

Inspector: Kalvin

REF:

NS/INC18022189/Kagbnz

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OO/TP/WS/TPRES/ODRES/EVA/INV/MV  
 To Insp'd Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **SJA 3473A**  
 Policy No: **5084798582-02** **051218-041219**  
 Claims No: **MT/1073032-07**  
 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: **2** days Res.: Yes or No  
 Lum Suric: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **SH A7276A** Yr Regn: **7Ag, 2.4**  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / **6** / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai ZK** cc: **168**  
 Colour: **Blue** A/C: Ins **6** / Std / Nil / NA  
 Sp. Reading: **587820** T/Radio: Ins **6** / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHL0X14M54056254**  
 Gen. Cond: Good / **6** / Poor / Burnt  
 Steering: In order / **6** / Jammed / Leaked / Burnt or  
 Brake: In order / **6** / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / **6** / STD AIRim or  
 Tyre Size: F: **205/60R16**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Wetla**  
 Front Rear  
 R/Bal. **2** mm R/Bal. **2** mm  
 L/Bal. **2** mm L/Bal. **2** mm  
 D.O.A. **8/12/18** D.O.I. **10/12/18**  
 Survey held at **C D G E (Loyang)**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**Per**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>SJA 7276A - (S/FCTI 601) #12 / T/bm</b> <b>DA: 13032016 INC</b>
	<b>SJA 3473A - NA/INC18022089/z4</b> <b>DA: 08122018 43</b>
<b>13/12/18</b>	<b>Chmd 45 \$1000 / 26%. (Red 1419.06, 59%)</b>
	<b>RECEIVED 14 DEC 2018</b>

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: **2**

**11/13/12** **Final**

☐ : Final Report

Resurvey No. of Trip: **1**

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Transportation:

☐ : Interview (\$ \_\_\_\_\_)

\$ + RS \$ \_\_\_\_\_

☐ : Tech. Invs (\$ \_\_\_\_\_)

Photos:

☐ : Weekend (\$ \_\_\_\_\_)

Others:

Report Format: **TP**

Lump Sum / L.B. (\$ **1000**)

**160**

TOTAL

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="08/12/2018 17:56"/>
Vehicle No.(For Motor)	<input type="text" value="SJA3473A"/>	Certificate Number	<input type="text"/>

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"/>	5084798582-02		JMH	53344567A	GCV	Comprehensive	SJA3473A	SJA3473A	05/12/2018	04/12/2019

Continue

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 TRASPORTATION PTE LTD	SHD 4870M	XD 1376D	7/12/2018	12:45	\$ 5,797.00
2	MT/1023382-002	COMFORT TRASPORTATION PTE LTD	SHC 1114M	SJR 4632L	9/12/2018	14:05	\$ 2,402.32
3	MT/1023692-001	COMFORT TRASPORTATION PTE LTD	SHC 7357P	SJU 416E	8/12/2018	6:40	\$ 1,940.16
4	MT/1023076-002	COMFORT TRASPORTATION PTE LTD	SH 6683Y	SJF 1671G	8/12/2018	11:15	\$ 2,094.23
5	MT/1023696-001	COMFORT TRASPORTATION PTE LTD	SHC 2729H	SLR 5667G	8/12/2018	20:50	\$ 2,752.46
6	MT/1023700-001	COMFORT TRASPORTATION PTE LTD	SHD 4128Z	SKD 3208Y	5/12/2018	18:45	\$ 1,380.32
7	MT/1022942-002	COMFORT TRASPORTATION PTE LTD	SHD 6822P	SHB 8780Z	6/12/2018	18:45	\$ 15,378.46
8	Duplicate Entry	COMFORT TRASPORTATION PTE LTD	SHD 4128Z	SKD 3208Y	6/12/2018	19:45	\$ 1,380.32
9	MT/1023712-001	COMFORT TRASPORTATION PTE LTD	SHC 3692Y	GBA 5648U	7/12/2018	15:30	\$ 4,503.68
10	MT/1023050-002	COMFORT TRASPORTATION PTE LTD	SHA 7526D	SMA 5171Y	7/12/2018	18:35	\$ 5,179.84
11	MT/1023032-002	COMFORT TRASPORTATION PTE LTD	SH 7276A	SJA 3473A	8/12/2018	3:20	\$ 2,419.06

## 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 willful 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	08/12/2018 09:55
Date Of Accident	08/12/2018 03:20
Exact Location Of Accident	NICOLL H/WAY X JUNCTION OF GUILLEMARD RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7276A
<b>Insured/Policyholder</b>	
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	GOH HOCK HENG
NRIC No	S1809670F
Date Of Birth	19/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90253223
Fax Number	
Contact Number	
EEmail Address	FRANKYGOH@YAHOO.COM

Address 475A UPPER SERANGOON CRESCENT  
 Postcode 531475  
 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 3  
 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) 5  
 Passenger 1

NAME: : -  
 GENDER: : FEMALE

Passenger 2

NAME: : -  
 GENDER: : FEMALE

Passenger 3

NAME: : -  
 GENDER: : FEMALE

Passenger 4

NAME: : -  
 GENDER: : FEMALE

### 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 SJA3473A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR

Name of Driver	JOHNSON
NRIC/Passport Number	
Contact Number	98803168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS8319Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEFF
NRIC/Passport Number	
Contact Number	91760867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

# IMPORTANT NOTICE

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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.

COPIES OF THIS FORM ARE AVAILABLE AT THE  
GIA RECORDS MANAGEMENT CENTRE

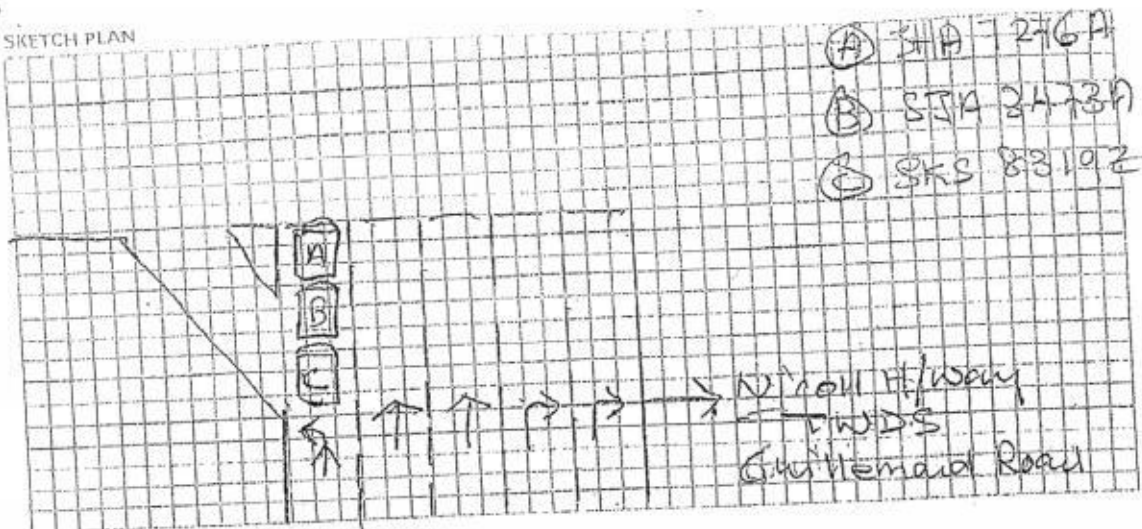
Policyholder's Signature  
Date & Time:

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

8/12/12  
Jackson Hoon  
CEO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/12/2018 at about 0320 hrs, I Vehicle A was stationary at Nicoll H/way traffic light junction. While waiting, out of sudden I felt two bang from back of vehicle; when I got out of my vehicle I saw two vehicles piling up. No one was injured at that time.

## DECLARATION

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

COMFORT TRANSPORTATION PVT LTD  
CO. REG. NO. 1283002

Policyholder's Signature  
Date & Time:

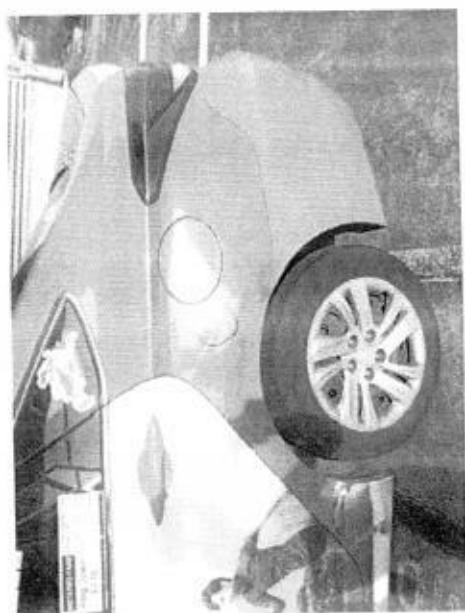
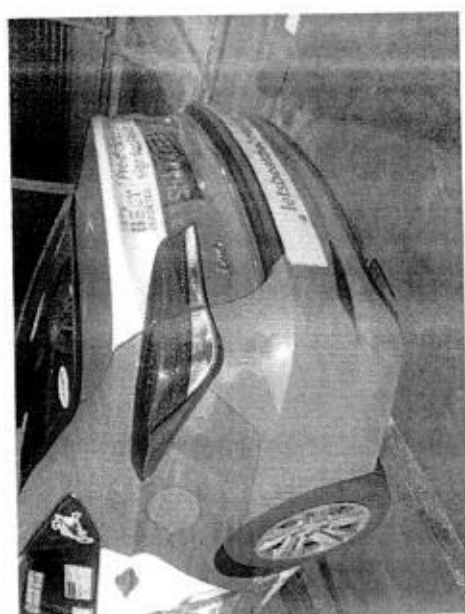
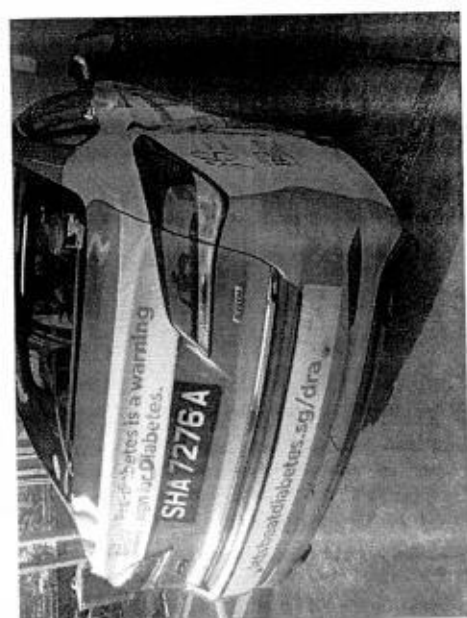
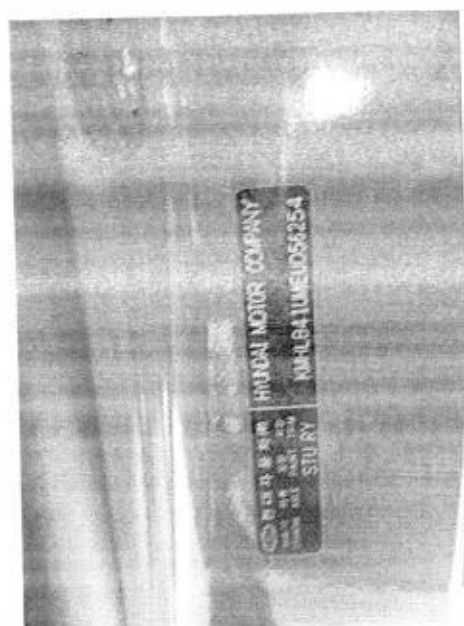
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

8/12/18  
Jackson Hong  
CEO

628804C SketchPlanForm\_V3





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7276A

DATE 8/12/2018 10:37

MAKE :

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
	<b>SUB TOTAL</b>			<b>\$ 1,566.70</b>
	<b>LESS 20%</b>			<b>\$ 313.34</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,253.36</b>
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
	Rear Bumper Reverse Sensor			\$ 135.70
				<b>\$ 435.70</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,419.06</b>

Kahin Ullah  
 10/12/18 11:15h  
 2 hrs  
 45  
 After Repair plz

LKK Auto Consultants Private Limited  
 the Reparer of the following:  
 • To resurvey before and after spray painting  
 • To display damages parts for resurvey  
 • Parts prices are subject to on-line auction  
 • Third party survey is on a "No Fault" basis  
 • No illegal modification is allowed  
 • Supplementary claims must be resurveyed and  
 is subject to final approval from Insurance Company  
 Acknowledged by Reparer  
 Signature:  
 Date:

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.

Date/Time: 08.12.2018 10:47

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order: 3880437

JC NO.: 305248752

STOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

SCOUNT CARD NO.

REGN NO.: SHA7276A

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 08.12.2018 08:45

YR OF MANU 07.08.2014

TARGET DATE

CHASSIS CODE KMLB41UMEU056254

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 08.12.2018

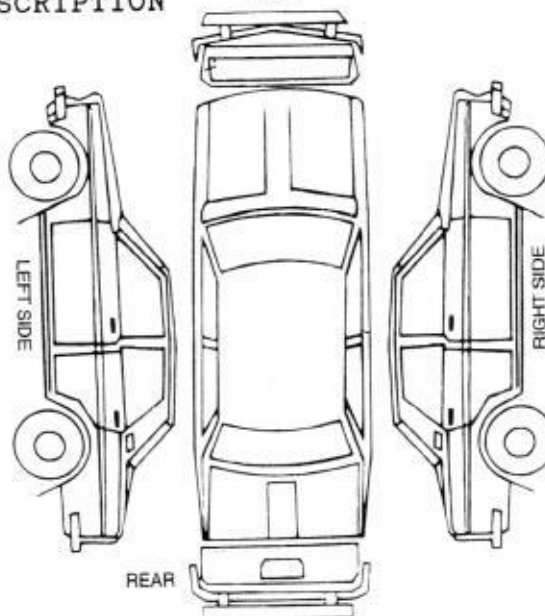
NATURE: 3P 08.12.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7276A FZ (NTUC)

Vehicle No.: SHA7276A

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

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

Our Job Ref No : 305248752  
Date : 12.12.2018

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHA7276A

Fax :

Date of Accident : 08.12.2018

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

1. The repair job shall bill to: NTUC SJA3473A
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	\$0.00
(b) Labour Charges	\$0.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$0.00</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$1000.00
<b>Final Lumpsum Repair cost</b>	<b>---</b>


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 : Kalvin  
Date : 13/12/18

### 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/INC18022189/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 3473A	Veh. Inspected	SHA 7276A
Policy No.	5084798582-02	Coverage (\$)	0.00
Claim No.	MT/1023032-002	Excess (\$)	0.00
Assign From		Assign Date	10/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056254	Colour	BLUE
Odometer	587820	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

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

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
----------------------------------------------------------------------------

### 5. General Information

Accident Date	08/12/2018	Inspection Date	10/12/2018
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:	2 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. SHA 7276A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
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
<b><u>SPECIAL NETT ITEMS</u></b>				
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)	O/S NECESSARY / N/S NOT NECESSARY	200.00	100.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			435.70	200.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	-		-	-
	-		-	-
	-		-	-
			730.00	430.00
<b>GRAND TOTAL</b>			<b>2,419.06</b>	<b>1,272.40</b>

Report Ref No. NS/INC18022189/K1qbn2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,000.00
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Report Ref No. NS/INC18022189/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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