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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

NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1801426	58/K1qb
		) JNION HOUSESINGAPORE	Date:	06-08-2018	
			Code:	INC4	
1.		Policy Particulars	THE REAL PROPERTY.		
	Insured Veh.	SGW 6777Z	-	nspected	SH 7642J
	Policy No.	5092764036-01		age (\$)	0.00
	Claim No.		Exces	(C) (C) (C)	0.00
	Assign From	THE RESERVE TO THE RE	Assig	n Date	06/08/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
8	Chassis No.		Colou	r	
	Odometer	474	Steering		
	Brakes		Modif	ication	
	General				
3.		Condit	ions of	Tyres	DECTREMENT OF STREET
		Size	Make		Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.		Descript	ion of D	amages	
5.		Genera	al Inforn	nation	
	Accident Date	02/08/2018	Inspe	ction Date	06/08/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	ELTD	
	100	59 LOYANG DRIVE SINGAPORE 508969			
5a.		F	Remarks		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI	THOUT I	PREJUDICE" BASIS NOT AUTHORISE	S. ED REPAIRS.

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
2	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	2CV 6777Z
+	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
	MT/1006877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
+	MT/1007260-002	COMFORT TRANSPORTATION PTE LTD	ZE899 QHS	SLW 2952B
	MT/1007452-001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
1	MT/1004057-002	SMRT TAXIS PTE LTD	SHF 1011K	SJH 2414R
	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

Claim received from LKK Auto

eBaoTech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601			The second second second			+ Chang	je Language	· Chang	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.				Date	of Accident	0	2/08/2018 1	6:53	
	Vehicle	No.(For Motor)	SGW67	77Z		Certif	icate Number	. [			5
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092764036- 01		ORTHO GRAPHICS	53052782X	GPC	drivo CLASSIC	SGW6777Z	SGW6777Z	26/07/2018	25/07/2019
					60	Continue	1				

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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.
- ou hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made av	
	ACCIDENT STATEMENT	
Date Of Report	03/08/2018 16:11	
Date Of Accident	02/08/2018 12:45	
Exact Location Of Accident	CUSCADEN RD X ORCHARD RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH7642J	
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	

Alternative Phone No Vehicle Particulars

HYUNDAI Manufacturer

140 Model

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?

If No, Please state action to be taken

THIRD PARTY

TAXI

NO

Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

OW GHEE MOOI Name of Driver

S1436615F NRIC No 25/03/1960 Date Of Birth OUTDOOR Occupation 27/06/1997 Date Of Driving Pass

21 YEARS AND 1 MONTH **Driving Experience** 

FEMALE Gender

(LOCAL) +65-96659211 Mobile Number

Fax Number

Contact Number

DONNAOW25@YAHOO.COM.SG EMail Address

Address

147 09-27 BISHAN STREET 11

Postcode

570147

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES NO

soliciting/offering accident claims assistance. 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

SGW6777Z

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

NRIC/Passport Number

91456022

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

Page 2 of 11

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

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DECLARATION	
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DECLARATION /We declare the forego COMFORT TRANS	ing particulars are true in every respect   PORTATION PTE L.  Output  Output  Do 1000000000000000000000000000000000000
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DECLARATION  We declare the forego  COMFORT TRANS	ing particulars are true in every respect   PORTATION PTE L.  Output  Output  Do 1000000000000000000000000000000000000

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#### Sketch Plan Pg. 2

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- 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.
- 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 PIE CO REG. NO 199303821R

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)

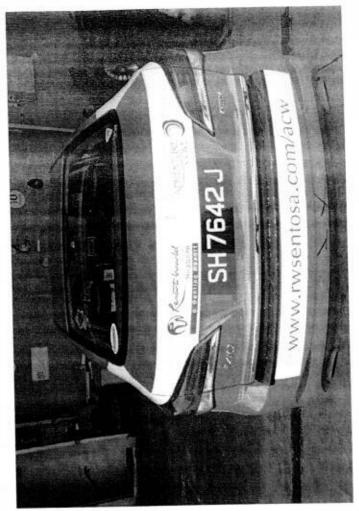
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARIAC ShytchPlanForm\_V3











# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Ple Ltd

Page: 1

Date/Time: 03.08.2018 18:09

JOB CARD JC NO. 305195792 Sales Order: ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO. TOMER SH 7642J COMFORT TRANSPORTATION PTE LTD MAKE: MS. HYUNDAI 7010045 STOMER NO. 383 SIN MING DRIVE MODEL RESS I - 4003.08.2018 14:55

Singapore SINGAPORE 575717 65508755

COUNT CARD NO.

(R)

(P)

NTUC

YR OF MANU. 14.05.2014 KMHLB41UMEU053845

COMPLETION DATE/TIME

JOB DESCRIPTION

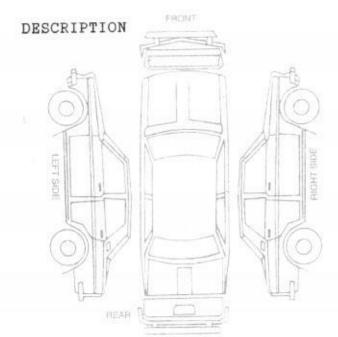
Accident Date: 02.08.2018 NATURE: 3P 02.08.2018

S/NO

of Service Advisor

returned to Service Reception upon collection

LABOR CODE



CKED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
rledgement Slip	1 Mahr	Exit Pass	
No.: SH 7642J	LKE C	Vehicle No. SH 7642J	
of Service Actuisor	Signature/Date	Name of Service Advisor	Date

To be kept by Security Guard

### COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SH 7642J

MAKE

HK/Kalvin GRum
E 3/8/2018 15:14
( ) Co NTUC

DATE 3/8/2018 15:14

per X My Per Reinforcement My Per Reinforcement Bracket (LH/RH)  per Side Bracket My Per Sponge My Per Under Cover My Per Under Cover My Per Under Cover My Per Sponge My Per Under Cover	Type	s	180.00	\$ \$ \$ \$ \$ \$ \$	603.60 504.35 360.00 49.00 22.00 143.40 225.00 <b>1,907.35</b> 381.47 <b>1,525.88</b>
per Reinforcement  per Reinforcement Bracket (LH/RH)  per Side Bracket  per Clips  per Sponge  per Under Cover  SUB TOTAL  LESS 20%  DISCOUNTED TOTAL  per Reverse Sensor  per Advertisement Logo		\$	180.00	\$ \$ \$ \$ \$	360.00 49.00 22.00 143.40 225.00 <b>1,907.35</b> 381.47
per Reinforcement Bracket (LH/RH)  per Side Bracket  per Clips  per Sponge  per Under Cover  SUB TOTAL  LESS 20%  DISCOUNTED TOTAL   per Reverse Sensor  per Advertisement Logo		\$	180.00	\$ \$ \$ \$	49.00 22.00 143.40 225.00 <b>1,907.35</b> 381.47
per Clips  per Sponge  per Under Cover   SUB TOTAL LESS 20% DISCOUNTED TOTAL  apper Reverse Sensor				\$ \$ \$	22.00 143.40 225.00 <b>1,907.35</b> 381.47
per Clips per Sponge  per Under Cover   SUB TOTAL LESS 20% DISCOUNTED TOTAL  super Reverse Sensor per Advertisement Logo				\$ \$ \$	143.40 225.00 1,907.35 381.47
per Sponge XJA  per Under Cover X  SUB TOTAL  LESS 20%  DISCOUNTED TOTAL  apper Reverse Sensor X  apper Advertisement Logo				\$ \$ \$	225.00 1,907.35 381.47
SUB TOTAL LESS 20% DISCOUNTED TOTAL  super Reverse Sensor  per Advertisement Logo				<b>s</b> s	<b>1,907.35</b> 381.47
SUB TOTAL LESS 20% DISCOUNTED TOTAL  super Reverse Sensor				\$	381.47
DISCOUNTED TOTAL  super Reverse Sensor  super Advertisement Logo				\$	381.47
DISCOUNTED TOTAL  super Reverse Sensor  super Advertisement Logo				\$	381.47
pper Reverse Sensor				S	
nper Reverse Sensor * ** nper Advertisement Logo **					
nper Advertisement Logo					
nper Advertisement Logo					
nper Advertisement Logo				S	135.70
		1		S	50.00
der Advertisement Logo (Elizari)		S	100.00	S	200.00
				10000	30000000
				\$	385.70
Charge ating				s	/60 350.00
inting Charge				S	250.00
y					50.00
15 (10 To 15 )					120.00
Keverse Sensor					
TOTAL LABOUR				S	770.00
ESTIMATE TOTAL				\$	2,681.58
		an hence	notify		
		TOTAL LABOUR ESTIMATE TOTAL	TOTAL LABOUR  ESTIMATE TOTAL  TOTAL LABOUR  ESTIMATE TOTAL	TOTAL LABOUR  ESTIMATE TOTAL  ESTIMATE TOTAL  TOTAL LABOUR  ESTIMATE TOTAL	TOTAL LABOUR  ESTIMATE TOTAL  S  S  S  S  S  S  S  S  S  S  S  S  S

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

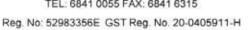
COMFORTDELGRO ENGINEERING

Our Jo Oate	Job Ref No 305195792 e : 08/08/18			Comforti 59 Loyar	DelGro Engineering Pte Ltd ng Drive Singapore 508969		
		ON FORM			Fax. 6546 8156		
	LIZAT	ON FORM		<i>i</i> .		Fax:	
o	· _					I dx .	
ttn	; M	r	Victory of the Control	N ANG			00.00.40
/ehic	de Reg	No.	SH7642J	CTPL		_	02.08.18
he s	survey a	and estima	ates of the repair	rs of the above-mer	ntioned vehicle ar	e as follows:-	
	Then	epair job s	shall bill to:		NTUC		SGW6777Z
	The f	inalized ar	mount shall be:				
	(a)	Spare P	arts after List dis	scount			
	(b)	Labour (	Charges				
		Total fo	r Part-By-Part	Repair Cost			
	(c.)		Lumpsum repa umpsum Repai	ir cost after Less: r cost	20%	1/1	\$550.00
š.	Estin	nated norr	nal period for rep	pairs:	wo	rking days.	
1.	We s	shall treat orking day	the above am	ount as Correct a	nd Confirmed if		oly from you within timates and
4.	We s 7 wo Than	shall treat orking day onk you for	the above am	ount as Correct a	nd Confirmed if We	there is no rep e confirm the es alized amount	
ı.	We s 7 wo	shall treat orking day onk you for ature:	t the above amongs ys your assistance	ount as Correct a	nd Confirmed if We find	there is no repector of the establishment of the es	
ı.	We s 7 wo Than Sign	shall treat orking day onk you for ature: ne : L	the above amovs your assistance	ount as Correct a	nd Confirmed if We find	there is no repectation of the establishment is not repeated amount anature :	timates and
1.	We s 7 wo Than Sign Nam Tel	shall treat orking day onk you for ature: ne : _6	the above amove ys your assistance	ount as Correct a	nd Confirmed if We fine	there is no repectation of the establishment is not repeated amount anature :	timates and
1.	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day onk you for ature: ne : _6 : _6	the above amove your assistance IM KWOK ENG	ount as Correct a	nd Confirmed if We fine	there is no repectation of the establishment is not repeated amount anature :	timates and
5.	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day onk you for ature: ne : _6	the above amove your assistance IM KWOK ENG	ount as Correct a	nd Confirmed if We fine Sig	there is no repetition of the establishment is a second or second	timates and
5.	We s 7 wo Than Sign Nam Tel Fax	shall treat orking day onk you for ature: ne : _6 : _6	the above amove your assistance IM KWOK ENG	ount as Correct a	nd Confirmed if We fine	there is no repectation of the establishment is not repeated amount anature :	timates and
For	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat orking day nk you for ature: ne : _6 : _6	the above amove your assistance IM KWOK ENG 32148316 35468156	ount as Correct a	nd Confirmed if  We fine  Sig Na  Da  Document Attached	confirm the estalized amount  anature: me: confirm By	Kalar 10/8/r8
For_	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat orking day onk you for ature: ine : _6 ind Use On  Item	the above amove your assistance  IM KWOK ENG 62148316 65468156	ount as Correct a	nd Confirmed if  We find  Signature  Na  Da  Document  Attached  Yes or No	confirm the estalized amount  anature: me: confirm By	Kalar 10/8/r8
For 1. For 2. L	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat orking day onk you for ature: ine : _6 i _6 il Use On  Item  Rate P/Da Income P Fees	the above amove your assistance  IM KWOK ENG 62148316 65468156	Amount	nd Confirmed if  We fina  Sig Na  Da  Document Attached Yes or No  YES	confirm the estalized amount  anature: me: confirm By	Kalar 10/8/r8
1. F 2. L 3. S 4. L	We s 7 wo Than Sign Nam Tel Fax Officia Rental I Loss of Survey LTA Se Medical	shall treat orking day nk you for ature: ne : _6 : _6  Item Rate P/Da Income P	the above amovs your assistance IM KWOK ENG 32148316 35468156  by aid behalf	ount as Correct a	nd Confirmed if  We fina  Sig Na  Da  Document Attached Yes or No  YES	confirm the estalized amount  anature: me: confirm By	Kalar 10/8/r8



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSI	JRANCE CO-OPERATIVE LTD	Ref	NS/INC1801426	88/K1ahn2
73 BRAS BASAH RC	ASSASS.	Date:	20-08-2018	
189556		Code:	INC4	
1.	Policy Particulars			
Insured Veh.	SGW 6777Z	-	spected	SH 7642J
Policy No.	5092764036-01	Covera		0.00
Claim No.	MT/1007447-001	Excess		0.00
Assign From		Assign		06/08/2018
2.	Vehicle Parti			
Make & Model		c.c		1685
Engine No.	HIDDEN	Year of	Reg.	2014
Chassis No.	KMHLB41UMEU053845	Colour		BLUE
Odometer	681317	Steerin	ıg	IN ORDER
Brakes	IN ORDER	Modific	ation	STANDARD ALLOY RIM
General	GOOD			
3.	Condit	ions of T	yres	
	Size	Make		Balance
R/H Front Tyre	205/60 R16	WEST L	AKE	7 mm
L/H Front Tyre	205/60 R16	WEST L	AKE	7 mm
R/H Rear Tyre	205/60 R16	WESTL	AKE	7 mm
L/H Rear Tyre	205/60 R16	WEST L	AKE	7 mm
4.	Descripti	on of Da	mages	
THE VEHICLE S	USTAINED DAMAGES AT THE RE	AR PORT	ION.	
5.	Genera	I Informa	ation	
Accident Date	02/08/2018	Inspect	tion Date	06/08/2018
Survey held a	COMFORTDELGRO ENGINEE	RING PTE	LTD	
	59 LOYANG DRIVE SINGAPORE 508969			
5a.	R	emarks		
	ION WAS CONDUCTED ON A"WIT NCE TO YOUR INSTRUCTIONS, W			
5b.	Estimate	Days of	Repair	
ESTIMATED NO	RMAL 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





### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7642J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			- ATMOS
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	12
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	14
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
- 1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	
	LESS 20% DISCOUNT		-381.47	
			1,525.88	1.5
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	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
	The state of the s		385.70	250.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	87
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	34
			770.00	300.00
	GRAND TOTAL		2,681.58	550.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)	550.00
-----------------------------------------	--------

Report Ref No. NS/INC18014268/K1qbn2

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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