

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18019178/Klvbm2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKT 8473EPolicy No. 5075918227-02 01-01-2018Claims No. MT/1017995-001

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: SH 9128P Yr Regn: 15 Jun / 2014

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

Truck / Trailer or

Make: Toyota Prius cc 1798Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 182548 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTPKB3F42 03558753Gen. Cond: Good / OK / Poor / BurntSteering: In order / OK / Jammed / Leaked / Burnt orBrake: In order / OK / Jammed / Leaked / Burnt orModi: Nil / S/Rim / OK / STD / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Went likeFront: 7 mmR/Bal. 7 mmL/Bal. 7 mmD.O.A. 21/10/18 D.O.I. 22/10/18Survey held at CHE (Layang)

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

O/S Front

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

Date / Time Action / Instruction

SH 9128P - CS / FC115020160 / Tigbd1

Out: 07/11/15

INC

SKT 8473E - X

PIP

31/10/18 Libran PIP \$504928 / 20% (Red 1805.80, 26%)

RECEIVED 01 NOV 2018

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation:

2) 1/11 - typet

Add Fee:

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

\$ + RS. SI

Photos

Others

Report Format:

TP

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

5049.28)

TOTAL

160

Date : 29/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1017706-002	COMFORT TRANSPORTATION PTE LTD	SHD 4701T	XD 3489Z
2	MT/1017524-002	COMFORT TRANSPORTATION PTE LTD	SHB 4146G	SLV 7887D
3	MT/1017402-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJR 7536L
4	MT/1016198-002	CITYCAB PTE LTD	SHB 3262K	XD 9615L
5	MT/1017995-001	COMFORT TRANSPORTATION PTE LTD	SH 9128P	SKT 8473E
6	MT/1017667-002	COMFORT TRANSPORTATION PTE LTD	SHC 2639J	SGL 3007R
7	MT/1017764-002	COMFORT TRANSPORTATION PTE LTD	SHC 1323B	SDY 1368D

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"/>	5075918227-02		CHAN'S & SONS ENTERPRISE	51936900M	GFT	Third Party	SKT8473E	SKT8473E	01/01/2018	

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 12:03
Date Of Accident	21/10/2018 19:30
Exact Location Of Accident	CHURCH ST TOWARDS COLLYER QUAY T-JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9128P
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	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

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	LEE POI GUAN
NRIC No	S1459442F
Date Of Birth	06/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96131313
Fax Number	
Contact Number	
EMAIL Address	EDWINGIP@YAHOO.COM.SG

Address	BLK 108 SERANGOON NORTH AVENUE 1 #11-697
Postcode	550108
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SKT8473E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEMBAWANG NAVAL BASE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT DOOR

No. Of Passenger (Including Driver)

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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. 199203321R

Policyholder's Signature
Date & Time:

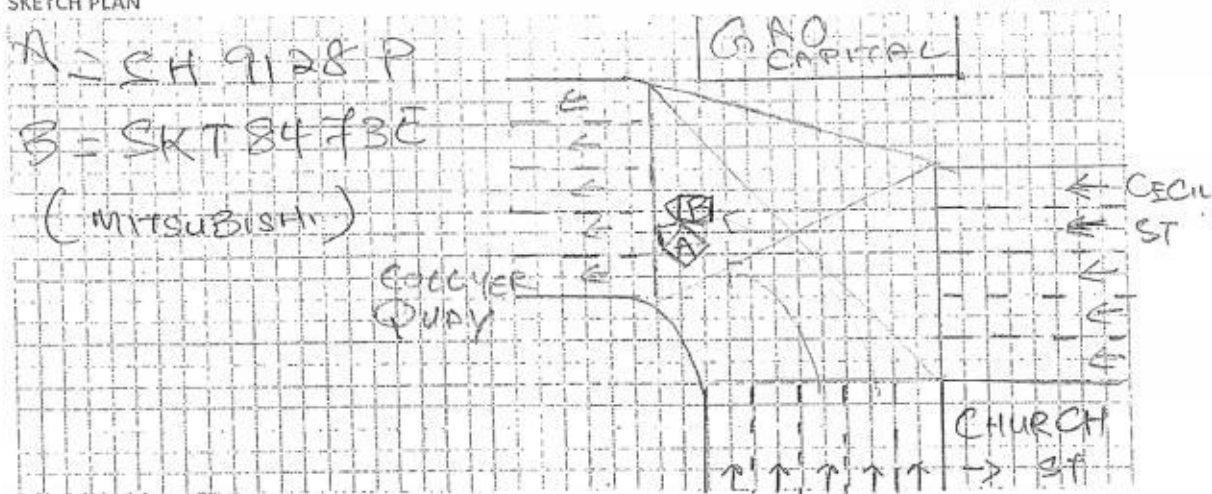
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RMC SketchPlanForm_V3

4-8
6-8

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203921R

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.:

Describe Circumstances of the Accident.

On 21/10/2018 @ about 19:30hrs, I was driving along Church St towards Collyer Quay
T-junction.
As I was turning towards Collyer Quay, vehicle SKT8473E on my right lane encroached into my
Lane and collided onto my right front of my taxi.

02 (couple) passenger on board my taxi. No injury reported at the point of accident.

Declaration

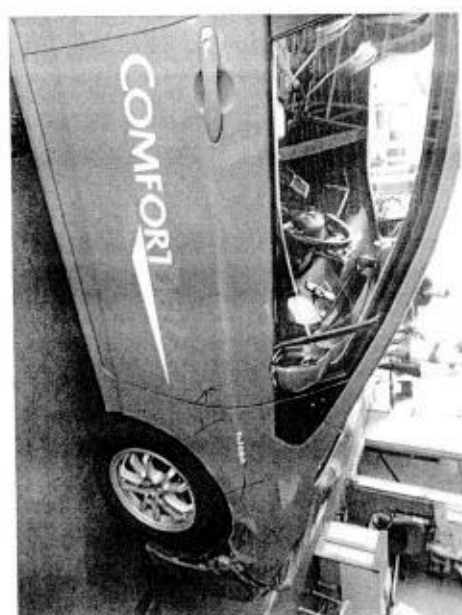
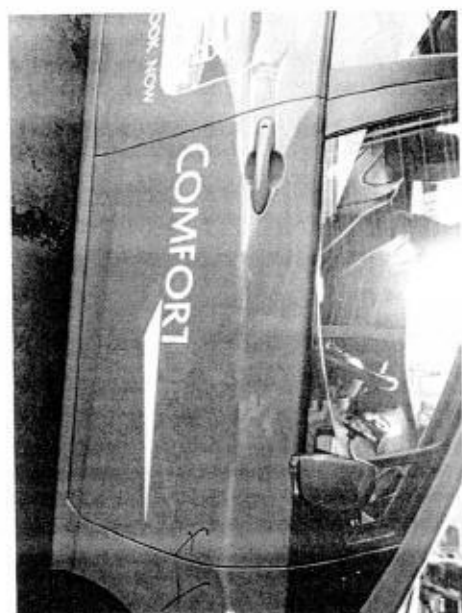
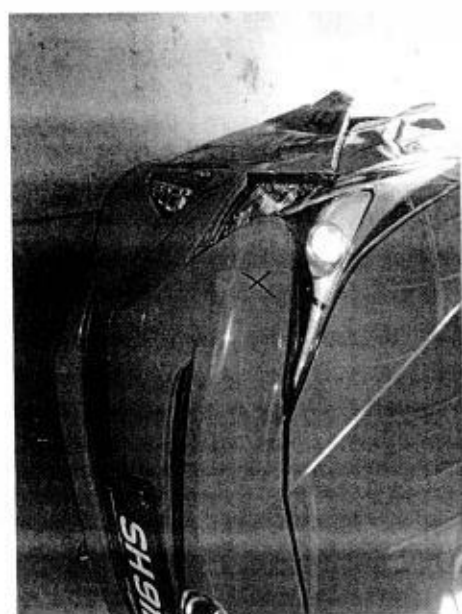
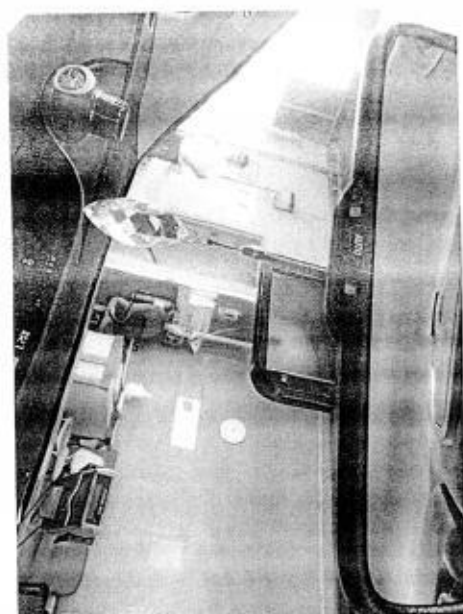
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192202321R

Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel





REPAIR ESTIMATE

VEHICLE NO: SH 9128P

MAKE :

MODEL : TOYOTA PRIUS

27

LKK/Kalwin pbyP

NTUC

PARTS DESCRIPTION	Q
LAMP ASSY, FOG, RH <i>X su</i>	499.9 +
FRONT BUMPER COVER <i>- Panel</i>	22. +
FRONT BUMPER CLIPS <i>- ne</i>	3,455. +
FRONT BUMPER SIDE RETAINER <i>X su</i>	945.3 +
UNIT ASSY, HEADLAMP, RH (LED) <i>- grass</i>	53.5 +
FENDER SUB-ASSY, FRONT RH <i>- but</i>	4,975.7
FRONT FENDER SHIELD, RH <i>X su</i>	x
FRONT FENDER SHIELD CLIP <i>X su</i>	75. x
FRONT FENDER HYBRID EMBLEM, RH <i>- ne</i>	3,731.775 x
	..0..
	75. +
	x
	90. x
	67.5 x

SUB TOTAL

LESS 20% *25*

DISCOUNTED TOTAL

FRONT DOOR COMFORT LOGO *- ne*

LKK /
the R
• To re
• To di
• Parts
• Third
• No ill
• Supp
is sul

Acknow
Signat
Date:

LABOUR CHARGE

Panel Beating

Spray Painting Charge

Wiring Charge

Tuff Kote

TOTAL LABOUR

ESTIMATE TOTAL

NETT

600

\$ 800.00

\$ 900.00

\$ 30.00

\$ 50.00

\$ 1,780.00

\$ 6,855.08

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.

Workshops

59 Luyang Drive Singapore 508909 24 Senoko Loop Singapore 758156
 383 Sin Ming Drive Singapore 573217 7 Sungei Kadut Way Singapore 729791
 45 Pandan Road Singapore 609286 601 Yishun Industrial Park A Singapore 758732
 320 Ubi Road 3 Singapore 408600

member of COMFORTDELGRO

Date/Time: 22.10.2018 14:30 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305229020

OWNER	REGN NO.: SH 9128P	MILEAGE
AS	MAKE: TOYOTA	FUEL
OWNER NO. 7010045	MODEL: PRIUS HYBRID(G4)	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	DATE/TIME IN 21.10.2018 20:20	
Singapore SINGAPORE 575717	YR OF MANU. 15.06.2017	TARGET DATE
65508755 (R) (P)	CHASSIS CODE JTDKKB3FU203558753	COMPLETION DATE/TIME:
OUNT CARD NO.		

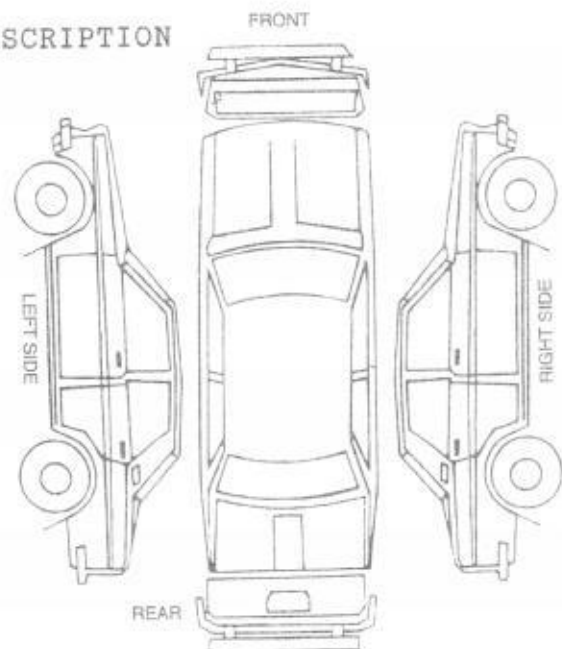
JOB DESCRIPTION

Accident Date: 21.10.2018

NATURE: 3P 21.10.2018

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgeament Slip

Exit Pass

No.: SH 9128P

LKE

Vehicle No.: SH 9128P

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305229020
REGN NO : SH 9128P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 15.06.2017
DATE/TIME IN : 21.10.2018 20:20
ACCIDENT DATE : 21.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	PRIG4 COVER FRONT BUMPER	1 L	499.90	25.00	374.92
0002 04-01-0302-0573-A	PRIG4 FENDER SUB-ASSY FRO	1 L	945.30	25.00	708.97
0003 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1 L	53.50	25.00	40.12
0004 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0005 04-01-0302-2915-G	PRIG4 UNIT ASSY HEADLAMP	1 L	3,455.00	25.00	2,591.25
0006 28-01-0103-0003-A	(140)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50

SUB-TOTAL : 3,799.26

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	30.00

SUB-TOTAL : 1,250.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.10.2018

Time: 19:19:57

Page: 2

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 : 305229020
REGN NO : SH 9128P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 15.06.2017
DATE/TIME IN : 21.10.2018 20:20
ACCIDENT DATE : 21.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,049.26

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305229020
Date : 30/10/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SH9128P CTPL

Fax :

21.10.18

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

1. The repair job shall bill to: NTUC --- SKT8473E
2. The finalized amount shall be:


(a) Spare Parts after List discount	<u>\$3,799.28</u>
(b) Labour Charges	<u>\$1,250.00</u>
Total for Part-By-Part Repair Cost	<u>\$5,049.28</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>


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 KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 31/10/18

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/INC18019178/K1vbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-11-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKT 8473E	Veh. Inspected	SH 9128P	
Policy No.	5075918227-02	Coverage (\$)	0.00	
Claim No.	MT/1017995-001	Excess (\$)	0.00	
Assign From		Assign Date	22/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU203558753	Colour	BLUE	
Odometer	182543	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	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	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/10/2018	Inspection Date	22/10/2018	
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:		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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9128P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	LAMP ASSY,FOG,RH	SERVICEABLE	920.00	-
1	FRONT BUMPER COVER	DEFORMED	499.90	499.90
10	FRONT BUMPER CLIPS	NECESSARY	22.00	22.00
2	FRONT BUMPER SIDE RETAINER @\$77.00	SERVICEABLE	154.00	-
1	UNIT ASSY,HEADLAMP,RH (LED)	GRAZED	3,455.00	3,455.00
1	FENDER SUB-ASSY,FRONT RH	DENTED	945.30	945.30
1	FRONT FENDER SHIELD,RH	SERVICEABLE	196.60	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	3.80	-
1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	53.50	53.50
1	FRONT DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,250.02	-
	LESS 25% DISCOUNT		-	-1,243.92
			5,000.08	3,731.78
<u>NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
<u>LABOUR</u>				
	PANEL BEATING,INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH).		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	30.00
	-		-	-
	-		-	-
	-		-	-
	-		-	-
			1,780.00	1,250.00
GRAND TOTAL			6,855.08	5,049.28

Report Ref No. NS/INC18019178/K1vbn2



Page No.:2 of 2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			5,049.28
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Report Ref No. NS/INC18019178/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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