

Surveyor: Kelvin

REF: NSI INC18022115 / K1qdz2

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: SHB 87802

Policy No: 5095103893 (20/10/17-

Claims No: MY1022942-002

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 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: SHD 6822P Yr Regn: 8 Apr 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~O~~ / Prime Mover /

Truck / Trailer or _____

Make: Mercedes Benz E 210 c.c. 2143

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

Sp. Reading: 49392 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2120012B318546

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: Inorder / ~~Jammed~~ / Leaked / Burnt or _____

Brake: Inorder / ~~Jammed~~ / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD~~O~~ / Rim or _____

Tyre Size: F: 225/55 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUMI / TOYO / YOKO or Wet/In

Front R/Bal. 3 mm

Rear R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 6/12/8 D.O.I. 7/12/8

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHD 6822P-X Incl.
	SHB 87802-X 4x
12/12/8	Check L/S of 6850 / 3 lgs. (Red to 8518.46, 55%)
RECEIVED 14 DEC 2018	

Date/Time, File Pass to? : Prell. Report

1) 12/12/2018 : Final Report

Date/Time, File Return to? _____

Report Format: TP

Lump Sum / I.B.I. (\$) 6850

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	_____
_____ S + RS _____ St	_____
Photos	_____
Others	_____
TOTAL	<u>160</u>

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1023016-002	COMFORT TRASPORATION PTE LTD	SHD 4870M	XD 1376D	7/12/2018	12:45	\$ 5,797.00
2	MT/1023382-002	COMFORT TRASPORATION PTE LTD	SHC 1114M	SJR 4632L	9/12/2018	14:05	\$ 2,402.32
3	MT/1023692-001	COMFORT TRASPORATION PTE LTD	SHC 7357P	SJU 416E	8/12/2018	6:40	\$ 1,940.16
4	MT/1023076-002	COMFORT TRASPORATION PTE LTD	SH 6683Y	SJF 1671G	8/12/2018	11:15	\$ 2,094.23
5	MT/1023696-001	COMFORT TRASPORATION PTE LTD	SHC 2729H	SLR 5667G	8/12/2018	20:50	\$ 2,752.46
6	MT/1023700-001	COMFORT TRASPORATION PTE LTD	SHD 4128Z	SKD 3208Y	5/12/2018	18:45	\$ 1,380.32
7	MT/1022942-002	COMFORT TRASPORATION PTE LTD	SHD 6822P	SHB 8780Z	6/12/2018	18:45	\$ 15,378.46
8	Duplicate Entry	COMFORT TRASPORATION PTE LTD	SHD 4128Z	SKD 3208Y	6/12/2018	19:45	\$ 1,380.32
9	MT/1023712-001	COMFORT TRASPORATION PTE LTD	SHC 3692Y	GBA 5648U	7/12/2018	15:30	\$ 4,503.68
10	MT/1023050-002	COMFORT TRASPORATION PTE LTD	SHA 7526D	SMA 5171Y	7/12/2018	18:35	\$ 5,179.84
11	MT/1023032-002	COMFORT TRASPORATION PTE LTD	SH 7276A	SJA 3473A	8/12/2018	3:20	\$ 2,419.06

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="06/12/2018 12:43"/>
Vehicle No.(For Motor)	<input type="text" value="SHB8780Z"/>	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"/>	5095103893		PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHB8780Z	SHB8780Z	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	07/12/2018 11:55
Date Of Accident	06/12/2018 18:45
Exact Location Of Accident	STAMFORD ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6822P
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	MERCEDES-BENZ
Model	MERC

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TEO CHOR HENG
NRIC No	S1478074B
Date Of Birth	10/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97609688
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	113 04-575 SERANGOON NORTH AVENUE 1
Postcode	550113
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?	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

SEE ATTACH.

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	SHB8780Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LIAN HOCK
NRIC/Passport Number	S7214742A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

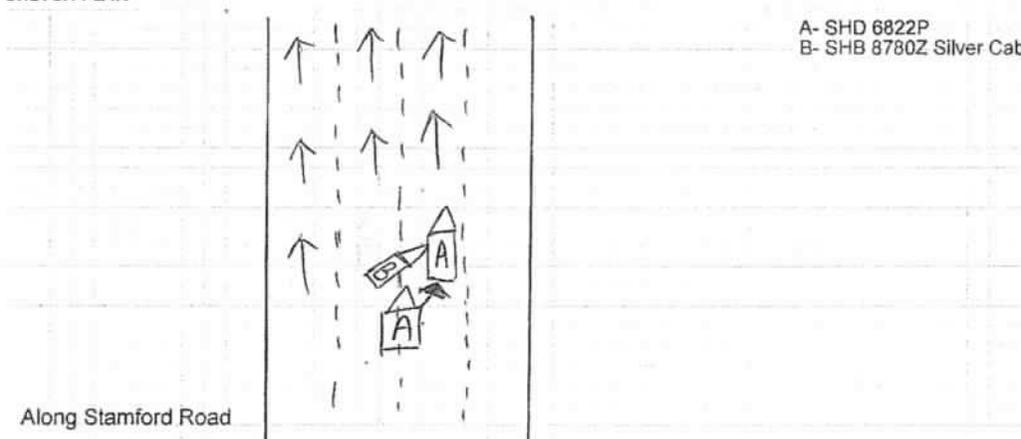
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TEO CHOR HENG
Approximate Age	57
Injuries Sustain	NECK,BACK
Injured person in which vehicle?	SHD6822P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06 DEC 18 @ 1845 HRS I was travelling along Stamford Road with one male passenger onboard.
As I was travelling on the third lane from right. I filtered to the second lane and suddenly veh (B) SHB 8780Z cut into my lane and hit my taxi (A) whole left portion. As the accident took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claim.
No one was conveyed by ambulance.
After the accident I suffered pain on my neck and back will consult doctor later on.
Veh (B) SHB 8780Z Mr Tan Lian Hock S7214742A

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: 07 DEC 18 @ 1115HRS

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

7/12/18
Jackson Heng
CSO JACKDA

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.

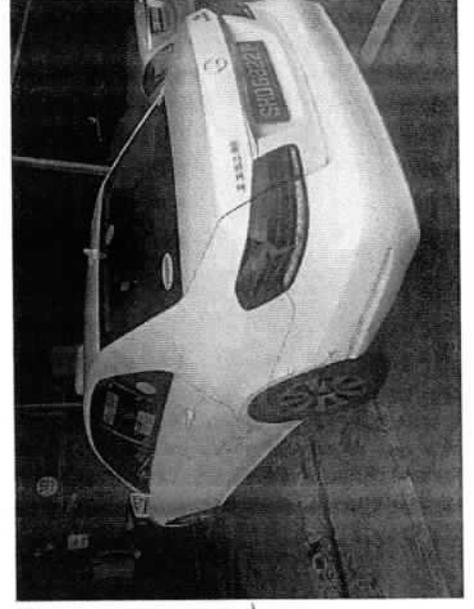
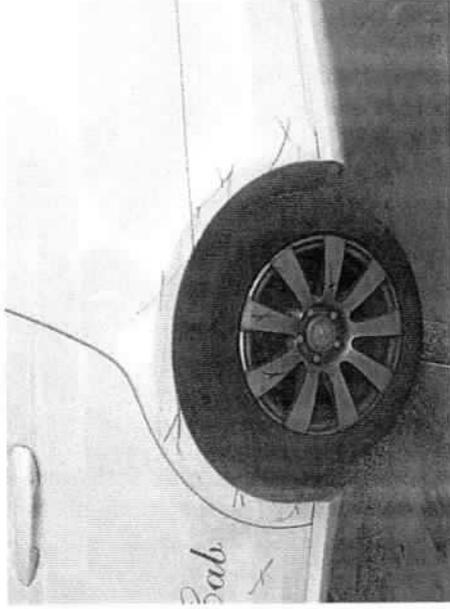
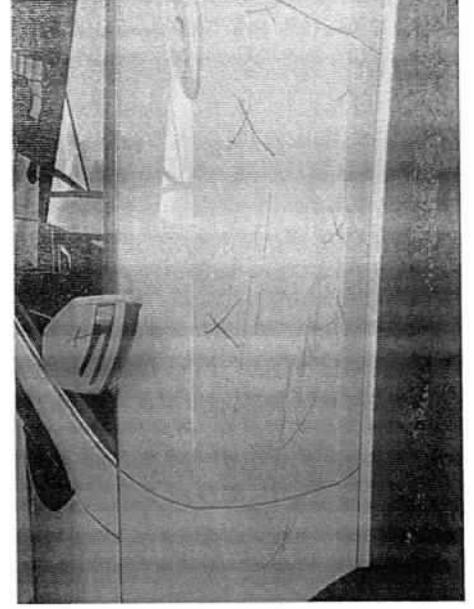
COMFORT TRANSPORTATION PTE.
CORP. REG. NO. 19014821R

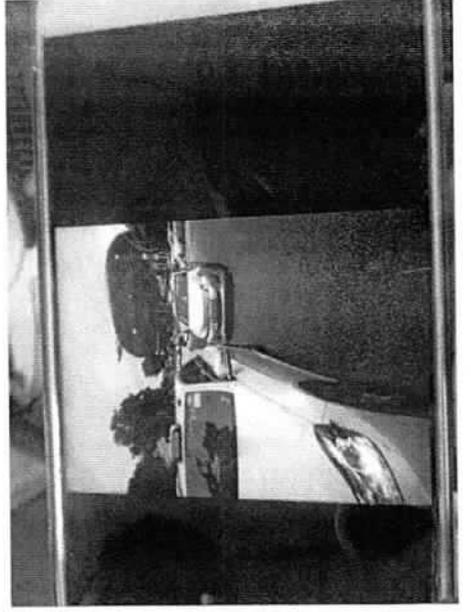
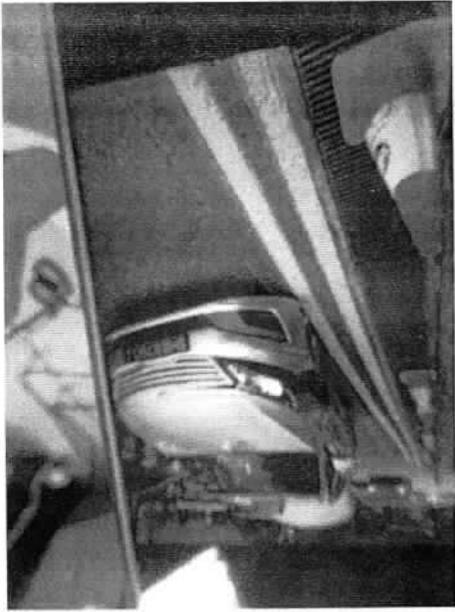
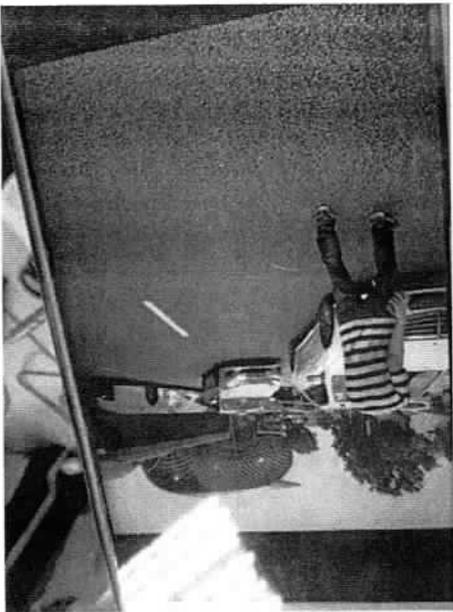
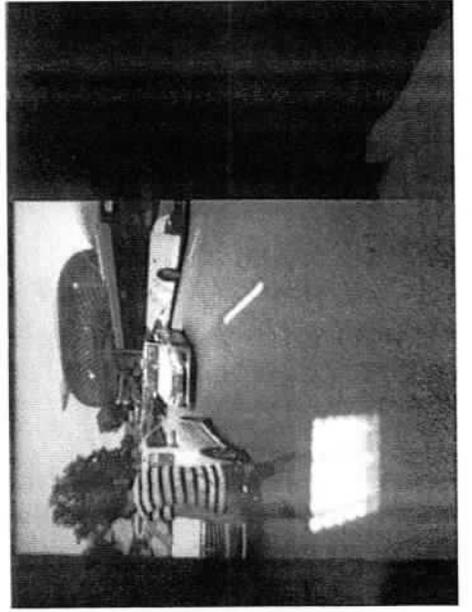
Policyholder's Signature
Date & Time:

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

7/12/18
Jackson Henry
CSO

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





Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 608286
329 Upper Cross Street Singapore 048897

24 Senoko Loop Singapore 758156
7 Sungai Kadul Way Singapore 728791
501 Yehun Industrial Park A Singapore 788732

A member of COMFORTDELGRO

Date/Time: 07.12.2018 13:25 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305248347

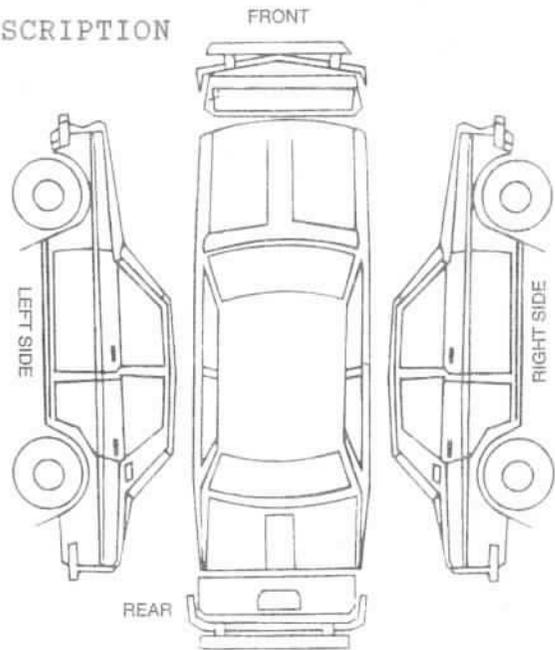
CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHD6822P	MILEAGE
		MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
		MODEL E220CDI (E6)	DATE/TIME IN 06.12.2018 21:40
		YR OF MANU 08.04.2016	TARGET DATE
		CHASSIS CODE WDD2120012B318546	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2018
NATURE: 3P 06.12.2018 -C

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD6822P CHIANG

Vehicle No.: SHD6822P

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

REPAIR ESTIMATE*

VEHICLE NO : SHD 6822P

DATE 7/12/2018 11:14

Abne

MAKE :

Cheng

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>cut</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>X</i>			\$ 95.00
	Bumper Inner Clip, Frt <i>in</i>			\$ 22.00
	Headlamp, LH <i>hugel</i>			\$ 3,957.00
	Fender, Frt/LH <i>X repair</i>			\$ 996.08
	Wheel Rim <i>hugel</i>			\$ 1,250.00
	Tyre 205/60R16 Yokohama <i>X su</i>			\$ 480.00
	Door Shell, Frt/LH <i>X repair</i>			\$ 2,970.00
	Mirror Housing W/Signal Lamp, Frt/LH <i>X repair</i>			\$ 890.00
	<i>Rear Door (LH) X repair</i>			
	<i>Rear Fender (LH) X repair</i>			
	<i>Rear Bumper X repair</i>			
	SUB TOTAL			\$ 12,550.58
	LESS 20%			\$ 2,510.12
	DISCOUNTED TOTAL			\$ 10,040.46
	Rear Bumper <i>X repair</i>			\$ 1,510.00
	Rear Tyre Rim (LH) <i>hugel</i>			\$ 1,250.00
	SUB TOTAL			\$ 2,760.00
	LESS 20%			\$ 552.00
	DISCOUNTED TOTAL			\$ 2,208.00
	Rear Door Comfort Limo Cab Logo, LH <i>net</i>			\$ 60.00 Nett
	Labour Charge			600
	Panel Beating			\$ 750.00
	Spray Painting Charge			\$ 1,750.00 1250
	Wiring Charge			\$ 50.00 X 11
	Towing Charges			\$ 60.00 X 11
	Tuff Kote			\$ 100.00 X 11
	Remove/Refix Reverse Sensor			\$ 120.00 X 11
	Transfer Of Door			\$ 120.00 X 11
	FRT Wheel Alignment			\$ 120.00 X 11
	TOTAL LABOUR			\$ 3,070.00
	ESTIMATE TOTAL			\$ 15,378.46

LKK Auto Consultants hence notify the Repairer of the following:
 • To resurvey before after repair painting
 • No to display damaged part and photo resurvey
 • Parts prices are subject to market fluctuation
 • Third party survey is the responsibility of the client
 • No third party survey is allowed without LKK
 • Sup. liability is not covered by insurance company
 is subject to insurance policy from insurance company
 Signature: *Kalish (11/11)*
 Date: *7/12/18 1400h*

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

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

Our Job Ref No : 305248347

Date : 11/12/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD6822P

06/12/18

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

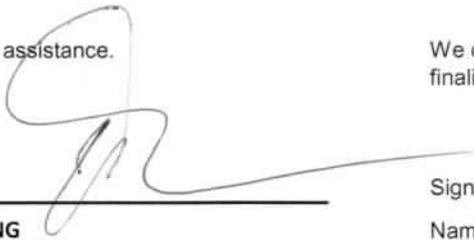
1. The repair job shall bill to: NTUC SHB8780Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable) _____
 - Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$ 6850.00

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 : 

Signature : 

Name : CHIANG

Name : Kahr

Tel : 62148314

Date : 12/12/18

Fax : 65468156

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/INC18022115/K1qd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 21-12-2018		
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh. SHB 8780Z	Veh. Inspected SHD 6822P		
Policy No. 5095103893	Coverage (\$) 0.00		
Claim No. MT/1022942-002	Excess (\$) 0.00		
Assign From	Assign Date 07/12/2018		
2. Vehicle Particulars & Condition			
Make & Model MERCEDES BENZ E220	c.c 2143		
Engine No. HIDDEN	Year of Reg. 2016		
Chassis No. WDD2120012B318546	Colour WHITE		
Odometer 493912	Steering IN ORDER		
Brakes IN ORDER	Modification STANDARD ALLOY RIM		
General FAIR			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date 06/12/2018	Inspection Date 07/12/2018		
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	



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. SHD 6822P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY,FRT	CUT	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
10	BUMPER INNER CLIP,FRT	NECESSARY	22.00	22.00
1	HEADLAMP,LH	GRAZED	3,957.00	3,957.00
1	FENDER,FRT/LH	TO REPAIR SEE LABOUR	996.08	-
1	WHEEL RIM	GRAZED	1,250.00	1,250.00
1	TYRE 205/60R16 YOKOHAMA	SERVICEABLE	480.00	-
1	DOOR SHELL,FRT/LH	TO REPAIR SEE LABOUR	2,970.00	-
1	MIRROR HOUSING W/SIGNAL LAMP,FRT/LH	TO REPAIR SEE LABOUR	890.00	-
1	REAR DOOR (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	1,510.00	-
1	REAR TYRE RIM (LH)	GRAZED	1,250.00	1,250.00
	LESS 20% DISCOUNT		-3,062.12	-1,673.90
			12,248.46	6,695.60
SPECIAL NETT ITEMS				
1	REAR DOOR COMFORT LIMO CAB LOGO,LH (SN)	NECESSARY	60.00	60.00
			60.00	60.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FENDER,FRT/LH,DOOR SHELL,FRT/LH,MIRROR HOUSING W/SIGNAL LAMP,FRT/LH,REAR DOOR (LH),REAR BUMPER AND REAR FENDER (LH).		750.00	600.00
	SPRAY PAINTING CHARGE.		1,750.00	1,250.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES.		60.00	-
	TUFF KOTE.	NOT NECESSARY	100.00	-

Report Ref No. NS/INC18022115/K1qd3e2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			3,070.00	1,850.00
	GRAND TOTAL		15,378.46	8,605.60

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				6,850.00
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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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