

(08/11/13)

Surveyor: Kalvin

REF:

N8 / NC18074279 / Klsbn2

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Insp'd Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: SJP 6149mPolicy No. 5104 529967 300618 - 190619Claims No. MT/1006362-002

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

Bel. 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 86436 Yr Regn: 29 Ac, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 238693 T/Radio: Insured / Std / NI / NA

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

C/No: KMHL0414M4082192

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 / R/Rim or

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or HangKok

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 3/8/18 D.O.I. 6/8/18Survey held at (DHE (Loyang))

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

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 86436 - CS3 / TH / 17009851 / Wgbed-1 DOA: 190517 <u>Iron</u>
	SJP 6149m - CS3 / A7109021811 / YW DOA: 260909 <u>4p.</u>
<u>7/8/18</u>	<u>Continue 45\$ 900/- 2018</u>
	<u>(\$1,581.58 - Red - 64%)</u>
	RECEIVED 14 AUG 2018

Date/Time, File Pass to?

14/02/18☐ : Prel. Report

1)

Typist☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

160

Report Format:

Lump Sum / I.B.I.: (\$ 900/- 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/INC18014279/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-08-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 6149M	Veh. Inspected	SHC 8643G
Policy No.	5101529967	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

## 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

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## 5. General Information

Accident Date	03/08/2018	Inspection Date	06/08/2018
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.
--

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/08/2018 16:53"/>							
Vehicle No.(For Motor)	<input type="text" value="SJP6149M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5101529967		SHAGULHAMEED S/O MOHIDEEN PITCHAY	S6810772E	GPC	Third Party	SJP6149M	SJP6149M	20/06/2018	19/06/2019
<input type="button" value="Continue"/>										

# TP Claims against NTUC Income: Follow-Through Survey

Date: 14/8/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1006553-002	COMFORT TRANSPORTATION PTE LTD	SHA 7441P	SHD 1498A	9/8/2018	19:30	\$ 2,648.76
2	MT/1005720-002	COMFORT TRANSPORTATION PTE LTD	SHC 2783A	SKM 9296E	1/8/2018	22:00	\$ 3,986.00
3	MT/1005445-002	COMFORT TRANSPORTATION PTE LTD	SHD 3195K	GX 955K	30/7/2018	12:00	\$ 1,702.61
4	MT/1007065-001	COMFORT TRANSPORTATION PTE LTD	SHC 8895X	SIL 3120K	4/8/2018	10:45	\$ 7,775.32
5	MT/1006032-002	COMFORT TRANSPORTATION PTE LTD	SHC 2935D	SLQ 721X	4/8/2018	2:00	TOTAL LOSS
6	MT/1006368-002	COMFORT TRANSPORTATION PTE LTD	SHC 8643G	SJP 6149M	3/8/2018	21:20	\$ 2,481.58
7	MT/1006268-002	COMFORT TRANSPORTATION PTE LTD	SHB 4225L	SJT 7679Y	5/8/2018	3:00	\$ 5,577.26
8	MT/1006565-002	COMFORT TRANSPORTATION PTE LTD	SHD 3005B	XD 7911U	7/8/2018	11:15	\$ 4,490.76

Claim received from LKK

Team: ARC Repair TP(CLSO)1

STOMER  
/MS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (R) (O)  
(P)

ICOUNT CARD NO.

JOB CARD

Sales Order: JC NO: 305196359

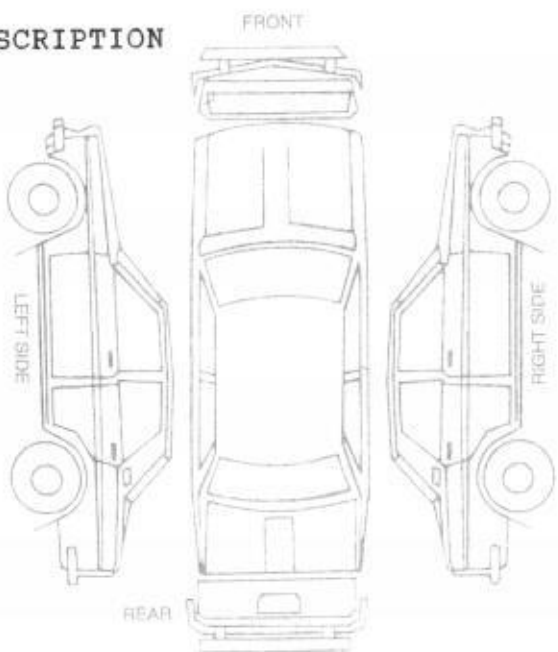
REGN NO: SHC8643G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.08.2018 22:20
YR OF MANU 29.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU082992	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.08.2018  
NATURE: 3P 03.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8643G CHIANG

Vehicle No.: SHC8643G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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	06/08/2018 09:42
Date Of Accident	03/08/2018 21:20
Exact Location Of Accident	CTE TWDS AMK AFTER BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8643G
<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	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	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	TEH LAI HOE
NRIC No	S2632472F
Date Of Birth	20/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	07/01/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81988637
Fax Number	
Contact Number	
Email Address	TEHLAIHOE@SINGNET.COM.SG

Address	BLK 211D PUNGGOL WALK #12-669
Postcode	824211
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	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
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

PLS REFER TO 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	SJP6149M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S9747697G
Contact Number	
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

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.

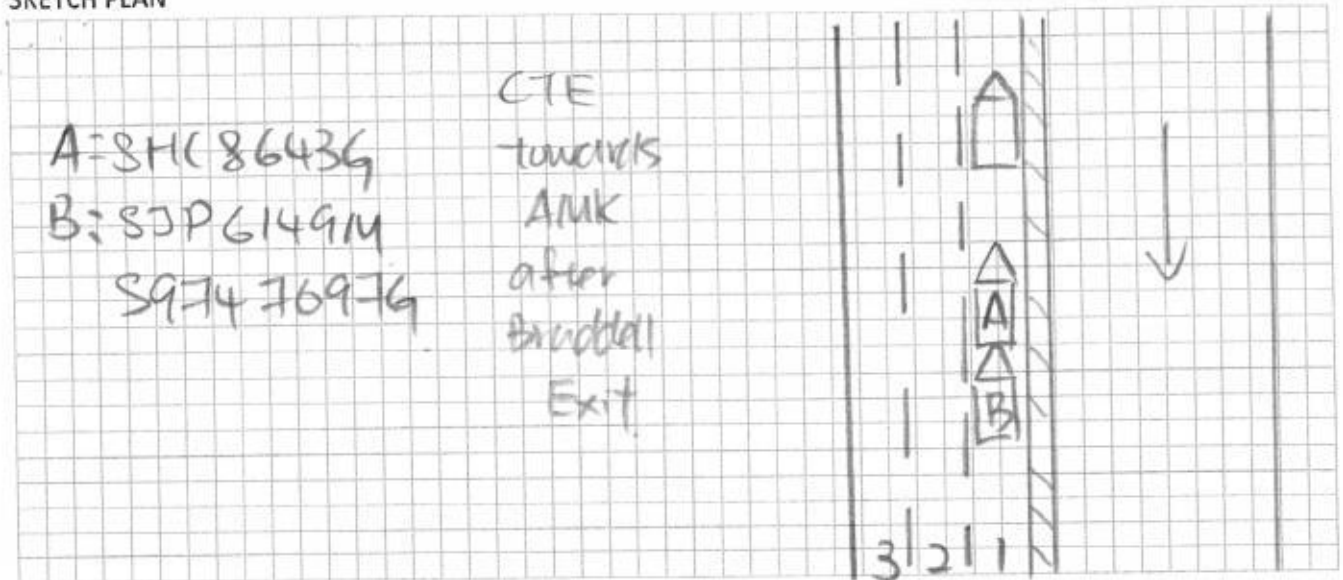
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

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 3/8/18 at about 21:30 hrs, I was driving on lane 1 along CTE towards AMK after Braddell Exit. Shortly after the car in front of my taxi braked to stopped and I followed suit. A split second later, I felt an impact from my taxi behind. A car STP 6149M it front portion collided onto the rear portion of my stationing taxi. My taxi rear bumper sustained slight damage due to this course.

02 female passengers on board my taxi.

No injury at the point of accident.

## DECLARATION

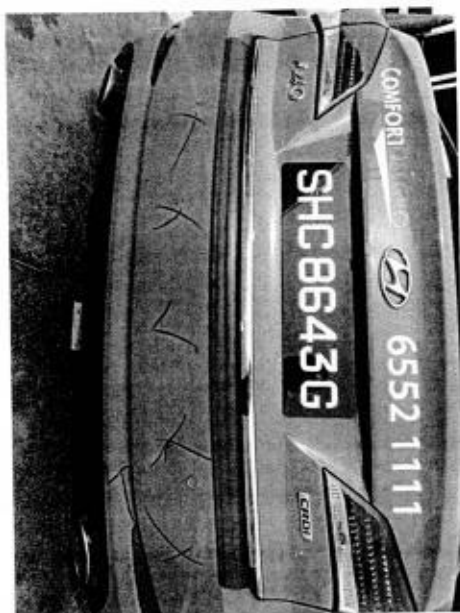
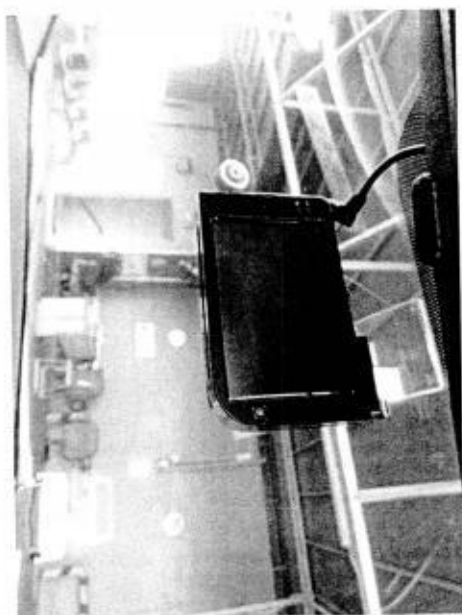
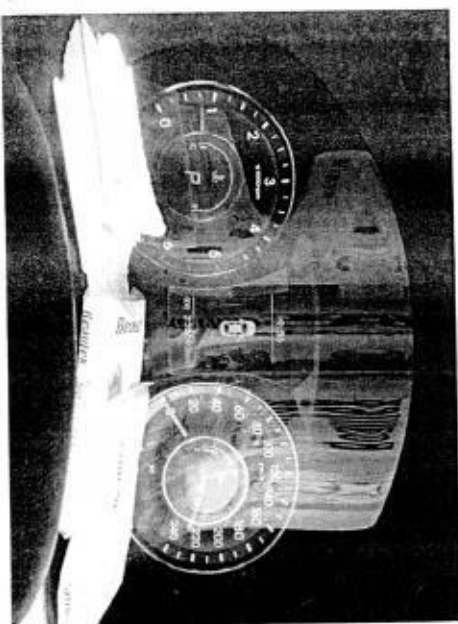
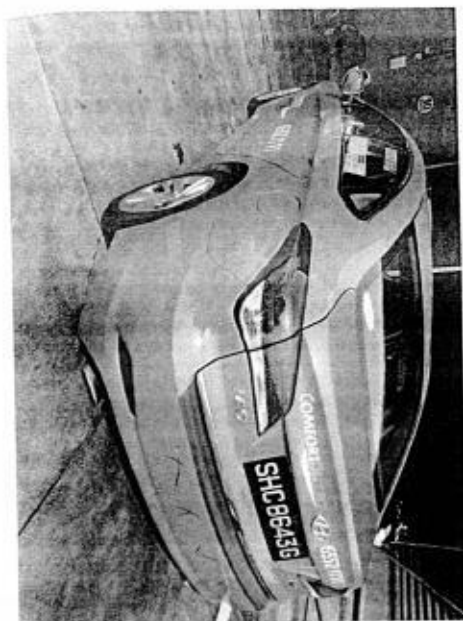
I/We declare the foregoing particulars are true in every respect.

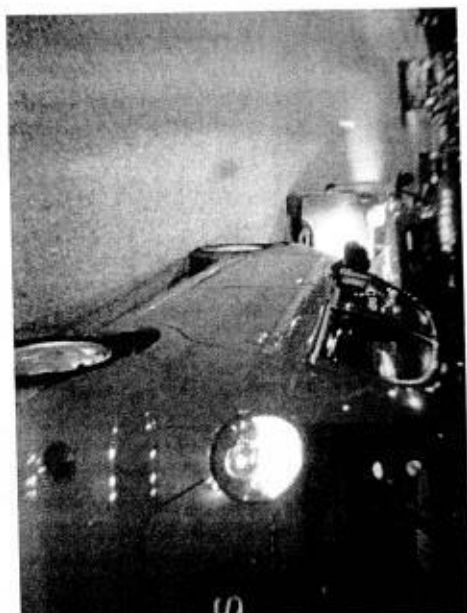
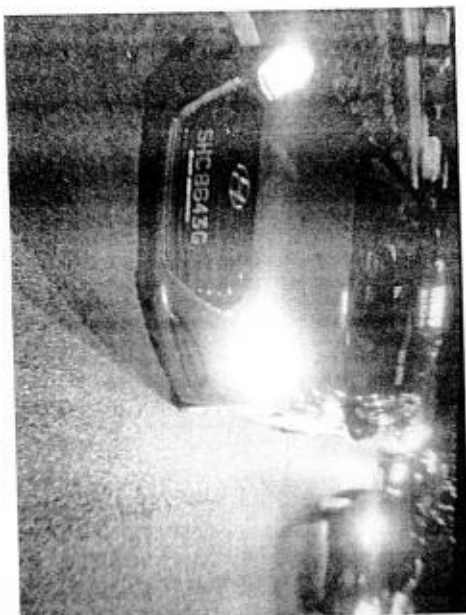
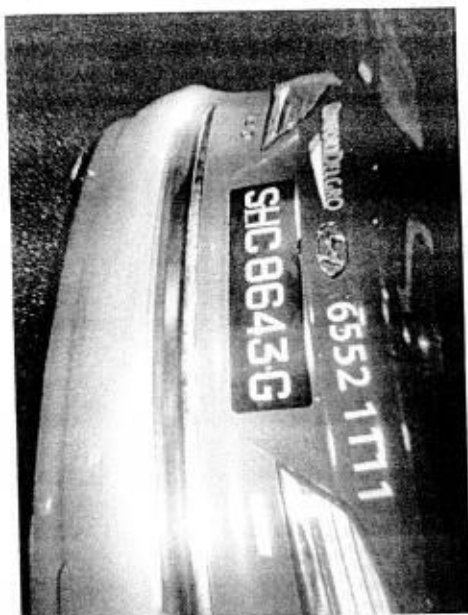
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193203321R

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 : SHC 8643G

DATE 6/8/2018 12:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detail</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>75u</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>75u</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>75u</i>			\$ 49.00	
	Rear Bumper Clips <i>200</i>			\$ 22.00	
	Rear Bumper Sponge <i>75u</i>			\$ 143.40	
	Rear Bumper Under Cover <i>10</i>			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor <i>X 75u</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>100</i>			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>250.00</del> <i>200</i>	
	Wiring Charge			\$ <del>50.00</del> <i>X 10</i>	
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>30</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 770.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,481.58</b>	
<p><i>K. J. 1 C. C. K.</i></p> <p><i>6/8/18 1420h</i></p> <p><i>2 P. 1.</i></p> <p><i>4/5</i></p> <p><i>After Repair</i></p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>					
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.					

Our Job Ref No : 305196359  
Date : 07/08/18

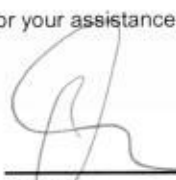

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC8643G  
Fax :  
30/08/2018

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

1. The repair job shall bill to: NTUC SJP6149M
  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:  
**Final Lumpsum Repair cost** \$900.00
  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.  
  
Signature :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156
- We confirm the estimates and finalized amount  
  
Signature :   
Name : Kaki  
Date : 7/8/18

### 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:





## 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/INC18014279/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-08-2018

189556



Code: INC4

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

Insured Veh.	SJP 6149M	Veh. Inspected	SHC 8643G
Policy No.	5101529967	Coverage (\$)	0.00
Claim No.	MT/1006368-002	Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082992	Colour	BLUE
Odometer	238693	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	03/08/2018	Inspection Date	06/08/2018
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:	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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8643G**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.		120.00	30.00
			770.00	430.00
<b>GRAND TOTAL</b>			<b>2,481.58</b>	<b>1,160.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC18014279/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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