

Surveyor: Kelvin

REF: NS/INC18021740/Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop n/s _____

at _____

Insured: SHC 6809J

Policy No: 5095103893 20.10.2017

Claims No: MT/1022279-002

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: SHC 7088R Yr Regt: 21 Apr 2016

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

Truck / Trailer or

Make: Hyundai C.C. 1.8

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

Sp. Reading: 243742 T/Radio: Ins Std / HI / NA

Eng/No: _____

C/No: KAHLB414AH408884

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD. Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Haak K.

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 1/12/18 D.O.L. 3/12/18

Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHC 7088R - NS/FIL18013125/Utd3n2 DA: 2007/18 Inc
	SHC 6809J - NS/INC18020943/Ngh DA: 1641/18 4/2
4/12/18	Chm 1 4/2 \$1200/ 2/12/18 (Red 1229.06, 507)
	RECEIVED 05 DEC 2018

Date/Time, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

Date/Time, File Return to?

2) 5/12 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 1200k

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 5/12/2018

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/1022171-002	COMFORT TRANSPORTATION PTE LTD	SHD 6643P	GBA 5180B	1/12/2018	3:15	\$ 2,992.68	\$ 1,750.00
2	MT/1022164-002	COMFORT TRANSPORTATION PTE LTD	SHB 6345K	SIQ 2334R	30/11/2018	21:20	\$ 1,510.00	\$ 900.00
3	MT/1022632-001	COMFORT TRANSPORTATION PTE LTD	SHD 3025T	SIV 3425D	3/12/2018	6:40	\$ 1,570.00	\$ 1,100.00
4	MT/1022279-002	CITYCAB PTE LTD	SHC 7088R	SHC 6809J	1/12/2018	15:30	\$ 2,429.06	\$ 1,200.00

Claim received from LKK Auto

eBaoTech

General Claim

Hello, NAC_PAYA_UBT_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 checked="" type="radio"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6809J	SHC6809J	20/10/2017	

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	03/12/2018 07:45
Date Of Accident	01/12/2018 15:30
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7088R
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	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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEE BOON HAI
NRIC No	S1554599B
Date Of Birth	21/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97539175
Fax Number	
Contact Number	
Email Address	AHHAI4599@GMAIL.COM

Address	870 #11-164 HOUGANG STREET 91
Postcode	530970
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	CHAIN COLLISION
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?	YES
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SHC6809J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL HAMID
NRIC/Passport Number	S1121873C
Contact Number	97563553
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA7594G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LUM KAI CHOE, HENRY

NRIC/Passport Number

S1412346F

Contact Number

91818024

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLQ3225S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE BRUCE

NRIC/Passport Number

S7901168F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE BRUCE

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SLQ3225S

Were seat belts worn?

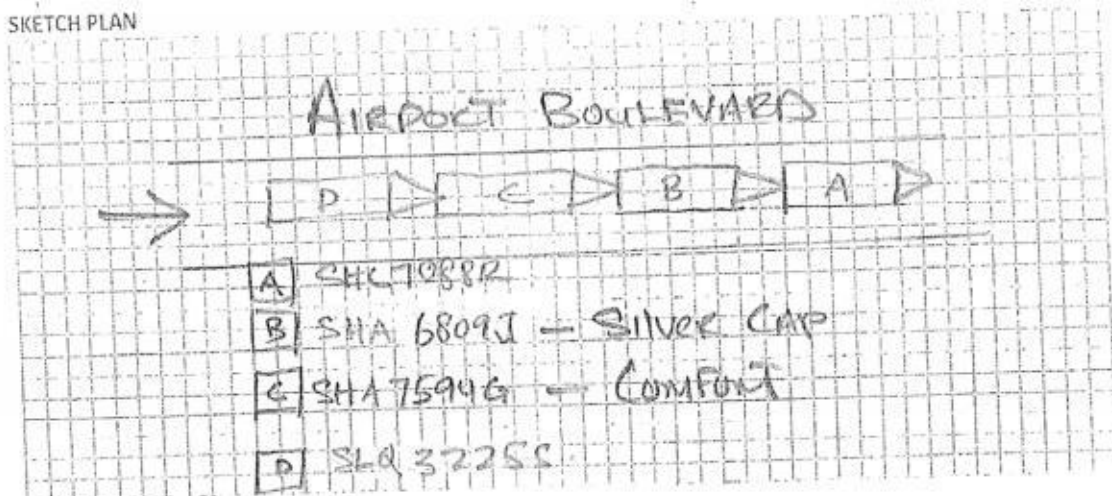
Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE AND Time: 01-12-18 @ 1530hr.
 Location: AIRPORT BOULEVARD

Refer Police Report No:
 T/20181201/2132

DECLARATION

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

CITYCAB PTE LTD
 REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name: Fauzy



**SINGAPORE
POLICE FORCE**



T/20181201/2132

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2018 18:27	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: LEE BOON KAI	Address: APT BLK 970 HOUGANG STREET 91 #11-164 SINGAPORE 530970		
ID Type / ID No.: NRIC NO / S1554599B	Contact No.:	Mobile: 97539175	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 56	Date of Birth: 21/08/1962	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

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2018 15:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
TWDS CITY				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7594G	Car C					0
SHC6809J	Car B					0
SHC7088R	Car A				Slightly Damaged	1
SLQ3225S	Car D					0



**SINGAPORE
POLICE FORCE**



T/20181201/2132

2.

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/213.

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ABDUL HAMID	ID No.	S1121873C
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE BOON KAI	ID No.	S1554599B
Related Vehicle	NIL	Contact No.	97539175
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE BRUCE	ID No.	S7901188F
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION @ ABT 1530HRS,

I WAS DRIVING MY TAXI ALONG THE STRAIGHT ROAD OF LANE 3 OF 4. AS I WAS GOING STRAIGHT. THE TRAFFIC CONDITION WAS HEAVY AND HAD ROAD WORKS ALONG THE WAY. I JAMMED BRAKED DUE TO THE HEAVY ROAD WORK. BUT UNFORTUNATELY THE VEHICLES BEHIND ME COULDN'T STOP AND COLLIDED ON MY TAXI. THERE WAS TOTAL OF 4 CARS INVOLVED IN THE ACCIDENT INCLUDING MY VEHICLE.



SINGAPORE
POLICE FORCE



T/20181201/2132

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181201/2132

CONTINUATION OF REPORT

I HAVE THE VIDEO FOOTAGE WITH ME .I EXCHANGED PARTICULARS AND LEFT THE SCENE.
THATS ALL



SINGAPORE
POLICE FORCE



T/20181201/2132

4 of 4

Report No. T/20181201/2132

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp

Signature Of Informant:

[Handwritten Signature]

Date/Time:
01/12/2018 18:27

Classification Of Case:



SINGAPORE
POLICE FORCE

1 /



T/20181201/2134

1 of 2

Report No. T/20181201/2134

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No	T/20181201/2132
Report Number	T/20181201/2134
Vide Report Number	
Date/Time of Report Made	01/12/2018 18:32
Place Report Lodged	Traffic Police
Type of Informant	Driver
Name of Informant	LEE BOON HAI
ID Type / ID No.	NRIC NO / S1554599B
Home/Office	
Mobile	97539175
Email	
Type of Accident	Injury / Conveyed By Ambulance
Drink Drive	No
Anyone conveyed by ambulance	Yes
Date/Time of Accident	01/12/2018 15:30

Brief Facts.

REFER TO T/20181201/2132



T/20181201/2134

2 of 4

Report No. T/20181201/2134

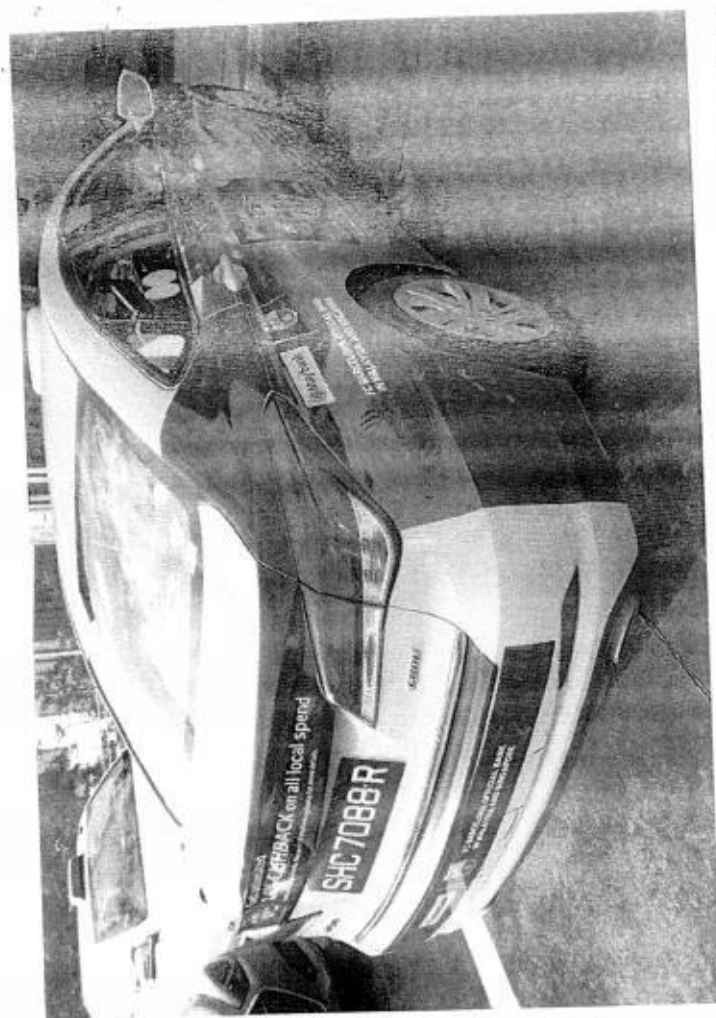
Continuation of CSF For NP168

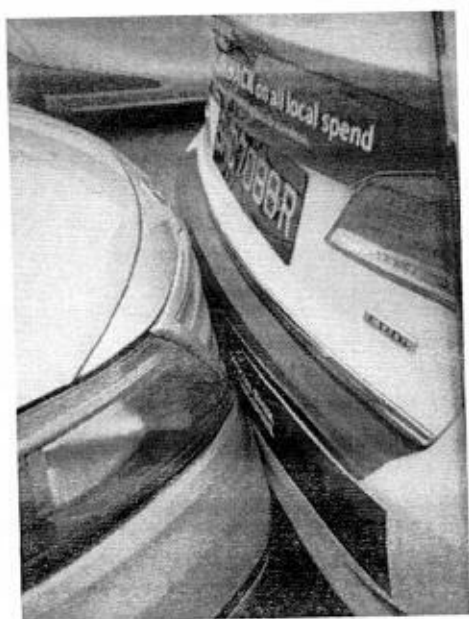
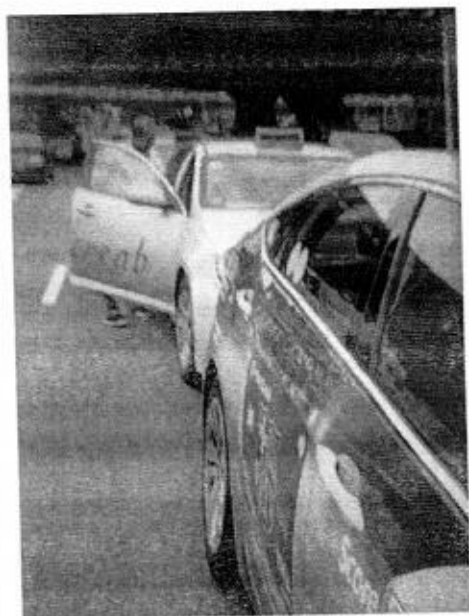
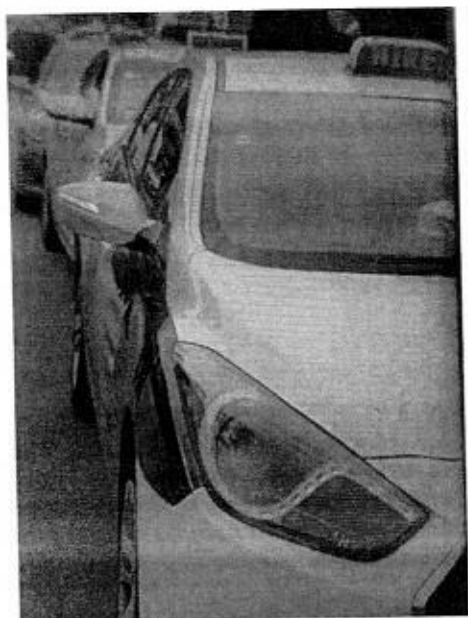
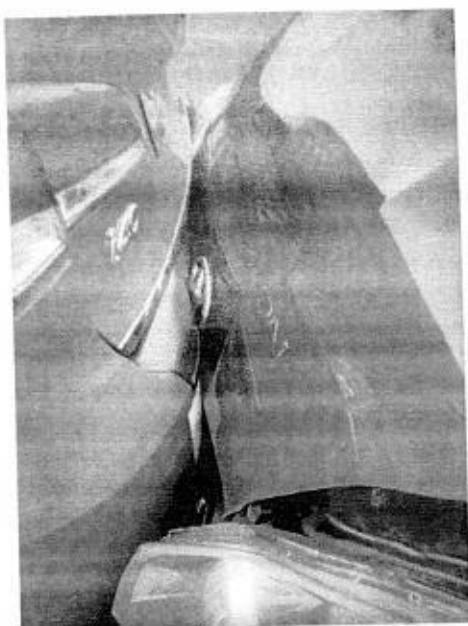
Sketch Plan

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / LIM HONG LEE
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE





REPAIR ESTIMATE*

DATE 3/12/2018 9:42

MODEL : HYUNDAI i40

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Reinforcement			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge			\$ 103.50	
	Rear Bumper Under Cover			\$ 228.00	

Date/Time: 03.12.2018 09:43

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3878576

JC NO.: 305246239

TOMER

MS

CITYCAB PTE LTD

7010070

TOMER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65551188

(O)

(P)

(P)

COUNT CARD NO.

REGN NO.: SHC7088R

MILEAGE

MAKE : HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 02.12.2018 08:45

YR OF MANU 21.04.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU088844

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.12.2018

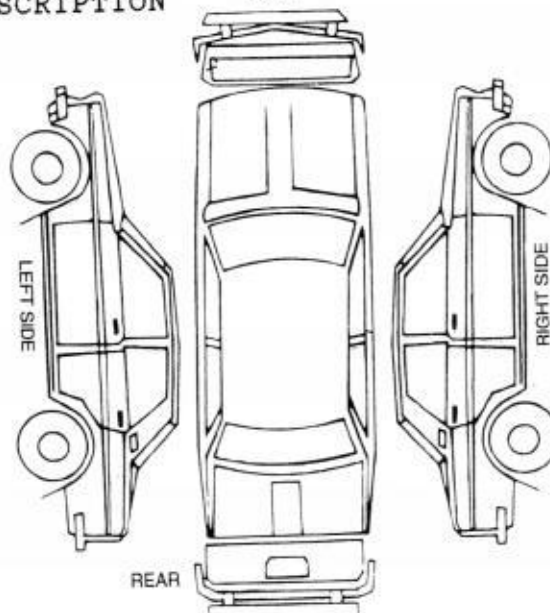
NATURE: 3P 01.12.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.:

SHC7088R

FZ NTUC

Vehicle No.:

SHC7088R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305246239

Date : 04.12.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7088R

Date of Accident : 01.12.2018

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

1. The repair job shall bill to: NTUC --- SHC6809J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable) 20% \$1,200.00
 - Total for Lumpsum repair cost after Less: \$1,200.00
 - 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 4/12/18

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		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/INC18021740/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 13-12-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 6809J	Veh. Inspected	SHC 7088R
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1022279-002	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.	2016
Chassis No.	KMHLB41UMGU088844	Colour	YELLOW
Odometer	243742	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	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
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/12/2018	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.			
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. SHC 7088R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			435.70	435.70
<u>LABOUR</u>				
	PANEL BEATING.		380.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	-		-	-
	-		-	-
	-		-	-
			740.00	430.00
GRAND TOTAL			2,429.06	1,508.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,200.00

Report Ref No. NS/INC18021740/K1vbn2

Report Ref No. NS/INC18021740/K1vbn2

A handwritten signature in black ink, consisting of a large, stylized letter 'K' followed by a vertical line.

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, consisting of a stylized 'L' followed by a horizontal line and a small flourish.

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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