

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. **SJW 41892**  
**5097930254** **13/03/2018-**Claims No. **MT/1005760-002**

Sum Insured: \_\_\_\_\_

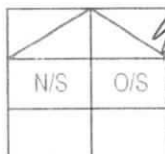
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
 repair at the time of inspection.



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. **SHA1764Y**Yr Regn: **2017 Sep**

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

Truck / Trailer or

Make: **Toyota Primus**

C/C

**1798.**Colour: **Blue**

A/C

Insured / Std / NI / NA

Sp. Reading: **129513**

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **57DKB3PU 00 3563868**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **145/60R15**

R: \_\_\_\_\_

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

TOYO / YOKO or **Westlake**

Front

Rear

R/Bal. **6** mmR/Bal. **6** mmL/Bal. **6** mmL/Bal. **6** mm

D.O.A. \_\_\_\_\_

D.O.I. **2/8/18 4pm**Survey held at **Comfort Delgro**Des. of Damages: Frt / Rear / **O/S** / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

**SHA1764Y - NA/INC18014041/r3****SJW41892 - NA/INC18014041/r3****DoA: 2/8/18****DoA: 2/8/18**

Confirm **\$3165.60**, 4 days  
 Red. **\$809.97**, 20%

RECEIVED 04 SEP 2018

Date/Time, File Pass to?

: Preli. Report

1) **typist**

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: **4**Resurvey No. of Trip: **1**Survey Fee: **160**

Transportation: \_\_\_\_\_

) \$ + RS \$

) Photos

) Others

Report Format: **7p**Lump Sum / I.B.B (\$ **3165.60**)Add Fee: ☐

Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

TOTAL

**160**

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 03/09/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1005760-002	COMFORT TRANSPORTATION	SHA 1764Y	SJW 4189Z	02/08/2018	\$ 3,975.57	\$ 3,165.60
2	MT/1005540-002	COMFORT TRANSPORTATION	SHA 4634U	SJH 5526G	31/07/2018	\$ 3,435.34	\$ 2,194.24
3	MT/1010106-001	COMFORT TRANSPORTATION	SHD 3027M	FBD 4353K	30/08/2018	\$ 5,047.28	\$ 2,900.00

Claim received from LKK Auto



# 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/INC18014103/T1rd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-08-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 4189Z	Veh. Inspected	SHA 1764Y
Policy No.	5097930254	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/08/2018

## 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	02/08/2018	Inspection Date	02/08/2018
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)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097930254		CHANG ZHENG AUTOAGENCY	52815617M	GFT	drivo CLASSIC	SJW4189Z	SJW4189Z	13/03/2018	

Date/Time: 02.08.2018 12:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305195237

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

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

VARs

(B)

REGN NO.:

SHA1764Y

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4) 02.08.2018 08:40

DATE/TIME IN

YR OF MANU.

07.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU003563868

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.08.2018

NATURE: 3P 02.08.2018

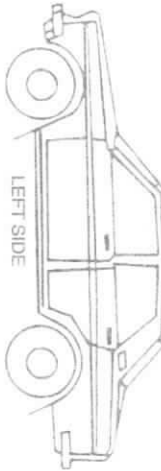
S/NO

LABOR CODE

DESCRIPTION

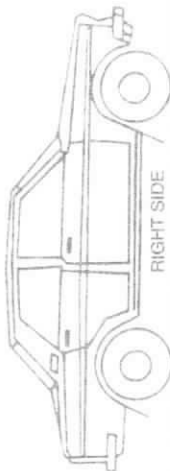
FRONT

NTMC - Right Side minor  
LKK/



LEFT SIDE

REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Vehicle No.:

SHA1764Y

LARRY

Vehicle No.:

SHA1764Y

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## 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	02/08/2018 11:50
Date Of Accident	02/08/2018 08:40
Exact Location Of Accident	KEPPEL BAY TOWER - DROP OFF DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1764Y
<b>Insured/Policyholder</b>	
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 HYBRID 4G
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	SIN SENG HONG(SHEN CHENGHONG)
NRIC No	S7502931D
Date Of Birth	11/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81818482
Fax Number	
Contact Number	
EMail Address	ULTRA_BENSON@HOTMAIL.COM

Address	BLK 171 STIRLING ROAD #06-1117
Postcode	140171
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 - OPENING DOOR OF VEHICLE
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?	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)	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	SJW4189Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOW CHEE CHUNG
NRIC/Passport Number	S6826089B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

LH REAR 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.

CONFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

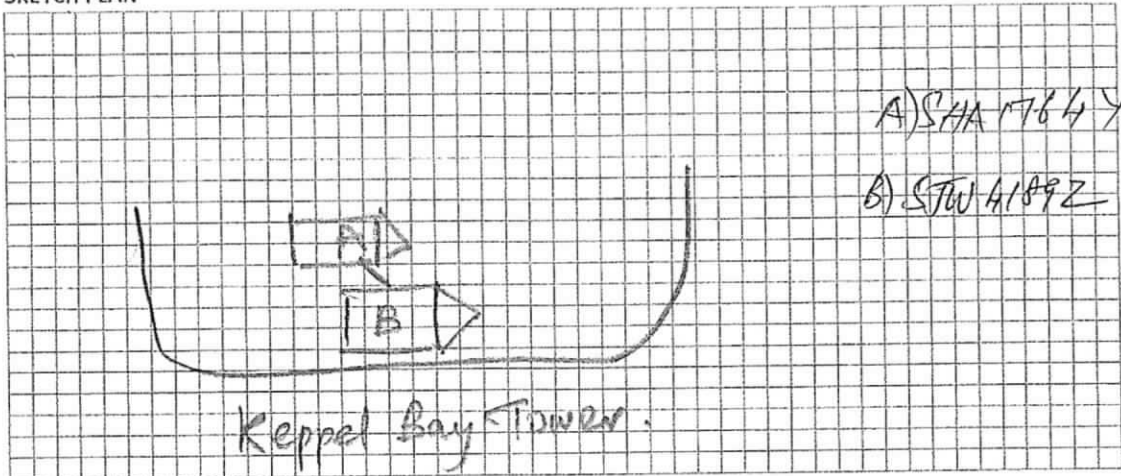
Policyholder's Signature  
Date & Time:

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

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

GIARMC SketchPlanForm\_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2/8/18 at about 0840hrs while I was driving ahead along the drop-off point driveway as directed by the security officer, Veh B's passenger suddenly opened the left rear door which collided on the right wing mirror portion of my vehicle.

DECLARATION

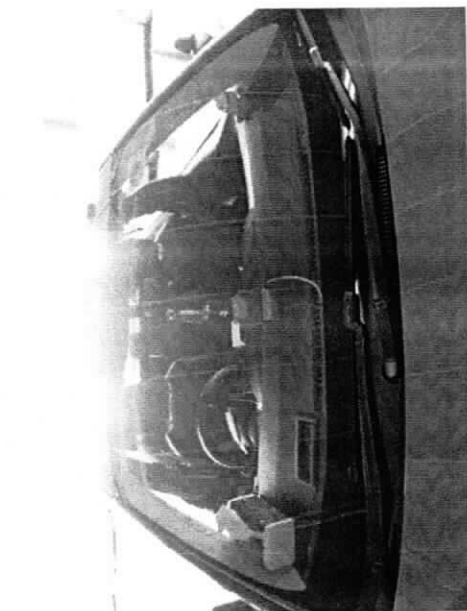
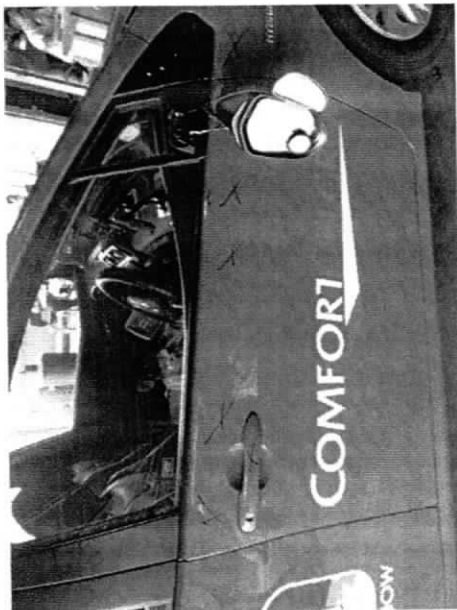
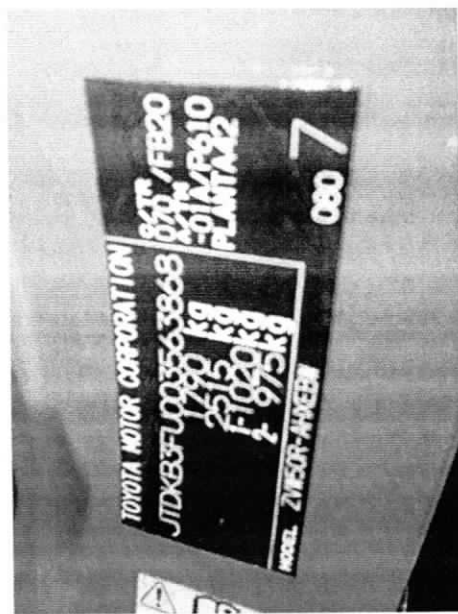
I/We declare the foregoing particulars are true in every respect.

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.:



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA1764Y

DATE: 2. Aug. 2018

MAKE : TOYOTA

MODEL : PRIUS

DOA: 2. Aug. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Fender – RH			\$933.10
1	Front Door – RH			\$1,227.00
1	Side Mirror – RH			\$1,374.00
SUB TOTAL				\$3,534.10
LESS 25%				\$883.53
DISCOUNTED TOTAL				\$2,650.57
1	Front Door Logo – Comfort			\$75.00
Labour Charge				
1	Panel Beating			\$600.00
1	Spray Painting Charge			\$500.00
1	Tuff Kote			\$50.00
1	Tuff Kote			\$100.00
TOTAL LABOUR				\$1,250.00
ESTIMATE TOTAL				\$3,975.57
				475.42

Ry  
btv  
bno

Nett

400  
40

Taufik 97495749  
WP  
2/8/18 C420  
Resurvey before paint  
sur@lkkauto.com  
4 days

6/8/18

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
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

Date: be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305195237

Date : 11. Aug. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIKH

Vehicle Reg No. : SHA1764Y

Date of Accident: 2. Aug. 2018

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

1. The repair job shall bill to: NTUC SJW4189Z

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,225.60

(b) Labour Charges \$940.00

Total for Part-By-Part Repair Cost \$3,165.60

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

Final Lumpsum Repair cost \_\_\_\_\_

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 finalized amount

Signature : 

Signature : \_\_\_\_\_

Name : Larry Ng

Name : \_\_\_\_\_

Tel : 6214 8316

Date : \_\_\_\_\_

Fax : 6546 8156

## 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:

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 11.08.2018  
Time: 13:25:35  
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 : 305195237  
REGN NO : SHA1764Y  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 07.09.2017  
DATE/TIME IN : 02.08.2018 08:40  
ACCIDENT DATE : 02.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	52.40	25.00	39.30	new # (A)
0002 04-01-0302-0592-G	PRIG4 PANEL SUB-ASSY FRON	1	1,227.00	25.00	920.25	Front Door RH b7
0003 04-01-0302-0594-G	PRIG4 MIRROR ASSY OUTER R	1	1,374.00	25.00	1,030.50	Side Mirror RH b7
0004 04-01-0302-0898-G	PRIG4 COVER OUTER MIRROR	1	107.40	25.00	80.55	Side mirror cover c7 (A)
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00		75.00	new
0006 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00		80.00	new # (A)

SUB-TOTAL : 2,225.60

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	500.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	40.00

SUB-TOTAL : 940.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.08.2018

REPAIR ESTIMATE

Time: 13:25:35

Page: 2

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

JOB NO : 305195237  
REGN NO : SHA1764Y  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 07.09.2017  
DATE/TIME IN : 02.08.2018 08:40  
ACCIDENT DATE : 02.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,165.60

MVA NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:





## 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/INC18014103/T1rd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 11-09-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 4189Z	Veh. Inspected	SHA 1764Y
Policy No.	5097930254	Coverage (\$)	0.00
Claim No.	MT/1005760-002	Excess (\$)	0.00
Assign From		Assign Date	02/08/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003563868	Colour	BLUE
Odometer	129513	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	02/08/2018	Inspection Date	02/08/2018
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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# 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. SHA 1764Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT FENDER-RH	TO REPAIR SEE LABOUR	933.10	-
1	FRONT DOOR-RH	BENT	1,227.00	1,227.00
1	SIDE MIRROR-RH	BROKEN	1,374.00	1,374.00
1	PRIG4 EMBLEM SIDE PANEL	NECESSARY	52.40	52.40
1	PRIG4 COVER OUTER MIRROR	CUT	107.40	107.40
	LESS 25% DISCOUNT		-923.48	-690.20
			2,770.42	2,070.60
<b>SPECIAL NETT ITEMS</b>				
1	FRONT DOOR LOGO-COMFORT (SN)	NECESSARY	75.00	75.00
1	I40V3 APP LOGO REAR DOOR (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER-RH.		600.00	400.00
	SPRAY PAINTING CHARGE.		500.00	500.00
	TUFF KOTE. }		50.00	40.00
	TUFF KOTE. }		100.00	-
			1,250.00	940.00
<b>GRAND TOTAL</b>			<b>4,175.42</b>	<b>3,165.60</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>3,165.60</b>

Report Ref No. NS/INC18014103/T1rd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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