

18/11/13

Surveyor: Kalvin

REF: NSI/NC18015405/Ktd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SL 3978DPolicy No. 5075301428-02 (28/10/17-Claims No. MT/1009195-001

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: SHD 4401J Yr Regn: 26/24/2012

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

Truck / Trailer or

Make: Hymco Ltd c.c. 1991Colour: Blue A/C: Insu 6d / Std / NI / NASp. Reading: 95629 T/Radio: Insu 6d / Std / NI / NA

Eng/No: _____

C/No: KM HET41UMCA 82790xGen. Cond: Good / 6d / Poor / BurntSteering: Inor 6d / Jammed / Leaked / Burnt orBrake: Inor 6d / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or HankookFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 21/8/12 D.O.I. 23/8/12Survey held at (DHE (Loyang))

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

Rear

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

Date / Time Action / Instruction

SHD 4401J - CC3/TM1/2017930/Hly/K3 DUA: 12/9/12 INC

SL 3978D-x 48

28/8/12 Claim 4/5 \$2750 of 30% (Red: 2718.94, 49%)

RECEIVED 29 AUG 2018

Date/Time, File Pass to?

1) 29/8 Typist

Date/Time, File Return to?

2)

Report Format: TPLump Sum / I.B.I. (\$) 2750Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Survey Fee:

Transportation:

\$ + RS, SI

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/INC18015405/K1td3			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 24-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLL 3978D	Veh. Inspected	SHD 4401J
Policy No.	5075301428-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	24/08/2018
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	21/08/2018	Inspection Date	23/08/2018
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.			

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="21/08/2018 13:37"/>
Vehicle No.(For Motor)	<input type="text" value="SLL3978D"/>	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"/>	5075301428-02		SJ MOTOR ENTERPRISE	52838801X	GFT	drive CLASSIC	SLL3978D	SLL3978D	28/10/2017	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1007545-002	COMFORT TRANSPORTATION PTE LTD	SHA 2203T	SKH 3938C
2	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHA 1619J	SLR 4251D
3	MT/1009195-001	COMFORT TRANSPORTATION PTE LTD	SHD 4401J	SLL 3978D
4	MT/1008766-002	COMFORT TRANSPORTATION PTE LTD	SH 6352C	SLN 8500E
5	MT/1006596-002	CITYCAB PTE LTD	SHB 3552Z	SKS 9852T

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 13:56
Date Of Accident	21/08/2018 10:00
Exact Location Of Accident	WOODLANDS AVE 10 (SLIPS RD) TWDS WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4401J
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	SONATA
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	YEO KIN PEOW
NRIC No	S1491176F
Date Of Birth	06/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96916858
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	239 08-21 HOUGANG STREET 22
Postcode	530239
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)	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

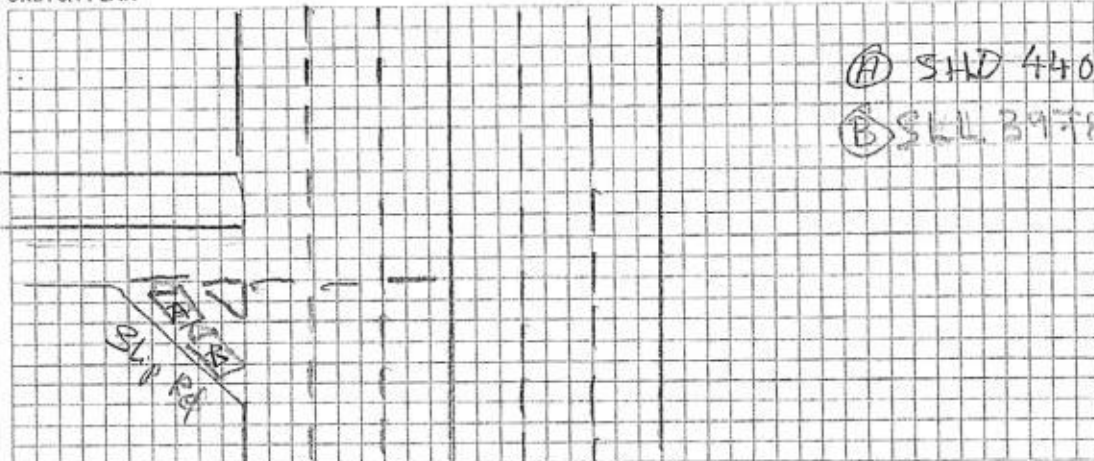
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3978D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL AZIZ BIN OMAR
NRIC/Passport Number	S1445942A
Contact Number	91441480
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/8/2018 at about 1600 hrs, I vehicle A was stationary at the Slip road of Woodland ave 10. A few later later vehicle B. Came from my back and hit into vehicle A rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 199501421R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

21/8/18
Jackson Herty
CSO JACKSON

Reporting Centre Personnel's Signature

Name:

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. 199003821R

Policyholder's Signature
Date & Time:

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

21/8/18
Jackson Ho
CSO

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

REPAIR ESTIMATE*

VEHICLE NO : SHD 4401J

DATE 23/8/2018 1:22

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid — <i>dent</i>			\$ 1,349.50	
	Boot Lid Rubber X <i>su</i>			\$ 110.90	
	Boot Lid Lock Upper X <i>su</i>			\$ 132.10	
	Boot Lid Lock Lower X <i>su</i>			\$ 30.30	
	Boot Lid Sonata Plate — <i>nc</i>			\$ 43.60	
	Boot Lid Hyundai Plate — <i>nc</i>			\$ 24.20	
	Boot Lid 'H' Emblem — <i>nc</i>			\$ 26.10	
	Boot Lid CRDI Plate — <i>nc</i>			\$ 22.70	
	Boot Lid Trimboard X <i>su</i>			\$ 165.40	
	Boot Lid Trimboard Clips (10pcs) X <i>su</i>			\$ 10.00	
	Rear Bumper — <i>dent</i>			\$ 578.40	
	Rear Bumper Reinforcement — <i>cm</i>			\$ 483.30	
	Rear Bumper Clip — <i>nc</i>			\$ 22.00	
	Rear Bumper Sponge X <i>su</i>			\$ 137.40	
	Rear Bumper Under Cover X <i>su</i>			\$ 185.80	
	Rear Bumper Protector (LH/RH) X <i>su</i>		\$ 38.00	\$ 76.00	
	Rear Panel X <i>mpu</i>			\$ 391.80	
	Rear Panel Garnish X <i>su</i>			\$ 95.80	
	SUB TOTAL			\$ 3,885.30	
	LESS 20%			\$ 777.06	
	DISCOUNTED TOTAL			\$ 3,108.24	
	Boot Lid Comfort Logo & Tel No. Sticker — <i>nc</i>			\$ 30.00	Nett
	Boot Lid Advertisement Logo — <i>nc</i>			\$ 100.00	Nett
	Rear No. Plate X <i>su</i>			\$ 25.00	Nett
	Rear Bumper Reverse Sensor X <i>su</i>			\$ 135.70	Nett
	Rear Bumper Advertisement Logo — <i>nc</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>nc</i>		\$ 100.00	\$ 200.00	Nett
	Labour Charge			\$ 540.70	
	Panel Beating			\$ 850.00	400
	Spray Painting Charge			\$ 750.00	600
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	20
	Remove/Refix Reverse Sensor			\$ 120.00	X 20
	TOTAL LABOUR			\$ 1,820.00	
	ESTIMATE TOTAL			\$ 5,468.94	
<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> <p><i>Kalvin LKKH 1505</i> <i>23/8/18</i> <i>3 Days</i> <i>415 After Repair photo</i></p>					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305202919

CUSTOMER

REGN NO.:

SHD4401J

MILEAGE

MS

COMFORT TRANSPORTATION PTE LTD

MAKE :

HYUNDAI

FUEL

CUSTOMER NO.

7010045

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

ADDRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL

SONATA

DATE/TIME IN
21.08.2018 11:05

(R)

65508755

(O)

YR OF MANU.

26.07.2012

TARGET DATE

(P)

CHASSIS CODE

KMHET41VMCA827904

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

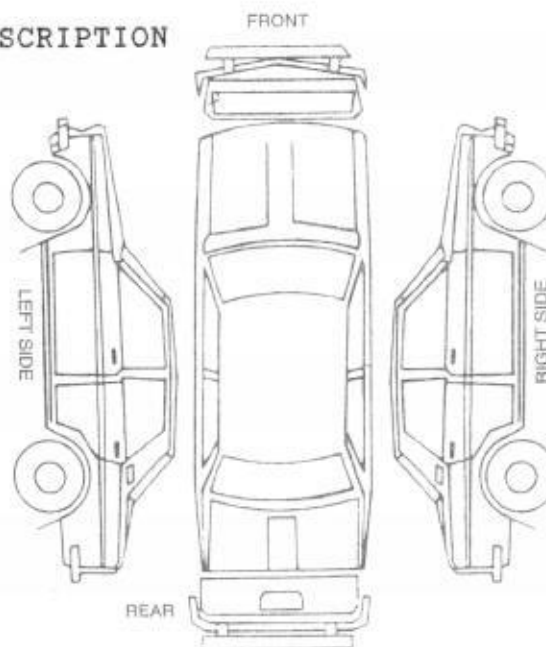
Accident Date: 21.08.2018

NATURE: 3P 21.08.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.:

SHD4401J

CHIANG

Vehicle No.:

SHD4401J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305202919
Date : 28/08/18

FINALIZATION FORM

To : LKK
Attn : KELVIN
Vehicle Reg No. : SHD4401J

Fax :

21/08/2018

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

1. The repair job shall bill to: NTUC SLL3978D
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 \$2,750.00
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.

We confirm the estimates and finalized amount

Signature : _____
Name : **CHIANG**
Tel : **62148314**
Fax : **65468156**

Signature: _____
Name: Kahm
Date: 28/8/18

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/INC18015405/K1td3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 04-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLL 3978D	Veh. Inspected	SHD 4401J	
Policy No.	5075301428-02	Coverage (\$)	0.00	
Claim No.	MT/1009195-001	Excess (\$)	0.00	
Assign From		Assign Date	23/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA827904	Colour	BLUE	
Odometer	95629	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	HANKOOK	7 mm	
L/H Front Tyre	215/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/08/2018	Inspection Date	23/08/2018	
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. SHD 4401J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	BOOT LID TRIMBOARD	SERVICEABLE	165.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	10.00	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-777.06	-509.96
			3,108.24	2,039.84
<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 NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			540.70	380.00

Report Ref No. NS/INC18015405/K1td3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL.		850.00	400.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSES ENSOR.	NOT NECESSARY	120.00	-
			1,820.00	1,040.00
	GRAND TOTAL		5,468.94	3,459.84
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,750.00

Report Ref No. NS/INC18015405/K1td3n2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
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.