

(08/11/13)

Surveyor: KalvinREF: NS/INC18016046 / K1rbn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FBD 4353KPolicy No. 5098593308 050318 - 040319Claims No. mt/1010106-001

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 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: SHD 3027M Yr Regn: 7 Apr 2016

Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 27031 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1B414M6408 6988Gen. Cond: Good / F6 / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / 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 Make

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/8/8 D.O.I. 31/8/8Survey held at CDHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
3/9/8	<u>Subvent c/s \$2900/ 3 hrs.</u>
	<u>Ref: \$2147.28, 437</u>

RECEIVED 4 SEP 2018

Date/Time, File Pass to?

☐ : Prel. Report1) typical☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / 100 (\$) 290Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____) \$ + RS. \$ _____☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

Photos

Others

TOTAL

160

eBaoTech

GeneralClaim

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="30/08/2018 17:21"/>							
Vehicle No.(For Motor)	<input type="text" value="FBD4353K"/>	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 checked="" type="radio"/>	5098593308		MUHAMMAD DANIAL AKBAR BIN BILAWAL	S9548045D	GMC	Third Party	FBD4353K	FBD4353K	05/03/2018	04/03/2019
<input type="button" value="Continue"/>										

TP Claims against NTUC Income: Follow-Through Survey

Date : 03/09/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1005760-002	COMFORT TRANSPORTATION	SHA 1764Y	SJW 4189Z	02/08/2018	\$ 3,975.57	\$ 3,165.60
2	MT/1005540-002	COMFORT TRANSPORTATION	SHA 4634U	SJH 5526G	31/07/2018	\$ 3,435.34	\$ 2,194.24
3	MT/1010106-001	COMFORT TRANSPORTATION	SHD 3027M	FBD 4353K	30/08/2018	\$ 5,047.28	\$ 2,900.00

Claim received from LKK Auto

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	30/08/2018 16:12
Date Of Accident	30/08/2018 13:15
Exact Location Of Accident	BEDOK RESERVOIR RD X KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3027M
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	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	MAX NG
NRIC No	S0092529B
Date Of Birth	26/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91008243
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	505 02-201 PASIR RIS STREET 52
Postcode	510505
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : 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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

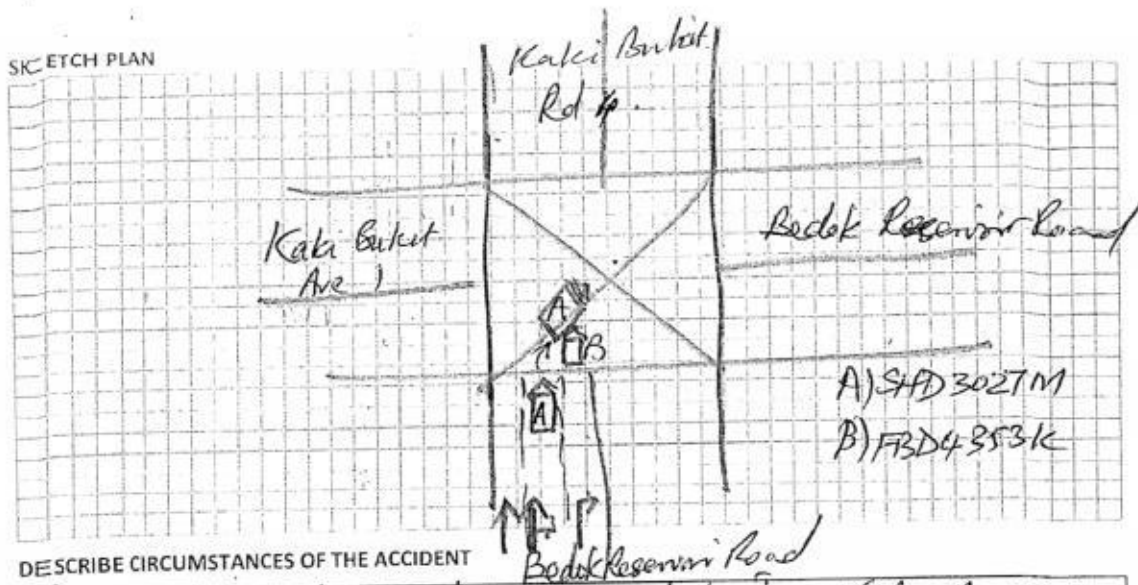
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD4353K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD DANIAL AKBAR BIN BILAWAL
NRIC/Passport Number	S9548045D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD DANIAL AKBAR BIN BILAWAL
Approximate Age	
Injuries Sustain	HAND & LEG
Injured person in which vehicle?	FBD4353K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/8/18 at about 1315hrs while I Veh A was making a right turn onto Bedok Reservoir Road, Veh B collided on the right rear door of my vehicle. When I checked with the Veh B rider, he verbally admitted that he wanted to go towards Kaki Bukit Road 4. The rider fell when he collided with my vehicle and was conveyed by the ambulance. I was advised by the reporting officer to make a police report immediately and submit

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

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. 199303821R

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

Date: 31.08.2018

Time: 08:34:46

Page: 1/3

IS

NTUC-45
LKK - Calvin

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

JOB NO : 305206416
 REGN NO : SHD3027M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 07.04.2016
 DATE/TIME IN : 30.08.2018 14:55
 ACCIDENT DATE : 30.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	603.60	20.00	482.88	X repair
0002	04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	49.00	20.00	39.20	- on
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	+ "
0004	04-01-0103-0585-A	TAILLAMP RH	1	565.60	20.00	452.48	- on
0005	04-01-0103-0575-G	REAR FENDER RH	1	2,020.10	20.00	1,616.08	- but
0006	04-01-0103-0658-G	REAR WHEEL CAP RH	1	150.70	20.00	120.56	- hanged
0007	04-01-0103-0745-G	REAR WINDSCREEN MOULDING	1	62.10	20.00	49.68	- Acc
0008	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	X h
0009	05-01-0199-0032-A	WINDSCREEN AHESIVE-310MLC	2	92.00	10.00	82.80	X "
0010	19-01-0103-2013-A	REAR HANKOOK TYRE RH	1	216.00		216.00	* / 50% 108

SUB-TOTAL : 3,127.28

JOB NATURE

0000 20-05 Rear Fender Adv.Sticker RH/LH

200.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 31.08.2018

Time: 08:34:46

Page: 2

NTUC-45
LKK - Kalvin

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

JOB NO : 305206416
 REGN NO : SHD3027M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 07.04.2016
 DATE/TIME IN : 30.08.2018 14:55
 ACCIDENT DATE : 30.08.2018

JOB / PARTS DESCRIPTION		QTY IND UNIT-PRICE DISC% AMOUNT	
0001 20-05	Rear Bumper Adv.Sticker	50.00	—
0002 L	PANEL BEATING	560.00	400
0003 23-502	SPRAYPAINT ON AFFECTED AREA	500.00	400
0004 17-01	CHECK ALL LIGHTING	40.00	20
0005 20-00	TUFF COAT ON AFFECTED PARTS.	60.00	20
0006 L	R/I UPHOLSTERY ETC	120.00	50
0007 L	WHEEL ALIGNMENT	120.00	X 11
0008 L	R/I REVERSE SENSOR	120.00	X 11
0009 L	R/I REAR WINDSCREEN	150.00	100
SUB-TOTAL		: 1,920.00	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.08.2018

Time: 08:34:46

Page: 3

REPAIR ESTIMATE

NTUC - 45

LKK - Kalvin

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

JOB NO : 305206416
REGN NO : SHD3027M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.04.2016
DATE/TIME IN : 30.08.2018 14:55
ACCIDENT DATE : 30.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,047.28

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

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 is allowed
• Supplementary work must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature:
Date:

Kalvin LKK

31/8/18 1010hr

3 Dpr.

4s

After Repair photo

Plus

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508989 24 Senoko Loop Singapore 758156
393 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 729791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 756732
399 Ubi Road Singapore 540199

Date/Time: 30.08.2018 17:46 Page : 1

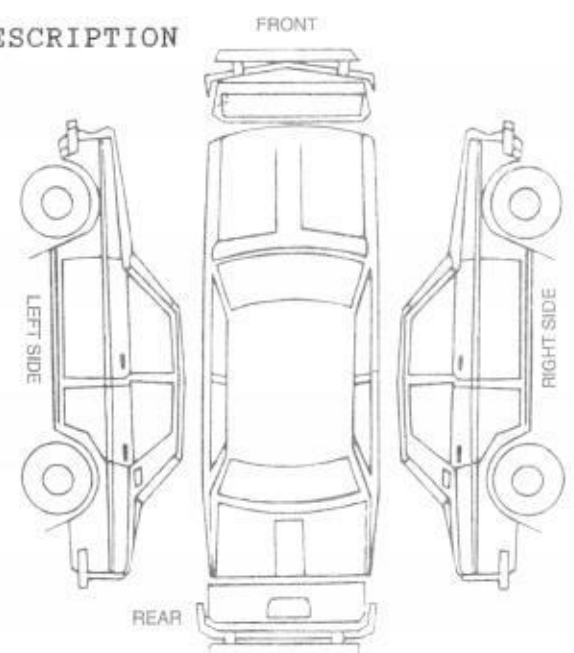
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305206416

OMER	REGN NO.: SHD3027M	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 30.08.2018 14:55
ESS Singapore SINGAPORE 575717	YR OF MANUF 07.04.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE KMHLB41UMGU086948	COMPLETION DATE/TIME:
UNT CARD NO.		

Accident Date: 30.08.2018
NATURE: 3P 30.08.18/C

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

idgement Slip	Exit Pass
o.: SHD3027M LIMITS	Vehicle No.: SHD3027M
Service Advisor _____	Name of Service Advisor _____
Signature/Date _____	Date _____
urned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305206416
Date : 03/09/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3027M

Date of Accident : 30-Aug-18

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

1. The repair job shall bill to: NTUC --- FBD4353K

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%

Final Lumpsum Repair cost

\$2,900.00

\$2,900.00

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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : _____

Fax : 65468156

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	<u>-----</u>			
4. LTA Search Fee	<u>\$7.49</u>			
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/INC18016046/K1rhn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 10-09-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 4353K	Veh. Inspected	SHD 3027M
Policy No.	5098593308	Coverage (\$)	0.00
Claim No.	MT/1010106-001	Excess (\$)	0.00
Assign From		Assign Date	31/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086948	Colour	BLUE
Odometer	270131	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	30/08/2018	Inspection Date	31/08/2018
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.
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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. SHD 3027M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER SIDE BRKT RH	CRACKED	49.00	49.00
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	TAILLAMP RH	CRACKED	565.60	565.60
1	REAR FENDER RH	DENTED	2,020.10	2,020.10
1	REAR WHEEL CAP RH	GRAZED	150.70	150.70
1	REAR WINDSCREEN MOULDING	NECESSARY	62.10	62.10
	LESS 20% DISCOUNT		-694.62	-569.50
			2,778.48	2,278.00
<u>NETT ITEMS</u>				
2	WINDSCREEN AHESIVE-310MLC (N)	NOT NECESSARY	92.00	-
	LESS 10% DISCOUNT		-9.20	-
			82.80	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR HANKOOK TYRE RH (50%)(SN)	CUT	216.00	108.00
2	REAR FENDER ADV STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER ADV STICKER (SN)	NECESSARY	50.00	50.00
			516.00	358.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		560.00	400.00
	SPRAYPAINT ON AFFECTED AREA.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	20.00
	TUFF COAT ON AFFECTED PARTS.		60.00	20.00
	R/I UPHOLSTERY ETC.		120.00	50.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	R/I REVERSE SENSOR.	NOT NECESSARY	120.00	-

Report Ref No. NS/INC18016046/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 (\$)
	R/I REAR WINDSCREEN.		150.00	100.00
			1,670.00	990.00
GRAND TOTAL			5,047.28	3,626.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,900.00

Report Ref No. NS/INC18016046/K1rbn2

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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