

106/111(3)

Bureau: Kelvin

REF:

NS/WC18018628/Klvb02

## 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: STO 74035Policy No. 5078689394-01 260518-240519Claims No. MT/1015353-002

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: SHA 7588A Yr Regn: 26 Mar 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Honda 24 c.c. 1635Colour: Blue A/C: Ins 6 / Std / NI / NASp. Reading: 286425 T/Radio: Ins 6 / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLBX14MF4065942Gen. Cond: Good / 6 / Poor / BurntSteering: Ign 6 / Jammed / Leaked / Burnt orBrake: In 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ST 6 A/Rim orTyre Size: F: 205/6-R16

R: \_\_\_\_\_

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

TOYO / YOKO or Flu ktk

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/10/18 D.O.I. 12/10/18Survey held at CDHE (Loyang)

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

Rear of

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

Date / Time Action / Instruction

SHA 7588A - (23/11/18) 8006709/Klvb02

DIA: 090416

ZNC

STO 74035 X

4/5

15/10/18 Contract 4/5 \$900/2 days (Red 474.53, 349)

RECEIVED 16 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 16/10 - typist

Report Format:

TP

Lump Sum / I.B.I. (\$

900/2)

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + R.S. \$

Photos

Others

TOTAL

160

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="12/10/2018 13:22"/>
Vehicle No. (For Motor)	<input type="text" value="SJQ7403S"/>	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 checked="" type="radio"/>	5078689394-02		NEO CHEW HUI	S8010572Z	GPC	drive CLASSIC	SJQ7403S	SJQ7403S	25/05/2018	24/05/2019

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Tuesday, 16 October 2018 1:31 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

**income**  
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
Find out more at [income.com.sg/careers](http://income.com.sg/careers)

**in** with you

'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.

Please forward all motor claims related correspondences to [mtcl@income.com.sg](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Tuesday, October 16, 2018 9:20 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1015856-001	SMRT TAXIS PTE LTD	SHD 6279H	FY 4585A
2	MT/1013183-002	SMRT TAXIS PTE LTD	SHB 689H	SKP 7649T
3	MT/1015353-002	COMFORT TRANSPOTATION PTE LTD	SHA 7588A	SJQ 7403S

D.O.A	Time of Accident	Estimate	Tentative repair cost
3/9/2018	5:40	\$2,072.60	\$239.32
26/9/2018	08:15	\$8,764.40	\$2,250.00
12/10/2018	8:45	\$1,374.53	\$900.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

## 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 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. 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	12/10/2018 11:49
Date Of Accident	12/10/2018 08:45
Exact Location Of Accident	TOA PAYOH LOR 6 TWDS LOR 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7588A
<b>Insured/Policyholder</b>	
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	ADNAN B HURIS
NRIC No	S0651088D
Date Of Birth	16/08/1944
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1964
Driving Experience	54 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96118396
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 37 BEDOK SOUTH AVENUE 2 #02-463
Postcode	460037
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	WET

#### 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: : 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

#### 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	SJQ7403S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE KOK SENG
NRIC/Passport Number	
Contact Number	90478017
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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. 192003321R

Policyholder's Signature  
Date & Time:

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

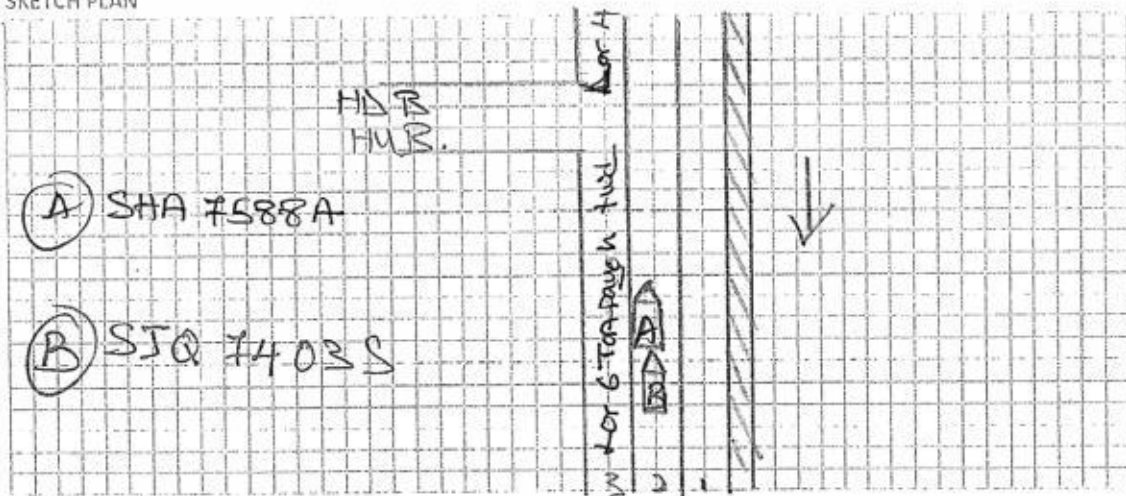
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IMC SketchPlanForm\_V3

1



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Oct 2018 @ 08.45 hrs I

VEH (A) Slow down and stop at the

above location. Suddenly VEH (B) from

Rear hit VEH (A) Rear at the

point of accident VEH (A) carry

a female Pax. She was ok.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

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

Date: 12.10.2018

## REPAIR ESTIMATE

Time: 12:56:42

Page: 1

NTUC - 45  
LKK - Calvin

12 TS

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

JOB NO : 305224958  
 REGN NO : SHA7588A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 26.03.2015  
 DATE/TIME IN : 12.10.2018 09:40  
 ACCIDENT DATE : 12.10.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	—	Revised
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	—	cut
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	—	re
0004	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	20.00	50.00	—	re
0005	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	X	re

SUB-TOTAL : 814.53

## JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 L	R/I REVERSE SENSOR

~~220.00~~~~220.00~~~~120.00~~

SUB-TOTAL : 560.00

## 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 : 305224958  
REGN NO : SHA7588A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 26.03.2015  
DATE/TIME IN : 12.10.2018 09:40  
ACCIDENT DATE : 12.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,374.53

*Cmfs*  
MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

*Koh 11/11/18*  
*12/10/18 15:15h*  
*2 Pys*

*L/s*  
*After Rep p 24*

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey the vehicle and complete
- To display damaged parts for arm survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary survey is resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

# OMFORDDELGRO 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 506909

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 608286

229 Ubi Road 3 Singapore 408698

24 Serangoon Loop Singapore 758156

7 Sungei Kadut Way Singapore 728791

501 Yehun Industrial Park A Singapore 768732

Date/Time: 12.10.2018 12:53

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305224958

OMER

COMFORT TRANSPORTATION PTE LTD

7010045

S

OMER NO.

ESS

383 SIN MING DRIVE  
Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

JUNT CARD NO.

REGN NO.:

SHA7588A

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

12.10.2018 09:40

YR OF MANU

26.03.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU065942

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 12.10.2018

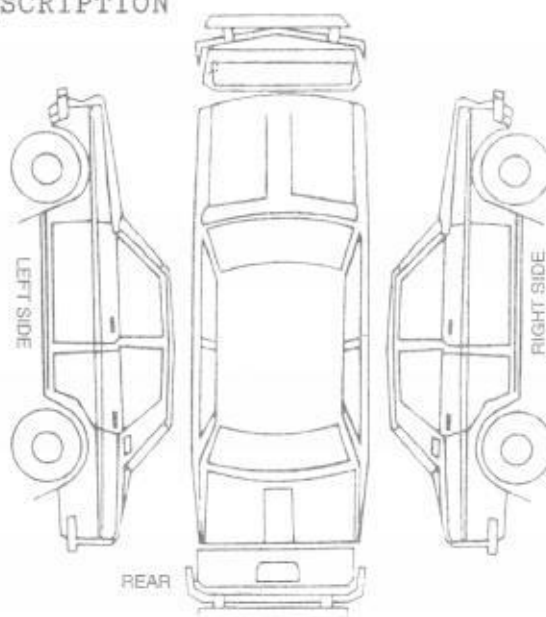
NA. RE: 3P 12.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA7588A

LIMITS

Vehicle No.:

SHA7588A

Service Advisor:

Signature/Date:

Name of Service Advisor:

Date:

turned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305224958

Date : 15/10/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA7588A

Date of Accident : 12-Oct-18

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

1. The repair job shall bill to: NTUC --- SJQ7403S

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**

\$900.00

**\$900.00**

3. Estimated normal period for repairs: 2 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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 15/10/18

## 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/INC18018628/K1vbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 25-10-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJQ 7403S	Veh. Inspected	SHA 7588A
Policy No.	5078689394-02	Coverage (\$)	0.00
Claim No.	MT/1015353-002	Excess (\$)	0.00
Assign From		Assign Date	12/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065942	Colour	BLUE
Odometer	286425	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/10/2018	Inspection Date	12/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7588A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
	<b><u>NETT ITEMS</u></b>			
1	REVERSE SENSOR (N)	SERVICEABLE	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		220.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		220.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			560.00	430.00
	<b>GRAND TOTAL</b>		<b>1,374.53</b>	<b>1,122.40</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>900.00</b>

Report Ref No. NS/INC18018628/K1vbn2

**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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