

Surveyor: Kelvin

REF:

NS/WC18022654/KHb92

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop mis: _____

at: _____

Insured: SLJ 189D

Policy No: 5086908611-02 28-11-18-27-11-19

Claims No: MT/1023972-002

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction

SHC 7301A - NS/FCL160106968/Vicb2

SLJ 189D - X

24/12/18 Chand CP\$ 4050/ 3hp. (Red: 3988.50, 49%)

RECEIVED 20 DEC 2018

Veh No: SHC 7301A Yr Regn: "Aug, 2016

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

Truck / Trailer or

Make: Hijau Lar Z40 cc: 168

Colour: Yellow A/C: Ins / Std / NI / NA

Sp. Reading: 3 48261 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHLCB414M64092651

Gen. Cond: Good / F / Poor / Burnt

Steering: Inorder / G / Jammed / Leaked / Burnt or

Brake: Inorder / G / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Cargen

Front: _____ Rear: _____

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

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

D.O.A. 15/12/18 D.O.I. 17/12/18

Survey held at C D G E (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? ☐ : Prell. Report

24/12 typist ☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / L.B.I: (\$) 4050/-

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, \$1

Photos

Others

TOTAL

Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1024917-001	COMFORT TRANSPORTATION PTE LTD	SHD 4463E	SGZ 8886M	19/12/2018	\$ 700.00
2	MT/1024209-002	COMFORT TRANSPORTATION PTE LTD	SHB 4305P	GZ 4814Y	16/12/2018	\$ 2,243.38
3	MT/1023928-002	COMFORT TRANSPORTATION PTE LTD	SHC 3051Y	SFW 140L	14/12/2018	\$ 3,966.00
4	MT/1023972-002	CITYCAB PTE LTD	SHC 7301A	SLJ 489D	15/12/2018	\$ 8,038.50
5	MT/1024513-002	COMFORT TRANSPORTATION PTE LTD	SHD 4980D	SJN 1702J	18/12/2018	\$ 2,103.36
6	MT/1024369-002	COMFORT TRANSPORTATION PTE LTD	SHC 1012Z	YP 2823Z	18/12/2018	\$ 1,789.28
7	MT/1024265-002	COMFORT TRANSPORTATION PTE LTD	SHA 2352X	SFM 6273A	17/12/2018	\$ 3,442.72

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="15/12/2018 11:09"/>
Vehicle No. (For Motor)	<input type="text" value="SLJ489D"/>	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"/>	5086908611-02		PHUA KIM PENG	S1536368A	GPC	drive PREMIUM	SLJ489D	SLJ489D	28/11/2018	27/11/2019

[Continue](#)

Date/Time: 17.12.2018 10:50

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3882547

JC NO.: 305251555

STOMER	REGN NO.: SHC7301A	MILEAGE
MS CITYCAB PTE LTD	MAKE : HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 7010070	MODEL I-40	DATE/TIME IN 15.12.2018 23:05
DRESS 383 SIN MING DRIVE	YR OF MANU 11.08.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU092651	COMPLETION DATE/TIME:
65551188 (R) (P)		
COUNT CARD NO.		

Accident Date: 15.12.2018

NATURE: 3P 15.12.18/B-

JOB DESCRIPTION

REAR

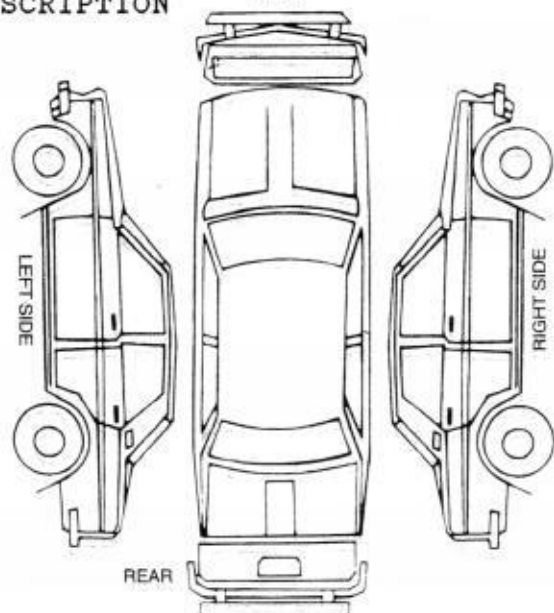
*NTUC
SLJ489D*

S/NO

LABOR CODE

DESCRIPTION

FRONT



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

;

;

le No.: SHC7301A

FZ (NTUC)

Vehicle No.:

SHC7301A

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

1. Date: 15/12/18 Time Received: 2303

2. ☐ New ☐ SPARK Kakis
Name of Customer : Yap Kang Chuan
Contact No. : 90917715
Vehicle No. : SH 17361A
Make / Model / Colour : I 40
Email :

3. Vehicle Type:
☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

5. Nature of Service:
☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

4. Type of Towing:
☐ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

6. Parts Replaced/Remarks:

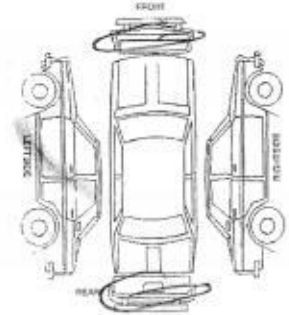
7. Location: Woodlands Dr 73

9. Preferred Workshop:
☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

10. Odometer Reading :
Fuel Level : F 1/4 1/2 3/4 E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested


#: Cracked X: Dented
/: Scratched O: Missing
Signature of Customer: [Signature]

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ STD ☒ TZ ☐ IRS ☐ OTHERS
Name of Driver : Boon Lay
Vehicle No. : YN7337M
Time Dispatch : 2303
Time of Arrival : 2335
Time Completed : 0010

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™.
Date: 15/12/18 Time: 2335
Signature of Customer: [Signature]

14. WORKSHOP
Name of Attending Staff/Guard :
Date & Time of Arrival :
Signature of Attending Staff/Guard :
CUSTOMER'S COPY

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	17/12/2018 09:03
Date Of Accident	15/12/2018 21:40
Exact Location Of Accident	ALONG BISHAN RD TWDS BISHAN ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7301A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	YAP KANG CHUA
NRIC No	S0065600C
Date Of Birth	24/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1975
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90017715
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 682C WOODLANDS DRIVE 73 #12-241
 Postcode 733682
 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 DRIZZLING
 Road Surface WET

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) 1

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 SLJ489D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 92397008
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Loke Wai Kiong

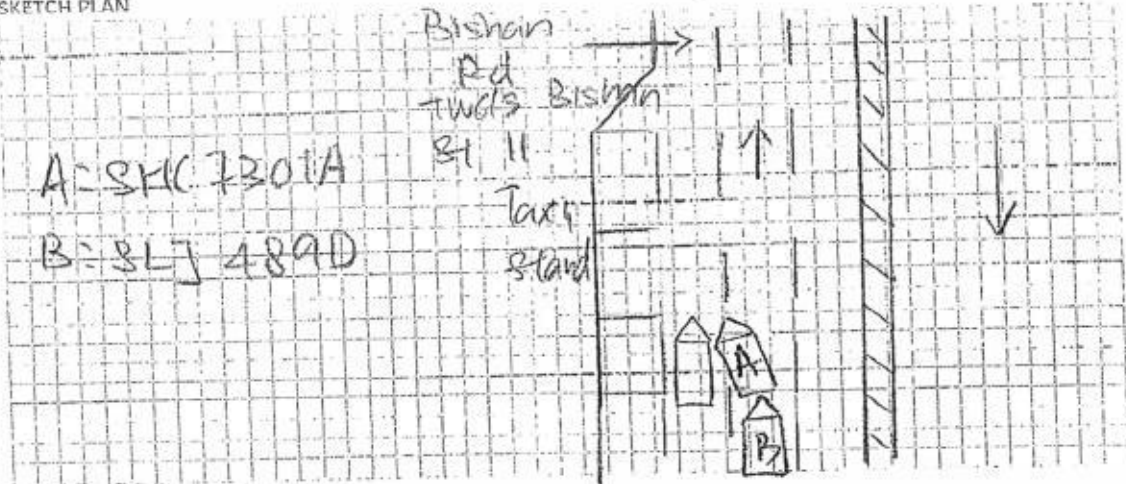
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 16/12/18
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/12/18 at about 21:40 hrs, I was driving along Bishan road with no pax.

I slowed down my taxi when I noticed a veh. come out from my left hand side.

A split second later, I felt an impact from my taxi behind. A car SLJ 489D came from behind its front portion collided onto the rear portion of my taxi.

No injury at the point of accident.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

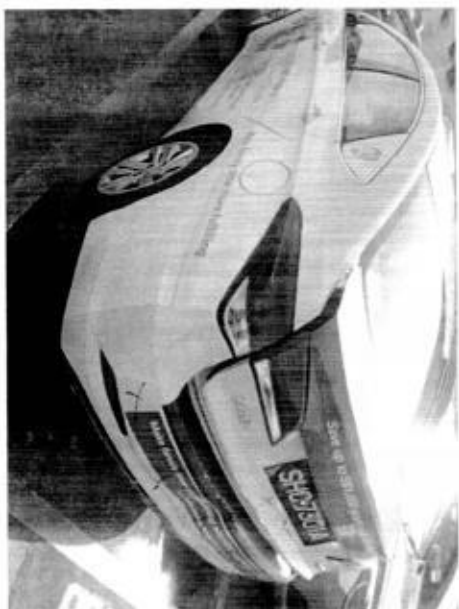
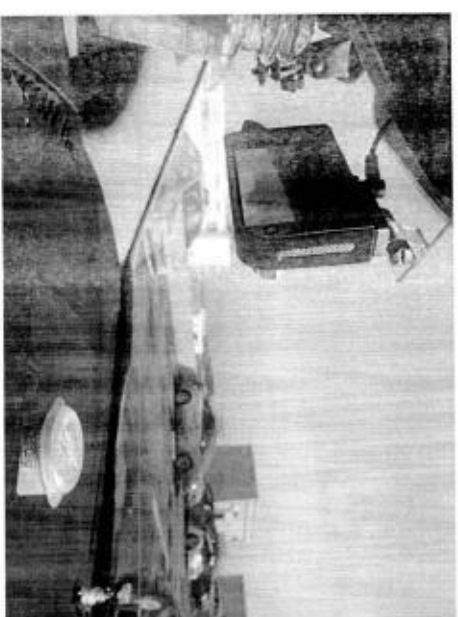
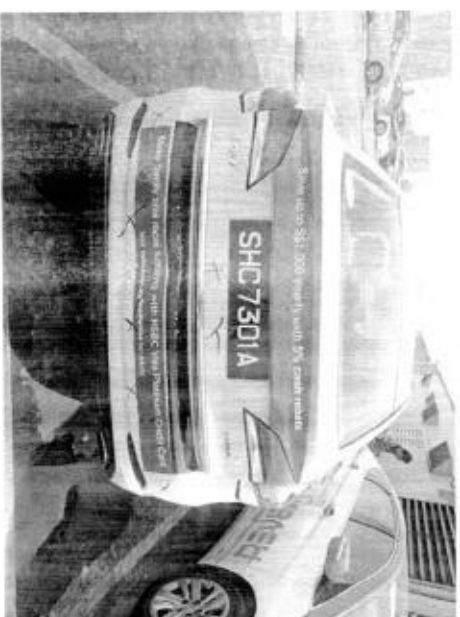
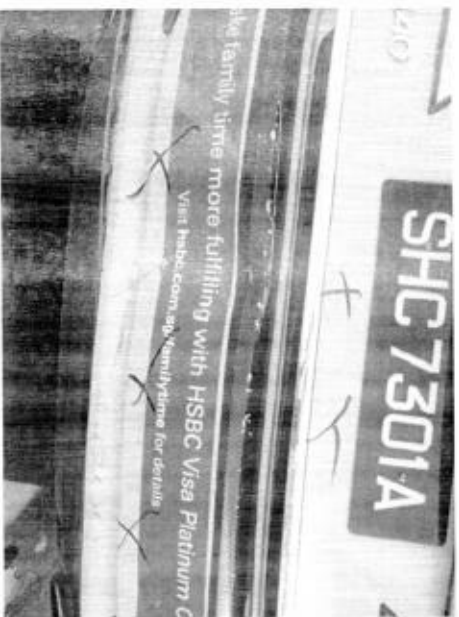
Policyholder's Signature
Date & Time:

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

Loke Wai Yiong

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

16/12/18



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305251555
Date : 21.12.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No : SHC7301A Date of Accident : 15.12.2018

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

1. The repair job shall bill to: NTUC --- SLJ 489D
2. The finalized amount shall be:


(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
Total for Part-By-Part Repair Cost		\$0.00
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$4,050.00
Final Lumpsum Repair cost		\$4,050.00


3. Estimated normal period for repairs: 3 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 : Kahr
Date : 24/12/18

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:

Towing fee \$60.00

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7301A

DATE 17/12/2018 12:02

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Bent</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>x sue</i>			\$ 102.60
	Boot Lid Lock Lower <i>x sue</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>me</i>			\$ 28.70
	Boot Lid CRDI Plate <i>me</i>			\$ 27.90
	Boot Lid Trimboard <i>x sue</i>			\$ 116.40
	Boot Lid Trimboard Clips (10pcs) <i>x an</i>			\$ 11.00
	Bootlid Moulding <i>cut</i>			\$ 227.90
	Bootlid i40 Emblem <i>me</i>			\$ 27.90
	Bootlid Lower Garnish <i>x repair</i>			\$ 227.90
	Rear Bumper <i>Reform</i>			\$ 553.00
	Rear Bumper Reinforcement <i>me</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Bent</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00
	Rear Bumper Bracket <i>x sue</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>me</i>			\$ 103.50
	Rear Bumper Under Cover <i>cut</i>			\$ 228.00
	Tail Lamp (LH/RH) <i>x sue</i>	\$	697.80	\$ 1,395.60
	Tail Lamp Quarter Panel (LH/RH) <i>x sue</i>	\$	226.50	\$ 453.00
	Rear Panel <i>x repair</i>			\$ 526.70
	Rear Panel Garnish <i>x sue</i>			\$ 57.70
	Rear Panel Lower Panel <i>x repair</i>			\$ 89.40
	SUB TOTAL			\$ 7,066.00
	LESS 20%			\$ 1,413.20
	DISCOUNTED TOTAL			\$ 5,652.80
	Boot Lid Comfort Logo & Tel No. Sticker <i>me</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>shd</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>x an</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>	\$	100.00	\$ 200.00
	Labour Charge			\$ 465.70
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Towing Fees			\$ 60.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,920.00
	ESTIMATE TOTAL			\$ 8,038.50

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.

NTWC / LKK

F2

LKK Auto Consultants hence notify the Repairer of the following:

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

Kalish Uley
 17/12/18 13:26
 3 Br
 4/3
 After Repair photo

600
 800
 x an
 20
 x 91
 30



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/INC18022654/K1tbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 31-12-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 489D	Veh. Inspected	SHC 7301A
Policy No.	5086908611-02	Coverage (\$)	0.00
Claim No.	MT/1023928-002	Excess (\$)	0.00
Assign From		Assign Date	17/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092651	Colour	YELLOW
Odometer	348261	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

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

5. General Information

Accident Date	15/12/2018	Inspection Date	17/12/2018
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.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
-------------------------------------	----------------

**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 7301A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	BENT	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOT LID TRIMBOARD	SERVICEABLE	116.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	CUT	227.90	227.90
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	BENT	160.60	160.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	TORN	103.50	103.50
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
2	TAIL LAMP (LH/RH) @ \$697.80	SERVICEABLE	1,395.60	-
2	TAIL LAMP QUARTER PANEL (LH/RH) @ \$226.50	SERVICEABLE	453.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
	LESS 20% DISCOUNT		-1,413.20	-796.56
			5,652.80	3,186.24
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70

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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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
			465.70	415.70
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH, REAR PANEL AND REAR PANEL LOWER PANEL.		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	800.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	TOWING FEES.		60.00	-
	REMOVE / REFIT REVERSE SENSOR.		80.00	30.00
			1,920.00	1,450.00
GRAND TOTAL			8,038.50	5,051.94
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				4,050.00

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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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