

(08/11/13)

Surveyor: Kalvin

REF:

NO / INC 18011435 / Klvbnz**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 8860MPolicy No. 5045103893 2010-2017Claims No. MT/0999510-003

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8839C Yr Regn: 9 Dec, 2016

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

Truck / Trailer or

Make: Toyota Prius C.C. 1790Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 25808 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD KB3F4902538399

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 A/Rim or

Tyre Size: F: 195/65R5

R: _____

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

TOYO / YOKO or Weather

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 20/6/8 D.O.I. 22/6/8Survey 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 |
|-------------|--|
| | SH 8839C - NA / ALH 16003673 / h4 DHA: 25/02/2016 Inc |
| | SHB 8860M - CC3 / III 16020054 / m1h4392 DHA: 19/10/2016 PIP |
| 25/6/8 | Chassis PIP \$400 / 2 hrs. (Red 1203.13, 75M) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 25 JUN 2018

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 25/6 - typistAdd Fee: ☐ : Site Insp (\$ _____) \$ + RS, \$ SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____) TOTALReport Format: TPLump Sum / I.B.I.: (\$ PIP \$400)

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/INC18011435/K1vb | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 23-06-2018 | |
| | | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHB 8865M | Veh. Inspected | SH 8839C | |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 22/06/2018 | |
| 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 | 20/06/2018 | Inspection Date | 22/06/2018 | |
| 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/0999285-002 | COMFORT TRANSPORTATION PTE LTD | SHD 4182R | SLP 4094B | 18/06/2018 | \$ 3,738.64 | \$ 900.00 |
| 2 | MT/0999426-002 | CITYCAB PTE LTD | SHC 276K | SKR 5223R | 19/06/2018 | \$ 2,686.00 | \$ 1,200.00 |
| 3 | MT/0999510-003 | COMFORT TRANSPORTATION PTE LTD | SH 8839C | SHB 8865M | 20/6/2018 | \$ 1,603.13 | \$ 400.00 |
| 4 | MT/0999812-001 | COMFORT TRANSPORTATION PTE LTD | SHC 2368R | GBE 2572C | 18/6/2018 | \$ 2,420.52 | \$ 1,550.00 |
| 5 | MT/0998569-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3594S | SLU 6879P | 13/6/2018 | \$ 7,568.23 | \$ 5,702.63 |

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

20/06/2018 13:19

Vehicle No. (For Motor)

SHB8865M

Search

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|-------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5095103993 | PREMIER TAXIS PTE. LTD. | 200304975H | GFT | Third Party | SHB8865M | SHB8865M | 20/10/2017 | |

Continue

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 | 22/06/2018 08:51 |
| Date Of Accident | 20/06/2018 19:15 |
| Exact Location Of Accident | T4 TAXI STAND |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH8839C |
| 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 | TOYOTA |
| Model | PRIUS |
| 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 | TEO PUAY BENG |
| NRIC No | S0586608A |
| Date Of Birth | 01/01/1948 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/11/1966 |
| Driving Experience | 51 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96320731 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 329B ANCHORVALE STREET #05-587 |
| Postcode | 542329 |
| 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) | 0 |

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 : 3P REVERSE

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 | SHB8865M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHAN CHEE KHEONG |
| NRIC/Passport Number | S0120272C |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | LEFT FRT DOOR |
| 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:

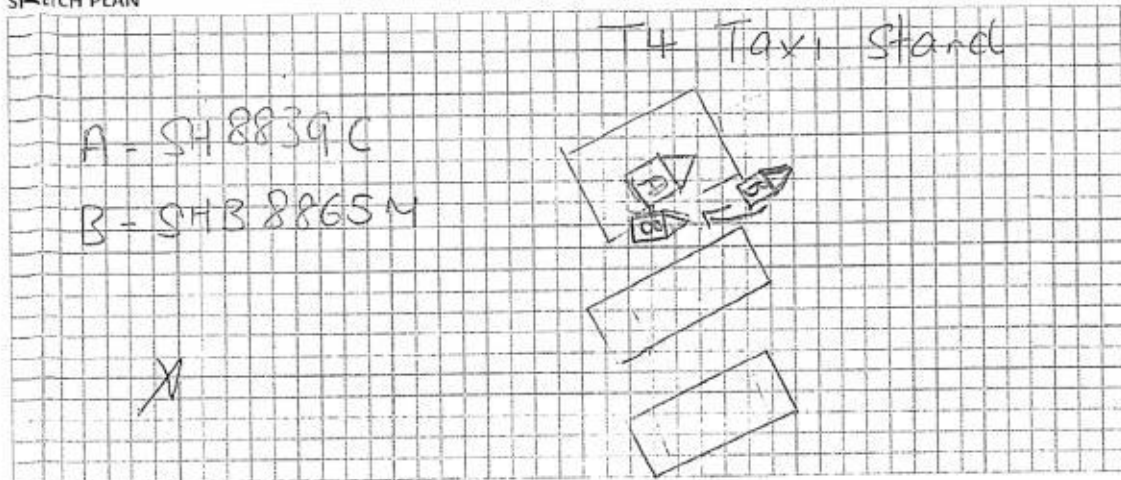
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

GIA/RI/4C SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/6/18 @ 1915hrs, I stopped my taxi at above location. Suddenly a Silvercab taxi SHB8865M reversed twds my Stationery taxi. As a result, the left front door of the said taxi hit the right rear portion of my taxi. No pax on board & no one is injured at the point of accident.

DECLARATION

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

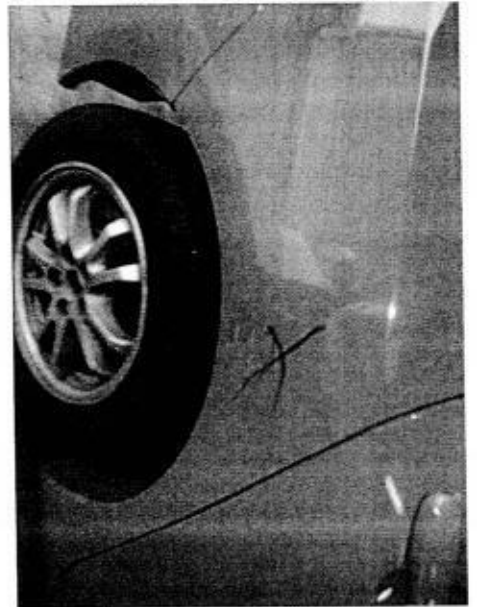
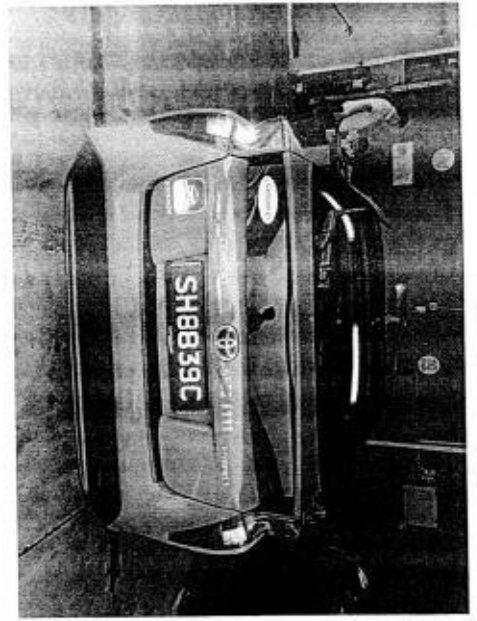
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

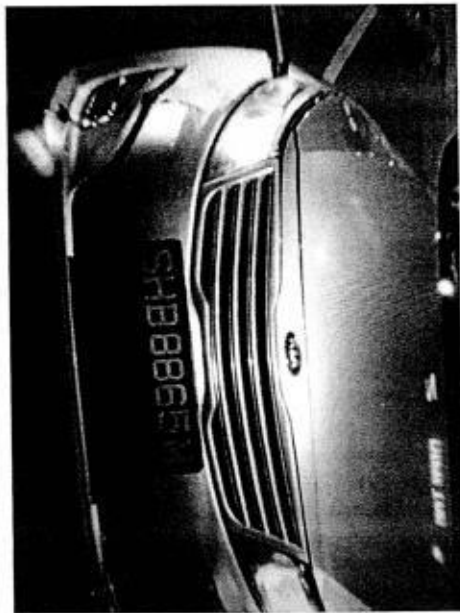
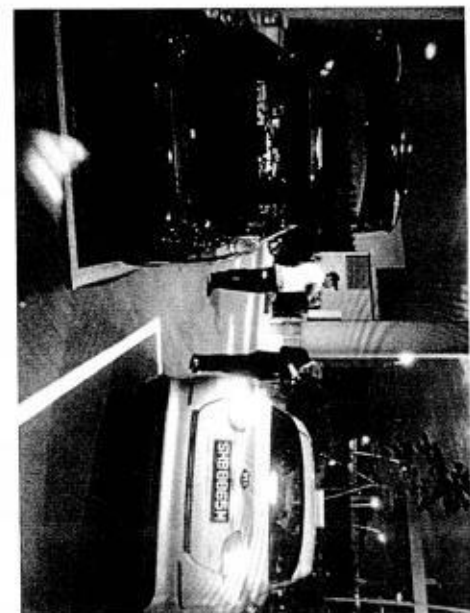
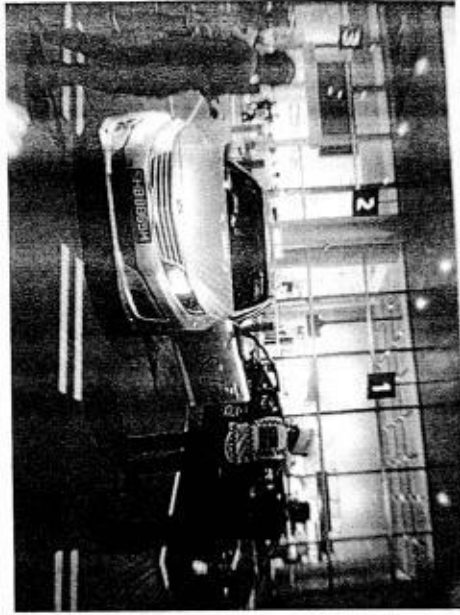
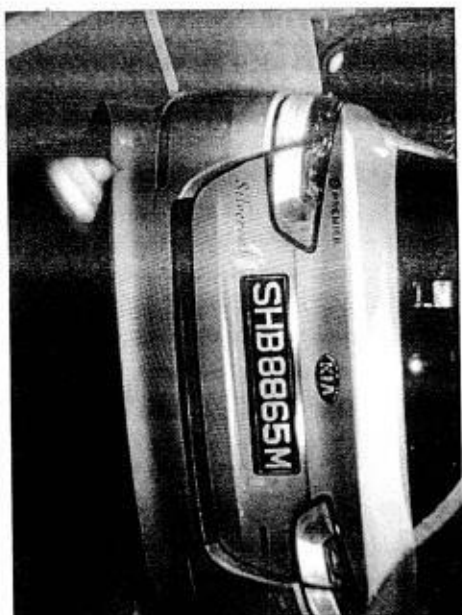
Policyholder's Signature
Date & Time:

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

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

Teo Yen Yee





A member of COMFORTDELGRO

Date/Time: 22.06.2018 10:12

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305178572

CUSTOMER
 MS COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO 7010045
 ADDRESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)

REGN NO: SH 8839C

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL PRIUS HYBRID(G4)21.0

DATE/TIME IN 06.2018 16:25

YR OF MANU 09.12.2016

TARGET DATE

CHASSIS CODE JTDKB3FU903538399

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 20.06.2018
 Nature: 3P 20.06.2018

| SL/NO | LABOR CODE | DESCRIPTION |
|-------|------------|-------------|
|-------|------------|-------------|

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8839C LKE

Vehicle No.: SH 8839C

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

22/6/2018 10:55

MODEL : TOYOTA PRIUS

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.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 23.06.2018

Time: 15:12:13

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS: COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305178572
REGN NO : SH 8839C
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 09.12.2016
DATE/TIME IN : 21.06.2018 16:25
ACCIDENT DATE : 20.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 400.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305178572

Date : 23/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SH8839C CTPL

20.06.18

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

1. The repair job shall bill to: NTUC --- SHB8865M
2. The finalized amount shall be:

| | |
|---|-----------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$400.00 |
| Total for Part-By-Part Repair Cost | \$400.00 |
| | |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | |
| 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 : 

Signature : 

Name : LIM KWOK ENG

Name : KALVIN ANG

Tel : 62148316

Date : 25/6/18

Fax : 65468156

For Official Use Only

| Item | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | | | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18011435/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SHB 8865M | Veh. Inspected | SH 8839C |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | MT/0999510-003 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 22/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | JTDKB3FU903538399 | Colour | BLUE |
| Odometer | 258028 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|-----------|---------|
| R/H Front Tyre | 195/65 R15 | WEST LAKE | 7 mm |
| L/H Front Tyre | 195/65 R15 | WEST LAKE | 7 mm |
| R/H Rear Tyre | 195/65 R15 | WEST LAKE | 7 mm |
| L/H Rear Tyre | 195/65 R15 | 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 | 20/06/2018 | Inspection Date | 22/06/2018 |
| 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. SH 8839C

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|----------------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR FENDER,RH | TO REPAIR SEE LABOUR | 817.50 | - |
| | LESS 25% DISCOUNT | | -204.37 | - |
| | | | 613.13 | - |
| | LABOUR | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER,RH. | | 300.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX CUSHION & UPHOLSTERY REAR. | NOT NECESSARY | 150.00 | - |
| | REMOVE/REFIX REAR WINDSCREEN GLASS. | NOT NECESSARY | 120.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | NOT NECESSARY | 120.00 | - |
| | | | 990.00 | 400.00 |
| | GRAND TOTAL | | 1,603.13 | 400.00 |

| | | | |
|--|--|--|---------------|
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | 400.00 |
|--|--|--|---------------|

Report Ref No. NS/INC18011435/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**

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.