

108/11/02

Surveyor: Kalvin

REF:

NS/INC 18019051/KINBN2

ASSIGNMENT

From: _____ Date: _____

Veh No: SHB 29886 Yr Regn: 31 Aug 2012

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspected Vehicle No: _____

Make: Mercedes Benz B22 cc 2143

at Workshop no/s: _____

Colour: White A/C: Ins / Std / NI / NA

of: _____

Sp. Reading: 1103256 T/Radio: Ins / Std / NI / NA

Insured: SJL 2900H

Eng/No: _____

Policy No: 5072932029-02 160118-150119

C/No: W002120022A673610

Claims No: MT/1016267-002

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh: _____

Modi: Nil / SIRIm / STD / Dim or

(Policy Condition)

Tyre Size: F: 205 / 60x16

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Bal. or Market Value: _____

Front R/Bal. 7 mm

IDAC Accident Report: _____ Consistent?: Yes or No

Rear R/Bal. 7 mm

GIA / PR Seen: _____ Consistent?: Yes or No

L/Bal. 7 mm

Est. Repairs: _____ days Res: Yes or No

D.O.A. 18/10/12 D.O.I. 19/10/12

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at CDHE (Layang)

CA / REV / REP. / 24 HRS

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	SHB 29886 - NS/TEL 17011335 / RINBN2
	SJL 2900H - CC6/III 15018339 / KINBN2
30/10/12	Charged up \$3600 / 3 Days. (Ref 6554.04, 6410)

RECEIVED 31 OCT 2012

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 3

1)

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 31/10 - typist

Add Fee: : Site Insp (\$)

Survey Fee:

Transportation: _____ \$ + RS _____ \$

: Interview (\$)

Photos

: Tech. Invs (\$)

Others

: Weekend (\$)

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$) 3600/2

160

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident 18/10/2018 16:48
 Vehicle No. (For Motor) SJL2900H 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"/>	5072932029-02		LEE SHIH YI JAN	S1105128F	GPC	drive CLASSIC	SJL2900H	SJL2900H	16/01/2018	15/01/2019

Continue

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 31 October 2018 10:14 AM
To: Veron Chen (LKKAuto)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



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

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 so that we can attend to it accordingly.'

From: Veron Chen (LKKAuto) [<mailto:veronchen@lkkauto.com>]
Sent: Wednesday, October 31, 2018 8:58 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1016267-002	CITYCAB PTE LTD	SHB 2988G	SJL 2900H

D.O.A	Time of Accident	Estimate	Tentative repair cost
18/10/2018	22:30	\$10,154.04	\$3,600.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

Disclaimer

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	19/10/2018 13:49
Date Of Accident	18/10/2018 22:30
Exact Location Of Accident	SLIP RD FROM SENGGANG WEST AVE TO SENGGANG WEST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2988G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERC
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAY AH HOCK
NRIC No	S1144779A
Date Of Birth	22/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90473595
Fax Number	
Contact Number	
EEmail Address	STEVENAHHOCK@HOTMAIL.COM

Address	166 03-339 TAMPINES STREET 12
Postcode	521166
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)	5
---	---

Passenger 1	NAME: : -
	GENDER: : MALE

Passenger 2	NAME: : -
	GENDER: : MALE

Passenger 3	NAME: : -
	GENDER: : FEMALE

Passenger 4	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?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2900H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

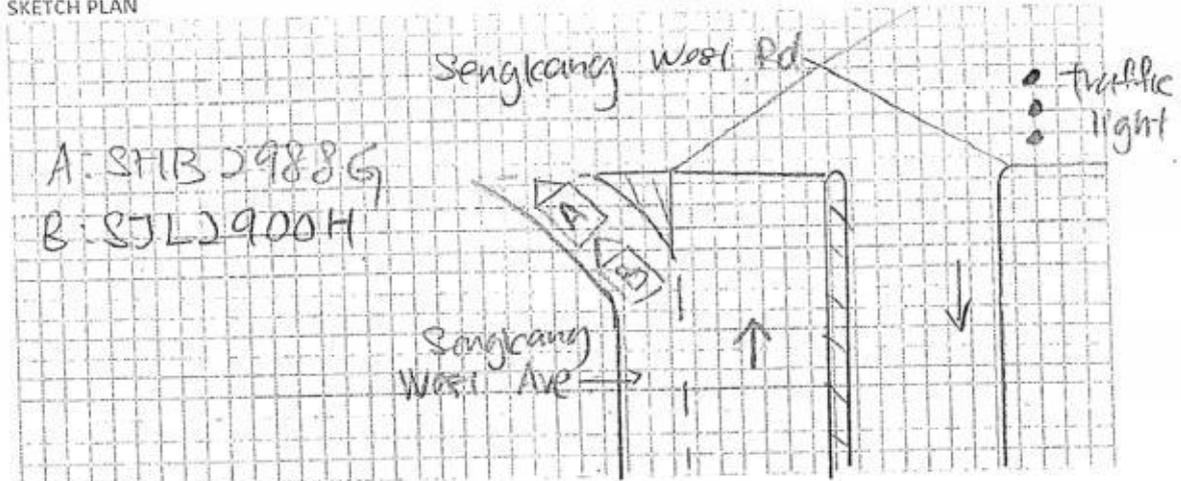
Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/10/18 at about 22:30 hrs, I was driving on the slip road from Sengkang West Ave to Sengkang West Road.

When I stopped at give way line to checking traffic from major road, I felt an impact from behind. Then I alighted to find that Veh B front portion collided onto the rear portion of my taxi.

04 passengers on board my taxi. No injury at the point of accident.

DECLARATION

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

CHY CAB PTE LTD
CO. REG. NO. 199502839

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Bokhiva Yiong

Sketch Plan Pg. 2

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)**

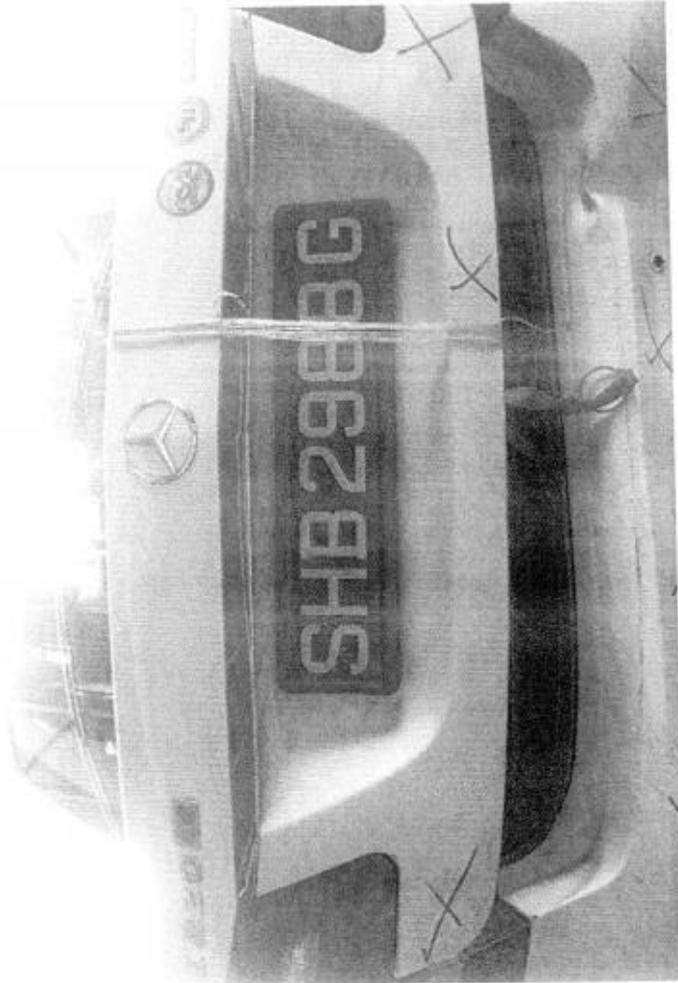
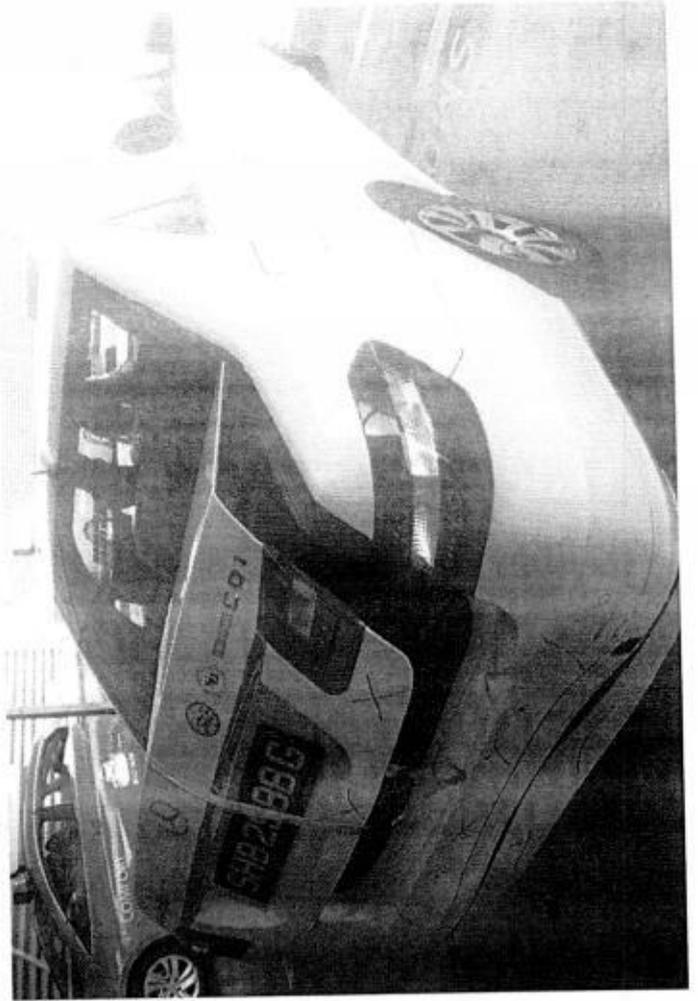
I understand, acknowledge, agree and consent that:

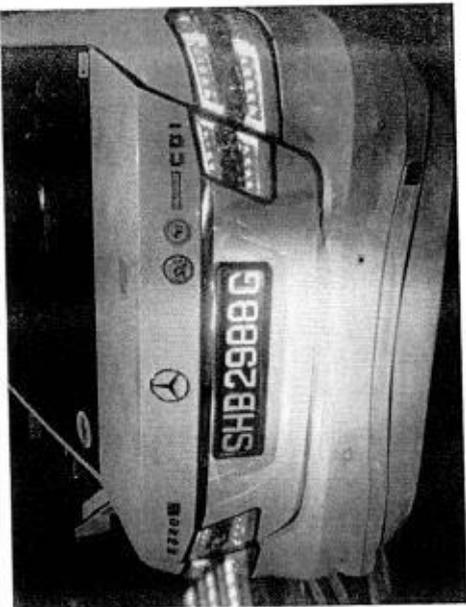
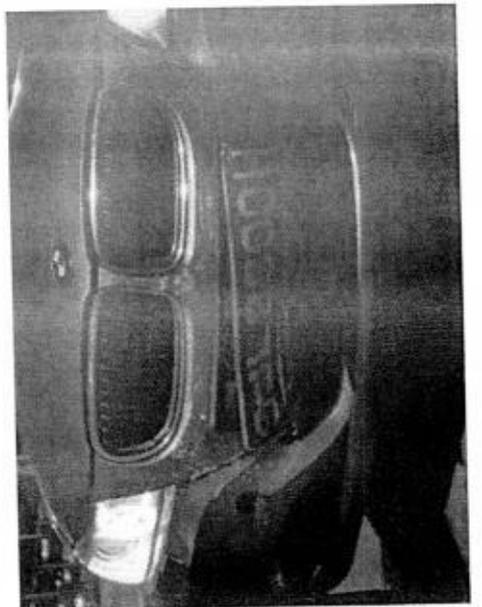
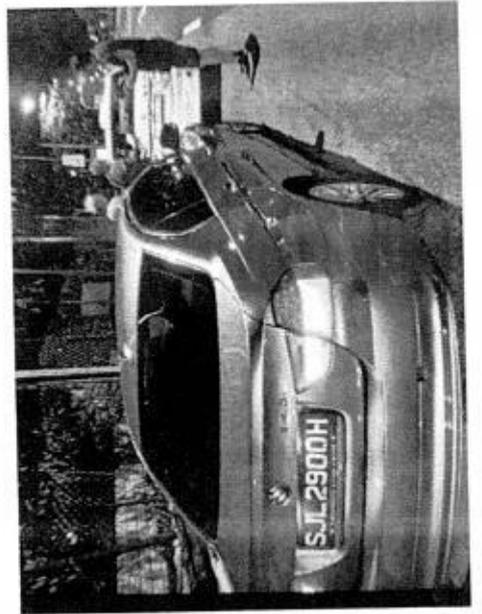
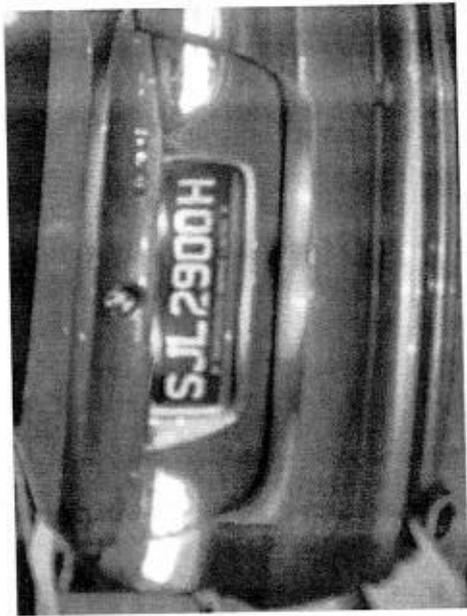
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD
CO-REG-NO-199502830
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.:





member of COMFORTDELGRO

Team: CK ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305227885

OMER

S
 OMER NO. CITYCAB PTE LTD
 7010070
 ESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65551188 (O)
 (P)

JUNT CARD NO.

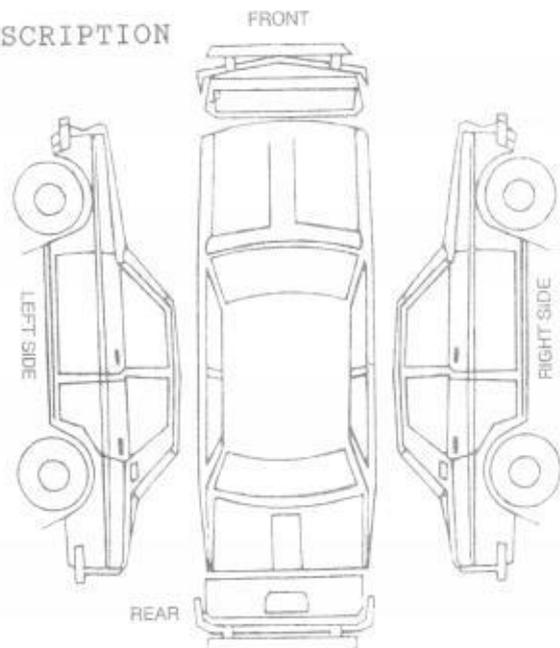
REGN NO.: SHB2988G	MILEAGE
MAKE: MERCEDES BENZ	FUEL E1/2.....F
MODEL E220CDI (E5)	DATE/TIME IN 18.10.2018 23:55
YR OF MANU 31.08.2012	TARGET DATE
CHASSIS CODE WDD2120022A673610	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 18.10.2018
 NATURE: 3P 18.10.18

S/NO LABOR CODE

DESCRIPTION



LIKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHB2988G FZ NTUC

Vehicle No.: SHB2988G

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 2988G

DATE 19/10/2018 14:17

MAKE :

MODEL : MERCEDES BENZ

NTUC
FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>x repair</i>			\$ 2,470.00
	Boot Lid Lamp (LH/RH) <i>x sc</i>		\$ 655.00	\$ 1,310.00
	Boot Lid Lock <i>x sc</i>			\$ 275.00
	Boot Lid Lock Lower Catch <i>cm</i>			\$ 35.00
	Boot Lid Lock Sticker <i>rec</i>			\$ 17.00
	Boot Lid 'E220' Emblem <i>rec</i>			\$ 54.30
	Boot Lid Star Logo <i>rec</i>			\$ 45.00
	Rear Bumper <i>Reburb Bent</i>			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>x sc</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>x sc</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>x sc</i>	\$	115.00	\$ 230.00
	Rear Bumper Towing Cover <i>re-wiring</i>			\$ 175.00
	Rear Bumper Lower Cover <i>Detached</i>			\$ 325.00
	Rear Panel End <i>x repair</i>			\$ 1,380.00
	Rear Panel Inner Garnish <i>cm</i>			\$ 240.00
	Rear Panel Inner Garnish Clip (10pcs) <i>rec</i>			\$ 40.00
	SUB TOTAL			\$ 9,776.30
	LESS 20%			\$ 1,955.26
	DISCOUNTED TOTAL			\$ 7,821.04
	Boot Lid Sovereign' Sticker <i>rec</i>			\$ 25.00 Nett
	Rear Bumper Sensor <i>shrub</i>			\$ 388.00 Nett
				\$ 413.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>600</i>
	Spray Painting Charge			\$ 900.00 <i>600</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>40</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	TOTAL LABOUR			\$ 1,920.00
	ESTIMATE TOTAL			\$ 10,154.04

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 modifications allowed
 • Supplementary items may be not covered and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

Kalvin Hocky
19/10/18 1505hrs
3 Days
4/5
After Repair photo

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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305227885
Date : 30.10.2018

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB2988G

Fax :

Date of Accident : 18.10.2018

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

1. The repair job shall bill to: NTUC --- SJL2900H
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges		<u>\$0.00</u>
Total for Part-By-Part Repair Cost		<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u>\$3,600.00</u>
Final Lumpsum Repair cost		<u>\$3,600.00</u>

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 : 30/10/18

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		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/INC18019051/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-11-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 2900H	Veh. Inspected	SHB 2988G
Policy No.	5072932029-02	Coverage (\$)	0.00
Claim No.	MT/1016267-002	Excess (\$)	0.00
Assign From		Assign Date	19/10/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A673610	Colour	WHITE
Odometer	1103256	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 PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/10/2018	Inspection Date	19/10/2018
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. SHB 2988G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	TO REPAIR SEE LABOUR	2,470.00	-
2	BOOT LID LAMP (LH/RH) @\$655.00	SERVICEABLE	1,310.00	-
1	BOOT LID LOCK	SERVICEABLE	275.00	-
1	BOOT LID LOCK LOWER CATCH	CRACKED	35.00	35.00
1	BOOT LID LOCK STICKER	NECESSARY	17.00	17.00
1	BOOT LID "E220" EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER TOWING COVER	MISSING	175.00	175.00
1	REAR BUMPER LOWER COVER	DEFORMED	325.00	325.00
1	REAR PANEL END	TO REPAIR SEE LABOUR	1,380.00	-
1	REAR PANEL INNER GARNISH	CRACKED	240.00	240.00
10	REAR PANEL INNER GARNISH CLIP LESS 20% DISCOUNT	NECESSARY	40.00	40.00
			-1,955.26	-718.26
			7,821.04	2,873.04
SPECIAL NETT ITEMS				
1	BOOT LID "SOVEREIGN" STICKER (SN)	NECESSARY	25.00	25.00
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			413.00	413.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID AND REAR PANEL END.		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		50.00	20.00

Report Ref No. NS/INC18019051/K1vbn2



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 (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,920.00	1,250.00
GRAND TOTAL			10,154.04	4,536.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,600.00

Report Ref No. NS/INC18019051/K1vbn2

KALVIN ANG WEI KUN

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