

Surveyor: Kalvin

REF: NS/INC18022197/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SLC 8735C

Policy No. 5080856074-02 03082018

Claims No. MT/1074115-001

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

Bol 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

Date / Time Action / Instruction

SHB 4086X - (CS/TH) 17003761 / Thwsgz
SLC 8735C - x
14/12/18 Chmsd L/s \$750 / 2 Rys.
Used \$630, 42%.

RECEIVED 18 DEC 2018

Veh No: SHB 4086X Yr Regn: 22 Oct 2015

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

Truck / Trailer or

Make: Huayu Ex. c.c. 168

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

Sp. Reading: 537791 T/Radio: Insur / Std / NI / NA

Eng/No: _____

C/No: KMHCB414M99079412

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / ✓ Jammed / Leaked / Burnt or

Brake: Inop / ✓ Jammed / Leaked / Burnt or

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

Tyre Size: 205/60R16

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

TOYO / YOKO or

Front: 7 mm Rear: 7 mm

R/Bal: 7 mm L/Bal: 7 mm

D.O.A. 10/12/18 D.O.I. 10/12/18

Survey held at CDGE (Loyang)

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

Rear

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

Date/Time, File Pass to?

☐ : Prel. Report

11/12/18 hynix

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: 71

Lump Sum / I.S. (\$) 750

Days Of Repair: 7

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. 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 type="radio"/>	5080856074-02		CARS FOR RENT (2016) PTE. LTD.	201609732N	GFT	drivo CLASSIC	SLC8735C	SLC8735C	02/08/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date: 17/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1024108-001	COMFORT TRANSPORTATION PTE LTD	SHC 8509L	SLN 1326M	7/12/2018	6:40	\$ 3,590.12	\$ 1,239.50
2	MT/1023995-002	COMFORT TRANSPORTATION PTE LTD	SHD 6605A	SLD 3401T	12/12/2018	14:40	\$ 4,276.00	\$ 1,900.00
3	MT/1024114-001	COMFORT TRANSPORTATION PTE LTD	SHC 8445L	SKR 7532K	8/12/2018	16:10	\$ 1,455.70	\$ 850.00
4	MT/1023136-002	COMFORT TRANSPORTATION PTE LTD	SHB 4061S	SMF 1482A	9/12/2018	3:50	\$ 2,708.48	\$ 1,600.00
5	MT/1024118-001	COMFORT TRANSPORTATION PTE LTD	SHB 4086X	SLC 8735C	10/12/2018	2:20	\$ 1,380.00	\$ 750.00
6	MT/1023556-002	COMFORT TRANSPORTATION PTE LTD	SH 6866L	CB 7663U	10/12/2018	16:10	\$ 2,402.32	\$ 1,450.00

Claim received from LKK

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 09:44
Date Of Accident	10/12/2018 02:20
Exact Location Of Accident	BOON KENG RD X KALLANG JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4086X
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	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	LEE MENG CHING (LI MINGSHEN)
NRIC No	S7630083F
Date Of Birth	16/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088388
Fax Number	
Contact Number	
Email Address	VINCENTLEEMC76@GMAIL.COM

Address	211B 11-210 COMPASSVALE LANE
Postcode	542211
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	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLC8735C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHUN PING
NRIC/Passport Number	S7911224J
Contact Number	84021246
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LEE MENG CHING

Approximate Age

42

Injuries Sustain

NECK,BACK,ARMS AND BREATLESSNESS.

Injured person in which vehicle?

SHB4086X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

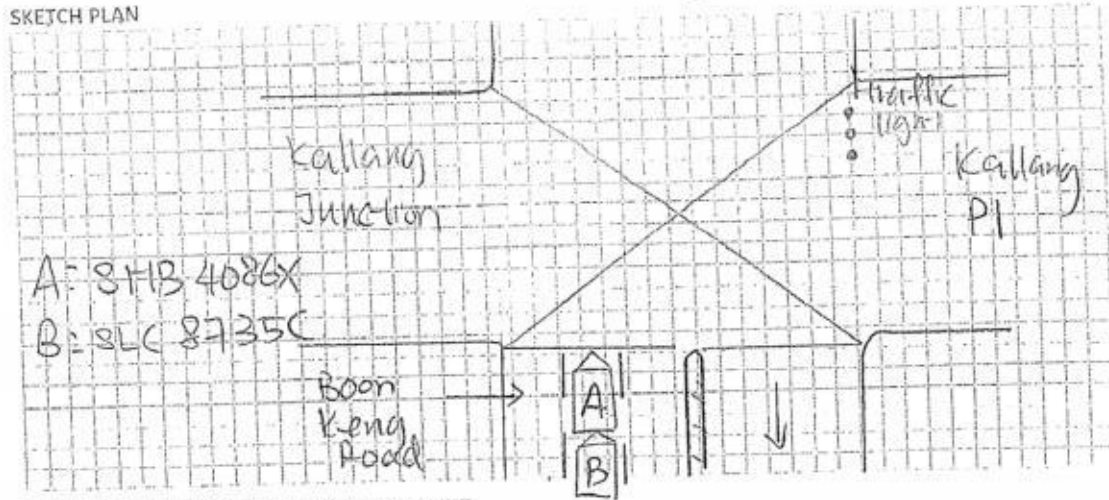
NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20181210/2008.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199503821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Loke Wei Heng

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20181210/2008

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181210/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 05:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Lee Meng Ching		Address: APT BLK 211B COMPASSVALE LANE COMPASSVALE BEACON SINGAPORE 542211			
ID Type / ID No.: NRIC NO / S7630083F		Contact No.:		Mobile: 90088388	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 42	Date of Birth: 16/09/1976	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2018 02:20	Type of Location: X-Junction
Location: Along Road 1 BOON KENG ROAD KALLANG ROAD Cross junction along Boon Keng road, at Kallang Road cross junction before traffic light.				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4086X	Car				Slightly Damaged	3
SLC8735C	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20181210/2008

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181210/2008

CONTINUATION OF REPORT

Driver			
Name	Lee Meng Ching	ID No.	S7630083F
Related Vehicle	NIL	Contact No.	90088388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Ng Chun Ping	ID No.	S7911224J
Related Vehicle	NIL	Contact No.	84021246
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am the above-mentioned person. On the above-mentioned date and time, I was involved in an accident.

I was driving my vehicle, plate number SHB4086X, along Boon Keng Road. I stopped my vehicle before a red traffic light at the cross junction between Boon Keng Road and Kallang Road, at about 02.20am. At this time, one Mr Ng Chun Ping, NRIC no. S7911224J, who was driving vehicle plate number SLC8735C, knocked into the rear of my vehicle two times in quick succession.

I observed that the rear of my vehicle was slightly damaged, and the front of his vehicle was also slightly damaged. I received a 3 day MC from Raffles Hospital, from 10/12/2018 to 12/12/2018, visit no. G09818035212. I experienced back and neck aching, numbness in both arms and breathlessness.

My taxi had two passengers on board who are reflected as the above-mentioned witnesses. The lady, Won Mei Kuan, complained of back aches.

Ambulance arrived and informed that they would not be conveying me to hospital. Subsequently I went myself to Raffles Hospital to be further checked.

I hereby declare that the above is true to my knowledge.



SINGAPORE
POLICE FORCE



T/20181210/2008

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000






Report No: T/20181210/2008

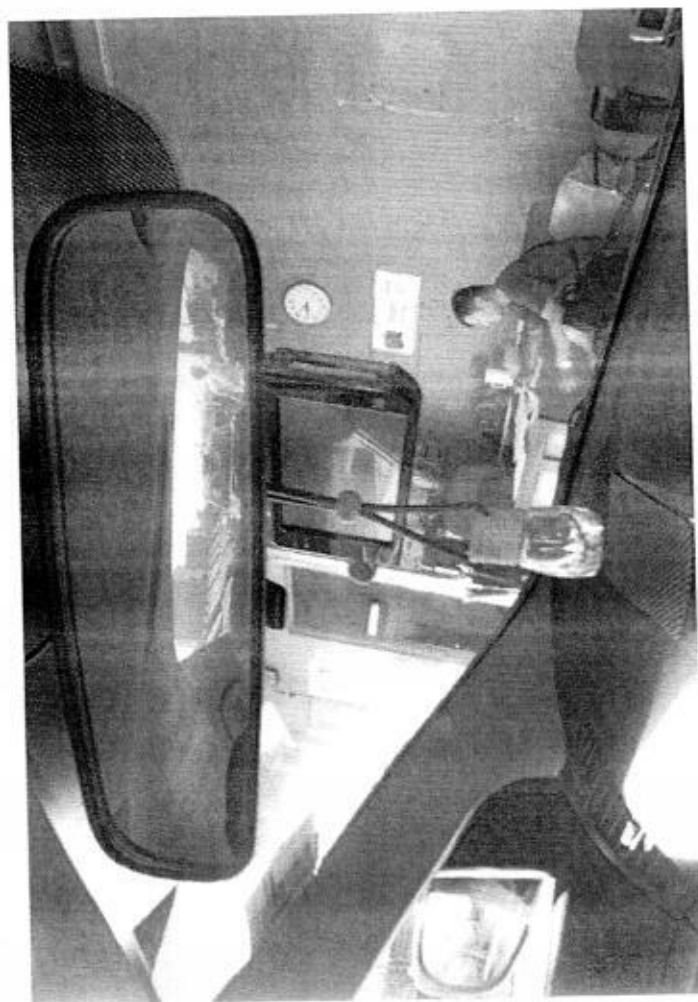
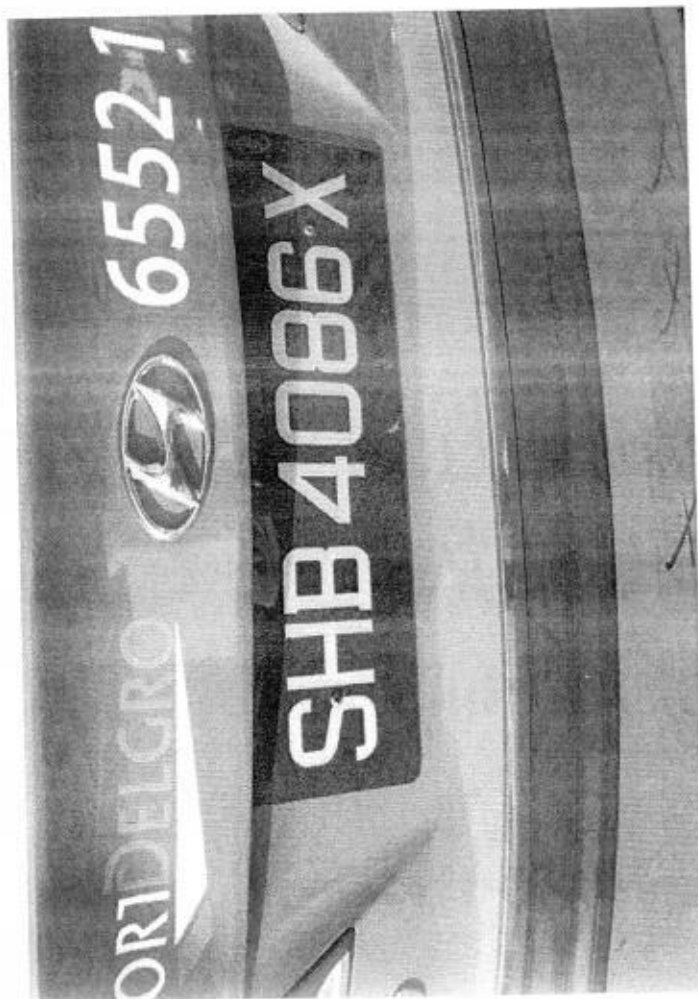
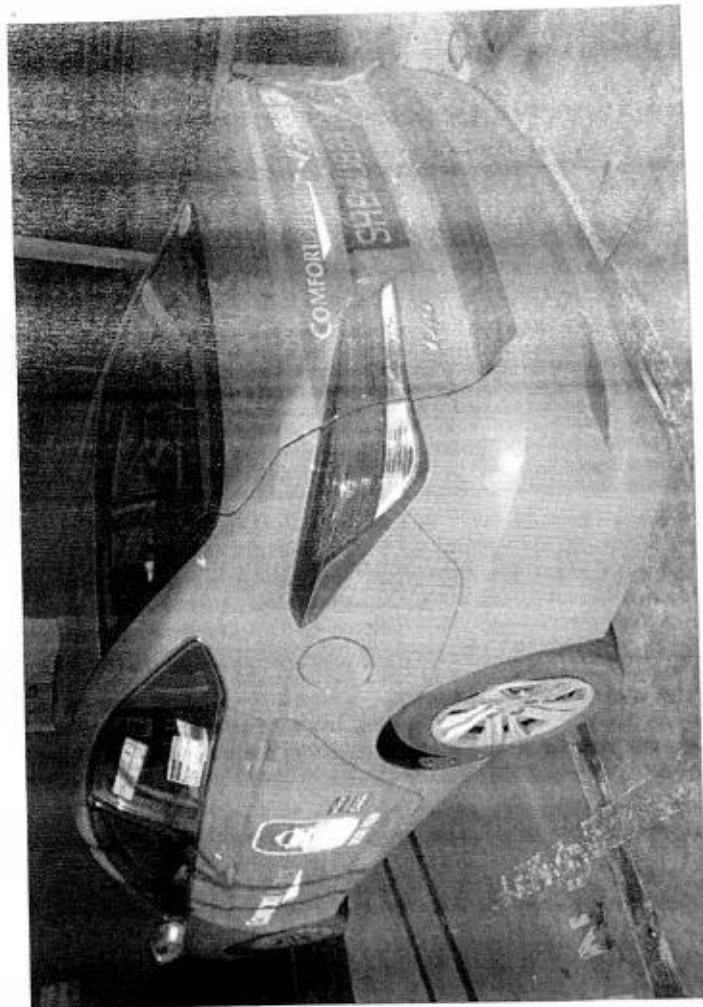
CONTINUATION OF REPORT

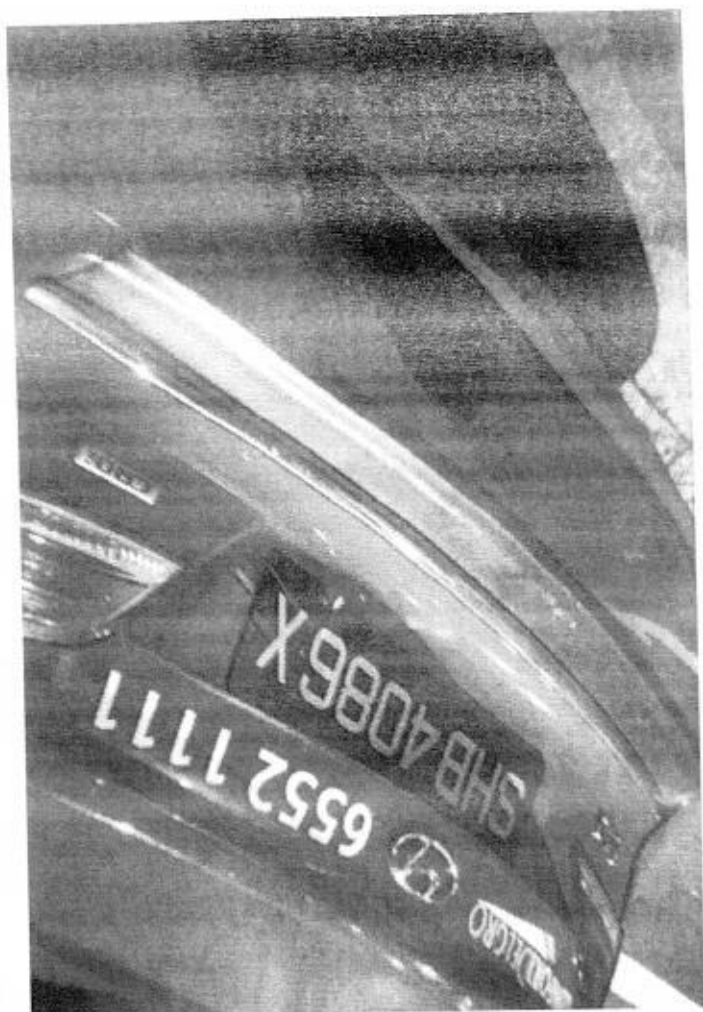
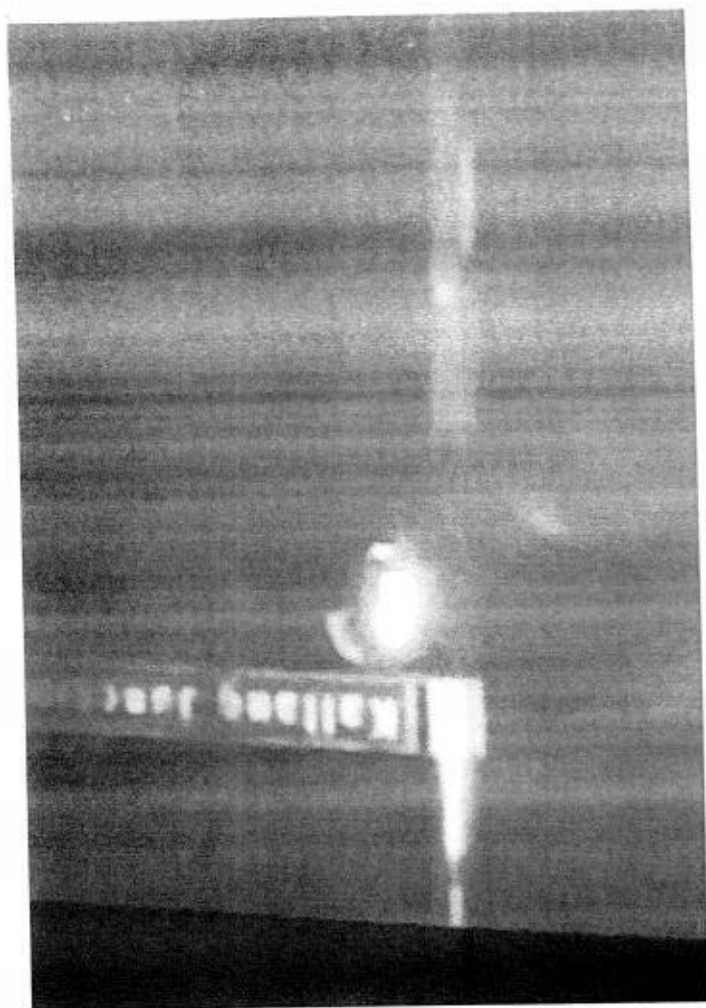
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Insp JASON FONG KIT SIONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2018 05:11
Officer In Charge Of Case: TP / GIT /  SH 003	Classification Of Case:
Contact No.: 	
Authentication Stamp NP168 	





LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary repairs must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Date/Time: 10.12.2018 11:11

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3880605

JC NO.: 305249114

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

REGN NO.: SHB4086X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.12.2018 02:20
YR OF MANU. 22.10.2015	TARGET DATE
CHASSIS CODE KMHLEB41UMGU079412	COMPLETION DATE/TIME:

NTUC

DUNT CARD NO.

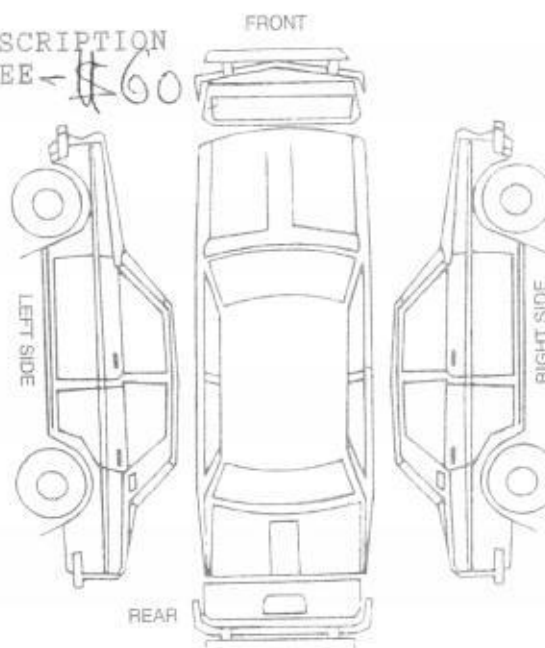
JOB DESCRIPTION

Accident Date: 10.12.2018

NATURE: 3P 10.12.2018

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE - \$60



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SHB4086X LKE

Vehicle No.: SHB4086X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

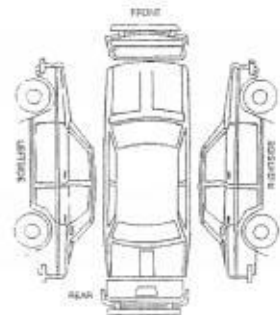


JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>10/12/18</u> Time Received: <u>6.00</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Lee</u> Contact No.: <u>9008 8388</u> Vehicle No.: <u>SHB 4086X</u> Make / Model / Colour: <u>14/i40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____

7. Location: <u>Kallang PI</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: <u>53791</u> Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scratched O : Missing</p>

Job Attended 12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Lim Kah Hong</u> Vehicle No.: <u>Ym7317B</u> Time Dispatch: <u>6.00</u> Time of Arrival: <u>4.32</u> Time Completed: <u>5.00</u>		Signature of Customer: _____
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Cash Invoice Details (if applicable)

13. Cash Invoice No.:	_____
-----------------------	-------

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>10/12/18</u> Date	<u>4.32</u> Time	<u>[Signature]</u> Signature of Customer
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14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249114
Date : 13/12/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No : SHB4086X CTPL

Fax :

10.12.18


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


- The repair job shall bill to: NTUC --- SLC8735C
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$750.00
Final Lumpsum Repair cost \$750.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- 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 : 14/12/18

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/INC18022197/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 19-12-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 8735C	Veh. Inspected	SHB 4086X
Policy No.	5080856074-02	Coverage (\$)	0.00
Claim No.	MT/1024118-001	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.	2015
Chassis No.	KMHLB41UMGU079412	Colour	BLUE
Odometer	537791	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	10/12/2018	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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4086X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TOWING FEES.		60.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			870.00	430.00
GRAND TOTAL			1,380.00	940.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC18022197/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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