

08/11/13

Surveyor: Kalvin

REF:

NS/INC 18011851 / Klvb02

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: SLV 2755J

Policy No. 5D96786592 27.12.17 - 26.12.18

Claims No. MT/1000743-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 8819S Yr Regn: 5 Nov, 2015

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

Truck / Trailer or _____

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 462003 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB 414 A 410 80 420

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 Hg

Front _____ Rear _____

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

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

D.O.A. 27/6/18 D.O.I. 28/6/18

Survey held at CDHE (Loyang)

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

N/S Rear

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

Date / Time	Action / Instruction
	<u>SHC 8819S - (S/FCL16017258 / Rlvb02) DA: 160416 Jrc</u>
	<u>SLV 2755J - X 45</u>
<u>9/7/18</u>	<u>Subvented L/S \$2150 / 2 hrs (Ref 4328.44, 679)</u>

RECEIVED 09 JUL 2018

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 2

1)

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Date/Time, File Return to?

2) 9/7 - typist

Add Fee: : Site Insp (\$ _____)

S + RS, \$ _____

: Interview (\$ _____)

Photos

: Tech. Invs (\$ _____)

Others

: Weekend (\$ _____)

Report Format: TP

Lump Sum / I.B.I: (\$ 2150/2)

160

TOTAL



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/INC18011851/K1vb			
73 BRAS BASAH ROAD		Date: 28-06-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLV 2755J	Veh. Inspected	SHC 8819S
Policy No.	5096986592	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/06/2018
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	27/06/2018	Inspection Date	28/06/2018
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.			

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096986592	E-CUBE VEHICLE RENTAL PTE LTD	201607761H	GPC	drivo CLASSIC	SLV2755J	SLV2755J	27/12/2017	26/12/2018

Continue

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	28/06/2018 11:35
Date Of Accident	27/06/2018 19:25
Exact Location Of Accident	KRAMAT RD TWDS KOEK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8819S
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	LOW CHENG BOON
NRIC No	S6813683J
Date Of Birth	12/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/08/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96555611
Fax Number	
Contact Number	
Email Address	JACKYLOW8@GMAIL.COM

Address	348B 08-567 YISHUN AVENUE 11
Postcode	762348
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: : MALE

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

SEE ATTACH.

Attachment(s)

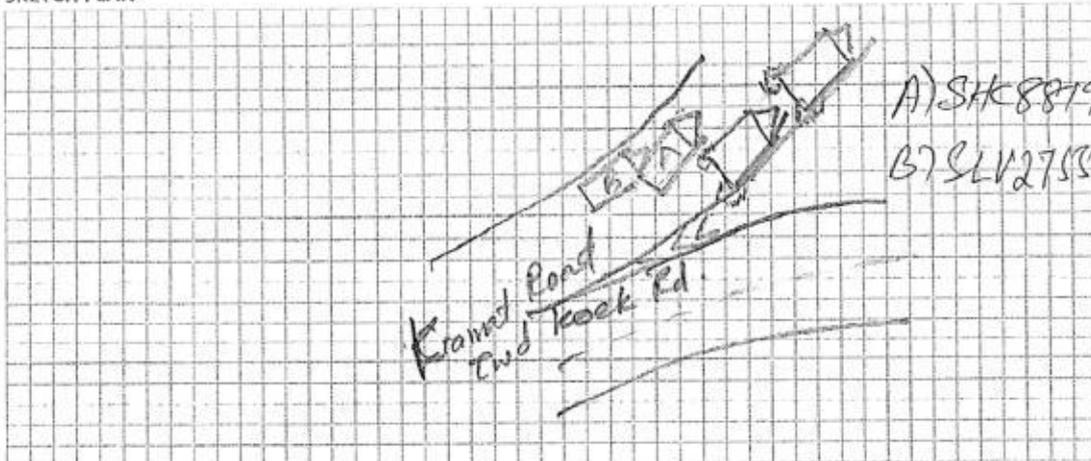
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2755J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HAN RUI ALVIN
NRIC/Passport Number	S8709486C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/18 at about 1925hr while I Veh A filtered gradually onto the bend slip road towards Kroon Rd and when I was already inside the lane, Veh B squeezed through the lane and collided on the left rear portion of my vehicle.

DECLARATION

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

UMPORT TRANSPORTATION PTE LI.
CC REG NO 19200021R

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]
28/6/18

Sketch Plan Pg. 2

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)**

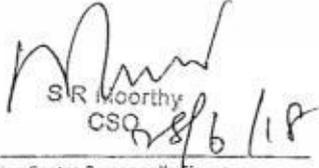
I understand, acknowledge, agree and consent that:

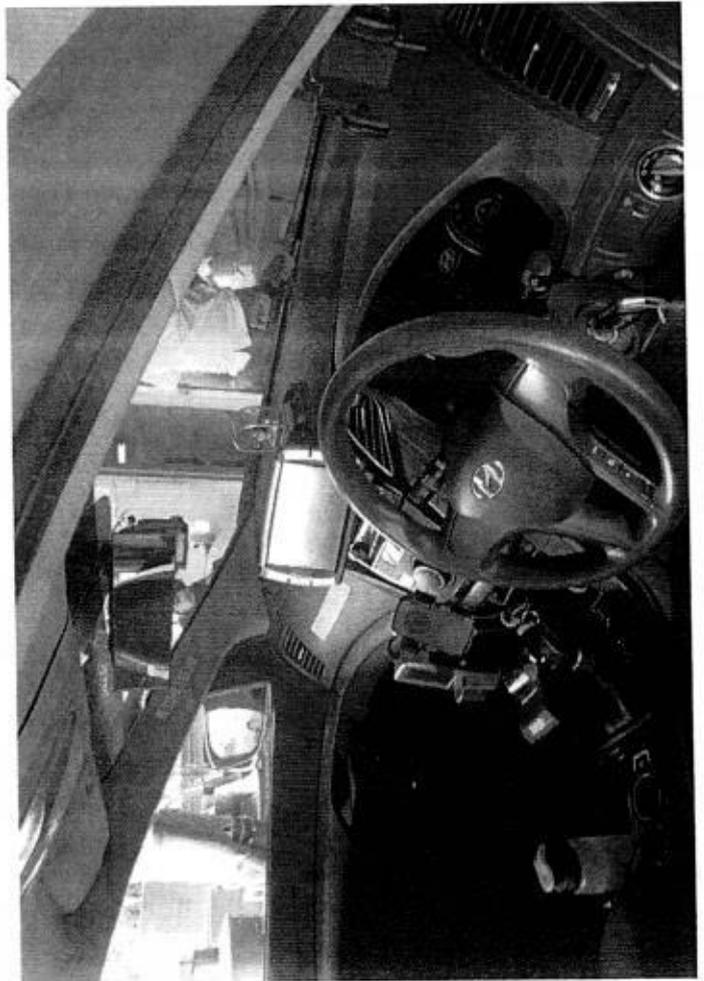
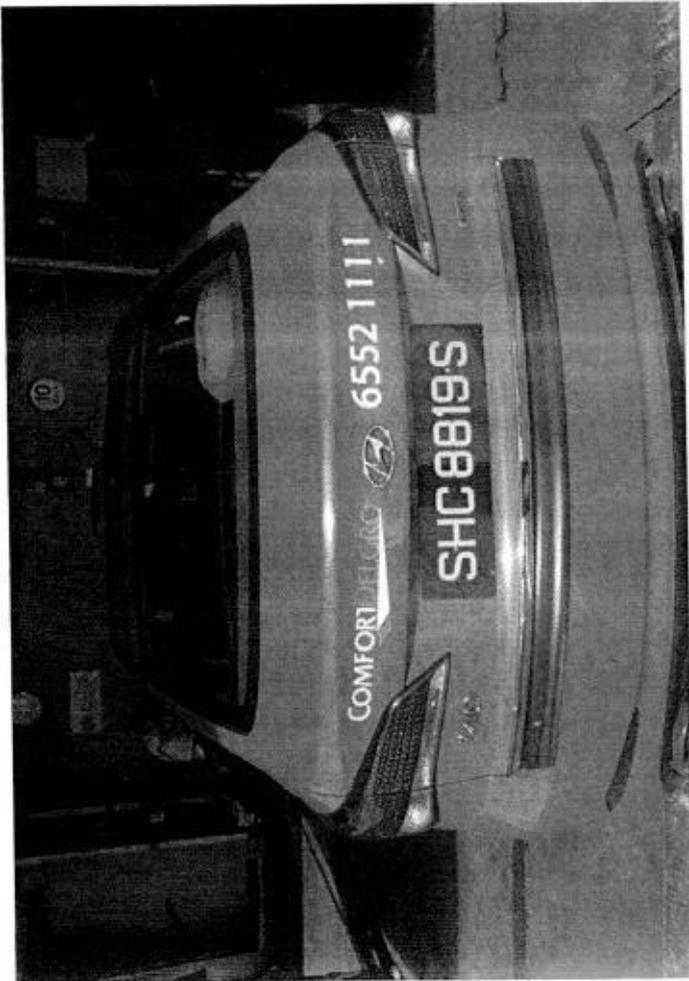
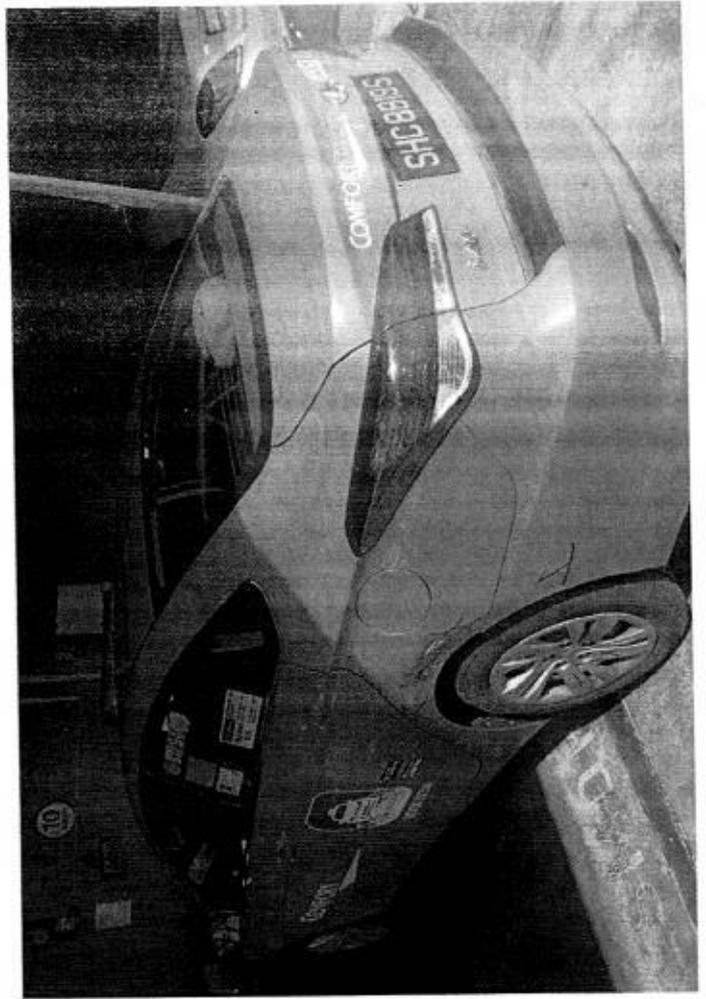
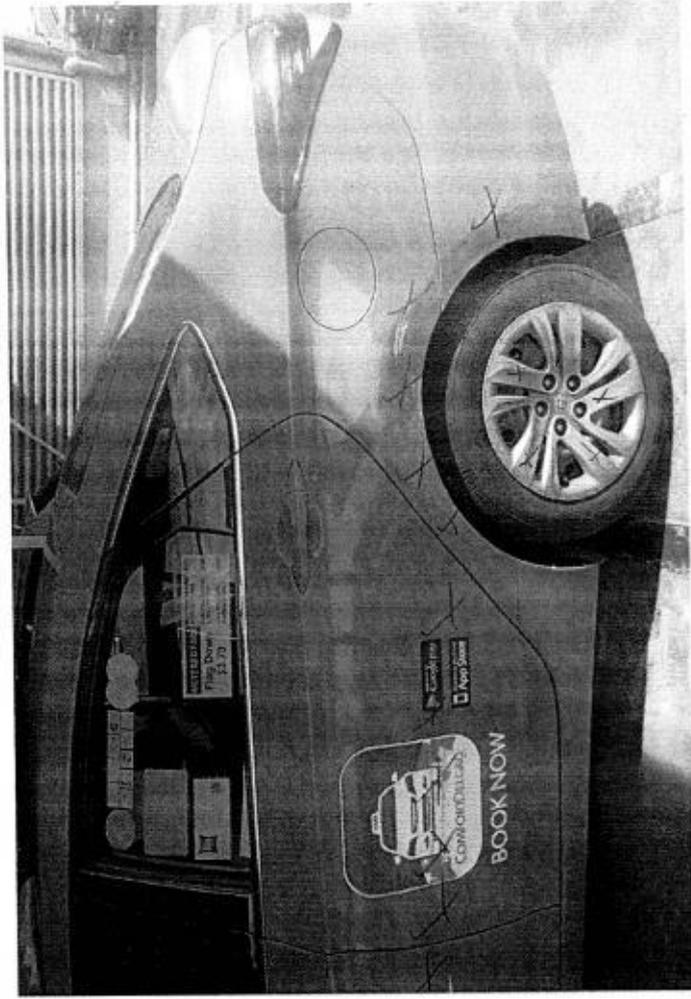
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

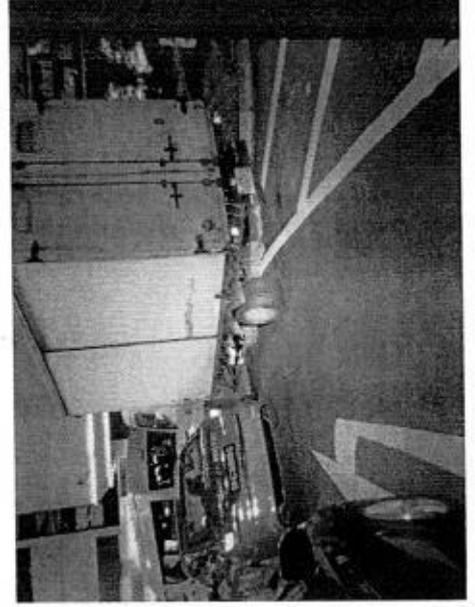
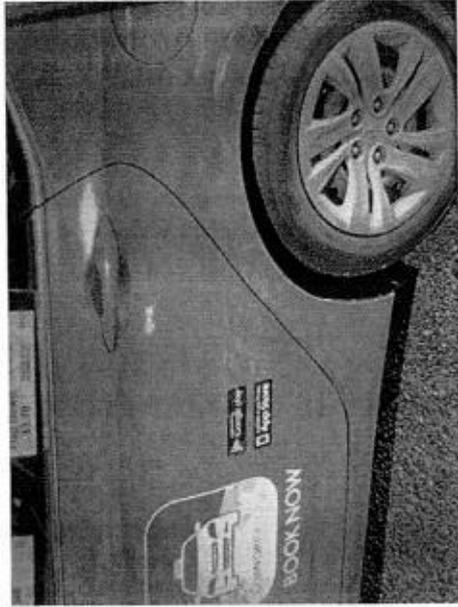
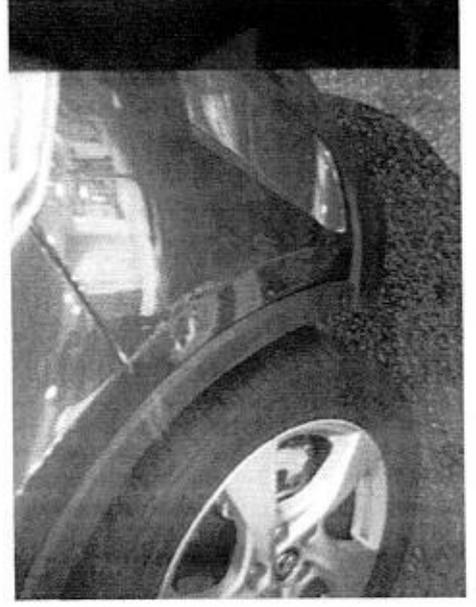
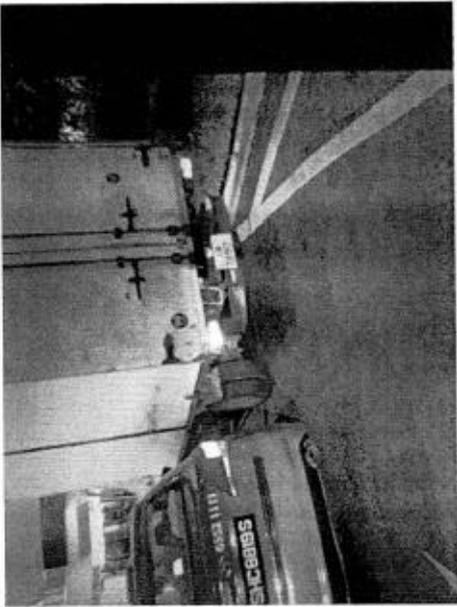
COMFORT TRANSPORTATION PTE LTD
REG NO 192092218

Policyholder's Signature
Date & Time:

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


SR Moorthy
CSQ 28/6/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305180942

COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

(O)

REGN NO: SHC8819S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 28.06.2018 10:25
YR OF MANU. 05.11.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU080420	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

dent Date: 27.06.2018
 RE: 3P 27.06.18/C

LABOR CODE

DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHC8819S

JU NTUC LKK

Vehicle No.:

SHC8819S

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

NTUC

REPAIR ESTIMATE*

VEHICLE NO : SHC 8819S

DATE 28/6/2018 14:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X Repair</i>			\$ 603.60
	Rear Bumper Clips 10 pcs <i>X 11</i>			\$ 22.00
	Rear Fender (LH) <i>X Repair</i>			\$ 2,020.10
	Rear Fender Inner Lining (LH) <i>X 500</i>			\$ 164.40
	Rear Windscreen Moulding <i>X 11</i>			\$ 60.00
	Rear Wheel Hub-Cap (LH) <i>11</i>			\$ 150.70
	<i>Front LH Door X Repair</i>			
	<i>Rear LH Door X Repair</i>			
	SUB TOTAL		<i>\$1351.00</i>	\$ 3,020.80
	LESS 20% DISCOUNTED TOTAL			\$ 604.16
				\$ 2,416.64
	Rear Bumper Rubber Mat <i>X 11</i>			\$ 50.00 <i>Nett</i>
	Rear Windscreen Sealant <i>X 11</i>			\$ 46.00 <i>Nett</i>
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>11</i>			\$ 80.00 <i>Nett</i>
	Front Door Coloured Comfort Logo (LH) <i>11</i>			\$ 75.00 <i>Nett</i>
				\$ 251.00
	Labour Charge			
	Panel Beating			\$ 400 <i>1,000.00</i>
	Spray Painting Charge			\$ 1,000.00 <i>800</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	Tuff Kote			\$ 50.00 <i>X 11</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 11</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 11</i>
	Rear Wheel Alignment			\$ 120.00 <i>X 11</i>
	<i>Transfer of car</i>			
	<i>Kalin (UCK)</i>			
	TOTAL LABOUR			\$ 2,610.00
	ESTIMATE TOTAL			\$ 5,277.64
				6478.44

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

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

Our Job Ref No : 305180942
Date : 05/07/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHC8819S Date of Accident : 27.06.18

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

1. The repair job shall bill to: NTUC -- SLV2755J
###
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:		<u>20%</u>	<u>\$2,150.00</u>
Final Lumpsum Repair cost			

3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : _____
Name : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : _____
Name : Kalvin
Date : 9/7/18

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:

CHECK ITEMS:



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/INC18011851/K1vbn2	
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.	SLV 2755J	Veh. Inspected	SHC 8819S
Policy No.	5096986592	Coverage (\$)	0.00
Claim No.	MT/100743-002	Excess (\$)	0.00
Assign From		Assign Date	28/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080420	Colour	BLUE
Odometer	462003	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 N/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/06/2018	Inspection Date	28/06/2018
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
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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. SHC 8819S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,020.10	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	150.70	150.70
1	FRONT LH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR LH DOOR	DENTED	1,351.00	1,351.00
	LESS 20% DISCOUNT		-874.36	-300.34
			3,497.44	1,201.36
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
			251.00	155.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR FENDER (LH) AND FRONT LH DOOR.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	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	-



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TRANSFER OF DOOR.		120.00	80.00
			2,730.00	1,330.00
	GRAND TOTAL		6,478.44	2,686.36
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,150.00

Report Ref No. NS/INC18011851/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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