

Surveyor: Kalvin

REF: NS/INC18021741/Kmb22

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/NS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

Insured: PC 4013 G

Policy No: 5073 707511 - 03 06.10.18 - 05.10.19

Claims No: MT/1022406-002

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

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 3739 S

Yr Regn: 13 Sep 2018

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

Truck / Trailer or

Make: Hyundai Tucson c.c. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 31494 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHC851CVK4107568

Gen. Cond: Good / ☒ Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. 2/12/18 D.O.I. 3/12/18

Survey held at CDGE (Loyang)

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

O/S Front.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 3739 S - NS/INC17016307 / Kmb22
	PC 4013 G - X
5/12/18	Checked P/P \$2860.06 / 3 P's, (Red 1582.32, 369)
	RECEIVED 06 DEC 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/12 - typist

Report Format: TP

Lump Sum / L.B.I. (\$) 2860.06

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

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	PC 4013G	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. 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"/>	5073707511-03		Q Y J TRANSPORT SERVICES	53313820E	GBS	Third Party, Fire & Theft	PC4013G	PC4013G	06/10/2018	05/10/2019

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	02/12/2018 11:25
Date Of Accident	02/12/2018 05:05
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 1 DEPARTURE HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3739S
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	IONIQ HYBRID

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	LEONG CHIANG NANG
NRIC No	S1059319J
Date Of Birth	23/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1970
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98716063

Fax Number

Contact Number

Email Address

MIKEANNA2309@YAHOO.COM.SG

Address	BLK 158 LORONG 1 TOA PAYOH #09-1504
Postcode	310158
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)	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

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	PC4013G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHIN BENG
NRIC/Passport Number	S1524413E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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:

2/12/18
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/12/2018 at about 0505 hrs, I vehicle it was
 alighting my passenger Chennai Airport terminal 1
 Near gate 4. While my taxi was stationary, vehicle B
 passed by brush against my right wing mirror and
 right front portion. No one was injured at that
 time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199203321R

Policyholder's Signature
 Date & Time:

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

2/12/18
 Jackson Henry
 CSO

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

OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

NTUC
LKK

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 8280 Facsimile + 65 6290 9755

Workshops

69 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road 3 Singapore 408699

24 Serangoon Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 758732

Date/Time: 03.12.2018 09:23

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305246292

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

JUNT CARD NO:

REGN NO.: SHD3739S

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL IONIQ(G2)

E.....1/2.....F
DATE/TIME IN 02.12.2018 06:30

YR OF MANU 13.09.2018

TARGET DATE

CHASSIS CODE RMHC851CVKU107568

COMPLETION DATE/TIME:

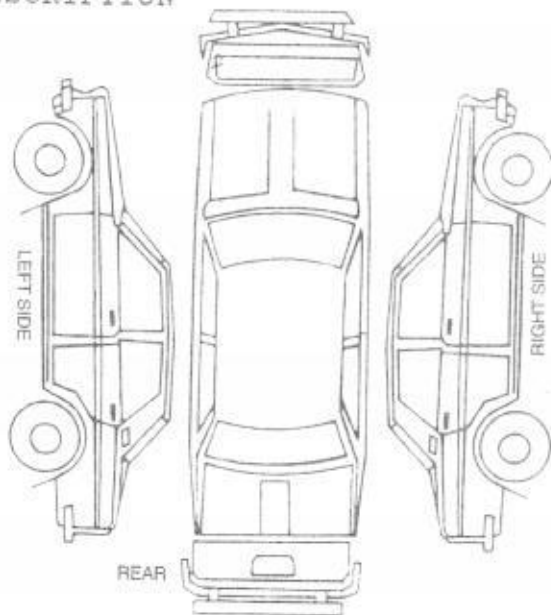
Accident Date: 02.12.2018
NATURE: 3P 02.12.18

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION

FRONT



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHD3739S

LIMITS

Vehicle No.:

SHD3739S

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 PTE LTD

Date: 03.12.2018

Time: 10:59:00

REPAIR ESTIMATE

Page: 1

NTUC-CP/PJ
LKK-Kalvin

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

JOB NO : 305246292
REGN NO : SHD3739S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 02.12.2018 06:30
ACCIDENT DATE : 02.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	FRT BUMPER	1	1,152.90	20.00	922.32	X repair
0002 04-01-0104-0573-G	FRT FENDER RH	1	490.70	20.00	392.56	— Part
0003 04-01-0104-3913-G	FRT FENDER BLUE DRIVE RH	1	26.60	20.00	21.28	— ne
0004 04-01-0104-2538-G	WING MIRROR RH	1	1,102.00	20.00	881.60	— Broken
0005 28-01-0103-0003-A	Frt Door COMFORTDELGRO RH	1	75.00	2.00	75.00	— 67.50 ne
0006 03-01-0104-2061-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12	— changed

Front Door (RH) X repair
Front LHS door Pillar (RH) X repair

SUB-TOTAL : 2,569.88

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 17-01	CHECK ALL LIGHTING
0003 20-00	TUFF COAT ON AFFECTED PARTS.
0004 L	WHEEL ALIGNMENT

~~660.00~~ 400
~~40.00~~ X 17
~~60.00~~ 20
~~120.00~~ X 12

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.12.2018

REPAIR ESTIMATE

Time: 10:59:00

Page: 2

NTUC - CP/P

IS

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

JOB NO : 305246292
REGN NO : SHD3739S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 02.12.2018 06:30
ACCIDENT DATE : 02.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,540.00

TOTAL : 4,109.88 4445.38

Lmfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Ka lun (Ucky)
3/12/18 1110 hrs
3 Pgs
P/P
Before Paint photo

LKK Auto Collision Repair Centre
the Repairer of the following:
• To resurvey before/after repair/painting
• To display damaged parts during resurvey
• Parts prices are subject to confirmation
• Third party survey is on a "Without Prejudice" basis
• No illegal modification(s) is allowed
• Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305246292
Date : 04/12/18

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :

Vehicle Reg No. : SHD3739S Date of Accident : 02-Dec-18

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


1. The repair job shall bill to: NTUC --- PC4013G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,640.06
 - (b) Labour Charges \$1,220.00
 - Total for Part-By-Part Repair Cost \$2,860.06**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost


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:

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

JOB NO : 305246292
REGN NO : SHD3739S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 02.12.2018 06:30
ACCIDENT DATE : 02.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	FRT FENDER RH	1	490.70	20.00	392.56
0002 04-01-0104-3913-G	FRT FENDER BLUE DRIVE RH	1	26.60	20.00	21.28
0003 04-01-0104-2538-G	WING MIRROR RH	1	1,102.00	20.00	881.60
0004 28-01-0103-0003-A	Frt Door COMFORTDELGRO RH	1	75.00	10.00	67.50
0005 03-01-0104-2061-G	FRT WHEEL CAP RH	1	346.40	20.00	277.12

SUB-TOTAL : 1,640.06

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	800.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 1,220.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.12.2018

REPAIR ESTIMATE

Time: 15:17:38

Page: 2

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

JOB NO : 305246292
REGN NO : SHD3739S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 13.09.2018
DATE/TIME IN : 02.12.2018 06:30
ACCIDENT DATE : 02.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,860.06


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**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/INC18021741/K1vbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 4013G	Veh. Inspected	SHD 3739S
Policy No.	5073707511-03	Coverage (\$)	0.00
Claim No.	MT/1022406-002	Excess (\$)	0.00
Assign From		Assign Date	03/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107568	Colour	BLUE
Odometer	31494	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	MICHELIN	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	7 mm
L/H Rear Tyre	195/65 R15	MICHELIN	7 mm

4. Description of Damages

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

5. General Information

Accident Date	02/12/2018	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:	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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3739S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRT BUMPER	TO REPAIR SEE LABOUR	1,152.90	-
1	FRT FENDER RH	DENTED	490.70	490.70
1	FRT FENDER BLUE DRIVE RH	NECESSARY	26.60	26.60
1	WING MIRROR RH	BROKEN	1,102.00	1,102.00
1	FRT WHEEL CAP RH	GRAZED	346.40	346.40
1	FRT DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRT WINDSCREEN PILLAR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-623.72	-393.14
			2,494.88	1,572.56
	<u>NETT ITEMS</u>			
1	FRT DOOR COMFORTDELGRO RH (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-7.50	-7.50
			67.50	67.50
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT BUMPER,FRONT DOOR (RH) AND FRT WINDSCREEN PILLAR (RH).		660.00	400.00
	SPRAYPAINT ON AFFECTED AREA.		1,000.00	800.00
	CHECK ALL LIGHTING.	NOT NECESSARY	40.00	-
	TUFF COAT ON AFFECTED PARTS.		60.00	20.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,880.00	1,220.00
	GRAND TOTAL		4,442.38	2,860.06
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,860.06

Report Ref No. NS/INC18021741/K1vbs2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.