

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18011656/Klsbn2

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: GM 3881C

Policy No. 5075011 296-02 271017-261018

Claims No. MT/0999960-002

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 Report: _____ 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: SHC 7143P Yr Regn: 7 May 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 36736x T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HCP 4144 P40 69318

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 West Life

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/6/18 D.O.I. 26/6/18

Survey held at (DHE (Loyang))

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

Pen 0/1

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction		
	SHC 7143P - CG/FCL 7008332 / Mlgchm2	07-260417	INC
	Gm 3881C - CG/A76 11004553 / Kordg	07-071311	4s
9/7/18	Contract 4545550 / 4/18		
	(\$4,341.66 Red - 44%)		

RECEIVED 9 JUL 2018

Date/Time, File Pass to? 09/07/18

1) Typist ☐ : Preli. Report ☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

160

Report Format:

Lump Sum / I.B.I. (\$) 5,550.00 4/5

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



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/INC18011656/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GM 3881C	Veh. Inspected	SHC 7143P
Policy No.	5075011296-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/06/2018

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

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5. General Information

Accident Date	25/06/2018	Inspection Date	26/06/2018
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"/>	5075011296-02	GOLDEN STONE ENTERPRISE PTE LTD	199305269Z	GCV	Comprehensive	GM3881C	GM3881C	27/10/2017	26/10/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1001041-002	COMFORT TRANSPORTATION PTE LTD	SHC 3517X	SKQ 2962R
2	MT/0999960-002	CITYCAB PTE LTD	SHC 7143P	GM 3881C
3	MT/0999892-002	COMFORT TRANSPORTATION PTE LTD	SHA 1933B	SGT 813H
4	MT/1000743-002	COMFORT TRANSPORTATION PTE LTD	SHC 8819S	SLV 2755J
5	MT/1002097-001	COMFORT TRANSPORTATION PTE LTD	SHA 7870J	FBE 5004G
6	MT/1000712-002	COMFORT TRANSPORTATION PTE LTD	SH 9046S	SHC 6231A
7	MT/1002102-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJA 6868A
8	MT/1000374-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SHD 2266X

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	25/06/2018 15:03
Date Of Accident	25/06/2018 10:50
Exact Location Of Accident	AYE TWDS CITY NEAR CLEMENTI EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7143P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	FUN KIEW SHIN
NRIC No	S1308741E
Date Of Birth	08/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96226239
Fax Number	
Contact Number	
Email Address	DOUGLAS@AVENUE8.COM.SG

Address	BLK 891 TAMPINES AVENUE 8 #02-82
Postcode	520891
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER 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	GM3881C
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA CHEE CHYE
NRIC/Passport Number	S1409295A
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(PAX)

Approximate Age

Injuries Sustain

SHOCK

Injured person in which vehicle?

SHC7143P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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.

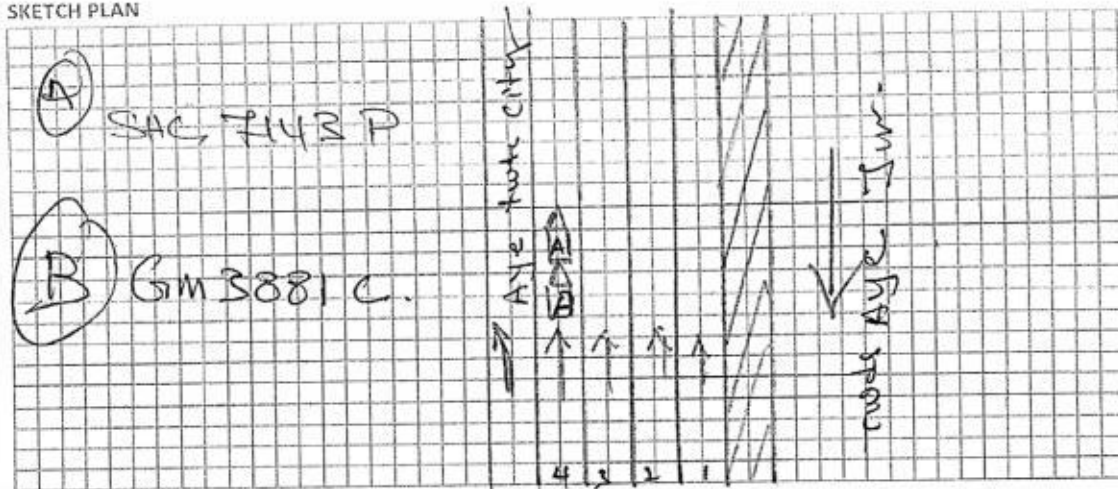
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 June 2018 @ 10:50 hr.

I VEH A driving along Aye two city

I VEH (A) was on lane 4 vehicle, instant

stop suddenly VEH (B) from rear hit VEH (A)

Rear. VEH (A) funny 2 pax. female pax.

not well call ~~at~~ ambulance but not conveyed

I sent my pax back to the location

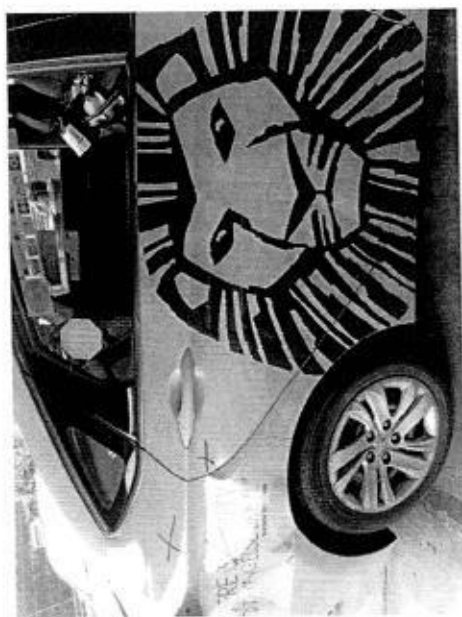
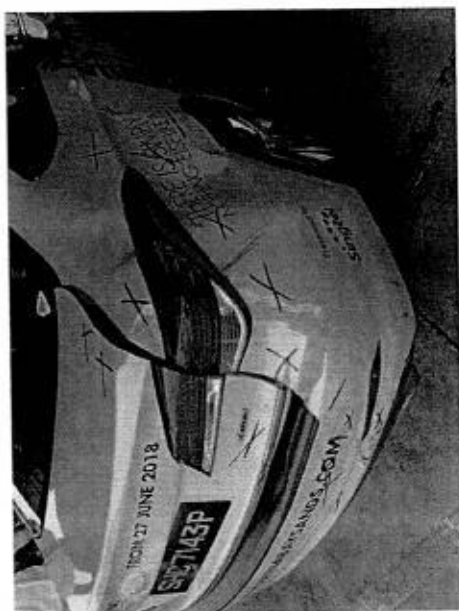
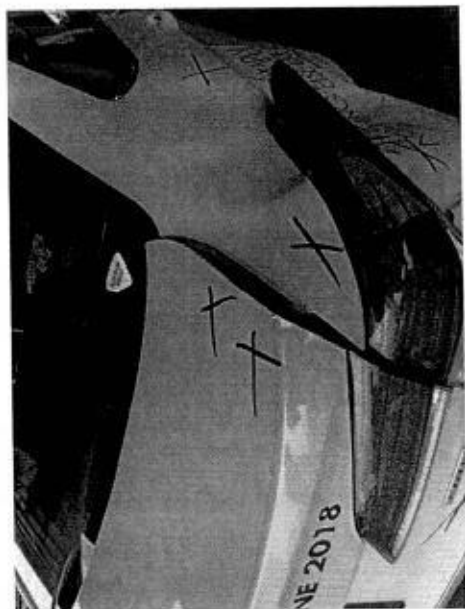
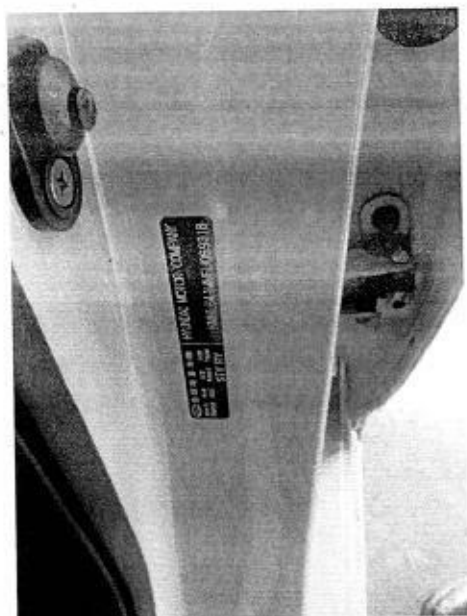
DECLARATION

I/We declare the foregoing particulars are true in every respect.
CO. REG. NO. 199502839G

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.:



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7143P

DATE 26/6/2018 10:22

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Beut</i>			\$ 1,681.40
	Boot Lid Lock Upper <i>Xsu</i>			\$ 137.90
	Boot Lid Lock Lower <i>Xsu</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>me</i>			\$ 27.20
	Boot Lid CRDI Plate <i>me</i>			\$ 41.00
	Boot Lid Lamp (RH) <i>me</i>			\$ 556.80
	Rear Bumper <i>Del</i>			\$ 603.60
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>Xsu</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips <i>me</i>			\$ 22.00
	Rear Bumper Sponge <i>Xsu</i>			\$ 143.40
	Rear Bumper Under Cover <i>me</i>			\$ 225.00
	Rear Bumper Reflector Lamp (RH) <i>me</i>			\$ 32.00
	Tail Lamp (RH) <i>me</i>			\$ 565.60
	Rear Panel <i>Xsu</i>			\$ 592.30
	Rear Panel Garnish <i>Xsu</i>			\$ 57.70
	Rear Panel Lower Panel <i>Xsu</i>			\$ 495.50
	Rear Fender (RH) <i>Del</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>Xsu</i>			\$ 164.40
	Rear Windscreen Moulding <i>me</i>			\$ 60.00
	SUB TOTAL			\$ 8,419.95
	LESS 20%			\$ 1,683.99
	DISCOUNTED TOTAL			\$ 6,735.96
	Boot Lid Comfort Logo & Tel No. Sticker <i>me</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>shorted</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00 Nett
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00 Nett
	Labour Charge			\$ 465.70
	Panel Beating <i>Kalvin</i>			\$ 1,200.00 800
	Spray Painting Charge <i>26/6/18 1450 L</i>			\$ 1,000.00 800
	Wiring Charge <i>7 hrs</i>			\$ 50.00 20
	Tuff Kote <i>4 hrs</i>			\$ 50.00 20
	Remove/Refix Cushion & Upholstery Rear <i>4 hrs</i>			\$ 150.00 50
	Remove/Refix Rear Windscreen Glass <i>After Repair</i>			\$ 120.00 100
	Remove/Refix Reverse Sensor			\$ 120.00 30
	TOTAL LABOUR			\$ 2,690.00
	ESTIMATE TOTAL			\$ 9,891.66

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.

Date : 30/06/18

To : LKK

Fax:

Attn : Mr KALVIN ANG

Vehicle Reg No.	SHC7143P	CCPL
-----------------	----------	------

25.06.18

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

- | | NTUC | --- | GM3881C |
|---|------|-----|-------------------|
| 1. The repair job shall bill to: | | | |
| 2. The finalized amount shall be: | | | |
| (a) Spare Parts after List discount | | | |
| (b) Labour Charges | | | |
| Total for Part-By-Part Repair Cost | | | |
| (c.) Lumpsum Repair (if applicable) | | | |
| Total for Lumpsum repair cost after Less: | 20% | | \$5,550.00 |
| Final Lumpsum Repair cost | | | \$5,550.00 |

3. Estimated normal period for repairs: 4 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

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount.

Signature: _____

Name : Kalish

Date : 9/7/8

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/INC18011656/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-07-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GM 3881C	Veh. Inspected	SHC 7143P
Policy No.	5075011296-02	Coverage (\$)	0.00
Claim No.	MT/0999960-002	Excess (\$)	0.00
Assign From		Assign Date	26/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069318	Colour	YELLOW
Odometer	367364	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	25/06/2018	Inspection Date	26/06/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7143P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	BENT	1,681.40	1,681.40
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOT LID LAMP (RH)	CRACKED	556.80	556.80
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	-
2	REAR BUMPER SIDE BRACKET @ \$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CRACKED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	TAIL LAMP (RH)	CRACKED	565.60	565.60
1	REAR PANEL	TO REPAIR SEE LABOUR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
1	REAR FENDER (RH)	DENTED	2,020.10	2,020.10
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
	LESS 20% DISCOUNT		-1,683.99	-1,166.94
			6,735.96	4,667.76
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00

Report Ref No. NS/INC18011656/K1sbn2



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Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) LABOUR PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL. SPRAY PAINTING CHARGE. WIRING CHARGE. TUFF KOTE. REMOVE/REFIX CUSHION & UPHOLSTERY REAR. REMOVE/REFIX REAR WINDSCREEN GLASS. REMOVE/REFIX REVERSE SENSOR.	NECESSARY	200.00	200.00
			465.70	465.70
			1,200.00	800.00
			1,000.00	800.00
			50.00	20.00
			50.00	20.00
			150.00	50.00
			120.00	100.00
			120.00	30.00
			2,690.00	1,820.00
GRAND TOTAL			9,891.66	6,953.46
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,550.00

Report Ref No. NS/INC18011656/K1sbn2

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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