

Surveyor: Kelvin

REF: NS/INC18021938/KITB02

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: **SLB 5490H**
 Policy No: **5089387436-01 130418-120419**
 Claims No: **MT/10 22295-001**
 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 Report: _____ 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: **SHC 7617P** Yr Regn: **854 24**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Santa** c.c. **1994**
 Colour: **Yel/Blk** A/C: Ins **Ad** / Std / NI / NA
 Sp. Reading: **25 7305** T/Radio: Ins **Ad** / Std / NI / NA
 Eng/No: _____
 C/No: **KM HET41 VMB A813599**
 Gen. Cond: Good / ~~Bad~~ / Poor / Burnt
 Steering: In **Ad** / Jammed / Leaked / Burnt or
 Brake: In **Ad** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD **Ad** or
 Tyre Size: F: **215/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / WIC / OUTSU / PIR / SUMI /
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **5/12/18** D.O.I. **5/12/18**
 Survey held at **C D G E (Loyang)**
 Des. of Damages: Frt / Rear / O/S / WS / UIC / Rooftop or
Per op.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
10/12/18	Check 4532701/ 3B1. (Red: 2458-66 : 24710) Inc 45

RECEIVED 13 DEC 2018

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

1) **13/12 Typist** ☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: **TP**

Lump **45** / I.B.I: **27007-**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

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

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

160

eBaoTech

GeneralClaim

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="05/12/2018 17:40"/>
Vehicle No.(For Motor)	<input type="text" value="SLB5490H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5089387436-01		TANG SOON ONN	S1424040C	GPC	drive CLASSIC	SLB5490H	SLB5490H	13/04/2018	12/04/2019

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 11 December 2018 1:36 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
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

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 so that we can attend to it accordingly.'*

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 11 December, 2018 8:33 AM
To: mtreg
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1022718-002	COMFORT TRASPORTATION PTE LTD	SHC 8138Z	SHD 2607X	
2	MT/1022895-001	COMFORT TRASPORTATION PTE LTD	SHC 7617P	SLB 5490H	

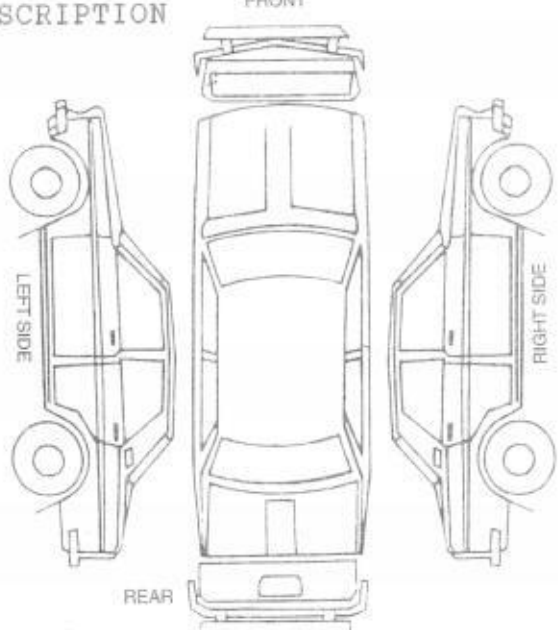
Best Regards,
Denise Tay | Case Handler

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305247265

OMER	REGN NO.: SHC7617P	MILEAGE
IS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL SONATA	DATE/TIME IN 05.12.2018 09:05
IESS Singapore SINGAPORE 575717	YR OF MANUF 08.07.2011	TARGET DATE
65551188 (O)	CHASSIS CODE KMHET41VMB A813599	COMPLETION DATE/TIME:
(R)		
(P)		
JUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 05.12.2018
NATURE: 3P 05.12.2018

S/NO	LABOR CODE	DESCRIPTION
		<div>FRONT</div>  <div>LEFT SIDE</div> <div>RIGHT SIDE</div> <div>REAR</div>

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Recognition Slip	Exit Pass	Vehicle No.: SHC7617P
No.: SHC7617P LKE		
Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection	To be kept by Security Guard	

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	05/12/2018 09:49
Date Of Accident	05/12/2018 08:20
Exact Location Of Accident	LENTOR AVE TWDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7617P
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	SONATA-2.0 (A)

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	TAY HIAP LEE
NRIC No	S1796005I
Date Of Birth	16/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1985
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97803689
Fax Number	
Contact Number	
Email Address	TAYHIAPLEE@GMAIL.COM

Address	BLK 690E WOODLANDS DRIVE 75 #14-210
Postcode	735690
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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER 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	SLB5490H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG YOU HUI
NRIC/Passport Number	S9219940A
Contact Number	97563216
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAY HIAP LEE
Approximate Age	
Injuries Sustain	LOWER BACK AND NECK
Injured person in which vehicle?	SHC7617P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

CITYCAB PTE LTD
REG. NO. 19950239G



5/12/18
Jackson Heng
CSO

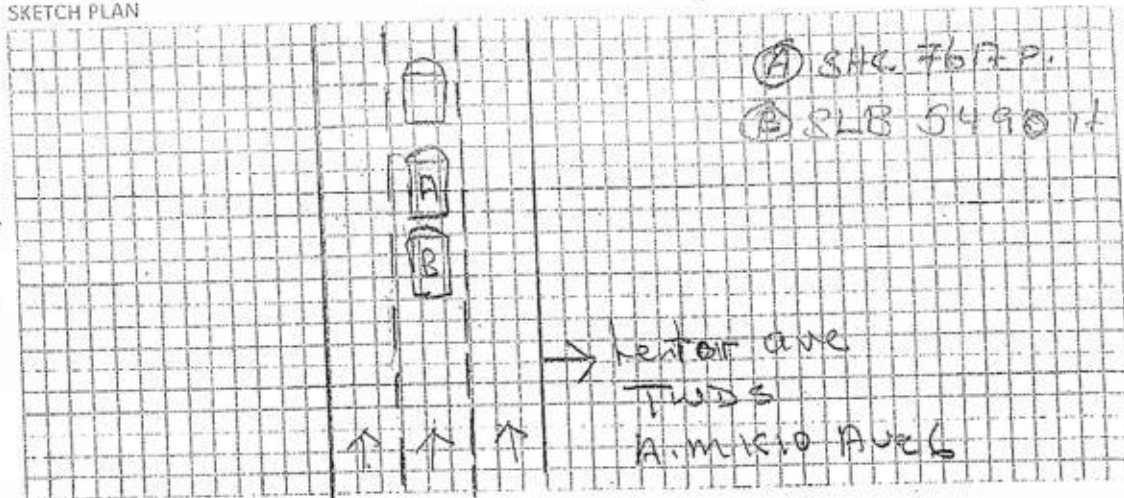
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/12/2018 at about 0820 hrs, I vehicle A was driving my taxi along Hentor ave toward Ang Mo Kio ave 6 on the lane 2 of 3 lane. As a car in front of applied brake and stop. I managed to stop in time. Vehicle B Came from behind and Collided onto vehicle A rear portion.

DECLARATION

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

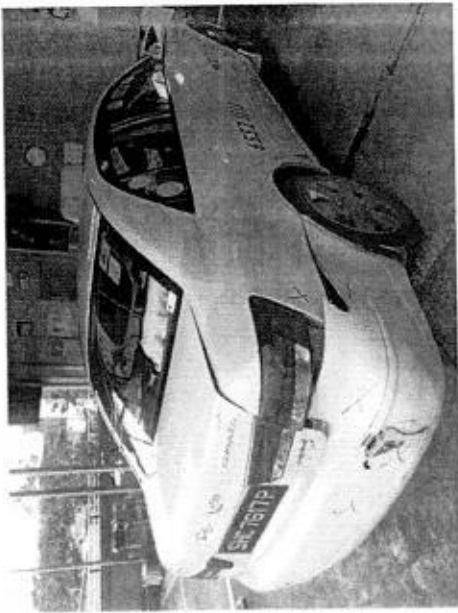
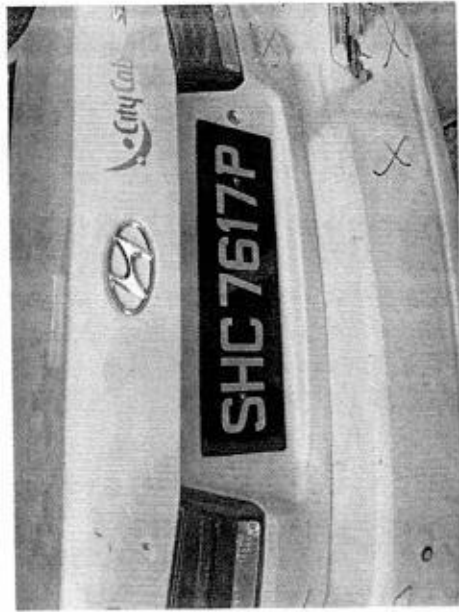
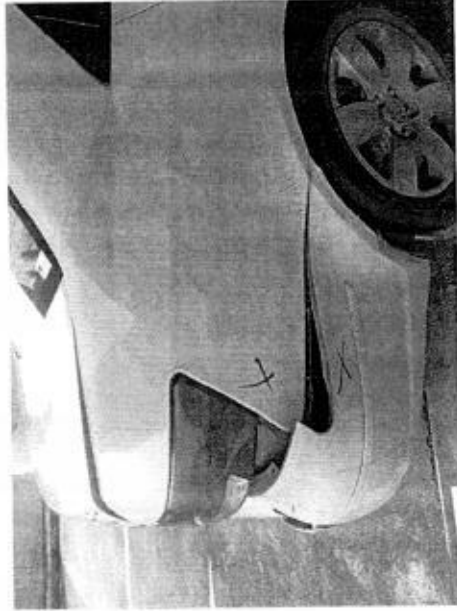
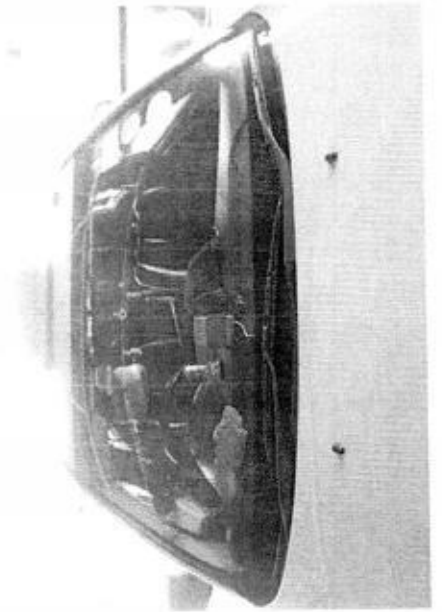
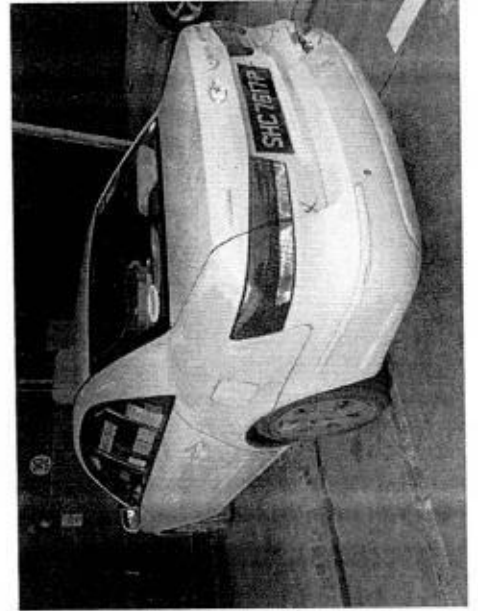
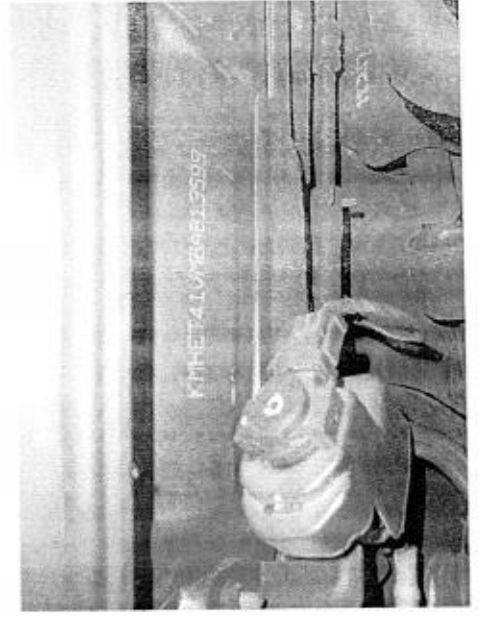
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

5/12/18
Jackson Ho
CBO



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7617P

DATE 5/12/2018 10:41

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,349.50
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- ne</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>- ne</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>- ne</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- ne</i>			\$ 22.70
	Boot Lid Lamp (RH) <i>X su</i>			\$ 230.20
	Rear Bumper <i>- Behind</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X su</i>			\$ 483.30
	Rear Bumper Clip <i>- ne</i>			\$ 22.00
	Rear Bumper Sponge <i>- su</i>			\$ 137.40
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80
	Rear Bumper Protector (RH) <i>X repair</i>			\$ 38.00
	Rear Panel <i>X repair</i>			\$ 391.80
	Rear Panel Garnish <i>X su</i>			\$ 95.80
	SUB TOTAL			\$ 3,791.20
	LESS 20%			\$ 758.24
	DISCOUNTED TOTAL			\$ 3,032.96
	Boot Lid Comfort Logo & Tel No. Sticker <i>- ne</i>			\$ 30.00 Nett
	Boot Lid Advertisement Logo <i>+ 2 su</i>			\$ 100.00 Nett
	Rear Bumper Reverse Sensor <i>3 hrs</i>			\$ 135.70 Nett
				\$ 265.70
	Labour Charge			400
	Panel Beating <i>5/12/18 1340 hrs</i>			\$ 800.00
	Spray Painting Charge <i>3 hrs</i>			\$ 900.00 600
	Wiring Charge <i>4/5</i>			\$ 30.00 20
	Tuff Kote			\$ 50.00 20
	Remove/Refix Reverse Sensor <i>After Repair photo</i>			\$ 80.00 30
	TOTAL LABOUR			\$ 1,860.00
	ESTIMATE TOTAL			\$ 5,158.66

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305247265
Date : 07/12/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHC7617P CCPL

Fax :

05.12.18

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


1. The repair job shall bill to: NTUC --- SLB5490H
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% \$2,700.00
Final Lumpsum Repair cost \$2,700.00


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 KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 10/12/18

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/INC18021938/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-12-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLB 5490H	Veh. Inspected	SHC 7617P
Policy No.	5089387436-01	Coverage (\$)	0.00
Claim No.	MT/1022895-001	Excess (\$)	0.00
Assign From		Assign Date	05/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA813599	Colour	YELLOW
Odometer	257305	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	05/12/2018	Inspection Date	05/12/2018
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. SHC 7617P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	BOOT LID LAMP (RH)	SERVICEABLE	230.20	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-758.24	-537.44
			3,032.96	2,149.76
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			265.70	165.70
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (RH) AND REAR PANEL.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	20.00

Report Ref No. NS/INC18021938/K1tbn2



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 (\$)
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,860.00	1,070.00
GRAND TOTAL			5,158.66	3,385.46
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,700.00

Report Ref No. NS/INC18021938/K1tbn2

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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