

100/1143

Surveyor: Kalvin

REF: NSI/INC18014583/Klrd3n2

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: SHJ 9702D

Policy No. 5098103279 (14/2/18-13/2/19)

Claims No. mt/11006547-002

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 9457G Regn: 'Aug 2018

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

Truck / Trailer or

Make: Hyundai 2012 cc 1580

Colour: Black A/C: Ingrd / Std / NI / NA

Sp. Reading: 2999 T/Radio: Ingrd / Std / NI / NA

Eng/No: _____

C/No: KMHLC851CVJH103631

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ingrd / Jammed / Leaked / Burnt or

Brake: Ingrd / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 / 65 R15

R: _____

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

TOYO / YOKO or Nexen

Front: _____ Rear: _____

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

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

D.O.A. 9/8/18 D.O.I. 10/8/18

Survey held at CDHE (Loyang)

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

Rear N/S.

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

Date / Time	Action / Instruction
	SHA 9457G - CS/FCI/6015036/GHbm2 DOA: 5/8/18 INC
	SHJ 9702D-x PR
14/8/18	Carbone 1 P/P \$1319.23 / 20% Red: \$320, 20%
RECEIVED 23 AUG 2018	

Date/Time, File Pass to? : Prell. Report

1) typat : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: TP

Lump Sum / I.B.I. (\$) 1319.23

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: 160

\$ + RS. SI _____

Photos _____

Others _____

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/INC18014583/K1rd3			
73 BRAS BASAH ROAD		Date: 13-08-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLJ 9702D	Veh. Inspected	SHA 9457G
Policy No.	5098103279	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/08/2018
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	09/08/2018	Inspection Date	10/08/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1006965-002	COMFORT TRANSPORTATION	SHC 8254X	SLS 8288S	13/08/2018	\$ 4,074.56	\$ 2,250.00
2	MT/1007237-002	CITYCAB PTE LTD	SHB 2334T	SJJ 2802T	13/08/2018	\$ 2,718.07	\$ 1,930.13
3	MT/1006666-002	COMFORT TRANSPORTATION	SHD 6654H	SDM 9111M	09/08/2018	\$ 5,938.92	\$ 4,450.00
4	MT/1007040-002	COMFORT TRANSPORTATION	SHD 3514Z	SLA 7725Z	13/08/2018	\$ 10,997.38	\$ 4,039.39
5	MT/1006499-002	CITYCAB PTE LTD	SHC 7177S	FR 7356L	05/08/2018	\$ 3,290.60	\$ 300.00
6	MT/1006972-002	COMFORT TRANSPORTATION	SHA 3174L	FBJ 2438G	08/08/2018	\$ 2,322.02	\$ 550.00
7	MT/1006547-002	CITYCAB PTE LTD	SHA 9457G	SLJ 9702D	09/08/2018	\$ 1,639.23	\$ 1,319.23
8	MT/1005643-002	COMFORT TRANSPORTATION	SHA 7917I	SDP 7075G	01/08/2018	\$ 3,936.00	\$ 1,600.00

Claim received from LKK Auto

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

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"/>	5098103279		TEO POH SAN	S7538653B	GPC	drivo PREMIUM	SLJ9702D	SLJ9702D	14/02/2018	13/02/2019

Continue

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 willful 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	10/08/2018 14:03
Date Of Accident	09/08/2018 16:15
Exact Location Of Accident	KIM SENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9457G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM HOCK KEE
NRIC No	S7109611D
Date Of Birth	17/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97726693
Fax Number	
Contact Number	
E-Mail Address	HOCKKEELIM1717@YAHOO.COM

Address	BLK 422 CLEMENTI AVENUE 1 #11-333
Postcode	120422
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	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)	1

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	SLJ9702D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO POH SAN
NRIC/Passport Number	S7538653B
Contact Number	98767772
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Lin

S R Moolity 10/1/18

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.:

GIA/IRAC SketchPlanForm_V3

4-7 21-8 2-17 6-8

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/8/18 at about 1615hrs while I Veh A exited from the slip road and stopped to give way to forthcoming vehicles along the main road, Veh B collided on the rear of my vehicle.

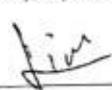
DECLARATION

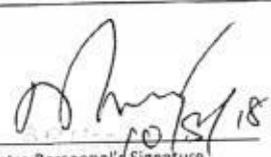
I/We declare the foregoing particulars are true in every respect.

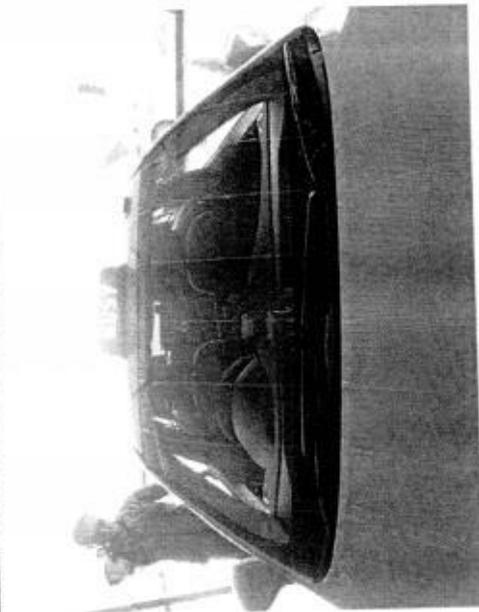
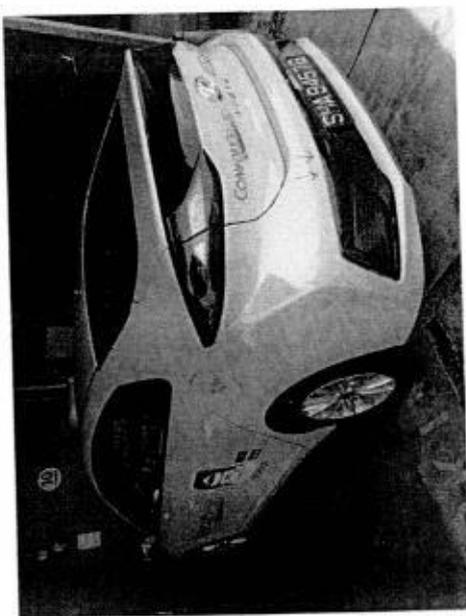
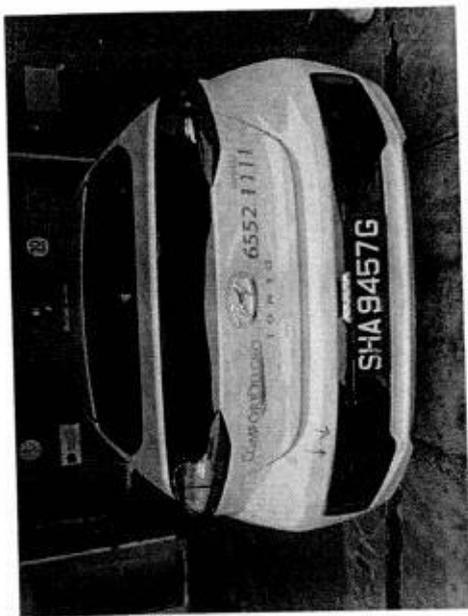
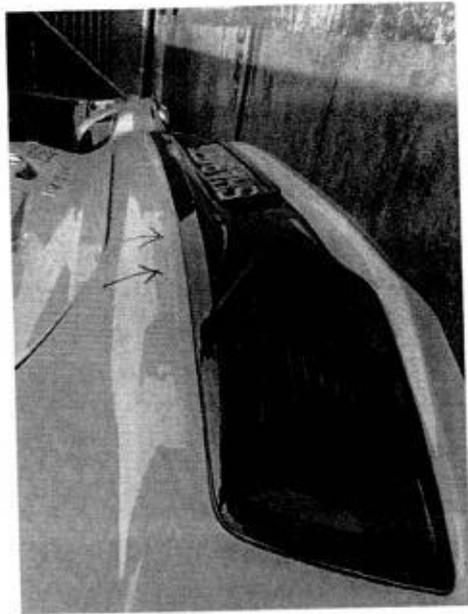
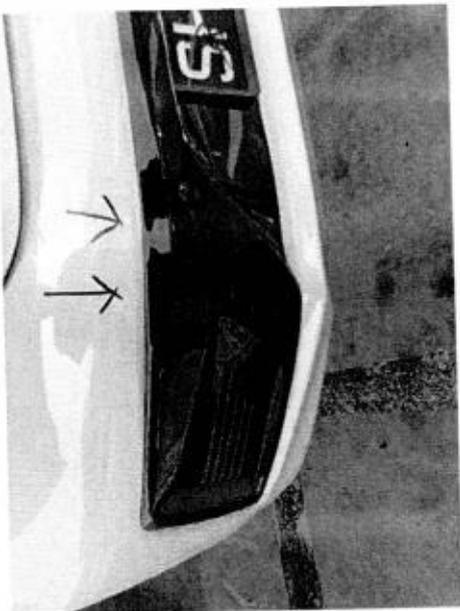
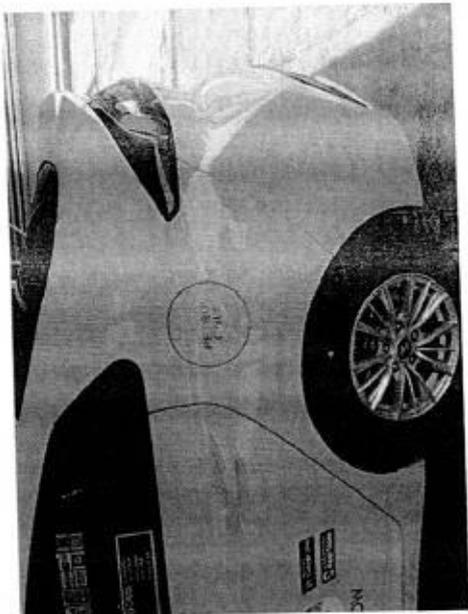
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

GIATAC SketchPlanForm_V3


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


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



City Cat

N/A

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHA 9457G (CCPL)

DATE 8/10/2018 15:19

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid Absorber X ^{one}			459.40
	Rear Bumper / one			
	Rear Bumper Reinforcement ^{one}			
	Rear Bumper Clip X ^{one}			
	Rear Bumper Sponge ^{one}			451.26
	Rear Bumper Garmish - one			
SUB TOTAL				
LESS 20%				
DISCOUNTED TOTAL				
	Rear Bumper plate - one		\$25	
	Rear Bumper Reverse Sensor - ^{sketch}			135.70
TOTAL				
Labour Charge				
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR				\$ 750.00
ESTIMATE TOTAL				\$ 750.00
				1639.23

Rear Bumper plate - one
Rear Bumper Reverse Sensor - sketch

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 modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
Signature:
Date:

Kahin 10/8/18
1530 L
2 Qty
PIP
After Repair plate

200
\$ 380.00
\$ 250.00
\$ 30.00
\$ 120.00

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.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305198346

OMER
 NAME: CITYCAB PTE LTD
 OMER NO.: 7010070
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 TEL: 65551188 (R) (P)
 UNIT CARD NO.

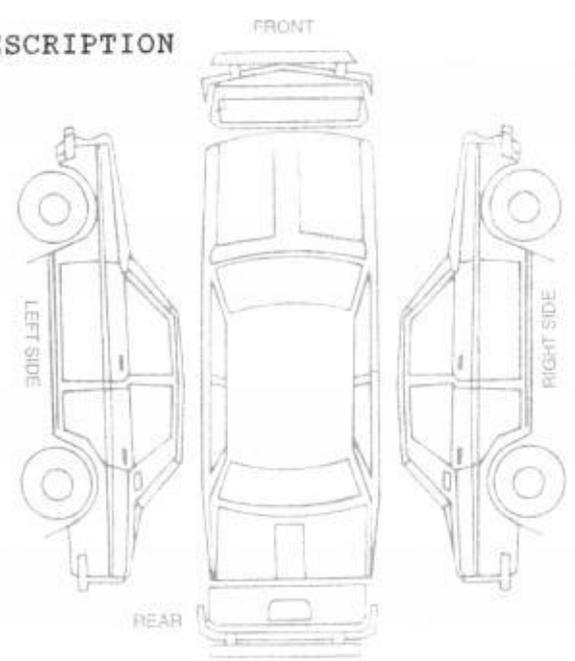
REGN NO.: SHA9457G	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 10.08.2018 11:25
YR OF MANU: 01.08.2018	TARGET DATE
CHASSIS CODE: KMHC851CVJU103631	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 09.08.2018
 NATURE: 3P 09.08.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: **SHA9457G** **JU NTUC LKK**

Vehicle No.: **SHA9457G**

Signature/Date

Name of Service Advisor Date

turned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305198346
 REGN NO : SHA9457G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2018
 DATE/TIME IN : 10.08.2018 11:25
 ACCIDENT DATE : 09.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.26 20.00 361.01
0002	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40 20.00 367.52
0003	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70 2.00- 135.70
0004	FNPS	NO PLATE(S)	1 L	25.00 0.20 25.00

SUB-TOTAL : 889.23

JOB NATURE

0000 L	PANEL BEATING- REAR	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 1,319.23

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305198346
Date : 14/08/2018

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHA9457G Date of Accident : 09/08/18

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

1. The repair job shall bill to: NTUC --- SLJ9702D
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$889.23</u>	
(b) Labour Charges	###	<u>\$430.00</u>	
Total for Part-By-Part Repair Cost		<u>\$1,319.23</u>	
(c) Lumpsum Repair (if applicable)			
Total for Lumpsum repair cost after Less: <u>20%</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 : 65468156

Signature : 
Name : Calvin
Date : 14/8/18

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:

SUPPLEMENTARY ITEM : REAR NUMBER PLATE



National Assessment Centre Services

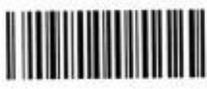
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18014583/K1rd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 28-08-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 9702D	Veh. Inspected	SHA 9457G
Policy No.	5098103279	Coverage (\$)	0.00
Claim No.	MT/1006547-002	Excess (\$)	0.00
Assign From		Assign Date	10/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103631	Colour	YELLOW
Odometer	2999	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	7 mm
L/H Front Tyre	195/65 R15	NEXEN	7 mm
R/H Rear Tyre	195/65 R15	NEXEN	7 mm
L/H Rear Tyre	195/65 R15	NEXEN	7 mm

4. Description of Damages

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

5. General Information

Accident Date	09/08/2018	Inspection Date	10/08/2018
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.

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. SHA 9457G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID ABSORBER (NPA)	SERVICEABLE	-	-
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER REINFORCEMENT (NPA)	SERVICEABLE	-	-
1	REAR BUMPER CLIP (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER SPONGE (NPA)	SERVICEABLE	-	-
1	REAR BUMPER GARNISH	CRACKED	451.26	451.26
	LESS 20% DISCOUNT		-182.13	-182.13
			728.53	728.53
SPECIAL NETT ITEMS				
1	REAR NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			160.70	160.70
LABOUR				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			750.00	430.00
GRAND TOTAL			1,639.23	1,319.23
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,319.23

Report Ref No. NS/INC18014583/K1rd3n2

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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