

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC18015273/Kalvin2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: CB 6966CPolicy No. 5088798896-01 020718-010719Claims No. MT/1008255-002

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 Report: _____ 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: SH 85542 Yr Regn: 23 Dec 2016

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

Truck / Trailer or

Make: Toyota Prius c.c. 1795Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 166808 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J7DKD3F450352890Gen. Cond: Good / Car / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Weldite

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/8/18 D.O.I. 21/8/18Survey held at CHE (Loyang)

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

Front N/S

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

Date / Time	Action / Instruction
	SH 85542 - CCA / <u>11/707152</u> / R/P/S
	CB 6966C - CS / <u>5088798896</u> / R/P/S
<u>24/8/18</u>	<u>Interview R/P 84254.93 / 341</u>
	<u>Ref: 2209.35, 341</u>

RECEIVED 27 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / I.B.I: (\$) 4254.93Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + 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/INC18015273/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	CB 6966C	Veh. Inspected	SH 8554Z
Policy No.	5088298896-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/08/2018

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	20/08/2018	Inspection Date	21/08/2018
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.	<input type="text"/>	Date of Accident	<input type="text" value="20/08/2018 09:25"/>
Vehicle No.(For Motor)	<input type="text" value="CB6966C"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088298896-01		PROBUS TRANSPORT	53329794W	GBS	Third Party, Fire & Theft	CB6966C	CB6966C	02/07/2018	01/07/2019

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/1008820-001	COMFORT TRANSPORTATION PTE LTD	SHC 8577P	SFR 7805H	14/08/2018	\$ 2,786.58	\$ 1,800.00
2	MT/1008255-002	COMFORT TRANSPORTATION PTE LTD	SH 8554Z	CB 6966C	20/08/2018	\$ 6,464.28	\$ 4,254.93

Claim received from LKK Auto

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3849697

JC NO.: 305202784

TOMER

REGN NO.:

SH 8554Z

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)21.08.2018 08:10

DATE/TIME IN

YR OF MANU.

23.12.2016

TARGET DATE

CHASSIS CODE

JTDKB3FU503538898

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

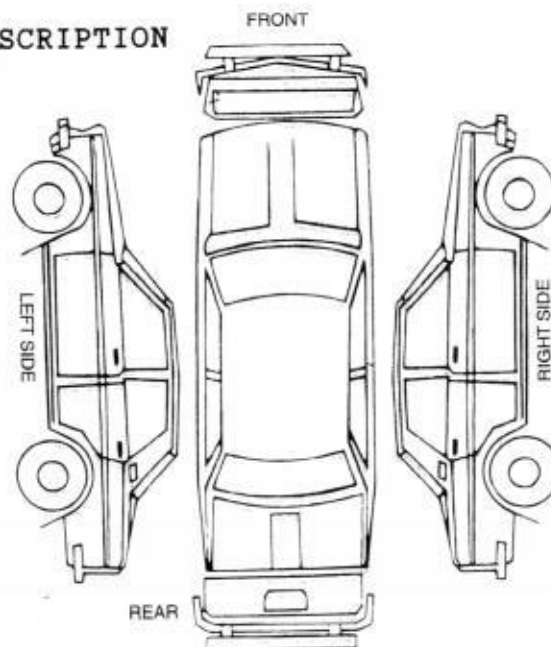
Accident Date: 20.08.2018

NATURE: 3P 20.08.18/B

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

IC:

DL:

Vehicle No.:

SH 8554Z

FZ NTUC LKK

Vehicle No.:

SH 8554Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

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	21/08/2018 10:09
Date Of Accident	20/08/2018 16:25
Exact Location Of Accident	SHELFORD RD TWDS DUNEARN T JUNCTION OF WATTEN RISE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8554Z
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	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	LEE HAI SIEW
NRIC No	S0086809D
Date Of Birth	09/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1968
Driving Experience	50 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91384839
Fax Number	
Contact Number	
Email Address	HSLEE803@SINGNET.COM.SG

Address	BLK 171B EDGEDALE PLAINS #04-462
Postcode	822171
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	CB6966C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHONG AH KOW
NRIC/Passport Number	S2600682A
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR
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.

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199203321R

Policyholder's Signature
Date & Time:

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

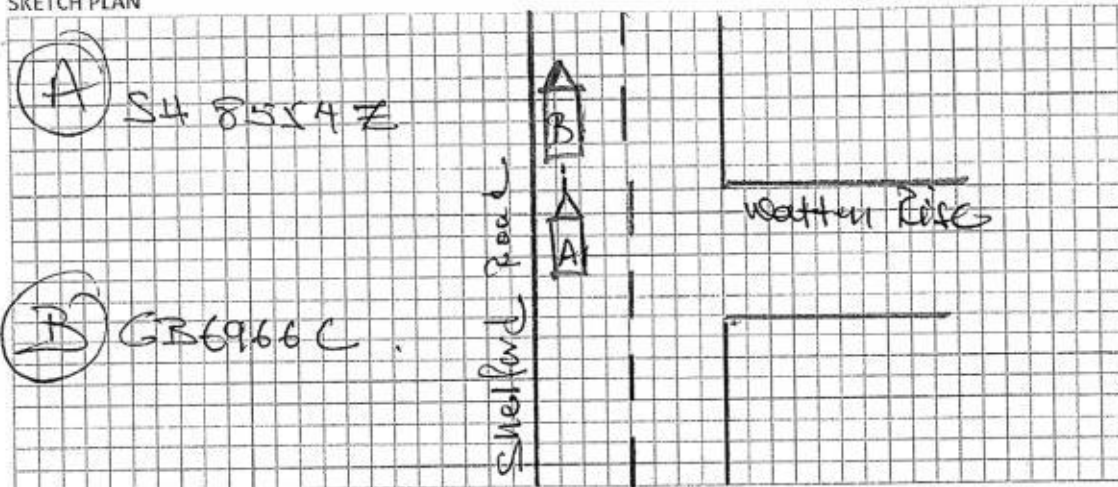
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20. 20 Aug 2018 (a. 10.45 hr.

I veh (A) was driving straight. at

along the way veh (B) stop and

reverse and hit veh (A) front

at the point of accident I 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

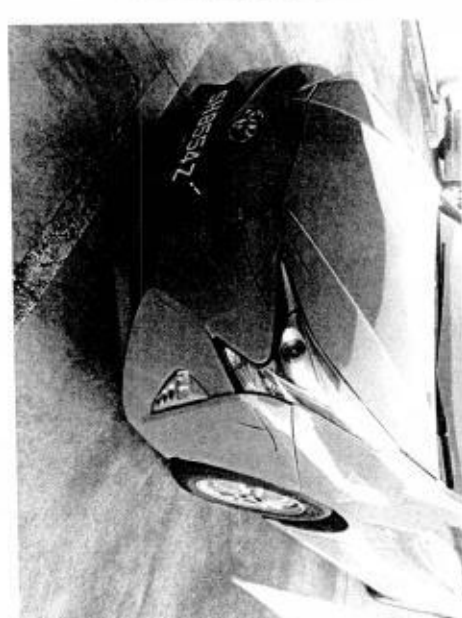
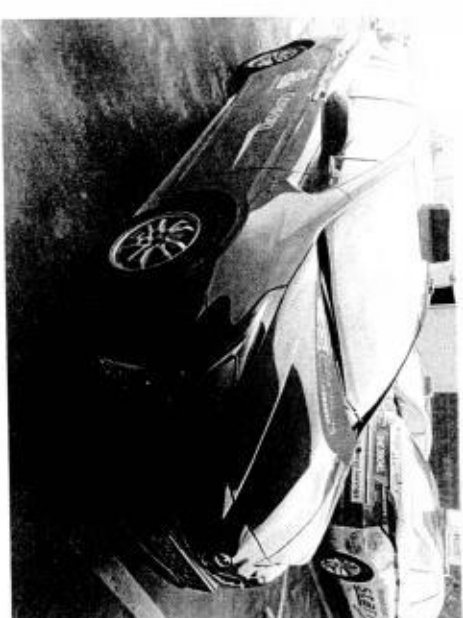
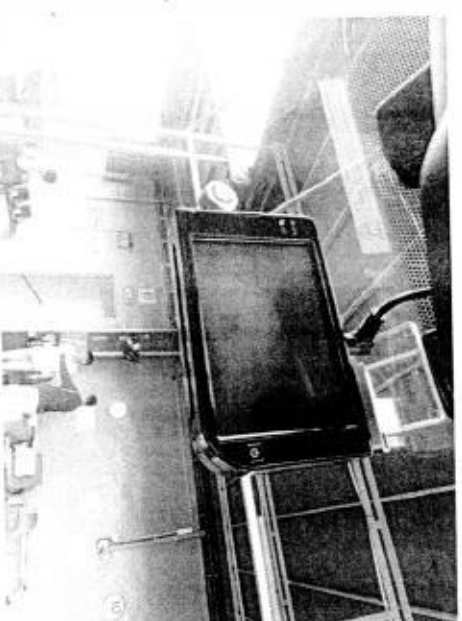
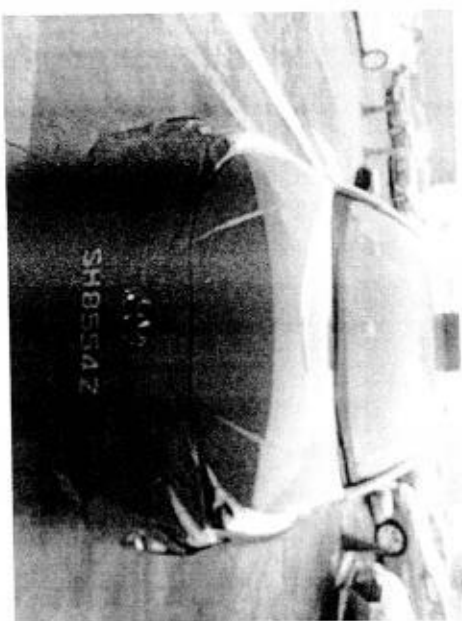
(If driver is not the policyholder)

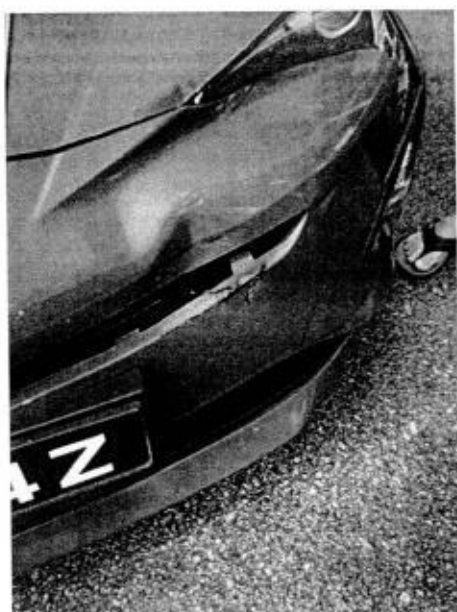
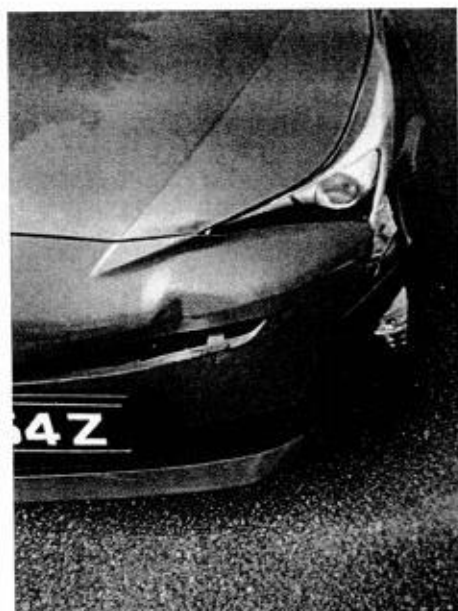
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





REPAIR ESTIMATE

VEHICLE NO : SH 8554Z

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
BONNET <i>x repair</i>			\$ 950.50
EMBLEM, RADIATOR GRILLE <i>! - 1/2</i>			\$ 88.00
GRILLE, RADIATOR <i>2 1/2</i>			\$ 438.00
FRONT BUMPER COVER <i>1</i>			\$ 499.90
FRONT BUMPER REINFORCEMENT <i>x su</i>			\$ 696.40
FRONT BUMPER REINFORCEMENT ABSORBER <i>x su</i>			\$ 115.70
FRONT BUMPER SPONGE <i>x su</i>			\$ 78.80
FRONT BUMPER CENTRE GRILLE <i>x su</i>			\$ 301.90
SUPPORT FR BUMPER, LH <i>x su</i>			\$ 81.70
BRACKET, FRONT BUMPER SIDE, LH <i>x su</i>			\$ 82.30
UNIT ASSY, HEADLAMP, LH (LED) <i>1</i>			\$ 3,455.00
BRACKET, HEADLAMP MOUNTING, LH <i>x su</i>			\$ 25.50
SUB TOTAL			\$ 6,813.70
LESS 25%			\$ 1,703.43
DISCOUNTED TOTAL			\$ 5,110.28
FRONT NO. PLATE <i>x su</i>			\$ 25.00
FRONT NO PLATE TRIM COVER <i>x su</i>			\$ 30.00
FRONT NO. PLATE GARNISH <i>1</i>			\$ 99.00
			\$ 154.00
LABOUR CHARGE			
Panel Beating			\$ 400
Spray Painting Charge			\$ 600.00
Wiring Charge			\$ 500.00
Tuff Kote			\$ 50.00
TOTAL LABOUR			\$ 1,200.00
ESTIMATE TOTAL			\$ 6,464.28

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

Acknowledged by Repairer
Signature:

1/9/18 (LKK)
21/8/18 1530h
2/8/18
Before Paint pht

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.

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

JOB NO : 305202784
REGN NO : SH 8554Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.12.2016
DATE/TIME IN : 21.08.2018 08:10
ACCIDENT DATE : 20.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002 04-01-0302-2815-G	PRIG4 UNIT ASSY HEADLAMP	1	3,455.00	25.00	2,591.25
0003 04-01-0302-2164-G	PRIG4 GRILLE SUB-ASSY RAD	1	438.00	25.00	328.50
0004 04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1	99.00	25.00	74.25
0005 04-01-0302-0988-G	PRIG4 EMBLEM ASSY RADIATO	1	88.00	25.00	66.00

SUB-TOTAL : 3,434.92

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 L	SPRAY PAINTING CHARGE	400.00
0002 L	WIRING CHARGE	20.00

SUB-TOTAL : 820.00

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

JOB NO : 305202784
REGN NO : SH 8554Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 23.12.2016
DATE/TIME IN : 21.08.2018 08:10
ACCIDENT DATE : 20.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,254.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305202784
Date : 23.08.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8554Z

Date of Accident : 20.08.2018

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

1. The repair job shall bill to: NTUC --- CB 6966C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$3,434.92
 - (b) Labour Charges \$820.00
 - Total for Part-By-Part Repair Cost \$4,254.92**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
Final Lumpsum Repair cost \$0.00

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 24/8/18

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/INC18015273/K1rbn2				
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.	CB 6966C	Veh. Inspected	SH 8554Z	
Policy No.	5088298896-01	Coverage (\$)	0.00	
Claim No.	MT/1008255-002	Excess (\$)	0.00	
Assign From		Assign Date	21/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDKB3FU503538898	Colour	BLUE	
Odometer	166808	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 FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	20/08/2018	Inspection Date	21/08/2018	
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

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. SH 8554Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BONNET	TO REPAIR SEE LABOUR	950.50	-
1	EMBLEM,RADIATOR GRILLE	NECESSARY	88.00	88.00
1	GRILLE,RADIATOR	CRACKED	438.00	438.00
1	FRONT BUMPER COVER	DEFORMED	499.90	499.90
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	696.40	-
1	FRONT BUMPER REINFORCEMENT ABSORBER	SERVICEABLE	115.70	-
1	FRONT BUMPER SPONGE	SERVICEABLE	78.80	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	301.90	-
1	SUPPORT FR BUMPER,LH	SERVICEABLE	81.70	-
1	BRACKET,FRONT BUMPER SIDE,LH	SERVICEABLE	82.30	-
1	UNIT ASSY,HEADLAMP,LH (LED)	CRACKED	3,455.00	3,455.00
1	BRACKET,HEADLAMP MOUNTING,LH	SERVICEABLE	25.50	-
	LESS 25% DISCOUNT		-1,703.42	-1,120.22
			5,110.28	3,360.68
1	FRONT NO PLATE GARNISH	CUT	99.00	99.00
			99.00	99.00
	LESS 25% DISCOUNT		-	-24.75
			-	-24.75
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NO PLATE (SN)	SERVICEABLE	25.00	-
1	FRONT NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
			55.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BONNET.		600.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00

Report Ref No. NS/INC18015273/K1rbn2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	50.00	20.00
	TUFF KOTE.		50.00	-
			1,200.00	820.00
GRAND TOTAL			6,464.28	4,254.93
RECOMMENDED COST OF REPAIRS (CONFIRMED)				4,254.93

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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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