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(Policy Condition)  Pomark: the veh had commenced its repair at the time of inspection.  NS O/S  BS / DUN / EXNOVA 7,GY / FS / LIZA / Micc yont SU / PR / SUM/ I TOYO / YOKO or F / John	1.40 m 3.50 kg/s 10.75 kg/s/kg 1.40 m 3.50 kg/s/kg/s/kg/s/kg/s/kg/s/kg/s/kg/s/kg/s		* 1	
Policy Condition   R:   Policy Condition   R:   Proll Report   P	ake of \%h;	Modi: NH /S	S/Rim / STQ <b>Ø</b> Rim or	Tel
Policy Condition   Policy Consistent?   Yes or No   Policy Consistent   Yes or No   Poli	107	Tyre Size;	F: 20,	-/ 60RIG
repair at the time of inspection.  Sol. or Market Value:  DAG Accident Rport:  Consistent?: Yes or No  List. Repairs:  days Res.: Yes or No  CA I REV I REP. I 24 HRS  Date:  Date / Time  Action / Instruction  SHC SSG1 - CCS / LCR   TUHG25 / Klubb  RECEIVED 19  DELOTIVE, File Resum for  Person Contacted:  Person Contacted:  Date / Time  Action / Instruction  SHC SSG1 - CCS / LCR   TUHG25 / Klubb  RECEIVED 19  DELOTIVE, File Resum for  Person Contacted:  Person Contacted:  Date / Time  Action / Instruction  SHC SSG1 - CCS / LCR   TUHG25 / Klubb  RECEIVED 19  DELOTIVE, File Resum for  Person Contacted:  Person Contacted:  Days Of Repair:  Person Contacted:  Person Contacted:  Person Contacted:  Days Of Repair:  Da				7
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Date: Person Contacted: Vehicle: IN 1 OUT  Date / Time   Action / Instruction   SHC 5541 - CC3 / LCA1 TU17625 / Klubs   SAA 084710A   INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA1 TU17625 / INC.  SHC 5541 - CC3 / LCA	CA / REV / REP / SAMPS	Des, of Dama		7 0 7
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				TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date 17/12/18

C/NIA	C/No lacomo Deference	Claimant (Owner / Taxi Company)	Claimant Vehicle No. Income Vehicle No.	Income Vehicle No.	Date of Accident	Date of Accident   Time of Accident	Estimate	ate	Tentative repair cost
3/10	MT/1024109 001	10		SLN 1326M	7/12/2018	6:40	\$ 3,59	3,590.12	\$ 1,239.50
1 0	MT/1023995-002	COMEORT TRANSPORTATION PTF LTD	15	SLD 3401T	12/12/2018	14:40	\$ 4,2,	76.00	\$ 1,900.
2 0	MT/1024114 001	COMEONT TRANSPORTATION PTF LTD	SHC 84451	SKR 7532K	8/12/2018	16:10	\$ 1,4	1,455.70	\$ 850.
0 4	MT/1023136.002	COMEON TRANSPORTATION PTE LTD	SHB 4061S	SMF 1482A	9/12/2018	3:50	\$ 2,70	08.48	\$ 1,600.
+ 4	MT/1024118-001	COMEORT TRANSPORTATION PTF LTD	SHB 4086X	SLC 8735C	10/12/2018	2:20	\$ 1,38	380.00	\$ 750.00
2	MT/1023556-002	COMEORT TRANSPORTATION PTE LTD	79989 HS	CB 7663U	10/12/2018	16:10	\$ 2,40	,402.32	\$ 1,450.

Claim received from LKK

Hello, NAC_PAYA_UBI_800601							· Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Lass	Policy No.					Date	of Accident		07/12/2018 1	17:56	
	Vehicle	No.(For Motor)	SLN13	26M	Certificate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099994247		DESIREE KYLA LIM PEI XIANG	587223321	GPC	drivo PREMIUM	SLN1326M		24/04/2018	23/04/2019

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

SHC8509L Vehicle Registration Number

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer

140 Model

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

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

Policy Number D-18088936MFSH

Cover Note Number

Driver

MOHD JEFRI BIN MUSTAFA Name of Driver

S1757897I NRIC No 14/04/1966 Date Of Birth OUTDOOR Occupation 05/06/1986 Date Of Driving Pass

32 YEARS AND 6 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-91786880 Mobile Number

Fax Number

Contact Number

MDJEFRIMUS@GMAIL.COM EMail Address

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

NAME:

Passenger 1

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 Pg. 1

\	Y .	
KETCH PLAN	Airport 7 Bivd	
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
A TAKI SHLO	509 L	
B SHH 1326 V	W	
5 SPIT S		*
	18 of about 06:40.	
with a female	pax (my wife).	
	Jeh B Travelling or	9
side swerged	into my path.	AS a resurt, veh
1	nzed onto my tax	xi driver door
My taxi inflicts	ed some slight do	image, no damage.
found on veh	B. No injung v	eported in this accident
DECLARATION  I/We declare the foregoing particulars		Loke Wei Yieng
MEORT TRANSPORTATION COLUEG. HO 19930382	PTELTU KATY	
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

#### Sketch Plan Pg. 2

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that;

- (a) My insurer, my workshop and the General Insurence 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 .
  - 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;
  - 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.

CO SEG TO 199093821R

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wei Yieng

Reporting Centre Personnel's Signature

Name:

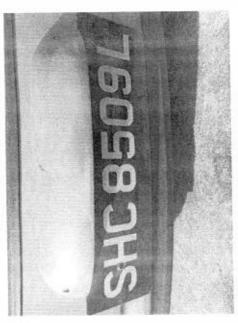
NRIC/FIN No.:

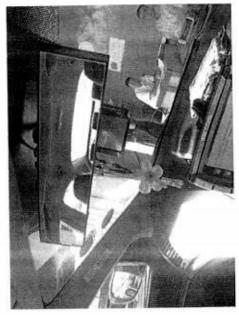
GLADAGE CLASSING DISERTOR 1/2

Policyholder's Signature

Date & Time:

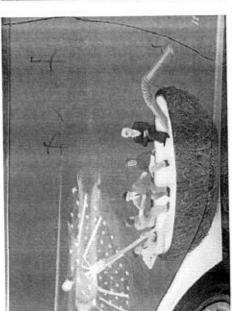




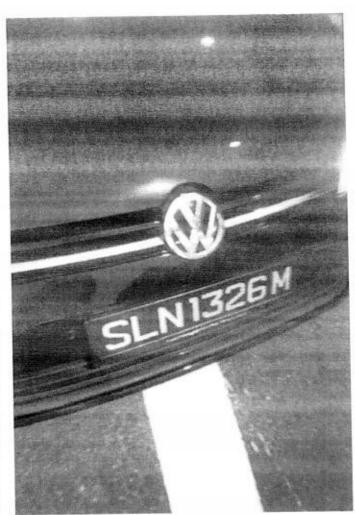


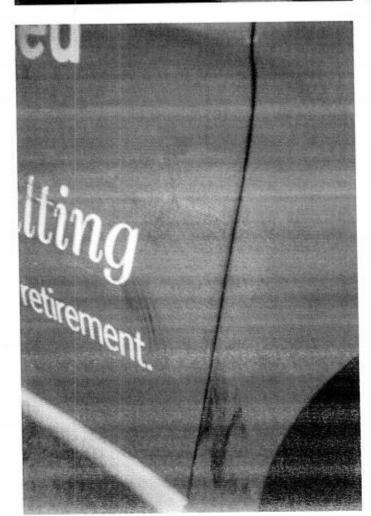












### COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SHC 8509L

HSum

MAKE

:

Qty	Parts Description/ Labour	Type	Unit Price	A	mount
	Front Door (RH) Xrys			\$	2,256.40
	Par Par (R4) x rg-2				
	Poor for (R4) x rgs SUB TOTAL LESS 20%			S	2,256.40
	DISCOUNTED TOTAL			\$	451.28 1,805.12
	DISCOUNTED TOTAL			3	1,003.12
	Front Fender Advertisement Logo (RH)		-lö'l	\$ \$	100.00 75.00
	Front Door Advertisement Logo (RH)			\$	100.00
	Rear Door Advertisement Logo (RH)	ar I	157	S	100.00
	Rear Door Comfortdelgro & Apps Sticker (RH)		-10/	\$	80.00
				s	455.00
	Labour Charge Panel Beating Spray Painting Charge Tuff Kote Transfer of Door		,&o	\$ \$ \$	200 400.00 50,00 80.00
	TOTAL LABOUR			s	1,130.00
	ESTIMATE TOTAL		100	s	3,390.12
	Kaharillely LKX AUTO TO TO TO TO	Consultan ever before a hay damatid	Section 19 Section 19	1018	دا، 3590
	Alla Paris pla	Subvisimentary Subvisimentary Subvisimentary Acknowledge  Acknowledge	V 354	_	

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

## COMFORTDELGRO ENGINEERING

\ member of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

Date/Time 20 Ubif 0 3 12 20 20 18 11:12 Page : 1

JC NO.: 305249115 JOB CARD Sales Order: ARC Repair TP(CLSO)1 Team: MILEAGE REGN NO .: TOMER. SHC8509L COMFORT TRANSPORTATION PTE LTD FUEL MAKE: MS HYUNDAI 7010045 E......1/2...... TOMER NO. 383 SIN MING DRIVE DATE/TIME IN 0.12.2018 09:00 MODEL Singapore SINGAPORE 575717 I - 40YR OF MANU. 07.01.2016 TARGET DATE 65508755 (R) (P) CHASSIS CODE KMHLB41UMGU083054 COMPLETION DATE/TIME: COUNT CARD NO. JOB DESCRIPTION Accident Date: 07.12.2018 NATURE: 3P 07.12.2018 FRONT DESCRIPTION LABOR CODE S/NO LEFT SIDE REAR SCKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass wledgement Slip Vehicle No.: SHC8509L SHC8509L LKE a No.:

returned to Service Reception upon collection

of Service Advisor

Name of Service Advisor

Signature/Date

Date

To be kept by Security Guard

### COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.12.2018 Time: 19:08:42

REPAIR ESTIMATE

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 REGN NO : 305249115 : SHC8509L

MILEAGE MAKE

: 00000000000 : 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

OTY 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

DATE:

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

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

COMFORTDELGRO ENGINEERING

Jur Jo	ur Job Ref No 305249115				ComfortD	elGro Engineering Pte Ltd	
Date		:	13/12/18			59 Loyan Fax: 6546	g Drive Singapore 508969
INAL	LIZATI	ON FORM					
o			LKK		20	Fax:	
Attn	: M		KALVIN ANG		-3		
/ehic	le Reg	No. SHC8	3509L	CTPL	_		07.12.18
The s	urvey a	and estimates of t	the repairs of the ab	ove-mentione	ed vehicle are	as follows:-	
1.		epair job shall bill		NTU			SLN1326M
		inalized amount s	HONOCO				2
2.	1000	Spare Parts after					\$439.50
	(a) (b)	Labour Charges					\$800.00
	(0)		By-Part Repair Co	ost			\$1,239.50
		rotal for Fair	-,				
	(c.)	Lumpsum Repa	air (if applicable) sum repair cost afte	r I acc	20%		
		Final Lumpsu	m Repair cost and	1 LC33.	2010		
			NAME OF THE PARTY		2 wor	reconstance v	
						king days.	
3.		nated normal peri		-	0.20		
3. 4.	We	shall treat the ab		-	0.20		ly from you within
	We			-	onfirmed if	there is no rep	
	We s	shall treat the ab	oove amount as C	-	onfirmed if	there is no rep	
4.	We s	shall treat the ab orking days	oove amount as C	-	onfirmed if	there is no rep	
4.	We s	shall treat the ab orking days	oove amount as C	-	onfirmed if	there is no rep	
4.	We : 7 wo	shall treat the ab orking days	oove amount as C	-	onfirmed if We fins	there is no rep	
4.	We : 7 wo	shall treat the aborking days hk you for your as	oove amount as C	-	onfirmed if We fine	there is no rep e confirm the es alized amount	
4.	We : 7 wo	shall treat the aborking days hk you for your as	ssistance.  OK ENG	-	onfirmed if We fine	there is no reperties on the establishment of the e	
4.	We so Than	shall treat the aborking days  nk you for your as  nature:  ne: LIM KW	sistance.  OK ENG	-	onfirmed if We fina Sig Na	there is no reperties on the establishment of the e	
5.	We : 7 wo Than Sign Nan Tel Fax	shall treat the aborking days  nk you for your as  nature:  ne: LIM KW	sistance.  OK ENG	-	onfirmed if We fina Sig Na	there is no reperties on the establishment of the e	
4.	We : 7 wo Than Sign Nan Tel Fax	shall treat the aborking days  onk you for your as  nature:  ine : LIM KW  in 621483	sistance.  OK ENG	orrect and C	onfirmed if We fina Sig Na	there is no reperties on the establishment of the e	
5. For	We : 7 wo Than Sign Nan Tel Fax	shall treat the aborking days  nk you for your as  nature:  621483  654681	POK ENG	orrect and C	onfirmed if We fine Sig Na Da	confirm the estalized amount  gnature : the :	Kahinates and
5. For	We : 7 wo Than Sign Nan Tel Fax Officia	shall treat the aborking days  nk you for your as  nature:  1 621483  1 654681	POK ENG	orrect and C	onfirmed if  We find  Sig  Na  Da  Document  Attached  Yes or No	confirm the estalized amount  gnature : the :	Kahinates and
For 1. 1. 2.	We : 7 wo Than Sign Nan Tel Fax Officia	shall treat the aborking days  nk you for your as  nature:  1 621483  1 654681  Item  Rate P/Day  Income Paid	POK ENG	orrect and C	Document Attached Yes or No	confirm the estalized amount  gnature : the :	Kahinates and
5. For 1. 1. 3. 4.	We : 7 wo Than Sign Nan Tel Fax Officia Rental Loss of Survey	shall treat the aborking days  shall treat the abort days  shall treat the abor	OOK ENG  Amou	orrect and C	Document Attached Yes or No	confirm the estalized amount  gnature : the :	Kahinates and
5. For 1. 1. 2. 3. 4. 5.	We : 7 wo Than Sign Nan Tel Fax Officia Rental Loss o Survey LTA Se Medica	shall treat the aborking days  shak you for your assets  sature:  : 621483 : 654681  al Use Only  Item  Rate P/Day Income Paid	OOK ENG  Amou	orrect and C	Document Attached Yes or No	confirm the estalized amount  gnature : the :	Kahinates and



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





TUC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref: NS/INC1802220	)2/K1vbn2
3 BRAS BASAH ROA			
	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
	Vehicle Par	ticulars & Condition	
Make & Model	HYUNDAI 140	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 RIN
General	FAIR		
3.	Cond	itions of Tyres	
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	To the second second	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4.	Descri	otion of Damages	
THE VEHICLE S	USTAINED DAMAGES AT THE	O/S BODY.	
5.	Gene	eral Information	
Accident Date	07/12/2018	Inspection Date	10/12/2018
Survey held a		EERING PTE LTD	
Journey manage	59 LOYANG DRIVE SINGAPORE 508969		
5a.		Remarks	
A)THE INSPEC	TION WAS CONDUCTED ON A" NCE TO YOUR INSTRUCTIONS	S, WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.	Estima	ate Days of Repair	
ESTIMATED N	ORMAL PERIOD FOR REPAIR:	2 Working Day	ys



# National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8509L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
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	
	NETT ITEMS		1,805.12	
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
	REAR DOOR COMFORTDELGRO & APPS STICKER (RH)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		8	-15.50
			155.00	139.50
	SPECIAL NETT ITEMS			
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	
			300.00	300.0
	LABOUR		SOCIETY OF THE PROPERTY OF THE	
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR (RH), REAR DOOR (RH) AND FRONT FENDER (RH).		400.00	
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.	NOT NECESSARY	50.00	
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	
				-
	-			
			1,330.0	0 800.0
	GRAND TOTAL		3,590.1	2 1,239.5





RECOMMENDED COST OF REPAIRS (CONFIRMED)

1,239.50

Report Ref No. NS/INC18022202/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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