

(08/11/13)

Surveyor: Kelvin

REF: NS/INC18014982 / K1qd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SMC 4448 X (virtual/insured)

Policy No. 5101857233 (29/6/18 - 28/6/19)

Claims No. MT/1001573-002

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: 3 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 44364 Yr Regn: 2nd Sep, 2017

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

Truck / Trailer or

Make: Toyota Prius c.c. 1700

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

Sp. Reading: 147831 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70RB3F4007568082

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 A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Weir He

Front: 2 mm

R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 15/8/18 D.O.I. 16/8/18

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 44364 - CS / FCS / 14008607 / M / qm3d1 DOA 5/8/14 JWC
	SMC 4448 X - X PIP
21/8/18	When PIP \$3959.45 / 30% CRD \$ 4736.78, 52%
	RECEIVED 23 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report

23/8/18

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

160

Report Format: TP

Lump Sum / I.B.I.: (\$ 3959.45)



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/INC18014982/K1qd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 17-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMC 4448X	Veh. Inspected	SHB 4436U
Policy No.	5101857233	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/08/2018

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	15/08/2018	Inspection Date	16/08/2018
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/1007523-002	COMFORT TRANSPORTATION PTE LTD	SHB 4436U	SMC 4448X	15/08/2018	\$ 8,195.73	\$ 3,959.45
2	MT/1008097-002	COMFORT TRANSPORTATION PTE LTD	SHA 5704U	FBE 4187T	18/08/2018	\$ 4,704.64	\$ 1,022.38

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.	<input type="text"/>	Date of Accident	<input type="text" value="15/08/2018 07:57"/>							
Vehicle No.(For Motor)	<input type="text" value="SMC4448X"/>	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 type="radio"/>	5101857233		LIM KEE KENG	S7219274E	GPC	drivo CLASSIC	SMC4448X	Virtual Insured	29/06/2018	28/06/2019
<input type="button" value="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 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	16/08/2018 08:46
Date Of Accident	15/08/2018 15:50
Exact Location Of Accident	DRAYCOTT PARK TWDS STEVEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4436U
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LEE SENG KIN
NRIC No	S1502249C
Date Of Birth	05/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1984
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97852582
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 312 BUKIT BATOK STREET 32 #06-81
Postcode	650312
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)	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 / Type Of Accident : HEAD TO SIDE

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	SMC4448X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM MEI LING ADELINE
NRIC/Passport Number	S1800262J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT RIGHT

IMPORTANT NOTICE

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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.
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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.

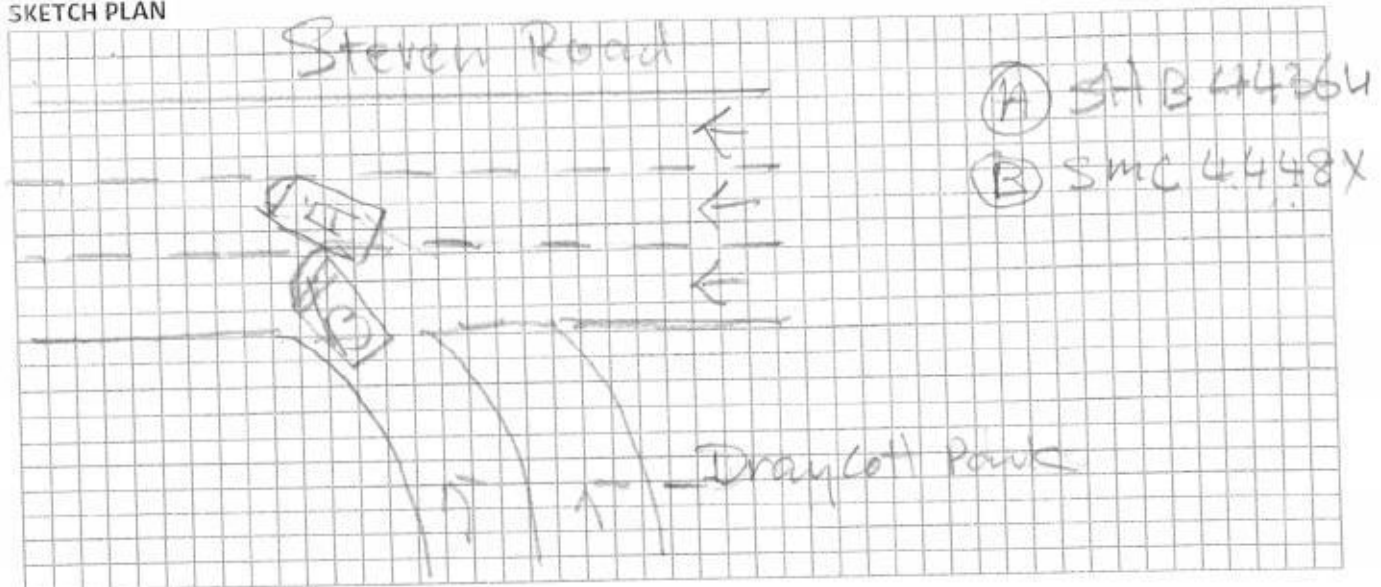
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

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 15/8/2018 at about 1550hrs, I vehicle A was driving along draycott park turning out into Steven road, while turning left into Steven road at the second lane, vehicle B came from my left and collided onto vehicle A both left side door portion. No one was injured at that time.

DECLARATION

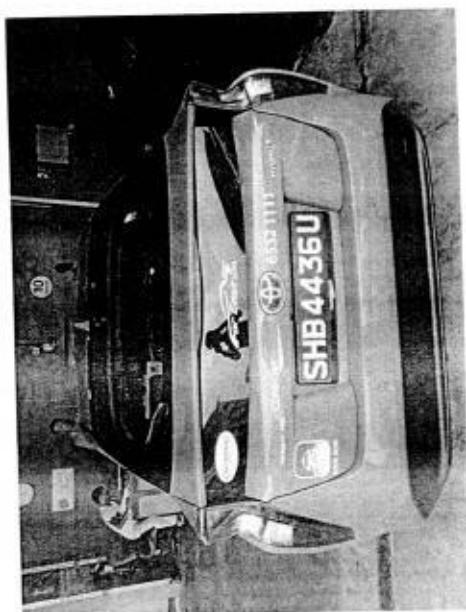
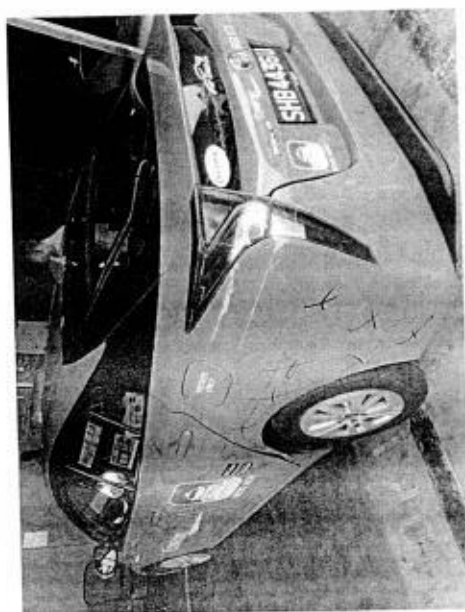
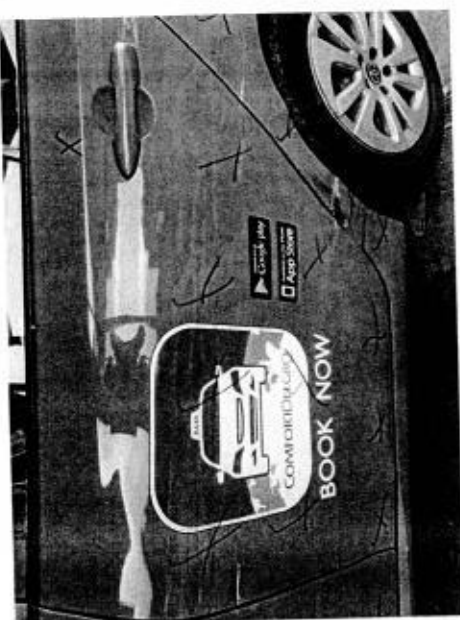
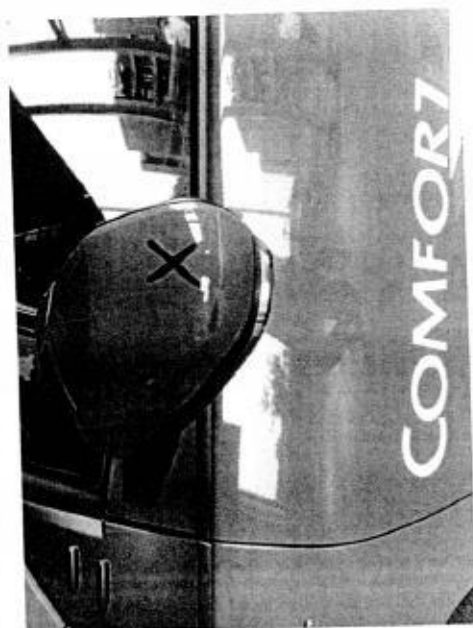
I/We declare the foregoing particulars are true in every respect.

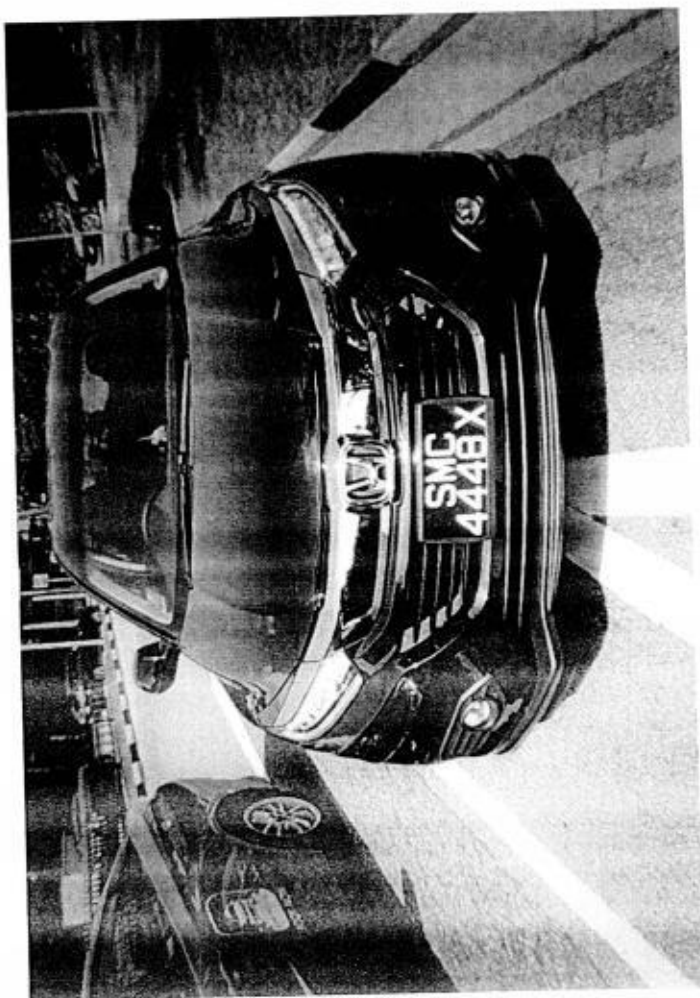
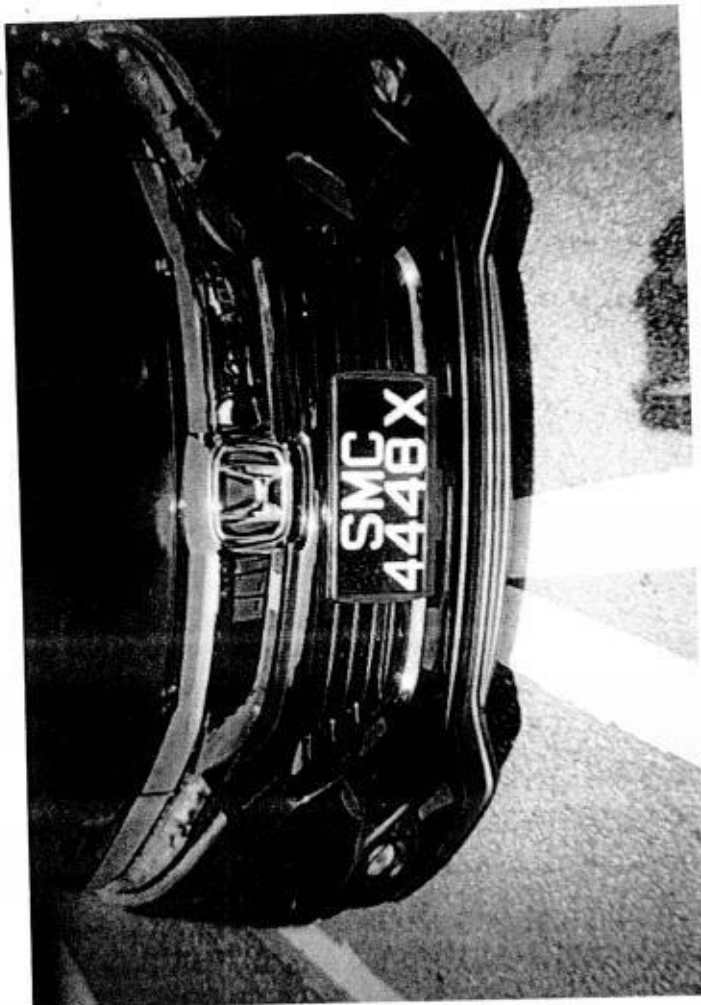
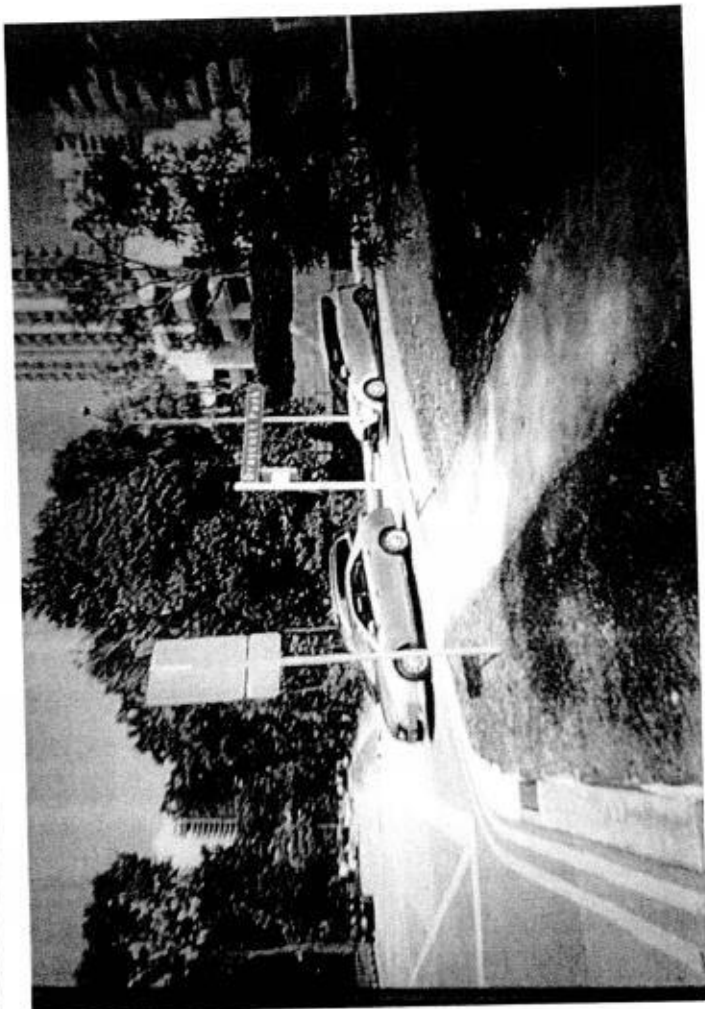
COMFORT TRANSPORTATION PTE LTD
CO REG NO 189203321R

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.:





REPAIR ESTIMATE

VEHICLE NO : SHB 4436U

16/8/2018 11:51

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR FENDER, LH <i>X repair</i>			\$ 817.50
REAR FENDER SHEILD (LH) <i>X see</i>			\$ 134.20
FRONT DOOR SIDE MIRROR, LH <i>X see</i>			\$ 1,374.00
PANEL SUB-ASSY, FRONT DOOR, LH <i>— Ant</i>			\$ 1,238.50
PANEL SUB-ASSY, REAR DOOR, LH <i>— Ant</i>			\$ 1,258.30
ROCKER PANEL GARNISH <i>X repair</i>			\$ 576.00
REAR WHEEL HUB CAP (LH) <i>— hinged</i>			\$ 175.80
<i>for bumper X repair</i>			
SUB TOTAL			\$ 5,574.30
LESS 25%			\$ 1,393.58
DISCOUNTED TOTAL			\$ 4,180.73
FRONT DOOR COMFORT LOGO <i>— see</i>			\$ 75.00
REAR DOOR COMFORT & APPS STICKER <i>— see</i>			\$ 80.00
			\$ 155.00
LABOUR CHARGE			
Panel Beating			\$ 1,500.00
Spray Painting Charge			\$ 1,400.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 100.00
Towing Charge			\$ 60.00
Remove/Refix Cushion & Upholstery Rear			\$ 150.00
Remove/Refix Rear Windscreen Glass			\$ 120.00
Remove/Refix Reverse Sensor			\$ 120.00
Transfer of Door		\$ 120.00	\$ 240.00
Rear Wheel Alignment			\$ 120.00
TOTAL LABOUR			\$ 3,860.00
ESTIMATE TOTAL			\$ 8,195.73

NETT
NETTLKK Auto Consultants hereby certify
the Repairer of the following:

- To resurvey before repair work is completed
- To display damaged parts and repair
- Parts prices are reasonable
- Third party survey is not required
- No illegal modifications
- Supplemental work is not required
- is subject to final inspection by insurance company

Acknowledged by Repairer:

Signature:

Date:

Kalvin LKK
16/8/18 14:00
3 days
PIP
Before Paint photo

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

255 Braddell Road Singapore 119071
Mainline + 65 6383 5260 Facsimile + 65 6280 9755

Workshops:

58 Luyang Drive Singapore 608049

363 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608080

111 Upper Macao Road Singapore

24 Serangoon Road Singapore 159119

7 Sengkang Kallang Way Singapore 757000

301 Yishun Industrial Park A Singapore

Date/Time: 16.08.2018 10:19

Page :

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305200

CUSTOMER

MR/MS

CUSTOMER NO.

ADDRESS

TEL (R)

(P)

DISCOUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(Q)

REGN NO.

SHB4436U

MILEAGE

MAKE

TOYOTA

FUEL

E 1/2

MODEL

PRIUS HYBRID(G4)15.08.2018 16

DATE/TIME IN

YR OF MANU

20.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU003564082

COMPLETION DATE/T

JOB DESCRIPTION

Accident Date: 15.08.2018

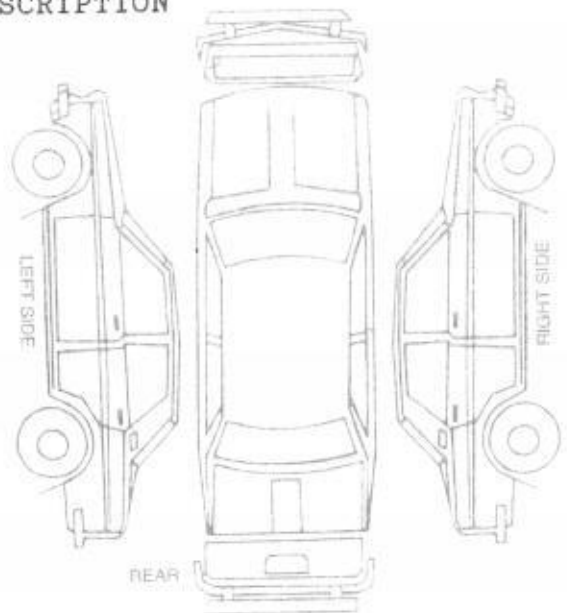
NATURE: 3P 15.08.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:

I/C No.:

Vehicle No.:

SHB4436U

CHIANG

Exit Pass

Vehicle No.:

SHB4436U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 21.08.2018
Time: 15:54:18
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 : 305200757
REGN NO : SHB4436U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 20.09.2017
DATE/TIME IN : 15.08.2018 16:45
ACCIDENT DATE : 15.08.2018

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 03-01-0302-2057-G	PRIG4 CAP WHEEL	1	175.80	25.00	131.85
0002 04-01-0302-0593-G	PRIG4 PANEL SUB-ASSY FRON	1	1,238.50	25.00	928.87
0003 04-01-0302-0596-G	PRIG4 PANEL SUB-ASSY RR D	1	1,258.30	25.00	943.72
0004 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	2.50-	75.00
0005 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	0.25	80.00

SUB-TOTAL : 2,159.44

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1000.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00
0004 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	100.00
SUB-TOTAL :		1,800.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.08.2018

Time: 15:54:18

Page: 2

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305200757
REGN NO : SHB4436U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 20.09.2017
DATE/TIME IN : 15.08.2018 16:45
ACCIDENT DATE : 15.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,959.44

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305200757
Date : 21/08/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB4436U

Fax :

15/08/2018

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

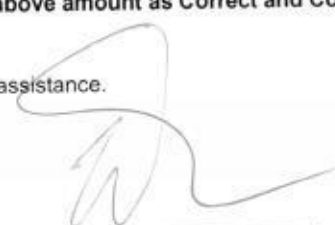
1. The repair job shall bill to: NTUC SMC4448X
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,159.45
 - (b) Labour Charges \$1,800.00
 - Total for Part-By-Part Repair Cost \$3,959.45**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


3. Estimated normal period for repairs: 3 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 21/8/18

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/INC18014982/K1qd3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-08-2018 Code: INC4	
			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMC 4448X	Veh. Inspected	SHB 4436U
Policy No.	5101857233	Coverage (\$)	0.00
Claim No.	MT/1007523-002	Excess (\$)	0.00
Assign From		Assign Date	16/08/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003564082	Colour	BLUE
Odometer	147831	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	15/08/2018	Inspection Date	16/08/2018
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:		3 Working Days	



National Assessment Centre Services

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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4436U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR FENDER, LH	TO REPAIR SEE LABOUR	817.50	-
1	REAR FENDER SHIELD (LH)	SERVICEABLE	134.20	-
1	FRONT DOOR SIDE MIRROR, LH	SERVICEABLE	1,374.00	-
1	PANEL SUB-ASSY, FRONT DOOR, LH	DENTED	1,238.50	1,238.50
1	PANEL SUB-ASSY, REAR DOOR, LH	DENTED	1,258.30	1,258.30
1	ROCKER PANEL GARNISH	TO REPAIR SEE LABOUR	576.00	-
1	REAR WHEEL HUB CAP (LH)	GRAZED	175.80	175.80
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,393.57	-668.15
			4,180.73	2,004.45
SPECIAL NETT ITEMS				
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORT & APPS STICKER (SN)	NECESSARY	80.00	80.00
			155.00	155.00
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR FENDER, LH, ROCKER PANEL GARNISH AND REAR BUMPER.		1,500.00	600.00
	SPRAY PAINTING CHARGE.		1,400.00	1,000.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		100.00	50.00
	TOWING CHARGE.	NOT NECESSARY	60.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		240.00	100.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			3,860.00	1,800.00

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GRAND TOTAL		8,195.73	3,959.45
RECOMMENDED COST OF REPAIRS (CONFIRMED)			3,959.45

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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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