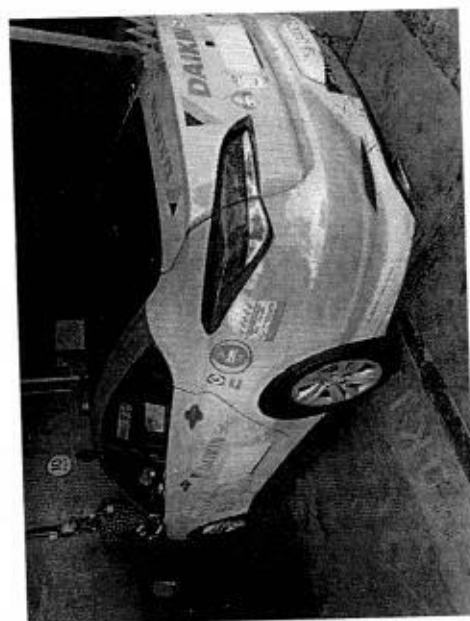
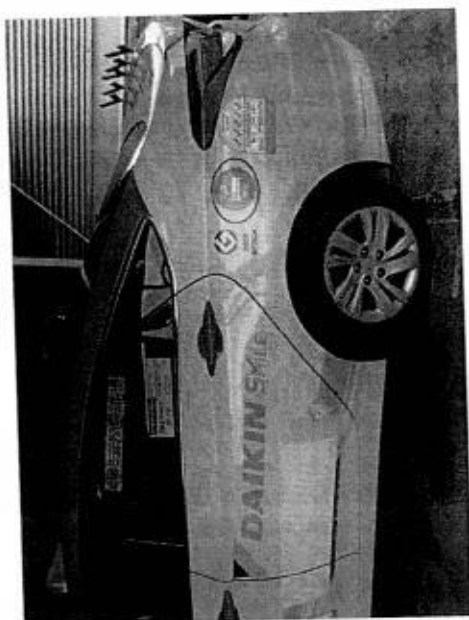
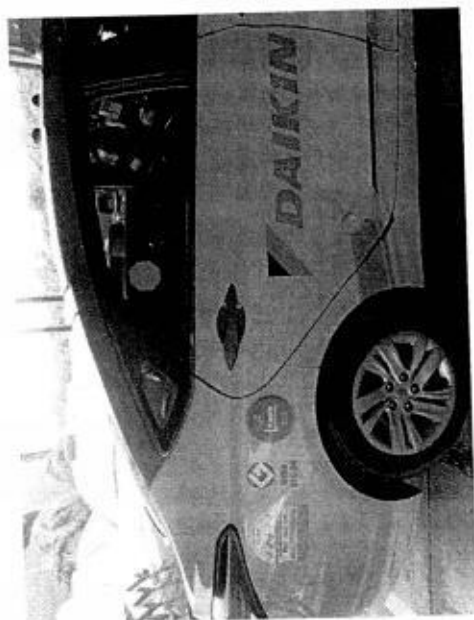


**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE



A member of COMFORTDELGRO

Date/Time: 19.06.2018 09:47 Page : 1

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305177087

TOMER MS COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SH 6426Z	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 18.06.2018 16:10
	YR OF MANU. 24.03 2015	TARGET DATE
CHASSIS CODE KMHJ341UMFU065824		COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 18.06.2018
ATURE 3P 18 06.2018

NO LASH CODE DESCRIPTION

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip:

Exit Pass

Vehicle No.: SH 6426Z LKE

Vehicle No.: SH 6426Z

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 6426Z

MAKE :

MODEL : HYUNDAI i40

DATE 19/6/2018 8:34

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Detached</i>			\$ 603.60
	Rear Bumper Reinforcement <i>Free</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Free</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>Free</i>			\$ 49.00
	Rear Bumper Clips <i>Free</i>			\$ 22.00
	Rear Bumper Sponge <i>Free</i>			\$ 143.40
	Rear Bumper Under Cover <i>Free</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH) <i>Free</i>			\$ 32.00
	License Lamp Cover <i>X 19/6/18</i>			\$ 100.00
	SUB TOTAL			\$ 2,039.35
	LESS 20%			\$ 407.87
	DISCOUNTED TOTAL			\$ 1,631.48
	Rear Bumper Reverse Sensor <i>✓ skel</i>			\$ 135.70 Nett
	Rear Bumper Advertisement Logo <i>Free</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>Free</i>		\$ 100.00	\$ 200.00 Nett
	Rear No. Plate <i>Free</i>			\$ 25.00 Nett
				\$ 410.70
	Labour Charge			
	Panel Beating			\$ 380.00 <i>200</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,842.18

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
- 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:

Kelvin LKK
19/6/18 11:15h
2 hrs
4/5
After Repair p Lho

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.

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/INC18011120/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 4103G	Veh. Inspected	SH 6426Z
Policy No.	5086597467-01	Coverage (\$)	0.00
Claim No.	MT/0999459-002	Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065824	Colour	BLUE
Odometer	299016	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/06/2018	Inspection Date	19/06/2018
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. SH 6426Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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	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	LICENSE LAMP COVER	TO REPAIR SEE LABOUR	100.00	-
	LESS 20% DISCOUNT		-407.87	-176.52
			1,631.48	706.08
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
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
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
			410.70	410.70
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF LICENSE LAMP COVER.		380.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	20.00
	R/REFIX REVERSE SENSOR.		120.00	30.00
			800.00	450.00
GRAND TOTAL			2,842.18	1,566.78
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,250.00

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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