

Supervisor: Kalvin

REF: NS/INC18022196/KHb02

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

Insured: SJR 4632L

Policy No. 5106081499 04-12-18 - 030919

Claims No. MT/1023302-002

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

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC1114M Yr Regn: 25 Jan, 2017

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

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

Sp. Reading 282535 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCBX1UMH4098554

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / 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 / YDKO or best / 16

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 9/12/18 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

N/S Front.

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

Date / Time	Action / Instruction
	<u>SHC 1114M - NS/INC17015351/KHb02</u> <u>DA: 14082017</u> <u>Inc.</u>
	<u>SJR 4632L - X</u>
<u>13/12/18</u>	<u>Checked P/P \$1408.72/ 2172. (Red: 99360, 41%)</u>

RECEIVED 13 DEC 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) Blitz Typist

☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

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

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ + RS. \$1

Photos

Others

TOTAL

160

160

Report Format: TP

Lump Sum / I.S. : (\$ 1408.72)

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="09/12/2018 17:56"/>
Vehicle No.(For Motor)	<input type="text" value="SJR4632L"/>	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 checked="" type="radio"/>	5106081499		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SJR4632L	SJR4632L	04/12/2018	03/09/2019

# 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

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order: 3880593

JC NO.: 305249112

OMER

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

OUNT CARD NO.

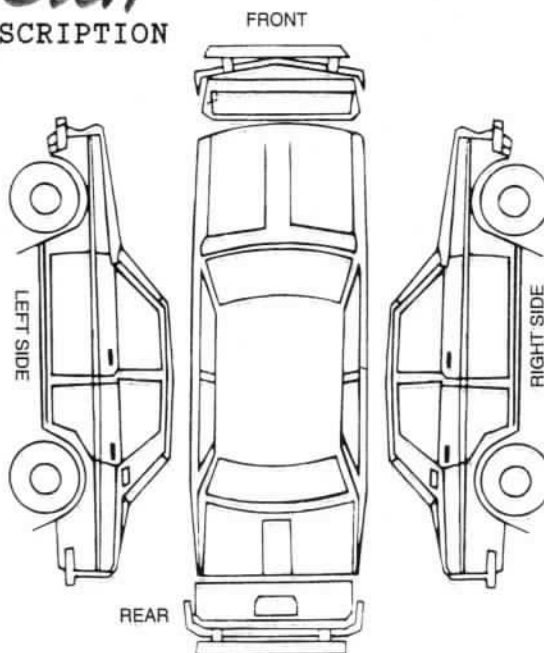
REGN NO.: <b>SHC1114M</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>10.12.2018 08:55</b>
YR OF MANU <b>25.01.2017</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMHU098554</b>	COMPLETION DATE/TIME:

Accident Date: 09.12.2018  
NATURE: 3P 09.12.18/B

JOB DESCRIPTION

*Left Front*  
DESCRIPTION

Q/NO LABOR CODE



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

pledgement Slip

Exit Pass

No.: SHC1114M FZ (NTUC)

Vehicle No.: SHC1114M

f Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned 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	10/12/2018 10:20
Date Of Accident	09/12/2018 14:05
Exact Location Of Accident	MARINA BLVD X SHEARES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1114M
<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	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	MOH YONG CHEK
NRIC No	S1385823C
Date Of Birth	09/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97411839
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 455A ANG MO KIO ST 44 #03-07
Postcode	561455
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	SJR4632L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TOCK PENG
NRIC/Passport Number	S1350693J
Contact Number	93233693
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

# **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 LTD  
CO. REG. NO 192203321R

Policyholder's Signature  
Date & Time:

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

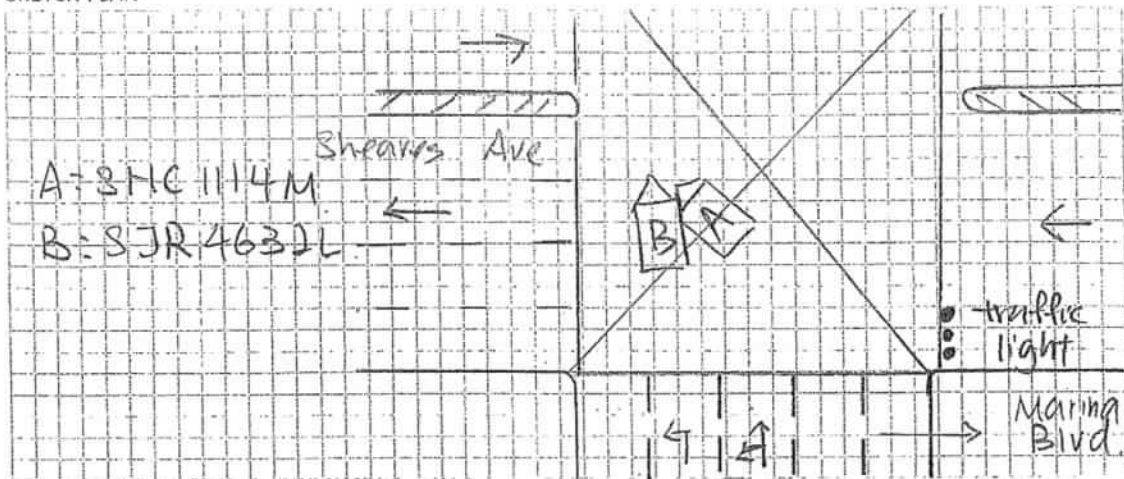
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RI4C SketchPlanForm\_V3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193003321R

Policyholder's Signature

Date & Time:

CIAPAC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wei Yieng

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6012118

Describe Circumstances of the Accident.

On 09/12/2018 at about 1405 hrs, I stopped my taxi with left signal light on at traffic junction of Marina Blvd and Sheares Ave waiting for the traffic lights to turn green.

Shortly traffic light turned to green, I driving slowly and turning left to Sheares Ave.

In the midst, suddenly a car SJR4632L drivnig straight from left lane which only for left turn.

As the place took too fast, I couldn't take evasive to prevent collision.

Due to this course, the said car front right portion hit and grazed onto the left front portion of my taxi. I immediately stoped my taxi at the point of collision , then I alighted to take photo to support my claim.

02 passengers on board my taxi. No injury reported at the point time of accident.

## Declaration

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG NO. 199203921R

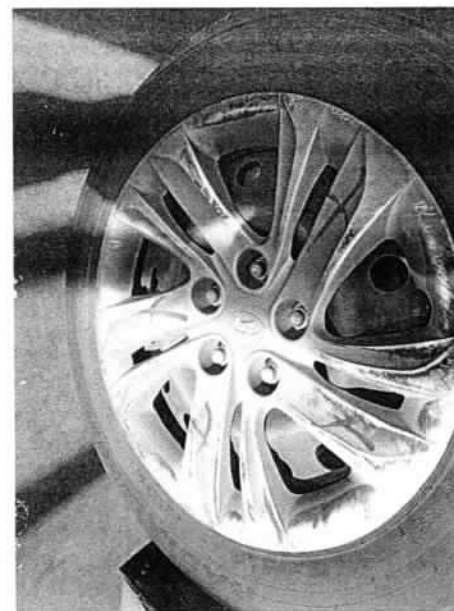
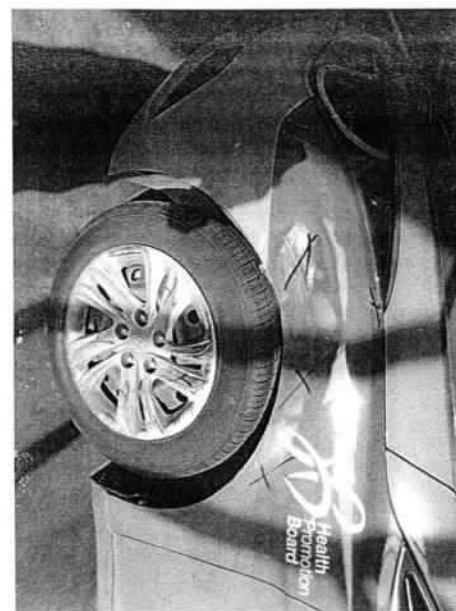
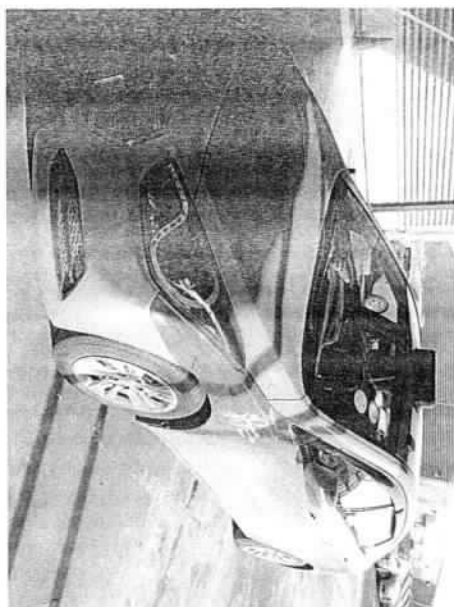
Policyholder's Signature/Date &  
Time

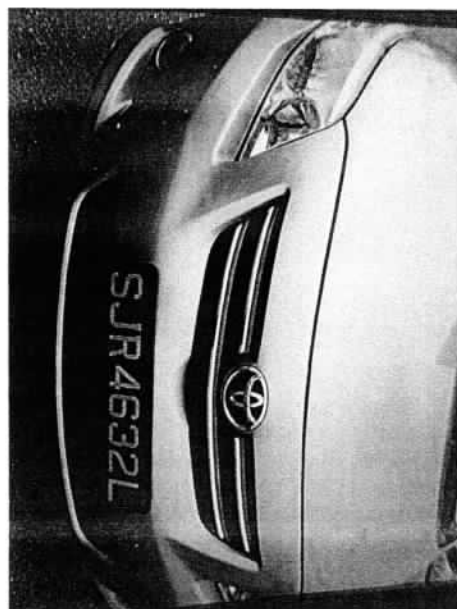
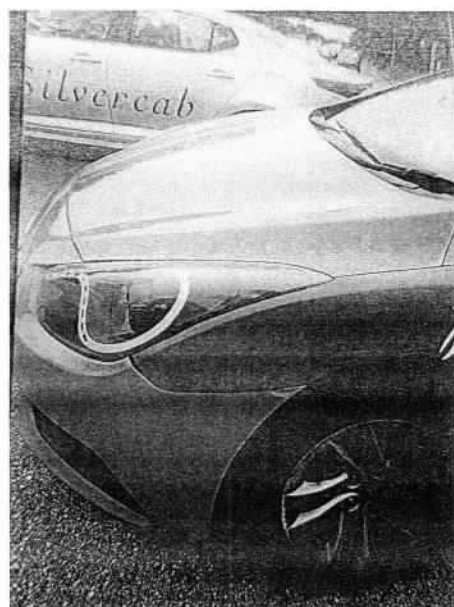
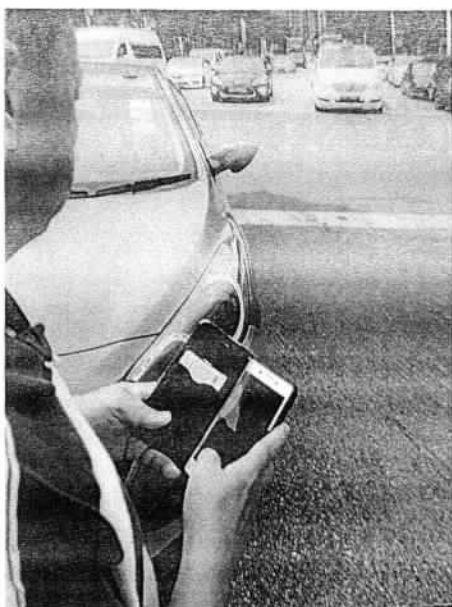
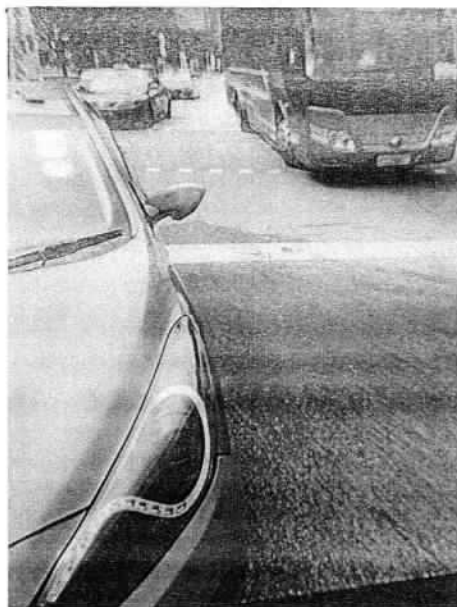
Driver's Signature (If driver is not the policyholder) / Date & Time

Loke Wei Yieng

Witnessed by Reporting  
Centre Personnel ,

10 | 12 | 18





# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249112  
Date : 12.12.2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC1114M

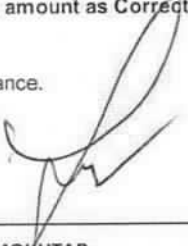
Fax :  
Date of Accident : 09.12.2018


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

1. The repair job shall bill to: NTUC --- SJR4632L
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$538.72
  - (b) Labour Charges \$870.00
  - Total for Part-By-Part Repair Cost \$1,408.72
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
Final Lumpsum Repair cost \$0.00

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 : 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:

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 12.12.2018  
Time: 17:39:33  
Page: 1

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

JOB NO : 305249112  
REGN NO : SHC1114M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 25.01.2017  
DATE/TIME IN : 10.12.2018 08:55  
ACCIDENT DATE : 09.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0574-A I40VC PANEL-FENDER LH+ 1 566.30 20.00 453.04  
0002 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

SUB-TOTAL : 538.72

JOB NATURE

0000 20-05 FRT FENDER ADVERTISEMENT LOGO RH 100.00  
0001 L PANEL BEATING 300.00  
0002 L SPRAY PAINTING CHARGE 450.00  
0003 L TUFF KOTE 20.00

SUB-TOTAL : 870.00

TOTAL : 1,408.72

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

REPAIR ESTIMATE\*

VEHICLE NO : SHC 1114M

DATE 10/12/2018 12:29

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X Rep</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>X Rep</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X Rep</i>			\$ 24.60
	Front Fender (LH) <i>Panel</i>			\$ 566.30
	Front Fender Shield (LH) <i>X Rep</i>			\$ 175.90
	Front Fender Retainer <i>X Rep</i>			\$ 24.60
	Frt Wheel Hub Cap, LH <i>bracket</i>			\$ 107.10
	<i>Front LH wing mirror X Rep</i>			
	<b>SUB TOTAL</b>			<b>\$ 1,465.40</b>
	<b>LESS 20%</b>			<b>\$ 293.08</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,172.32</b>
	Front Fender Advertisement Logo (LH) <i>an</i>			\$ 100.00 <b>Nett</b>
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			<i>300</i>
	Panel Beating			\$ <del>400.00</del>
	Spray Painting Charge			\$ <del>600.00</del> <i>450</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>X 20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,130.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,402.32</b>

*1 call (100)*  
*10/12/18 1335h*  
*3 hrs*  
*P/P*  
*Blue fort p/c*

**LKK Auto Consultants** hereby notify the Repairer of the following:

- To resurvey to determine spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey must be on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary Item(s) must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer  
 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.






## 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/INC18022196/K1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-12-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJR 4632L	Veh. Inspected	SHC 1114M	
Policy No.	5106081499	Coverage (\$)	0.00	
Claim No.	MT/1023382-002	Excess (\$)	0.00	
Assign From		Assign Date	10/12/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU098554	Colour	BLUE	
Odometer	282535	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	09/12/2018	Inspection Date	10/12/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1114M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, LH	GRAZED	107.10	107.10
1	FRONT LH WING MIRROR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-293.08	-134.68
			1,172.32	538.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT LH WING MIRROR.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	450.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,130.00	770.00
	<b>GRAND TOTAL</b>		<b>2,402.32</b>	<b>1,408.72</b>
	<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>1,408.72</b>

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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