

(08/11/13)

Surveyor: Kelvin

REF: NS/TNC18014665/K15072

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: YP 6645U

Policy No. 5072375655-01 030718-020719

Claims No. MT/1006843-002

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: SHC 8995R Yr Regn: 3 Dec 2015

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

Truck / Trailer or

Make: Hyundai - 240 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 529168 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UAKH 080977

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/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

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

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

D.O.A. 11/8/8 D.O.I. 13/8/8

Survey held at CDE (Loyang)

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

N/S Rep.

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

Date / Time Action / Instruction

SHC 8995R - 013/EQT13018717/H190392

DA: 07.10.13 Inc

YP 6645U - X

4.

23/8/8 - 4 hrs 45 \$ 3100/5 hrs.

(\$ 1,832.76 Red - 37%)

RECEIVED 24 AUG 2013

Date/Time, File Pass to?

24/08/13

1) Typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation: \$ + RS \$1

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format:

Lump Sum / I.B.I. (\$ 3,100/- 4/5)

160



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/INC18014665/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | YP 6645U | Veh. Inspected | SHC 8995R |
| Policy No. | 5092375655-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 13/08/2018 |

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 | 11/08/2018 | Inspection Date | 13/08/2018 |
| 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

General Claim

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"/> | 5092375655-01 | | KENKEN LOGISTICS PTE. LTD. | 201528676K | GCV | Preferred Workshop Plan | YP6645U | YP6645U | 03/07/2018 | 02/07/2019 |

| | | | | |
|---|----------------|--------------------------------|-----------|----------|
| 3 | MT/1006843-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8995R | YP 6645U |
| 4 | MT/1007977-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3431D | SLC5126E |

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 | 13/08/2018 08:59 |
| Date Of Accident | 11/08/2018 10:30 |
| Exact Location Of Accident | BUKIT BATOK EAST AVE 5 BLK249 CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8995R |
| 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 |

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 | TAN WAH YUOK |
| NRIC No | S2002220E |
| Date Of Birth | 02/03/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/05/1972 |
| Driving Experience | 46 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96790146 |
| Fax Number | |
| Contact Number | |
| Email Address | TANWAHYUOK@HOTMAIL.COM |

| | |
|---|---|
| Address | BLK 242 BUKIT BATOK EAST AVENUE 5 #04-188 |
| Postcode | 650242 |
| 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) | 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

PLS REFER TO ATTACHED / Type Of Accident: 3P REVERSE

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 | YP6645U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MUHAMMAD RAMDAN |
| NRIC/Passport Number | G0992142M |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | REAR LEFT |
| 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.

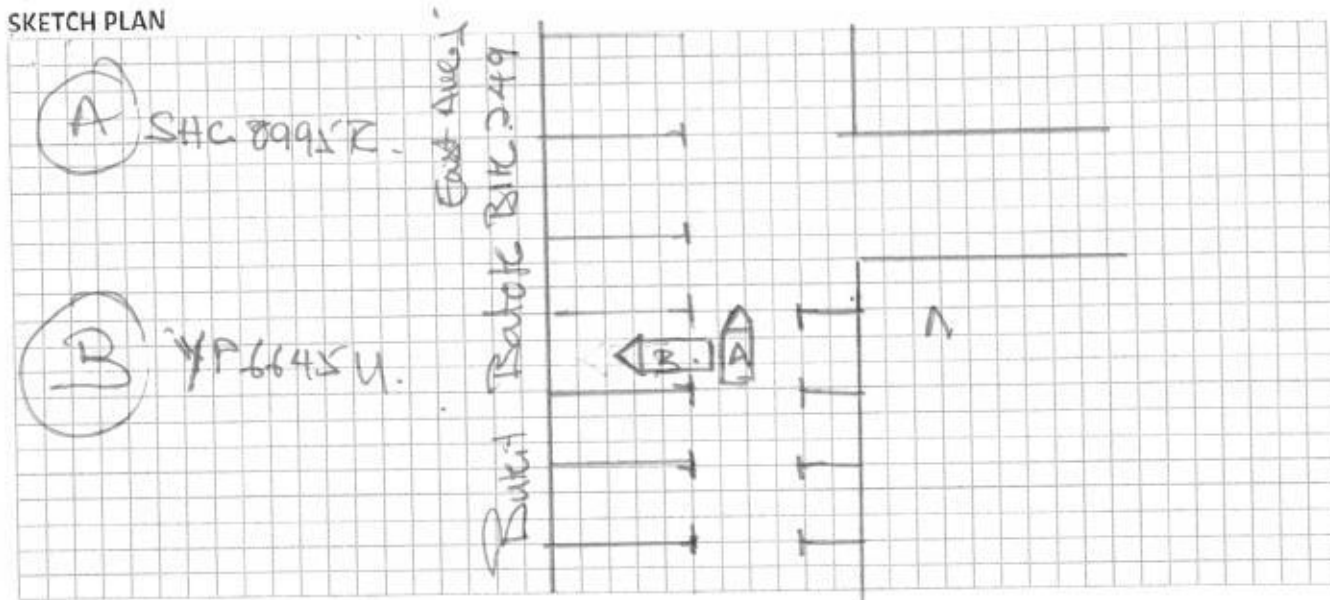
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303921R

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 . 11 Aug 2018 @ 10:30 hrs I VEH A

was driving along the above location going

straight Suddenly VEH B Reverse and hit

veh A left Rear door .. at the point

of accident VEH A NO. PAX.

DECLARATION

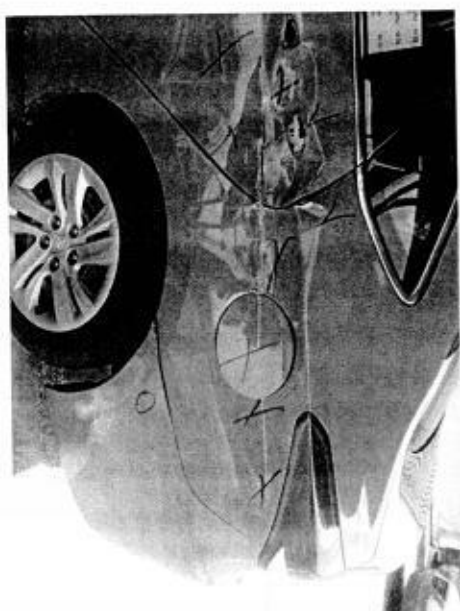
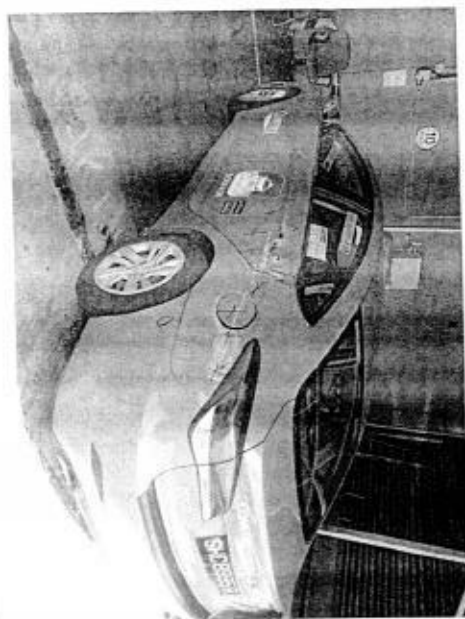
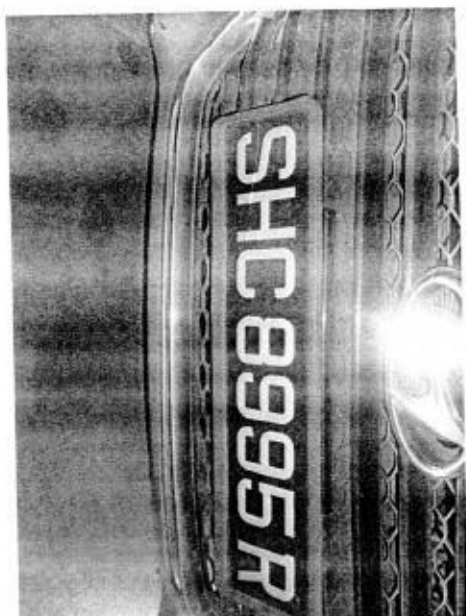
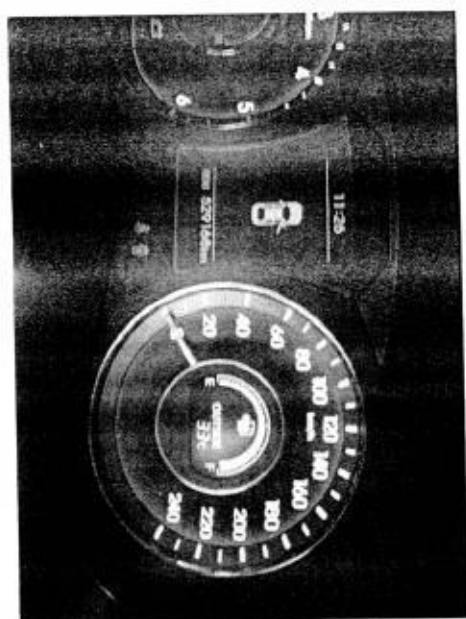
I/We declare the foregoing particulars are true in every respect.

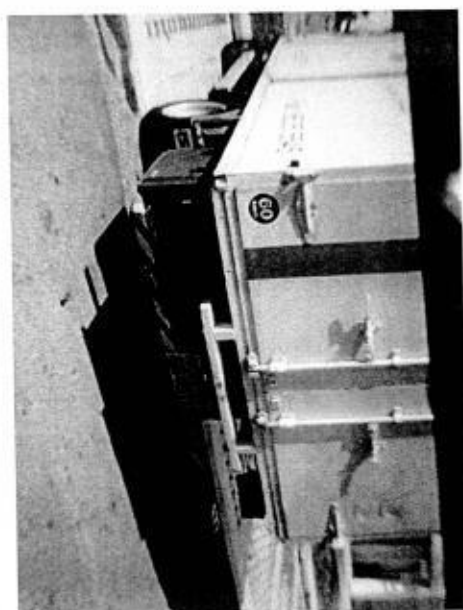
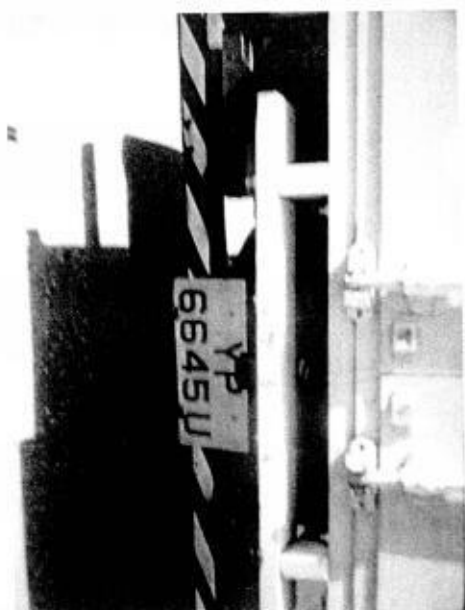
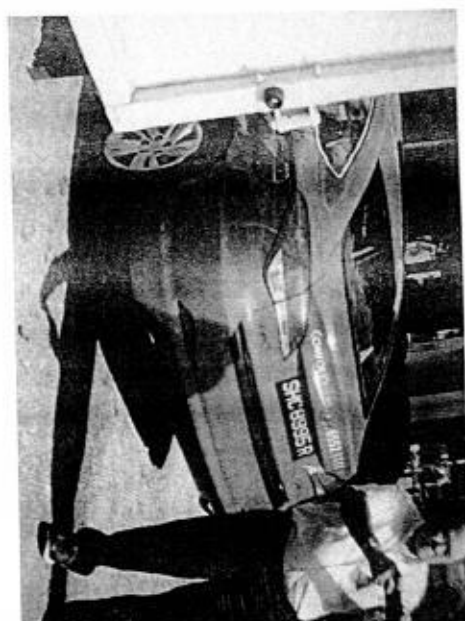
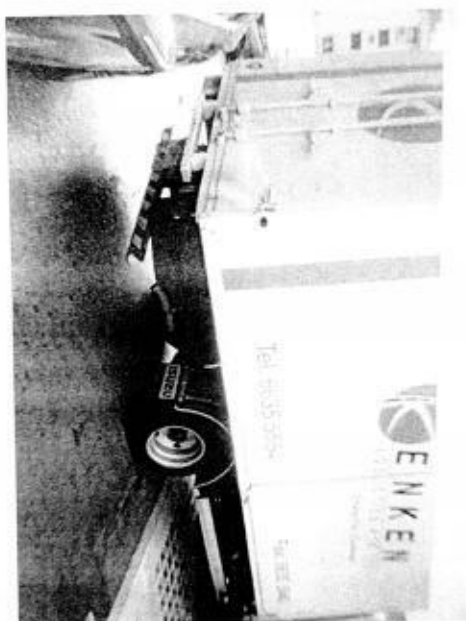
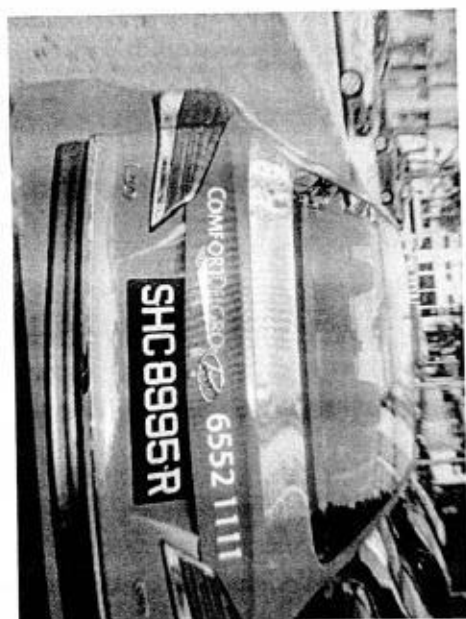
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

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.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC8995R

DATE: 13. Aug. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 11. Aug. 2018

INS

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|---------------------------------------|------|------------|--------------------------------|
| 1 | REAR DOOR - LH <i>Pat</i> | | | \$1,351.10 |
| 1 | REAR DOOR OUTER HANDLE - LH <i>on</i> | | | \$38.75 |
| 1 | REAR FENDER - LH <i>Ent</i> | | | \$2,020.10 |
| 1 | FUEL COVER <i>x repair</i> | | | \$98.50 |
| SUB TOTAL | | | | \$3,508.45 |
| LESS 20% | | | | \$701.69 |
| DISCOUNTED TOTAL | | | | \$2,806.76 |
| 1 | REAR DOOR APP STICKER <i>all</i> | | | \$80.00 |
| 1 | REAR WINDSCREEN SEALANT <i>all</i> | | | \$46.00 |
| | | | | Nett |
| | | | | Nett |
| | | | | \$126.00 |
| Labour Charge | | | | |
| 1 | Panel Beating | | | \$800.00 <i>400</i> |
| 1 | Spray Painting Charge | | | \$600.00 <i>400</i> |
| 1 | Transfer of Door | | | \$150.00 <i>50</i> |
| 1 | Tuff Kote | | | \$100.00 <i>20</i> |
| 1 | Wiring Charge | | | \$50.00 <i>x 44</i> |
| 1 | Remove / refix Rear Windscreen | | | \$180.00 <i>100</i> |
| 1 | Remove / Refix Rear Upholstery | | | \$120.00 <i>50</i> |
| TOTAL LABOUR | | | | \$2,000.00 |
| ESTIMATE TOTAL | | | | \$4,932.76 |
| <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.</p> | | | | |

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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and subject to final approval from insurance Company

Acknowledged by Repairer
Date:

ESTIMATE TOTAL

Lerry Ng

Kahin (LKK)

13/8/18 1530h

5/8/18

After Repair

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305199101

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

VAR

REGN NO.

SHC8995R

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

11.08.2018 11:25

YR OF MANU

03.12.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080977

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 11.08.2018

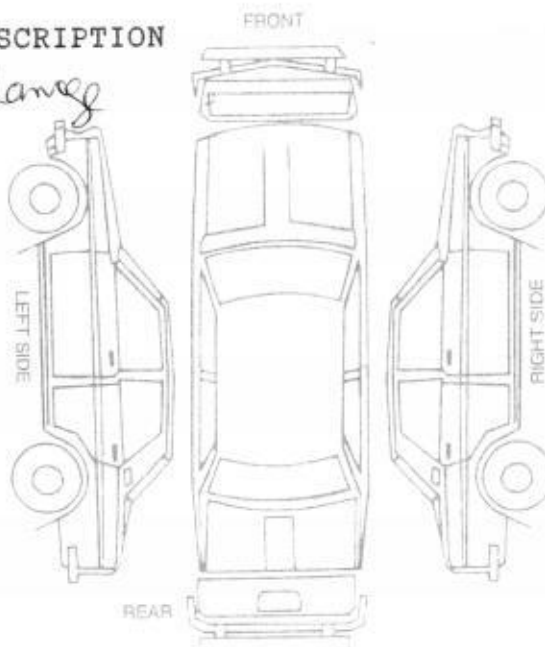
NATURE: 3P 11.08.2018

S/NO

LABOR CODE

DESCRIPTION

NTUC - taxi, Left Rear damage
LKK/Kahni -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

By:

Q.C.

File No.:

SHC8995R

LARRY

Vehicle No.:

SHC8995R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305199101
Date : 23. Aug. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8995R

Date of Accident: 11. 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 YP6645U
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** \$3,100.00

3. Estimated normal period for repairs: 5 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kahr

Name : Kahr

Date : 23/8/8

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:



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/INC18014665/K1sbn2

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. | YP 6645U | Veh. Inspected | SHC 8995R |
| Policy No. | 5092375655-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/1006843-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 13/08/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | KMHLB41UMGU080977 | Colour | BLUE |
| Odometer | 529168 | 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 N/S REAR PORTION. |
| DAMAGES SEE DETAILS. |

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 11/08/2018 | Inspection Date | 13/08/2018 |
| 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: | 5 Working Days |
|-------------------------------------|----------------|

**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 8995R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR DOOR-LH | DENTED | 1,351.10 | 1,351.10 |
| 1 | REAR DOOR OUTER HANDLE-LH | CRACKED | 38.75 | 38.75 |
| 1 | REAR FENDER-LH | CUT | 2,020.10 | 2,020.10 |
| 1 | FUEL COVER | TO REPAIR SEE LABOUR | 98.50 | - |
| | LESS 20% DISCOUNT | | -701.69 | -681.99 |
| | | | 2,806.76 | 2,727.96 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR DOOR APP STICKER (SN) | NECESSARY | 80.00 | 80.00 |
| 1 | REAR WINDSCREEN SEALANT (SN) | NECESSARY | 46.00 | 46.00 |
| | | | 126.00 | 126.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF FUEL COVER. | | 800.00 | 400.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | TRANSFER OF DOOR. | | 150.00 | 50.00 |
| | TUFF KOTE. | | 100.00 | 20.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX REAR WINDSCREEN. | | 180.00 | 100.00 |
| | REMOVE/REFIX REAR UPHOLSTERY. | | 120.00 | 50.00 |
| | | | 2,000.00 | 1,020.00 |
| GRAND TOTAL | | | 4,932.76 | 3,873.96 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 3,100.00 |

Report Ref No. NS/INC18014665/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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