

108/11/17

Surveyor: Kalvin

REF:

NS/INC18015127/Klsbn2

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: GV 7181RPolicy No. 5055965346 - 05 02-10-17 - 01-10-18Claims No. MT/1008670 - 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 6363H Yr Regn: 5 Dec 2013

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Ins Std / NI / NASp. Reading: 635.761 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMH LB414MD.40 42744Gen. Cond: Good / F6 / Poor / BurntSteering: Inoter / Jammed / Leaked / Burnt orBrake: Inoter / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went forFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 17/8/18 D.O.I. 20/8/18Survey held at (DHE (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
	SHB 6363H - 04/11/18 1805259 / Smb3
	AV 7181R - NA/INC18015127/h4
27/6/18	Calvin 45 \$2050 / 30y.
	(\$ 4,385.74 Red - 63%)
	RECEIVED 29 AUG 2018

Date/Time, File Pass to?

29/08/18

1)

7/18/18

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.I: \$ 2,050/ HsDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

TOTAL

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/INC18015127/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GV 7181R	Veh. Inspected	SHB 6363H
Policy No.	5055965346-05	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/08/2018

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	17/08/2018	Inspection Date	20/08/2018
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 NO 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

17/08/2018 17:49

Vehicle No. (For Motor)

GV7181R

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5055965346-05		888 HENG TRANSPORT SERVICES	52864497A	GCV	Third Party, Fire & Theft	GV7181R	GV7181R	02/10/2017	01/10/2018

Continue

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1008665-002	COMFORT TRANSPORTATION PTE LTD	SHB 3269S	GBB 1783H	24/8/2018	7:40	\$ 6,299.34
2	MT/1009047-001	COMFORT TRANSPORTATION PTE LTD	SHC 3368J	SKS 4492G	21/8/2018	12:20	\$ 2,094.70
3	MT/1008670-002	COMFORT TRANSPORTATION PTE LTD	SHB 6363H	GV 7181R	17/8/2018	9:20	\$ 6,435.74
4	MT/1008491-002	COMFORT TRANSPORTATION PTE LTD	SHA 6925S	SLJ 6705R	22/8/2018	2:25	\$ 3,963.12
5	MT/1008416-002	COMFORT TRANSPORTATION PTE LTD	SHA 7241A	SFK 1386B	21/8/2018	13:35	\$ 3,433.52
6	MT/1007858-002	COMFORT TRANSPORTATION PTE LTD	SHC 8600E	SJM 5967R	18/8/2018	6:15	\$ 2,968.84
7	MT/1008496-002	COMFORT TRANSPORTATION PTE LTD	SHC 8731K	SKQ 1872Z	22/8/2018	12:15	\$ 2,481.58

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	17/08/2018 15:01
Date Of Accident	17/08/2018 09:20
Exact Location Of Accident	BLK 506 WEST COAST DR - CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6363H
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	NG TECK GEE
NRIC No	S1442394Z
Date Of Birth	07/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97522384
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 195 BISHAN STREET 13 #03-525
Postcode	570195
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 * TYPE OF ACCIDENT :- 3P REVERSED

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	GV7181R
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOH KIAN HENG
NRIC/Passport Number	S6834535I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RH
No. Of Passenger (Including Driver)	

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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. 199302821R

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/IRMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/8/18 at about 0920hrs while I stopped to reverse into a lot but not moved, Veh B reverse out of his lot on the left side of the car park and collided on the left rear portion of my vehicle.

DECLARATION

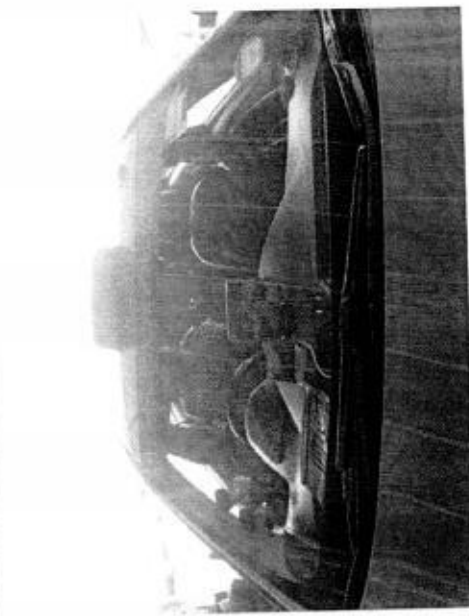
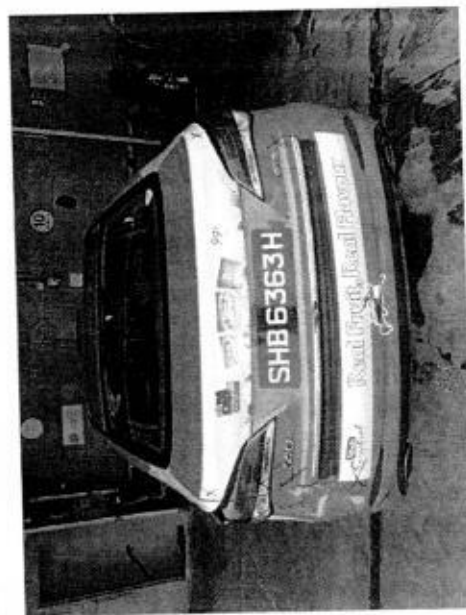
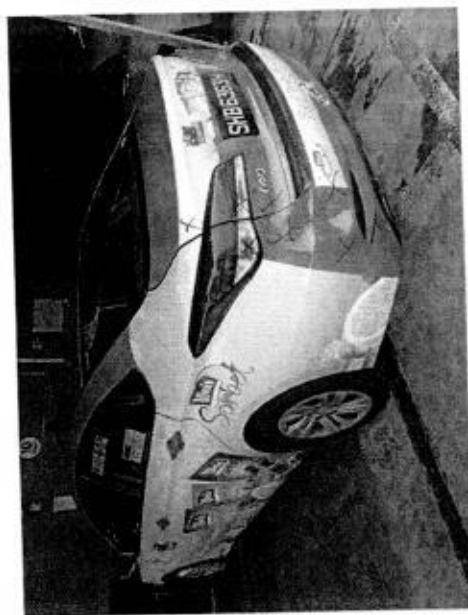
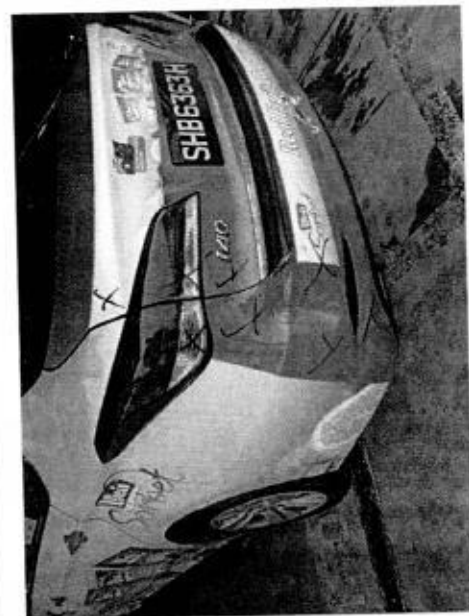
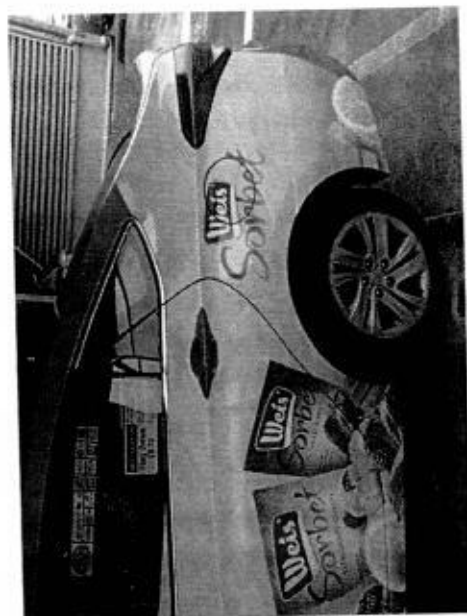
I/We declare the foregoing particulars are true in every respect.

QATAR AIRWAYS TRANSPORT LTD
NEW NO. 1120000110

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 : SHB 6363H

DATE 17/8/2018 15:56

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repz</i>			\$ 2,174.90
	Boot Lid Rubber <i>X su</i>			\$ 115.80
	Boot Lid 'H' Emblem <i>X na</i>			\$ 27.20
	Boot Lid CRDI Plate <i>— ne</i>			\$ 41.00
	Boot Lid Lamp (LH) <i>— on</i>			\$ 556.80
	Rear Bumper <i>— Refornd</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X su</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X su</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips <i>— ne</i>			\$ 22.00
	Rear Bumper Sponge <i>X su</i>			\$ 143.40
	Rear Bumper Under Cover <i>X su</i>			\$ 225.00
	Tail Lamp (LH) <i>— ofa</i>			\$ 565.50
	<i>Boot Lid lower handle X repz</i>			
	SUB TOTAL			\$ 5,437.55
	LESS 20%			\$ 1,087.51
	DISCOUNTED TOTAL			\$ 4,350.04
	Boot Lid Comfort Logo & Tel No. Sticker <i>— ne</i>			\$ 30.00 Nett
	Boot Lid Advertisement Logo <i>— ne</i>			\$ 100.00 Nett
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>— ne</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— ne</i>		\$ 100.00	\$ 200.00 Nett
				\$ 515.70
	Labour Charge			
	Panel Beating			\$ 300 850.00
	Spray Painting Charge			\$ 500.00 400
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 50.00 X 11
	Remove/Refix Reverse Sensor			\$ 120.00 30
	TOTAL LABOUR			\$ 1,570.00
	ESTIMATE TOTAL			\$ 6,435.74
<p><i>Kalvin</i></p> <p><i>20/8/18 1120h</i></p> <p><i>3 Rep.</i></p> <p><i>43</i></p> <p><i>After Repair photo</i></p> <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 part for resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Prejudice" basis
- No illegal modification is allowed
- Supplementary claims must be resurveyed and
- Final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

Date/Time: 17.08.2018 17:07

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305201348

CUSTOMER

MS

CUSTOMER NO.

ADDRESS

(R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

NTMC

REGN NO.:

SHB6363H

MILEAGE

MAKE :

HYUNDAI

FUEL

E. 1/2 F.

MODEL

I-40

DATE/TIME IN
17.08.2018 13:00

YR OF MANU

05.12.2013

TARGET DATE

CHASSIS CODE

KMHLB41UMDU042744

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.08.2018

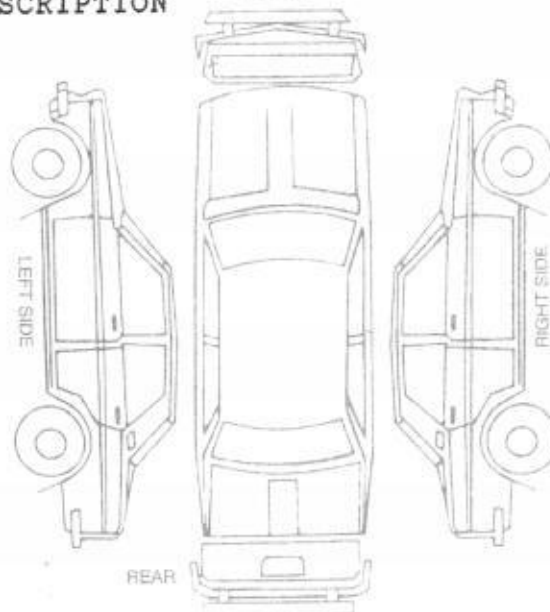
NATURE: 3P 17.08.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

RIGHT SIDE

LEFT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle

Registration

Vehicle No.:

SHB6363H

LKE

Vehicle No.:

SHB6363H

Signature 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 305201348
Date 24/08/18

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

FINALIZATION FORM

To LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB6363H CTPL

Fax :
17.08.18

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


1. The repair job shall bill to: NTUC GV7181R
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: 20% \$2,050.00
Final Lumpsum Repair cost \$2,050.00


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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 27/8/18

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		NO		
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/INC18015127/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 03-09-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GV 7181R	Veh. Inspected	SHB 6363H
Policy No.	5055965346-05	Coverage (\$)	0.00
Claim No.	MT/1008670-002	Excess (\$)	0.00
Assign From		Assign Date	20/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU042744	Colour	BLUE
Odometer	635761	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

Accident Date	17/08/2018	Inspection Date	20/08/2018
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
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6363H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR SEE LABOUR	2,174.90	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOT LID LAMP (LH)	CRACKED	556.80	556.80
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	TAIL LAMP (LH)	CRACKED	565.50	565.50
1	BOOTLID LOWER GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,087.51	-357.78
			4,350.04	1,431.12
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			515.70	380.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID AND BOOTLID LOWER GARNISH.		850.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00

Report Ref No. NS/INC18015127/K1sbn2



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



Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSES ENSOR.		120.00	30.00
			1,570.00	750.00
GRAND TOTAL			6,435.74	2,561.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,050.00

Report Ref No. NS/INC18015127/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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