

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18014839/Kirber

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: SJJ 28027

Policy No. _____

Claims No. MT/1007337-002

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: SHB 2334T Yr Regn: 9 Dec 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

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

Sp. Reading: 188947 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J7PKB3F4103538784

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westline

Front _____ Rear _____

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

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

D.O.A. 13/8/18 D.O.I. 14/8/18

Survey held at CDHE (Loyang)

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

N/S Body

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

Date / Time	Action / Instruction
	SHB 2334T - NA / HSB 110101140 / S2
	SJJ 28027 - X
16/8/18	Submit P/P \$1930.13 / 2 Pgs. Red: 6787.94, 29%
	RECEIVED 23 AUG 2018

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

1) Expist : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / I.B.I: (\$) 1930.13

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	_____
Photos	_____
Others	_____
TOTAL	<u>160</u>



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/INC18014839/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 2802T	Veh. Inspected	SHB 2334T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/08/2018

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	13/08/2018	Inspection Date	14/08/2018
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.

R/14/2018

Insurance Particulars Enquiry Rv Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJJ2802T	13 Aug 2018 / 09:50:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SJJ2802T

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 7917J	SDP 7075G	01/08/2018	\$ 3,936.00	\$ 1,600.00

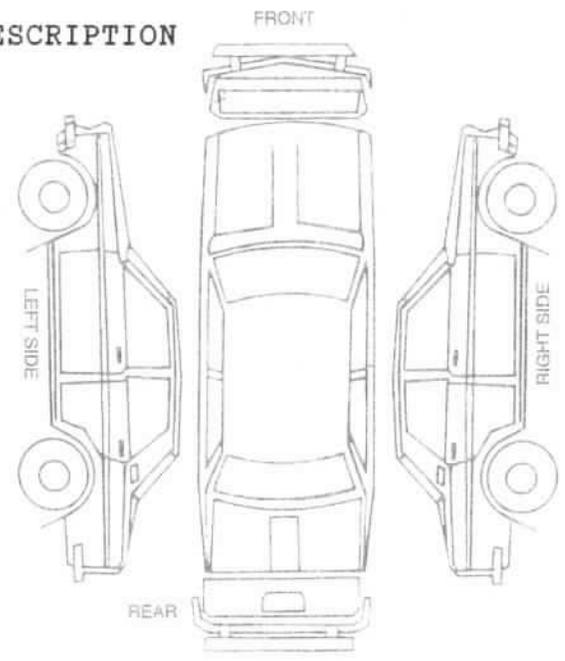
Claim received from LKK Auto

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305199917
STOMER	VARS 	REGN NO.: SHB2334T	MILEAGE
/MS CITYCAB PTE LTD		MAKE: TOYOTA	FUEL
STOMER NO. 7010070		MODEL PRIUS HYBRID(G4)	DATE/TIME IN 14.08.2018 09:55
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717		YR OF MANU. 09.12.2016	TARGET DATE
65551188 (R) (O)		CHASSIS CODE JTDKB3FU103538784	COMPLETION DATE/TIME:
COUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 13.08.2018
 NATURE: 3P 13.08.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC	Left front door
	LRT/Kahni	-



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip
 No. of Job No.: SHB2334T
 Name of Service Advisor: LARRY
 Signature/Date: _____
 To be returned to Service Reception upon collection

Exit Pass
 Vehicle No.: SHB2334T
 Name of Service Advisor: _____
 Date: _____
 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	14/08/2018 11:24
Date Of Accident	13/08/2018 09:50
Exact Location Of Accident	CENTRAL BOULEVARD X SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2334T
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	TOYOTA
Model	PRIUS
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	YOW CHEE LEONG
NRIC No	S7316179G
Date Of Birth	06/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83883882
Fax Number	
Contact Number	
EMail Address	KELVINYOW8893@GMAIL.COM

Address	115 CARPMAEL ROAD
Postcode	429856
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	SIDE SWIPE
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)	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	SJJ2802T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELMER LIM WEN SHEN
NRIC/Passport Number	S8235860I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/8/18 at about 2150hrs while I Veh A was making a left turn onto Sheares Ave within my lane, Veh B who was also turned left straddled off his lane and collided on the left front door.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502837

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

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.

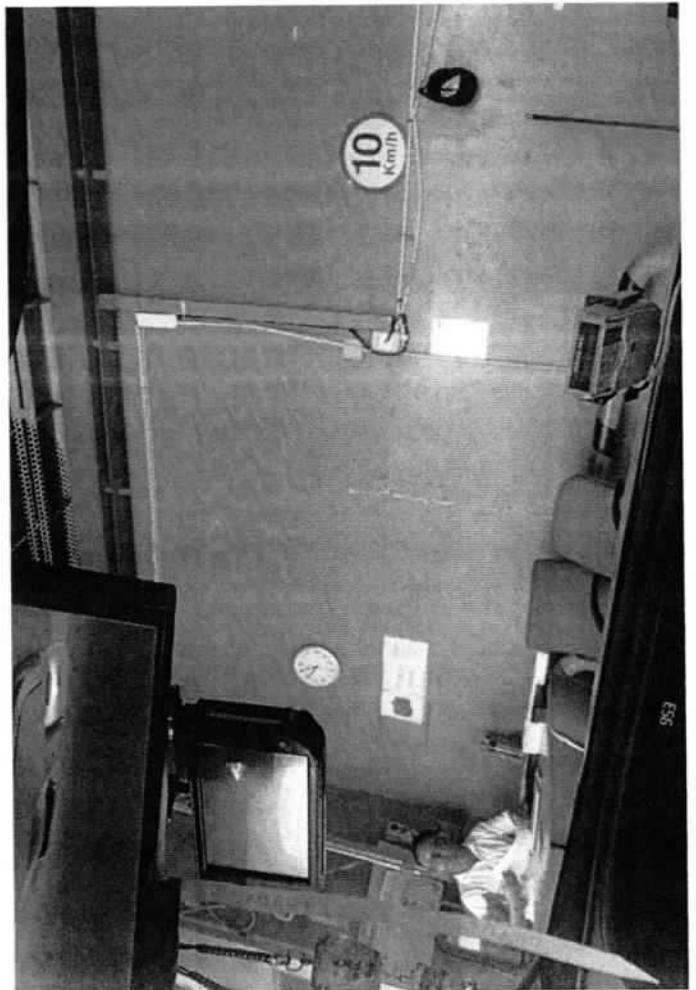
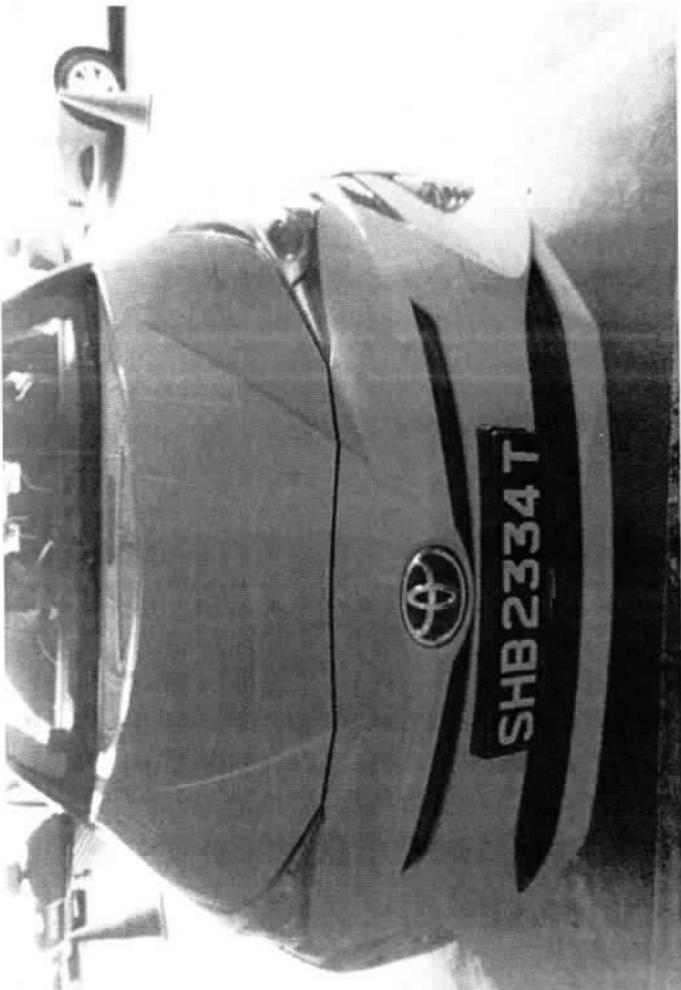
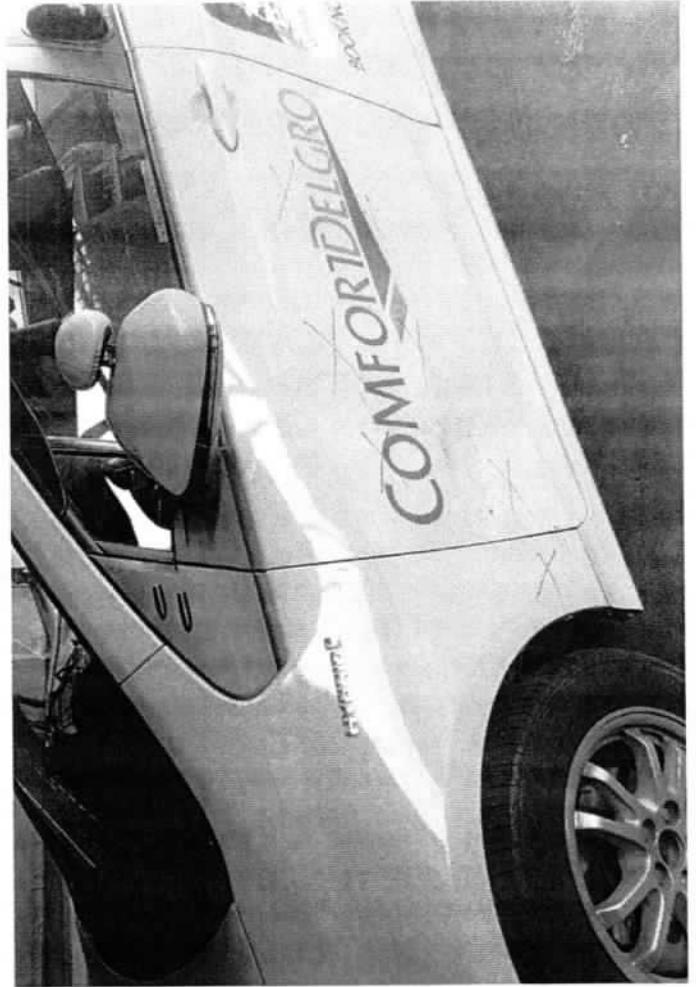
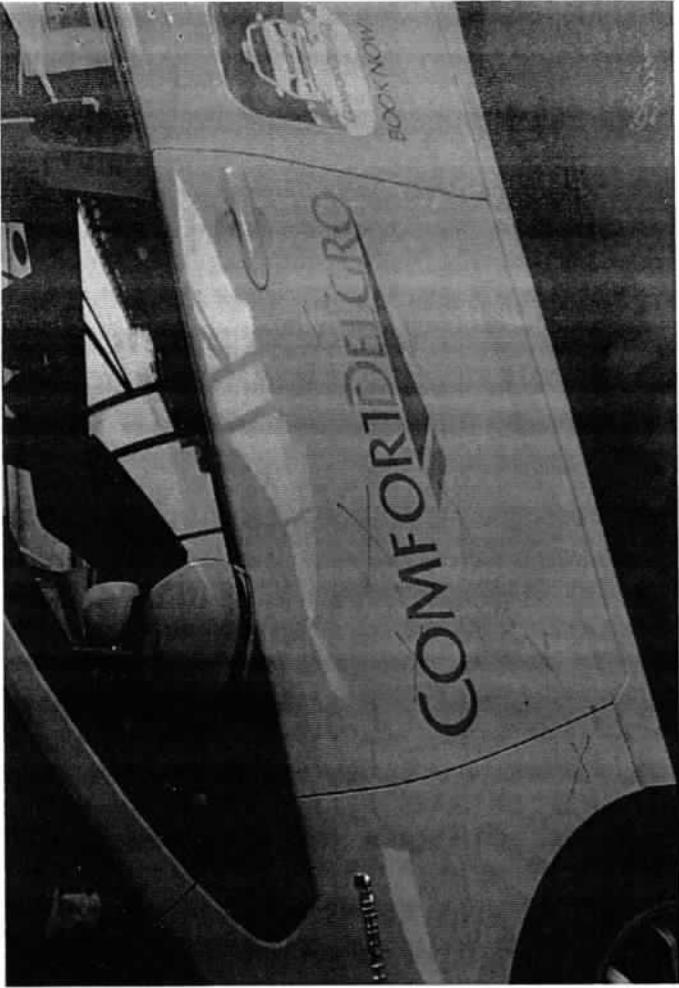
CITYCAB PTE LTD
CO. REG. NO. 199502830R

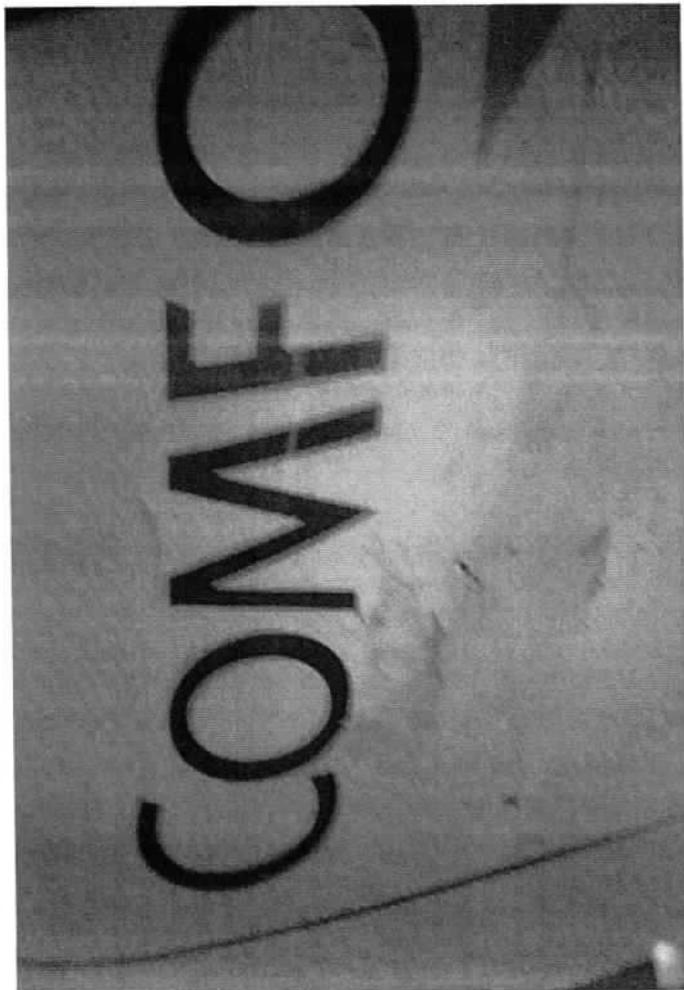
Policyholder's Signature
Date & Time:

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 : SHB2334T

DATE: 14. Aug. 2018

MAKE : TOYOTA

MODEL : PRIUS

DOA: 13. Aug. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Fender – LH <i>X Repair</i>			\$933.10
1	Front Door – LH <i>Paint</i>			\$1,227.00
1	HYBRID <i>MC</i>			\$86.50
	<i>Rocker Panel from 234 (CH) X Repair</i>			
				SUB TOTAL
				\$2,246.60
				LESS 25%
				\$883.53
				DISCOUNTED TOTAL
				\$1,363.07
				<i>1684.95</i>
1	Front Door Logo – Comfort <i>MC</i>			\$75.00
				Nett
				\$75.00
	Labour Charge			
				<i>200</i>
1	Panel Beating			\$400.00
1	Spray Painting Charge			<i>800</i>
1	Transfer of Door			\$180.00
1	Tuff Kote			\$100.00
1	Wiring Charge			\$100.00
				<i>50</i>
				<i>20</i>
				<i>X 44</i>
				TOTAL LABOUR
				\$1,280.00
				ESTIMATE TOTAL
				\$2,718.07
				<i>3339.95</i>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplemental item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kalvin (LKK)
14/8/18 15:40hrs
20y
PIP Before Paint p/h

Larry Ng

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 PTE LTD

REPAIR ESTIMATE

Date: 16.08.2018

Time: 14:29:56

Page: 1

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

JOB NO : 305199917
REGN NO : SHB2334T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 09.12.2016
DATE/TIME IN : 14.08.2018 09:55
ACCIDENT DATE : 13.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-O1-0302-0593-G PRIG4 PANEL SUB-ASSY FRON 1 1,227.00 25.00 920.25

0002 04-O1-0302-2297-G PRIG4 EMBLEM SIDE PANEL (1 86.50 25.00 64.87

0003 28-O1-0103-0007-A (I40)FRT DOOR LOGO CCTPL 1 75.00 75.00

SUB-TOTAL : 1,060.12

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 600.00

0002 L TRANSFER OF DOOR 50.00

0003 20-00 TUFF COAT ON AFFECTED PARTS. 20.00

SUB-TOTAL : 870.00

TOTAL : 1,930.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305199917

Date : 16. Aug. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB2334T

Date of Accident: 13. 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 SJJ2802T
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,060.12</u>
(b) Labour Charges	<u>\$870.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,930.12</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
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 : 

Signature : 

Name : Larry Ng

Name : Calvin

Tel : 6214 8316

Date : 16/8/18

Fax : 6546 8156

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/INC18014839/K1rbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 29-08-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJJ 2802T	Veh. Inspected	SHB 2334T
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1007237-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU103538784	Colour	YELLOW
Odometer	188947	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/08/2018	Inspection Date	14/08/2018
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	



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. SHB 2334T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER-LH	TO REPAIR SEE LABOUR	933.10	-
1	FRONT DOOR-LH	DENTED	1,227.00	1,227.00
1	HYBRID	NECESSARY	86.50	86.50
1	ROCKER PANEL GARNISH (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-561.65	-328.37
			1,684.95	985.13
SPECIAL NETT ITEMS				
1	FRONT DOOR LOGO-COMFORT (SN)	NECESSARY	75.00	75.00
			75.00	75.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER-LH AND ROCKER PANEL GARNISH (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TRANSFER OF DOOR.		180.00	50.00
	TUFF KOTE.		100.00	20.00
	WIRING CHARGE.	NOT NECESSARY	100.00	-
			1,580.00	870.00
GRAND TOTAL			3,339.95	1,930.13

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,930.13
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Report Ref No. NS/INC18014839/K1rbe2

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.