

Insured: Kelvin

REF:

NS/INC18022202/Klvbnz

# ASSIGNMENT

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

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

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

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

at \_\_\_\_\_

Insured: SLN 1326M

Policy No: 5099994147 240118 - 230419

Claims No: MT | 1024108 - 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: \_\_\_\_\_

1) DAC 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

SHC 8509L - CC3 / LCR / 7017675 / Klvbnz DA: 080920A INC

SLN 1326M - X 41

14/12/8 Latent P/P \$1239.50 / 2 hrs. (Red 2350.6), 65M

RECEIVED 19 DEC 2018

Veh No: SHC 8509L Yr Regn: 7 Jan, 2016

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai Ix0 c.c. 1685

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

Sp. Reading: 43268 T/Radio: Insured / Std / NI / NA

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

C/N: KMHCB4144408305X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205 / 60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Flaked

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

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

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

D.O.A. 7/12/8 D.O.I. 10/12/8

Survey held at C D G E (Loyang)

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

o/s B.L.

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

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

1) ☐ : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) 17/12 - typist

Report Format: TP

Lump Sum / L.S. (\$) 1239.50

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS \$1

Photos: 160

Others: \_\_\_\_\_

TOTAL: \_\_\_\_\_

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

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="07/12/2018 17:56"/>
Vehicle No. (For Motor)	<input type="text" value="SLN1326M"/>	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"/>	5099994247		DESIREE KYLA LIM PEI XIANG	S8722332I	GPC	drive PREMIUM	SLN1326M	SLN1326M	24/04/2018	23/04/2019

## 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 10:29
Date Of Accident	07/12/2018 06:40
Exact Location Of Accident	ALONG AIRPORT BLVD TO T3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8509L
<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	MOHD JEFRI BIN MUSTAFA
NRIC No	S1757897I
Date Of Birth	14/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91786880
Fax Number	
Contact Number	
Email Address	MDJEFRIMUS@GMAIL.COM

Address	769 14-342 PASIR RIS STREET 71
Postcode	510769
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)	2
Passenger 1	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

SEE ATTACH.

#### Attachment(s)

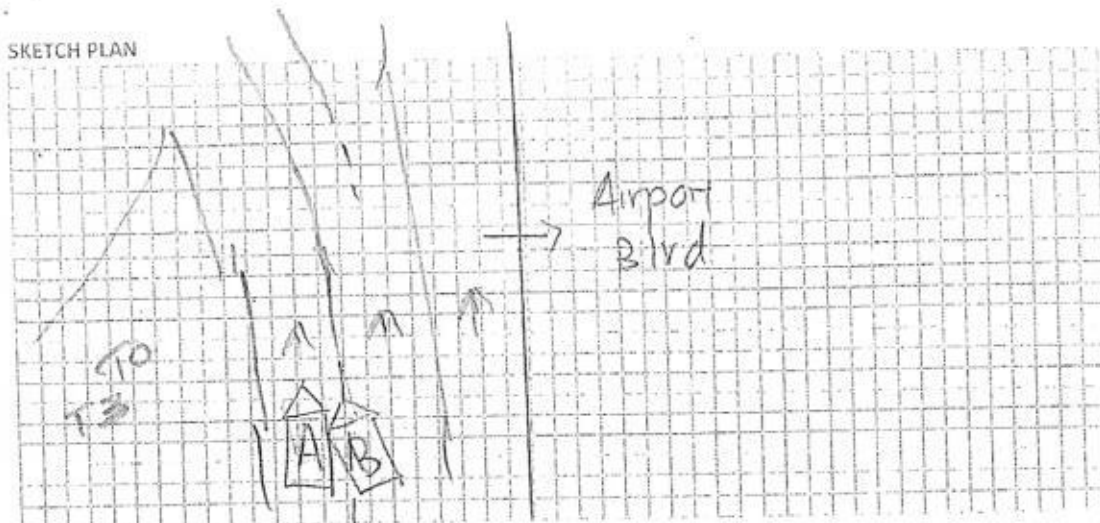
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1326M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A TAXI SHL 8509 L

B SHL 1326 M.

On 7/12/18 at about 06:40 hrs, I was driving on extreme left lane along Airport Blvd. to T3 with a female pax. (my wife).

Suddenly Veh B travelling on my right hand side swerved into my path. As a result, Veh B it tyre grazed onto my taxi driver door. My taxi inflicted some slight damage, no damage found on Veh B. No injury reported in this accident.

DECLARATION

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

IMPORT TRANSPORTATION PTE LTD  
CO REG. NO 199303821R

Policyholder's Signature  
Date & Time:

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

Loke Wei Yieng

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

### 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:

- 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.

IMPORT TRANSPORTATION PTE LTD  
CO REG NO 199003821R

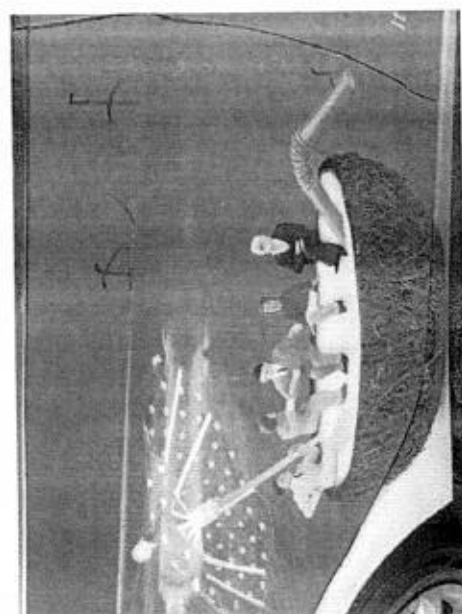
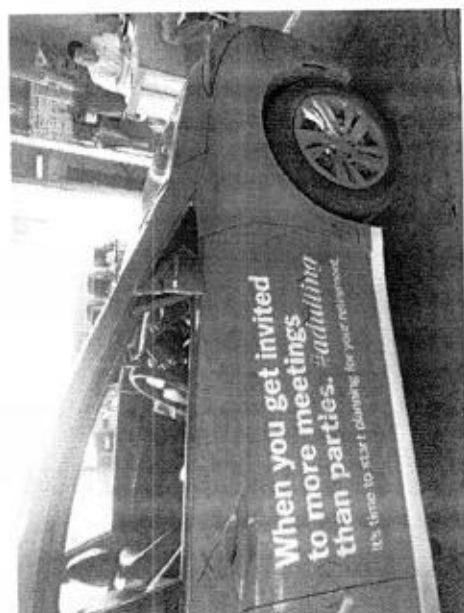
Loke Wei Yieng

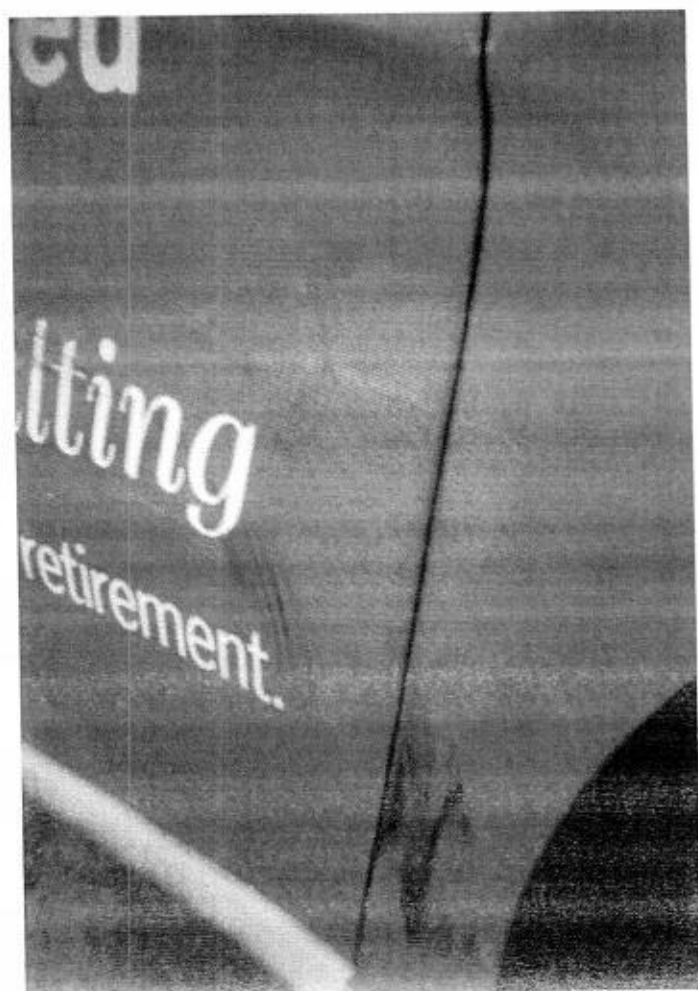
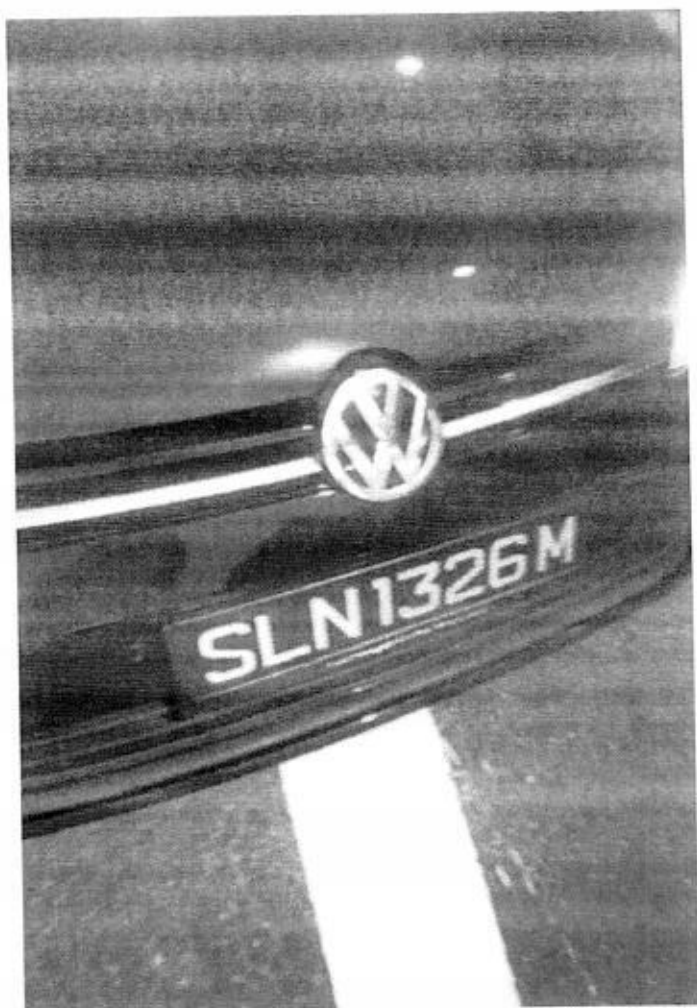
Policyholder's Signature  
Date & Time:

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

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







## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8509L

DATE 10/12/2018 12:05

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH) <i>X 1 ppr</i>			\$ 2,256.40
	<i>Rear Door (RH) X 1 ppr</i>			
	<i>Front Fender (RH) X 1 ppr</i>			
	SUB TOTAL			\$ 2,256.40
	LESS 20%			\$ 451.28
	DISCOUNTED TOTAL			\$ 1,805.12
	Front Fender Advertisement Logo (RH) <i>— ne</i>			\$ 100.00
	Front Door Comfort Logo (RH) <i>— ne</i>			\$ 75.00
	Front Door Advertisement Logo (RH) <i>— ne</i>			\$ 100.00
	Rear Door Advertisement Logo (RH) <i>— ne</i>			\$ 100.00
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>— ne</i>			\$ 80.00
				\$ 455.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 50.00
	Tuff Kote			\$ 80.00
	Transfer of Door			
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 3,390.12
				3590.12

Ka / 10/12/18

10/12/18 1515 hrs

2 ppr,

L/s

Alfa Repair pte

LKK Auto Consultants hereby notify the Repairer of the following:

- To survey before after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to customer's approval
- Third party suppliers are "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary parts must be resurveyed and subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

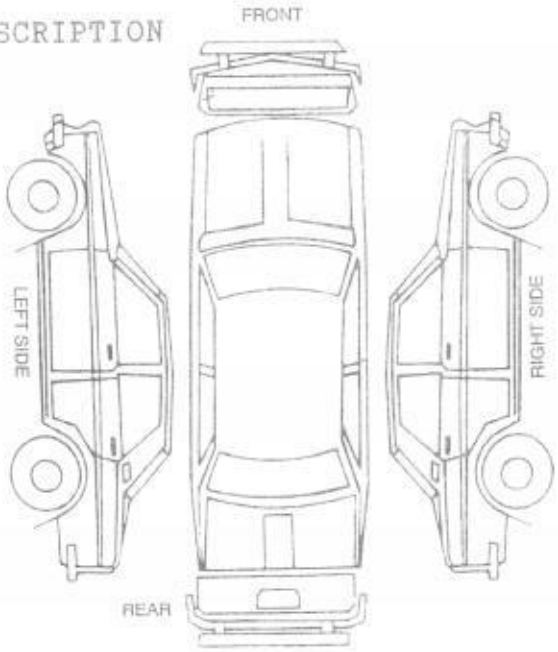
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLSO)1	<b>JOB CARD</b>	Sales Order:	JC NO.: 305249115
TOMER:	REGN NO.: SHC8509L	MILEAGE	
MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
7010045	MODEL I-40	E.....1/2.....F	
TOMER NO. 383 SIN MING DRIVE	YR OF MANU. 07.01.2016	DATE/TIME IN 10.12.2018 09:00	
RESS Singapore SINGAPORE 575717	CHASSIS CODE KMHLE41UMGU083054	TARGET DATE	
65508755 (R) (O)		COMPLETION DATE/TIME:	
COUNT CARD NO.			

NTUC

JOB DESCRIPTION

Accident Date: 07.12.2018  
NATURE: 3P 07.12.2018

S/NO	LABOR CODE	DESCRIPTION
		

BOOKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
<p>wedgement Slip</p> <p>Vehicle No.: SHC8509L</p> <p>LKE</p> <p>Signature/Date: <i>Kalvin</i></p>	<p>Exit Pass</p> <p>Vehicle No.: SHC8509L</p> <p>Name of Service Advisor</p> <p>Date</p> <p>To be kept by Security Guard</p>

returned to Service Reception upon collection

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

JOB NO : 305249115  
REGN NO : SHC8509L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 07.01.2016  
DATE/TIME IN : 10.12.2018 09:00  
ACCIDENT DATE : 07.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	RENEW ADVERTISMENT LOGO & APPS STICKE	439.50
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
SUB-TOTAL :		1,239.50
TOTAL :		1,239.50

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305249115  
Date : 13/12/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC8509L CTPL

07.12.18

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

1. The repair job shall bill to: NTUC --- SLN1326M
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$439.50</u>
(b) Labour Charges	<u>\$800.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$1,239.50</u></b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>                    </u>
<b>Final Lumpsum Repair cost</b>	<u>                    </u>

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 : 

Signature : 

Name : LIM KWOK ENG

Name : Kahr

Tel : 62148316

Date : 14/12/18

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		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/INC18022202/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2018



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 1326M	Veh. Inspected	SHC 8509L
Policy No.	5099994247	Coverage (\$)	0.00
Claim No.	MT/1024108-001	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.	2016
Chassis No.	KMHLB41UMGU083054	Colour	BLUE
Odometer	432268	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 O/S BODY. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	07/12/2018	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. SHC 8509L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT DOOR (RH)	TO REPAIR SEE LABOUR	2,256.40	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-451.28	-
			1,805.12	-
<b><u>NETT ITEMS</u></b>				
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH)(N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			300.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH), REAR DOOR (RH) AND FRONT FENDER (RH).		400.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			1,330.00	800.00
<b>GRAND TOTAL</b>			<b>3,590.12</b>	<b>1,239.50</b>

Report Ref No. NS/INC18022202/K1vbn2



RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,239.50
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Report Ref No. NS/INC18022202/K1vbn2



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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