

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1022406-002	COMFORT TRANSPORTATION PTE LTD	SHD 3739S	PC4013G	02/12/2018	5:05	\$ 4,109.88
2	MT/1022021-002	COMFORT TRANSPORTATION PTE LTD	SH 7626G	SLU 480U	30/11/2018	8:40	\$ 7,887.56

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="30/11/2018 18:54"/>							
Vehicle No.(For Motor)	<input type="text" value="SLU480U"/>	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"/>	5096526149		VEERASAMY	S2014093C	GPC	drive CLASSIC	SLU480U	SLU480U	11/12/2017	28/03/2019
<input type="button" value="Continue"/>										

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	30/11/2018 15:27
Date Of Accident	30/11/2018 08:40
Exact Location Of Accident	PASIR RIS DR 2 X PASIR RIS ST 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7626G
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	MOHD SHARIFF B MOHD RAJAB
NRIC No	S6930204A
Date Of Birth	13/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	13/12/1990
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84469547
Fax Number	
Contact Number	
Email Address	YATIMAH.AHMAD@GMAIL.COM

Address	BLK 125 BEDOK RESERVOIR ROAD #03-1075
Postcode	470125
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	RAINING
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?	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?	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 / Type Of Accident: HEAD TO SIDE

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	SLU480U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VIRA
NRIC/Passport Number	
Contact Number	98599828
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD SHARIFF B MOHD RAJAB
------	---------------------------

Approximate Age	49
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SH7626G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE


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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

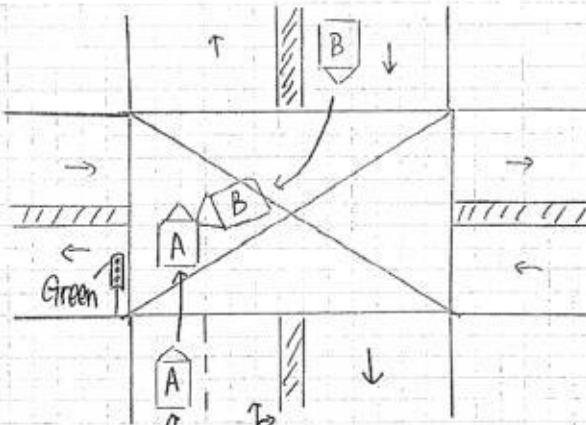
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.11.2018 @ 10:50 Hrs


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

Sketch Plan Pg. 2

SKETCH PLAN



A - SH 7626G.

B - SLU 480U.

Along Pasir Ris Drive 2 x Pasir Ris Street 21.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.11.2018 at about 08:40 hrs, I was travelling along Pasir Ris Drive 2 with no passenger
on board.
I was travelling on the extreme left lane. On the traffic junction with Pasir Ris Street 21, I was
travelling straight and traffic light was green therefore I proceeded straight. Upon crossing the
junction, suddenly veh (B) (SLU 480U), a private car, on my opposite side, did not give way to me
and collided onto my taxi (A) front right portion.
I had company video fixed in my taxi and photos taken at scene to support my claims.
Veh (B) (SLU 480U) was driven by Mr. Vira. Hp : 9859 9828.
After the accident, I suffered pain on my neck and back. I will consult doctor later on.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30.11.2018 @ 10:50 Hrs

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

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 7626G

MAKE :

MODEL : HYUNDAI i40

DATE 1/12/2018

LKK - Calvin

(Sat)

TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover / <i>con</i>			\$ 544.50
	Front Bumper Grille (RH) / <i>con</i>			\$ 41.60
	Front Bumper Bracket Top (RH) / <i>con</i>			\$ 22.40
	Headlamp (RH) / <i>con</i>			\$ 1,388.00
	Front Fender (RH) / <i>con</i>			\$ 566.30
	Front Fender Apron Panel (RH) / <i>con</i>			\$ 637.00
	Front Fender Shield (RH) / <i>con</i>			\$ 174.90
	Front Fender Retainer / <i>con</i>			\$ 24.60
	Front Wheel Rim (RH) / <i>con</i>			\$ 325.30
	Front Wheel Hub Cap (RH) / <i>con</i>			\$ 107.10
	Front Wheel Bearing / <i>con</i>			\$ 150.90
	Front Shock Absorber (Assy) (RH) / <i>con</i>			\$ 342.20
	Front Shock Absorber Mounting (RH) / <i>con</i>			\$ 108.80
	Front Drive Shaft (RH) / <i>con</i>			\$ 1,030.80
	Front Suspension Lower Arm (RH) / <i>con</i>			\$ 529.30
	Knuckle Arm (RH) / <i>con</i>			\$ 552.00
	<i>Front Pan (RH) x repair</i>			
	<i>Rocker Panel Grille (RH) x repair</i>			
	SUB TOTAL			\$ 6,545.70
	LESS 20%			\$ 1,309.14
	DISCOUNTED TOTAL			\$ 5,236.56
	Front Door Comfort Logo (LRH) / <i>con</i>			\$ 75.00
	Front Tyre (RH) / <i>con</i>			\$ 216.00
				\$ 291.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 1,200.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 200.00
	FRT Wheel Alignment			\$ 80.00
	<i>Vehicle towed In</i>			
	TOTAL LABOUR			\$ 2,360.00
	ESTIMATE TOTAL			\$ 7,887.56
				<i>8012.84</i>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during recovery
- Parts prices are subject to confirmation
- Third party survey is only a "reference" basis
- No illegal modification
- Supplementary items must be confirmed and is subject to final approval from the insurance company

Acknowledged by Repairer

Date:

1/12/18

3 Pys

4s

After Repair pth

Nett
Nett

800
800
30
30
100
60

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.

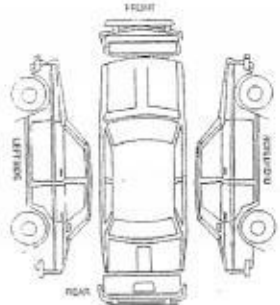
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: 30/11/2018 Time Received: 0855		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/COPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: Mr Mohd Shariff Contact No.: 84469547 Vehicle No.: SH 7626C Make/Model/Colour: I-6 Email:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: 59 Pandan Rd 21		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
3. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			
10. Odometer Reading: 345675 Fuel Level: F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested	

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	
Name of Driver:	Xiaoyu
Vehicle No.:	YN35016
Time Dispatch:	0855
Time of Arrival:	0925
Time Completed:	0955



: Cracked X : Dented
/ : Scatched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

30/11/2018
Date

0925
Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
-------------------------------	------------------------	------------------------------------

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305245654

OMER

S

COMFORT TRANSPORTATION PTE LTD
7010045

OMER NO.

ESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)

(P)

JUNT CARD NO.

REGN NO.:

SH 7626G

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

30.11.2018 08:40

YR OF MANU

14.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU068953

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.11.2018

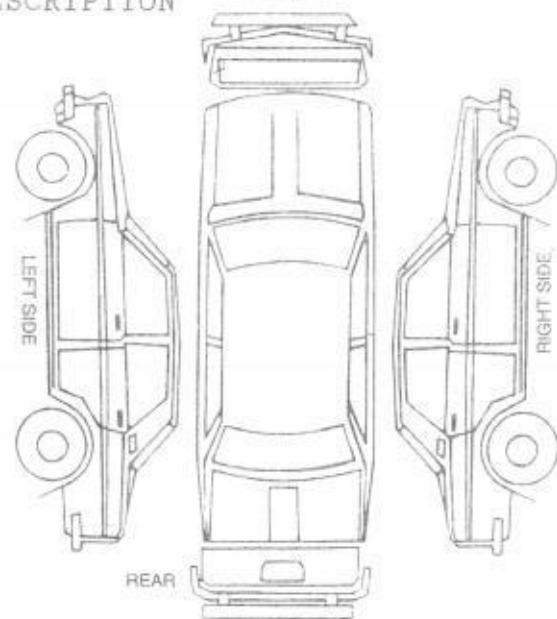
NATURE: 3P 30.11.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Adgement Slip

Exit Pass

o.: SH 7626G

LIMITS

Vehicle No.:

SH 7626G

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORT DELGRO ENGINEERING

VEHICLE : SH 7626G TYPE OF CLAIM : TP
 MODEL : I40 SURVEY BY : LKK-KALVIN
 JOB NO : 305245654 DATE : 03/12/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	TIE-ROD END RH	1	94.70	— Bent
2	WIPER WASHER TANK	1	61.90	— cr
	* Last Entry *			
	CHECK ITEMS – REPLACED			
1	FRT FENDER SHIELD RH	1	174.90	
2	FRT FENDER RETAINER RH	1	24.60	
3	FRT SHOCK ABSORBER RH	1	342.20	
4	FRT SHOCK ABSORBDER MTG RH	1	108.80	
5	FRT SUSPENSION LOWER ARM RH	1	529.30	
	* Last Entry *			
1	ROCKER PANEL GARNISH RH – Reused			
	* Last Entry *			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305245654

Date : 05/12/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 7626G

Date of Accident : 30-Nov-18

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

1. The repair job shall bill to: NTUC --- SLU 480U

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% \$4,550.00

Final Lumpsum Repair cost \$4,550.00

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 : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 5/12/18

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/INC18021737/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 480U	Veh. Inspected	SH 7626G
Policy No.	5096526149	Coverage (\$)	0.00
Claim No.	MT/1022021-002	Excess (\$)	0.00
Assign From		Assign Date	03/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068953	Colour	BLUE
Odometer	345075	Steering	AFFECTED
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

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

5. General Information

Accident Date	30/11/2018	Inspection Date	03/12/2018
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. SH 7626G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER GRILLE (RH)	CUT	41.60	41.60
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER APRON PANEL (RH)	TO REPAIR SEE LABOUR	637.00	-
1	FRONT FENDER SHIELD (RH)	TORN	174.90	174.90
1	FRONT FENDER RETAINER	BENT	24.60	24.60
1	FRONT WHEEL RIM (RH)	BENT	325.30	325.30
1	FRONT WHEEL HUB CAP (RH)	CRACKED	107.10	107.10
1	FRONT WHEEL BEARING	SERVICEABLE	150.90	-
1	FRONT SHOCK ABSORBER (ASSY)(RH)	BENT	342.20	342.20
1	FRONT SHOCK ABSORBER MOUNTING (RH)	TORN	108.80	108.80
1	FRONT DRIVE SHAFT (RH)	SERVICEABLE	1,030.80	-
1	FRONT SUSPENSION LOWER ARM (RH)	BENT	529.30	529.30
1	KNUCKLE ARM (RH)	BENT	552.00	552.00
1	FRONT DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL GARNISH (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	TIE-ROD END RH	BENT	94.70	94.70
1	WIPER WASHER TANK	CRACKED	61.90	61.90
	LESS 20% DISCOUNT		-1,340.46	-972.24
			5,361.84	3,888.96
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (LRH)(SN)	NECESSARY	75.00	75.00
1	FRONT TYRE (RH)(50%)(SN)	PUNCTURE	216.00	108.00
			291.00	183.00

Report Ref No. NS/INC18021737/K1qbn2



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 (\$)
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT FENDER APRON PANEL (RH), FRONT DOOR (RH) AND ROCKER PANEL GARNISH (RH).		800.00	600.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		30.00	30.00
	TUFF KOTE.		50.00	30.00
	REMOVE/REFIX UNDERCARRIAGE (FRT).		200.00	100.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			2,360.00	1,620.00
	GRAND TOTAL		8,012.84	5,691.96
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,550.00

Report Ref No. NS/INC18021737/K1qbn2

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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