(08/11/n3)	
-	77:

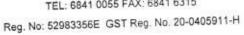
# REF: NS/INC18014488/K/vd3 n2

ASS	IGNMENT
From: Date: .	Veh No: SHA 1798A Yr Reon: 23 Ay 1 317
EstimatedCost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD THE IWS ITP RESIOD RESIEVA I INVIMV	Truck / Trailer or
To Insped Vehicle No:	Make: Torola Pors co /fel.
at Workshop m/s	Colour Blue A/C: Insped / Std / NI / NA
of ,	Sp.Reading 150602 T/Radio: Insujed / Std / NI / NA
Insured: GBG8617H	Eng/No:
Policy No. 5092793582-01 (20)07/18-	CNO: 5701683 F41035 67524
Claims No. MT 100 667-002	Gen. Cond: Good / FØ / Poor / Burnt
Sum Insured: Excess:	Steering: Inord / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STDD/Rim or
	Tyre Size; F: 195/65 Res
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYOTYOKO or West Late.
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm . **
GIA / PR Seen; Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 5/8/8 D.O.I. 7/8/9
Lum Sum: % 3 Val.: Yes or No	Survey held at (DRE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S LU/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Daje / Time   Action / Instruction	The O/C / Chassis frame / Body Structure affected due to comission.
8/8/12 Colorent P/1 \$ 1550/20.	71. (Red 1821:53 53/1) INC
SHA 17018 A - NSINC 150134	39/Hlvbn2 DOA: 13/8/15 PIP
GBB-861711-X .	
***	
RECEIVED.	0 4 SEP 2018
	J >
1,	* -
Date/Time, File Pass to?	2
. Fren. Report	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2) Hg tinict Add Fe	Transportation: Site Insp (\$ ) S+RS SI
4 HIG- Typist	Francisco (\$
Pennif Formet	) Filolos
Report Format: TP	, room
Lump Sum / I.B.I: (\$ 1580 >	:Weekend (\$)
	TOTAL



# National Assessment Centre Services

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





UC INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref: NS/INC18014488/	KIVOS	
BRAS BASAH ROAL 15-01 NTUC TRADE U 19556	) INION HOUSESINGAPORE	Date: 10-08-2018  Code: INC4		
	Policy Particulars	:- THIRD PARTY CLAIM		
Insured Veh.	GBG 8617H	Veh. Inspected	SHA 1798A	
	5092793582-01	Coverage (\$)	0.00	
Policy No.	3032100002 01	Excess (\$)	0.00	
Claim No.		Assign Date	10/08/2018	
Assign From	Vehicle Part	ticulars & Condition		
	Vernois 1 un	c.c	0	
Make & Model	HIDDEN	Year of Reg.		
Engine No.	HIDDEN	Colour Steering Modification		
Chassis No.				
Odometer				
Brakes				
General	Cond	itions of Tyres		
3.	Size	Make	Balance	
			mm	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
	Descri	ption of Damages	A FINAL TERM	
4.				
E INC. CONTRACTOR AND AND	Gene	eral Information		
5. Accident Date	05/08/2018	Inspection Date	08/08/2018	
Survey held a	THE PROPERTY OF STREET	EERING PTE LTD		
Survey nerd a	59 LOYANG DRIVE SINGAPORE 508969			
5a.	Philippine As San House and	Remarks		
	TION WAS CONDUCTED ON A"	WITHOUT PREJUDICE" BASI S, WE HAVE NOT AUTHORISE	S. ED REPAIRS.	

### Denise Tay (LKKAuto)

From:

mtreg <mtreg@income.com.sg>

Sent:

Tuesday, 4 September 2018 10:18 AM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

#### Samsia

Senior Admin Assistant, Motor Insurance www.income.com.sg











At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.

Find out more at income.com.sg/careers



'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.

Please forward all motor claims related correspondences to <a href="mailto:mtcl@income.com.sg">mtcl@income.com.sg</a> so that we can attend to it accordingly.'

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Tuesday, September 04, 2018 9:34 AM

To: mtreg <mtreg@income.com.sg> Subject: REQUEST CLAIM NUMBER

2	MT/1006804-002	COMFORT TRANSPORTATION PTE LTD	SHC
2	MT/1006167-002	COMFORT TRANSPORTATION PTE LTD SHIP 1798A	SHA

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Continue

GeneralClaim eBaoTech Log Out · Change Password · Change Language Hello, NAC\_PAYA\_UBI\_800601 **Policy Query** 05/08/2018 11:39 My Desktop Date of Accident Notice of Loss Policy No. Certificate Number G8G8617H Vehicle No.(For Motor) Search Commence Expiry Vehicle No. Insured Policyholder NRIC Date Date Product Cover Type Certificate Number Policyholder Object Policy No. Select Name GFT Comprehensive GBG8617H GBG8617H 20/07/2018 UNAG 201601737W LOGISTICS PTE, LTD, 5092793582-0 01

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

5. Any false reporting may be referred to the Police for investigation.

- 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.
- ing of this report at the centre and to copies of the report being made available

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	u nereby consent to the archiving of this report at the centre and to copies of the report soring most of	
	ACCIDENT STATEMENT	
Date Of Report	06/08/2018 14:02	
Date Of Accident	05/08/2018 15:20	
Exact Location Of Accident	HOUGANG AVE 2 CAR PARK STADIUM.	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA1798A	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	
Co Reg No	199303821R	
Email Address	FLEETSAFETY@CDGTAXI.COM.SG	

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer **PRIUS** 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?

NO

If No. Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088936MFSH Policy Number

Cover Note Number

Driver

TAY KIAN HOE Name of Driver S1185589Z NRIC No 03/09/1956 Date Of Birth OUTDOOR Occupation 19/09/1980 Date Of Driving Pass

37 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97893587 Mobile Number

Fax Number

Contact Number

TAYMINGHONG@GMAIL.COM **EMail Address** 

Address.

965 13-638 HOUGANG AVENUE 9

Postcode

530965

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PASIR RIS NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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

GBG8617H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

Page 2 of 11

# Sketch Plan Pg. 1

KETCH PLAN			4	-1	
				Ø SHA D GBG	1998 A 861711
		SHONGONA Carpanic St	ave -	2	
ESCRIBE CIRCUMSTANCES					
DECLARATION	culars are true in eve	ery respect.		6/	8/18-
/We declare the foregoing parti COMFORT TRANSPORT CO REG. NO. 199	ATION PTE LIL	ry respect.		The second secon	on Hany 30 Phercase
Policyholder's Signature Date & Time:	Oriver's Signa (If driver is n	ature of the policyholder)		eporting Centre Per lame:	rsonnel's Signature





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 1 of 3 Report No. T/20180806/2038

Tel No: 1800-5852999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 06/08/2018 12:04		Vide Report No.:	Station Diary No.: 39		
Informa	nt's Partici	ulars			
Name of TAY KIA	Informant: N HOE	11	Address: APT BLK 965 HOUGANG AVENUE 9 #13-638 SINGAPOR 530965		
ID Type / ID No.: NRIC NO / S1185589Z			Contact No.: Home/Office: Mobile: 97893587		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 61 03/09/1956		Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:		
Occupation: Taxi driver		Driving Licence Inform Class: 3,4	nation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2018 15:20	Type of Location Car Park	
Location: Along Road 1 HOUGANG A	VENUE 2 F HOUGANG STADIU	JM.			
Weather: Ro		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:		Traffic Volume: Light	
		Not Controlled		Light	

Details of V	ehicle Invo	lved		Addition.	ALCOHOLD ST	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8617H	Van	NISSAN		White	Slightly Damaged	0
SHÄ1798A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0

#### Sketch Plan Pg. 3



T/20180806/2038

2 of 3

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Report No. T/20180806/2038

519457 Tel No: 1800-5852999 CONTINUATION OF REPORT

#### Brief Details.

On 05/08/2018 at about 1400hrs, I parked my taxi with plate bearing SHA1798A at HOUGANG Stadium. My vehicle was parked at lot number 95. Before I left my vehicle, I made a check on the surroundings at everything was intact. At about 1744hrs, I received a text message from ComfortDelgro who informed me that a person by the name of MS KOH (Hp:90267083) had witnessed an accident involving my taxi and a commercial vehicle at the said carpark. I then proceeded back to the carpark and when I arrived at the parking lot, I saw that my vehicle's right side mirror was damaged and there were also some scratches on the right body frame.

On the same day itself, I contacted the said person and she send me a video from her vehicle CCTV camera which shows how the accident took place. The commercial vehicle was reversing into an empty parking lot which was on the right side of my vehicle and it the midst of reversing, the said vehicle hit onto the right side of my vehicle. I wish to state that when I arrived back at my vehicle, the said commercial vehicle was nowhere at scene. The plate number of the said vehicle is GBG8617H from UNAG Logistics Company.

#### Sketch Plan Pg. 4





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 Report No. T/20180806/2038

CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording G / Sgt 2 MUHAMMAD FIRDAUS SHAFI-IE	1/1	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 06/08/2018 12:04		
Officer In Charge Of Case: TP / HRT /		Classification Of Case:		
Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	SINGAPORE POLICE FORGE			
Authentication Stamp NP168		NI		

### COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

**VEHICLE NO: SHA 1798A** 

MAKE

KK-Kalvin : TOYOTA PRIUS MODEL **UNIT PRICE AMOUNT** QTY PARTS DESCRIPTION 1,264.00 PANEL SUB-ASSY, FRONT DOOR, RH XMAI-\$ 1.390.00 MIRROR ASSY, OUTER REAR VIEW, RH / (\* \$ \$ 141.90 COVER, OUTER MIRROR, RH XM 212.80 OUTER MIRROR, RH X \$ Front RH Pour x report 3.008.70 \$ SUB TOTAL \$ 752.18 **LESS 25%** \$ 2,256.53 DISCOUNTED TOTAL 62-16% 75.00 \$ NETT FRONT DOOR COMFORT LOGO LABOUR CHARGE 350.00 \$ Panel Beating 500.00 250 \$ Spray Painting Charge \$ 59:00 20 Wiring Charge 50.00 7 44 \$ **Tuff Kote** \$ 120.00 X 47 Transfer of Door 1,070.00 TOTAL LABOUR LKK Auto Consultants hence notify 3,401.53 **ESTIMATE TOTAL** the Repairer of the following: To resurvey before/a ter spray painting Kalmi 14CKy

1/8/18 1020 hr

2 Days

PIP

Betore Part pht To display damaged part(s) during resurver Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis flegal modification(s) is allowed plementary item(s) must be resurveyed and subject to final approval from insurance Company Acknowledged by Repairer nature: Sid D

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

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 06.08.2018 15:33 Page : 1

Team:

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305196780

VMS

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO.

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

ICOUNT CARD NO.

REGN NO.

SHA1798A

MAKE:

TOYOTA

E.....F

PRIUS HYBRID(G4)06.08.2018 12:45

YR OF MANU. 23.08.2017

COMPLETION DATE/TIME:

CHASSIS CODE JTDKB3FU103563524

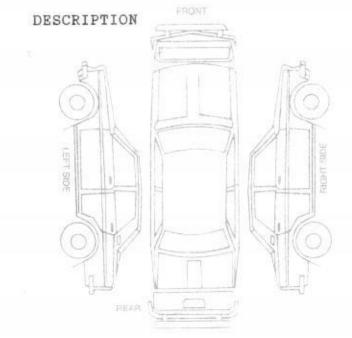
JOB DESCRIPTION

Accident Date: 05.08.2018

NATURE: 3P 05.08.18

S/NO

LABOR CODE



IECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
owiedgement Slip	Exit Pass
o.: le No.: SHA1798A LIMTS	Vehicle No.: SHA1798A

a of Service Advisor

Signature/Date

Name of Service Advisor

To be kept by Security Guard

returned to Service Reception upon collection

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.08.2018 Time: 14:24:32

REPAIR ESTIMATE

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

: 305196780 JOB NO REGN NO MILEAGE : SHA1798A : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN : 23.08.2017 DATE/TIME IN : 06.08.2018 12:45

ACCIDENT DATE : 05.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0594-G WING MIRROR RH 1 1,390.00 25.00 1,042.50

0002 28-01-0103-0003-A Frt Door ComfortDelGro R ← 1 75.00 10.00 67.50

SUB-TOTAL : 1,110.00

JOB NATURE

0000 L

PANEL BEATING

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

250.00

0002 17-01

WIRING CHECK

20.00

SUB-TOTAL: 470.00

TOTAL : 1,580.00

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

## COMFORTDELGRO ENGINEERING

305196780 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 08/08/18 FINALIZATION FORM Fax: LKK KALVIN ANG Attn 05-Aug-18 Vehicle Reg No. : SHA1798A Date of Accident : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-GBG8617H The repair job shall bill to: NTUC 2. The finalized amount shall be: \$1,110.00 Spare Parts after List discount \$470.00 (b) Labour Charges \$1,580.00 Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost working days. Estimated normal period for repairs: 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature Signature: KALVIN LIMTS Name Name 62148398 Date Tel 65468156 Fax For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
<ol><li>Medical Fees (on behalf of driver, if applicable)</li></ol>				
6 Overrun				

Remarks:			
-			



5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

# **National Assessment Centre Services**

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





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18014488/K1vd3n2 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-09-2018 189556 Code: INC4 Policy Particulars :- THIRD PARTY CLAIM 1. SHA 1798A **GBG 8617H** Veh. Inspected Insured Veh. 0.00 5092793582-01 Coverage (\$) Policy No. 0.00 MT/1006167-002 Excess (\$) Claim No. 07/08/2018 Assign Date Assign From Vehicle Particulars & Condition 2. 1798 TOYOTA PRIUS C.C Make & Model 2017 HIDDEN Year of Reg. Engine No. BLUE JTDKB3FU103563524 Colour Chassis No. IN ORDER 150602 Steering Odometer STANDARD ALLOY RIM Modification IN ORDER Brakes FAIR General **Conditions of Tyres** 3. Balance Make Size 7 mm 195/65 R15 WEST LAKE R/H Front Tyre 7 mm 195/65 R15 WEST LAKE L/H Front Tyre 7 mm WEST LAKE 195/65 R15 R/H Rear Tyre WEST LAKE 7 mm 195/65 R15 L/H Rear Tyre **Description of Damages** 4. THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS. General Information 5. 07/08/2018 **Accident Date** Inspection Date 05/08/2018 COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Estimate Days of 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





Page No.:1 of 1

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1798A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	PANEL SUB-ASSY,FRONT DOOR,RH	TO REPAIR SEE LABOUR	1,264.00	1.7
1	MIRROR ASSY, OUTER RERA VIEW, RH	CRACKED	1,390.00	1,390.00
1	COVER,OUTER MIRROR,RH	TO REPAIR SEE LABOUR	141.90	2.5
1	OUTER MIRROR,RH	TO REPAIR SEE LABOUR	212.80	65
1	FRONT RH DOOR (NPA)	TO REPAIR SEE LABOUR		(Ce
	LESS 25% DISCOUNT		-752.17	-347.50
			2,256.53	1,042.50
	NETT ITEMS			
1	FRONT DOOR COMFORT LOGO (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT			-7.50
			75.00	67.50
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF PANEL SUB-ASSY, FRONT DOOR, RH, COVER, OUTER MIRROR, RH, AND FRONT RH DOOR.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	250.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	
			1,070.00	470.00
	GRAND TOTAL		3,401.53	1,580.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)	1,580.00
---	----------

Report Ref No. NS/INC18014488/K1vd3n2

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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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.