

Surveyor: Kalvin

REF:

NS/INC18019161/Klsbn2

## 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: SLV 81HPolicy No. 5103699300 14092018 - 130919Claims No. MT/106630 - 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 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: SHA 4583H Yr Regn: 23 Dec 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>0</sub> / Prime Mover /

Truck / Trailer or

Make: Toyota Prius cc 1798Colour: Blue A/C: Ins / Std / HI / NASp. Reading: 28151 T/Radio: Ins / Std / HI / NA

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

C/No: 5TDK83F440353916Gen. Cond: Good / F / Poor / BurntSteering: Inord G / Jammed / Leaked / Burnt orBrake: Inord D / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A / orTyre Size: F: 195/65 R15

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

BS / DUN / EXNOVA / GY / FS / LIZA / M/C / PHTSH / PIR / SUMIL

TOYO / YOKO or Westlake

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

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/10/18 D.O.I. 22/10/18Survey held at CDHE (Loyang)

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

Front o/s

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

Date / Time Action / Instruction

SHA 4583H - X

INC

SLV 81H - X

P/P

24/10/18 Checked P/P \$300/- 2 days.24/10/18 Confirmed P/P \$300/- @ 2 days with Kalvin.( \$ 3.734.72 Red - 93% )

RECEIVED 25 OCT 2018

Date/Time, File Pass to?

25/10/18

1) Typist

Date/Time, File Return to?

2)

☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

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

Report Format:

Lump Sum / I.B.I: (\$ 300/- P/P)

160

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103699300		WONG HO CHYE ALISTAIR	581382061	GPC	drive CLASSIC	SLV81H	SLV81H	14/09/2018	13/09/2019

## Denise Tay (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Thursday, 25 October 2018 11:45 AM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://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](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:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Thursday, October 25, 2018 10:43 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

### TP Claims against NTUC Income: Follow-Through Survey

Date : 25/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1016630-002	COMFORT TRANSPORTATION	SHA 4583H	SLV 81H	20/10/2018	21:45	4034.72	300
2	MT/1016566-002	COMFORT TRANSPORTATION	SHC 7991H	SHC 6770K	19/10/2018	22:00	3242.72	1750

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 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	22/10/2018 08:43
Date Of Accident	20/10/2018 21:45
Exact Location Of Accident	SINGAPORE FLYER TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4583H
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	WU WEILUN WYMAN
NRIC No	S7349330G
Date Of Birth	03/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/11/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97303684
Fax Number	
Contact Number	
EEmail Address	WYMANWU168@GMAIL.COM

Address	BLK 476B UPPER SERANGOON VIEW #15-530
Postcode	532476
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181021/2022

#### 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	SLV81H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR LEFT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WU WEILUN WYMAN
------	-----------------

Approximate Age

45

Injuries Sustain

LOWER NECK SPRAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHA4583H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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. 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.:

GIA/IMC SketchPlanForm\_V3

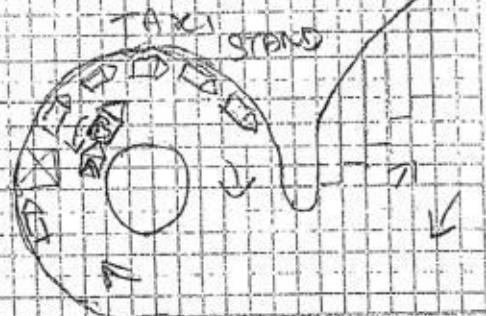
1

# Sketch Plan Pg. 2

## SKETCH PLAN

A = SHH 4583H  
B = SLV 81H

SINGAPORE  
FLYER



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer Police Report (2)

T/20181021/2022

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 109303021R

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.:

GIARMC SketchPlanForm\_V3





**SINGAPORE  
POLICE FORCE**



T/20181021/2022

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20181021/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2018 10:24			Vide Report No.:		Station Diary No.: 12
<b>Informant's Particulars</b>					
Name of Informant: WU WEILUN WYMAN			Address: APT BLK 476B UPPER SERANGOON VIEW #15-530 SINGAPORE 532476		
ID Type / ID No.: NRIC NO / S7349330G			Contact No.: Home/Office:		Mobile: 97303684
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/08/1973	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 RAFFLES AVENUE  AT SINGAPORE FLYER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4583H	Car				Slightly Damaged	0
SLV81H	Car				Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20181021/2022

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3  
Report No. T/20181021/2022

CONTINUATION OF REPORT

**Brief Details.**

On 20/10/2018 at about 2417hrs, I was dropping off my passengers at Singapore Flyer taxi drop off point. When I turned behind to collect the fare from them, the car (SLV81H) in front of me suddenly reversed into my taxi (SHA4583H).

He refused to give me his particulars and was aggressive. He was a Grab car driver and the driver was a male Chinese.

I have a dashboard camera in my taxi. My taxi sustained dents and scratches to the front right bumper area.

I sustained lower neck sprain and obtained a 3-day MC from Ansar Clinic from 21st Oct 2018 to 23 Oct 2018.



SINGAPORE  
POLICE FORCE



T/20181021/2022

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20181021/2022

CONTINUATION OF REPORT

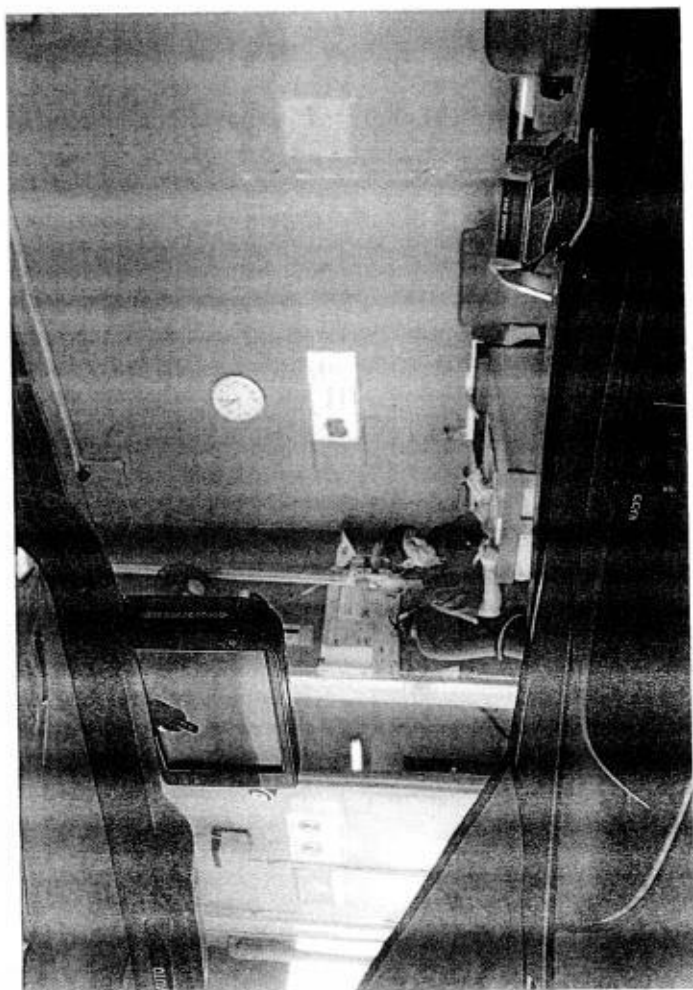
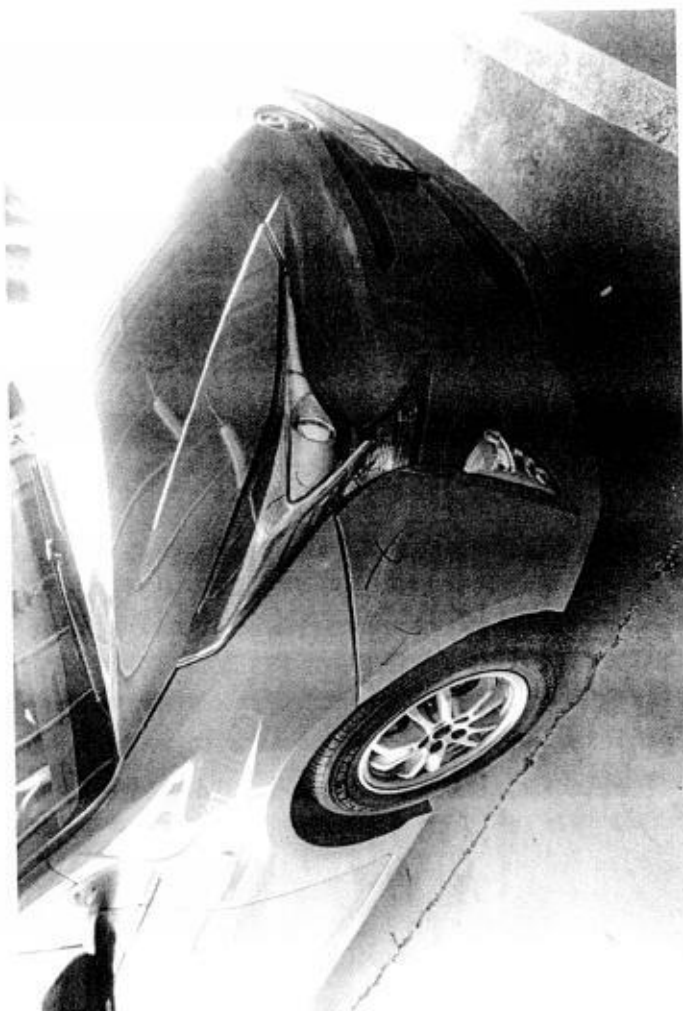
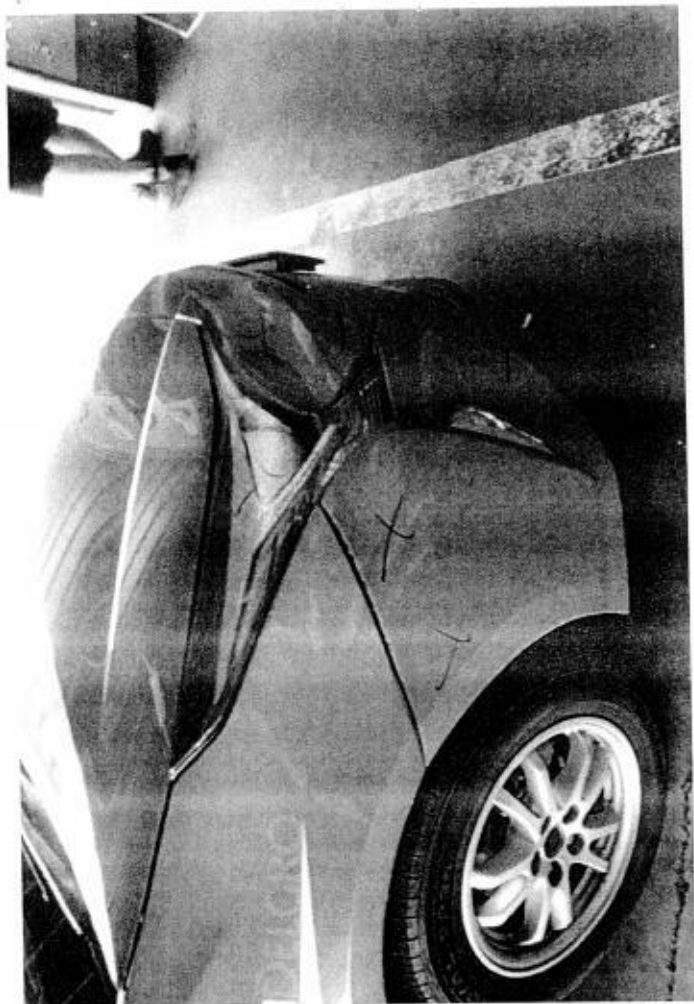
Sketch Plan

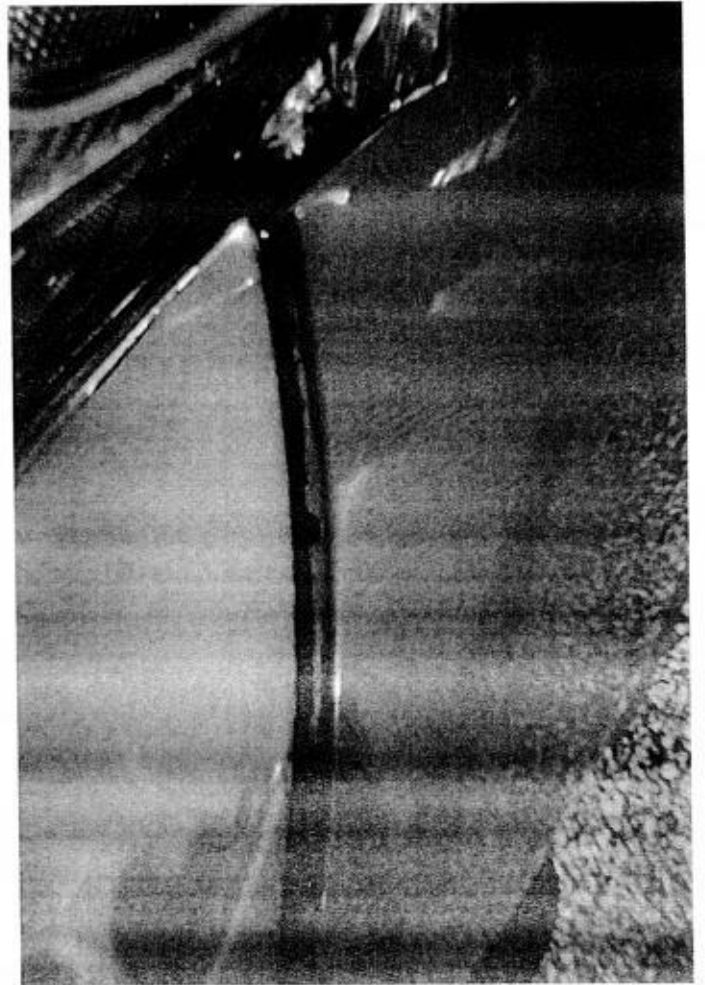
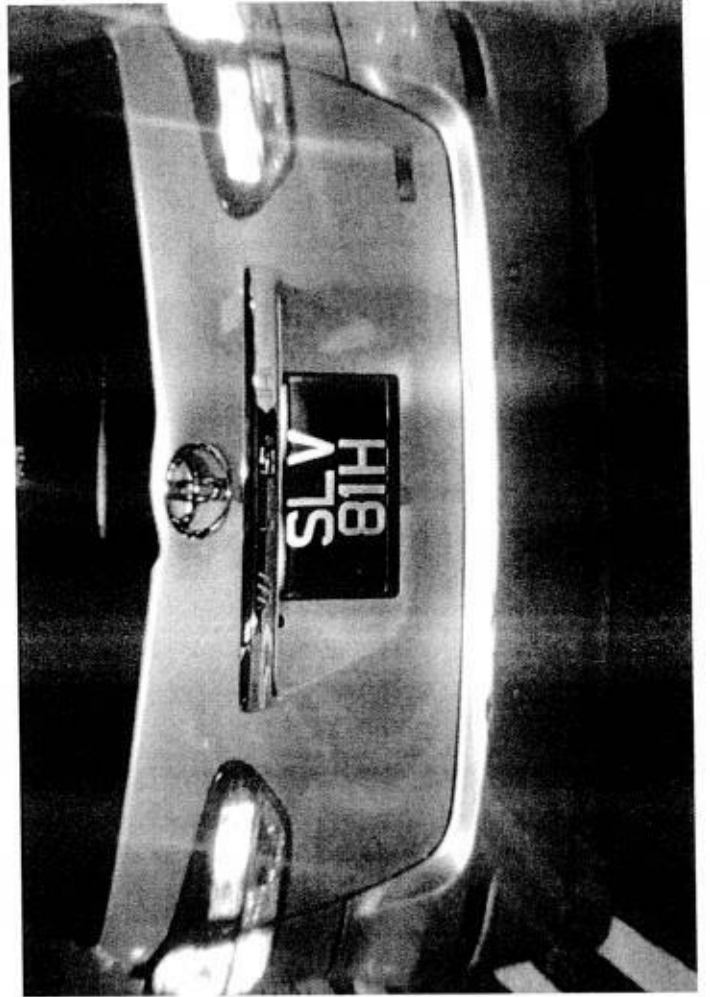
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 WONG TARYN ESMERELDA XIN YI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2018 10:24
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	

SIGNATURE







REPAIR ESTIMATE

NT4C

22/10/2018 10:17

VEHICLE NO : SHA 4583H

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>X 1/2</i>			\$ 499.90
FRONT BUMPER CLIPS <i>X 1/2</i>			\$ 22.00
FRONT BUMPER SIDE RETAINER <i>X 5/8</i>		\$ 77.00	\$ 154.00
UNIT ASSY, HEADLAMP, RH (LED) <i>X 5/8</i>			\$ 3,455.00
SUB TOTAL			\$ 4,130.90
LESS 20%			\$ 826.18
DISCOUNTED TOTAL			\$ 3,304.72
LABOUR CHARGE			
Panel Beating			\$ <del>400.00</del> <sup>100</sup>
Spray Painting Charge			\$ <del>300.00</del> <sup>200</sup>
Wiring Charge			\$ <del>30.00</del> <sup>X 1</sup>
TOTAL LABOUR			\$ 730.00
ESTIMATE TOTAL			\$ 4,034.72

*Kalin (CKK)*  
*22/10/18 100 L*  
*20/11*  
*PIP*  
*After Rep pth*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before repair/painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Fault" basis
- No illegal modification is allowed
- Supplementary work must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

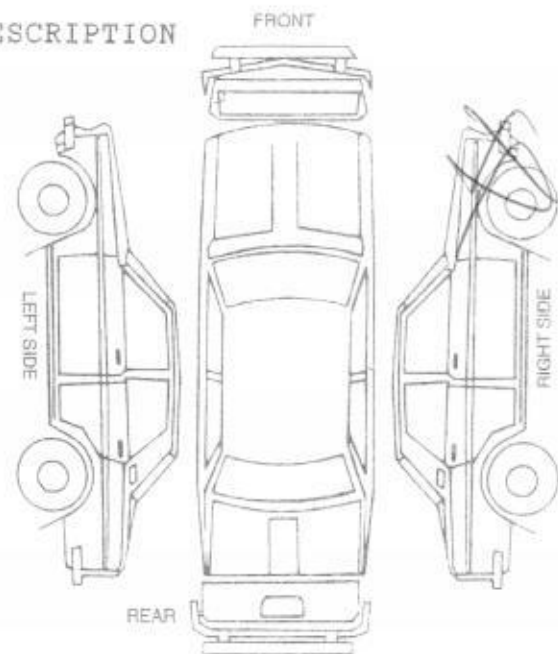
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO: 305228710

OMER	REGN NO.: SHA4583H	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE : TOYOTA	FUEL
7010045		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 21.10.2018 11:00
ESS Singapore SINGAPORE 575717	YR OF MANU 23.12.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE JTIDKB3FU403539136	COMPLETION DATE/TIME:
(P)		
UNIT CARD NO.		

Accident Date: 20.10.2018  
NATURE: 3P 20.10.18/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

RECEIVED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Identification Slip	Exit Pass
o.: SHA4583H JU NTUC	Vehicle No.: SHA4583H
Service Advisor _____	Name of Service Advisor _____
Signature/Date _____	Date _____
Returned to Service Reception upon collection	To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305228710

Date : 24/10/2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA4583H

Date of Accident : 20.10.18

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

1. The repair job shall bill to: NTUC --- SLV81H  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges ### \$300.00
  - Total for Part-By-Part Repair Cost \$300.00
  - (c) Lumpsum Repair (if applicable) N
  - Total for Lumpsum repair cost after Less: 20%
  - Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 24/10/18

### 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/INC18019161/K1sbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-11-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLV 81H	Veh. Inspected	SHA 4583H	
Policy No.	5103699300	Coverage (\$)	0.00	
Claim No.	MT/1016630-002	Excess (\$)	0.00	
Assign From		Assign Date	22/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDKB3FU403539136	Colour	BLUE	
Odometer	289851	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	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	20/10/2018	Inspection Date	22/10/2018	
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 4583H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	499.90	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
1	UNIT ASSY, HEADLAMP, RH (LED)	SERVICEABLE	3,455.00	-
	LESS 20% DISCOUNT		-826.18	-
			3,304.72	-
<b>LABOUR</b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	100.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
			730.00	300.00
<b>GRAND TOTAL</b>			<b>4,034.72</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18019161/K1sbn2

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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