

Surveyor: NAZ

REF: NS/INC18022975/NSB2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV _____
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SMD 5434Z
 Policy No. 5103282421 240878 - 230819
 Claims No. MT/1027222-001
 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: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 CIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SAC 733H Yr Regn: 10 JULY 2011
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 c.c. 1685
 Colour: YELLOW A/C: Insur.d / Std / NI / NA
 Sp. Reading: 500 688 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMEU0S7939
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205 / 60 R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WFS LAKE
 Front R/Bal. 5 mm Rear R/Bal. 6 mm
 L/Bal. 5 mm U/Bal. 6 mm
 D.O.A. 21/12/18 U.O.i. 21/12/18
 Survey held at COGGE LOYANG
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S REAR
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>SAC 733H - (3/FBI) 8100 6501 / Kipras)</u>
	<u>SMD 5434Z - X</u>
<u>10/01/19</u>	<u>Confirmed US \$ 1,750/- @ 4 days with Naz</u>
	<u>(43,086.64. Rd. - 64%)</u>
	<u>NAZ, pls see my remarks.</u>
	<u>RECEIVED 21 JAN 2019</u>

Date/Time, File Pass to? 21/01/19
 : Preli Report
 : Final Report

Days Of Repair: 4
 Resurvey No. of Trip: 2
 Survey Fee: 160
 Transportation: _____

Date/Time, File Return to? _____
 Report Format: _____
 Lump Sum / I.B.I.: (\$ 1,750/- US ...)

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inv (\$ _____)
 : Weekend (\$ _____)
 S + RS - SI
 Photos
 Others
 TOTAL 160

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="21/12/2018 11:06"/>
Vehicle No.(For Motor)	<input type="text" value="SMD5434Z"/>	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"/>	5103282421		RIDEON TRANS	53385622A	GPC	drivo CLASSIC	SMD5434Z	Virtual Insured	24/08/2018	23/08/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 10/01/2019

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/1019140-002	SMRT TAXIS PTE LTD	SHB 1055E	SBW 1552Y	8/11/2018	17:05	\$ 3,318.20	\$ 1,400.00
2	MT/1027222-001	CITYCAB PTE LTD	SHC 733H	SMD 5434Z	21/12/2018	00.50	\$ 4,836.64	\$ 1,750.00
3								
4								

Claim received from LKK Auto

Member of COMFORTDELGRO

Date/Time: 21.12.2018 09:54 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305253056

MEMBER NO. 7010070 CITYCAB PTE LTD 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) UNIT CARD NO.	REGN NO.: SHC 733H	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 21.12.2018 08:40
	YR OF MANU 10.07.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU057939	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 21.12.2018
 NATURE: 3P 21.12.18

S/NO	LABOR CODE	DESCRIPTION

KEYED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass

Vehicle No.: SHC 733H

Vehicle No.: SHC 733H

Signature/Date _____

Name of Service Advisor _____

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

Vehicle No.: SHC 733H

FZ NTUC

Service Advisor *[Signature]*

Shirley Hiew (LKK Auto)

From: Naz (LKKAuto) <Naz@lkkauto.com>
Sent: Wednesday, 9 January 2019 6:05 PM
To: Fauzy Bin Mokhtar
Cc: Shirley Hiew (LKK Auto); SUR
Subject: Re: SHC 733H Finalization
Attachments: FINALIZED.pdf

Dear Mr Fauzy,

Finalized Lump Sum Repair \$1750.00 / 4 Days.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Sunday, 30 December 2018 12:04 PM
To: Naz (LKKAuto)
Subject: FINALIZE - TOTAL 3 VEHICLE

Hi Naz,

Attached is the Finalize for your confirmation.

- 1) SH 8505R - Photo taken By Calvin
- 2) SHC 733H - Photo taken By Calvin
- 3) SHD3102D - Photo taken By Calvin

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156

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	21/12/2018 09:32
Date Of Accident	21/12/2018 00:50
Exact Location Of Accident	PIE(TUAS) FROM SIMS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC733H
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	CHIUN CHENG TIAK
NRIC No	S1224551C
Date Of Birth	01/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1978
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92239998
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	291D 12-266 COMPASSVALE STREET
Postcode	544291
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 (including own vehicle) involved in the accident	2
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: : MALE

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)

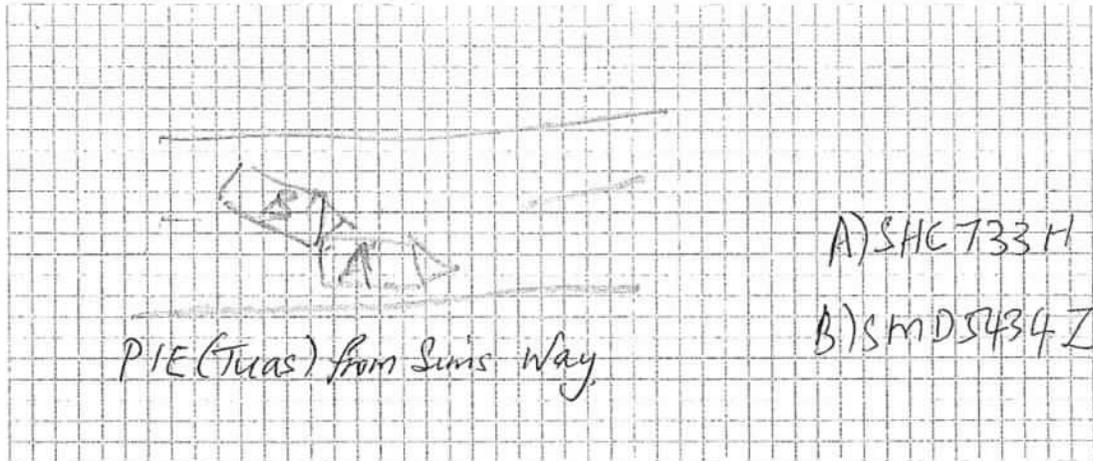
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD5434Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HIDAYAH
NRIC/Passport Number	
Contact Number	81397024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/12/18 at about 0050 hrs while I
 Veh A was travelling along the slip road
 in lane on the right, Veh B from
 the left lane filtered to my lane
 at the rear and collided onto the
 left rear portion causing the
 rear bumper to adrift.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 1995028300

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

SR Macmillan
NCSO
21/12/18

Sketch Plan Pg. 2

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:

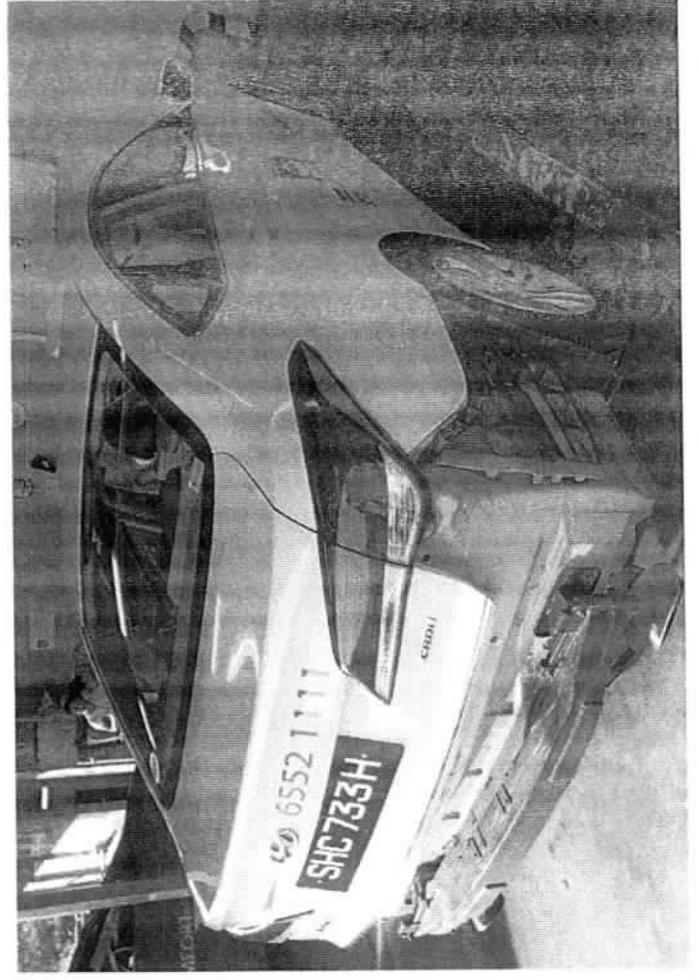
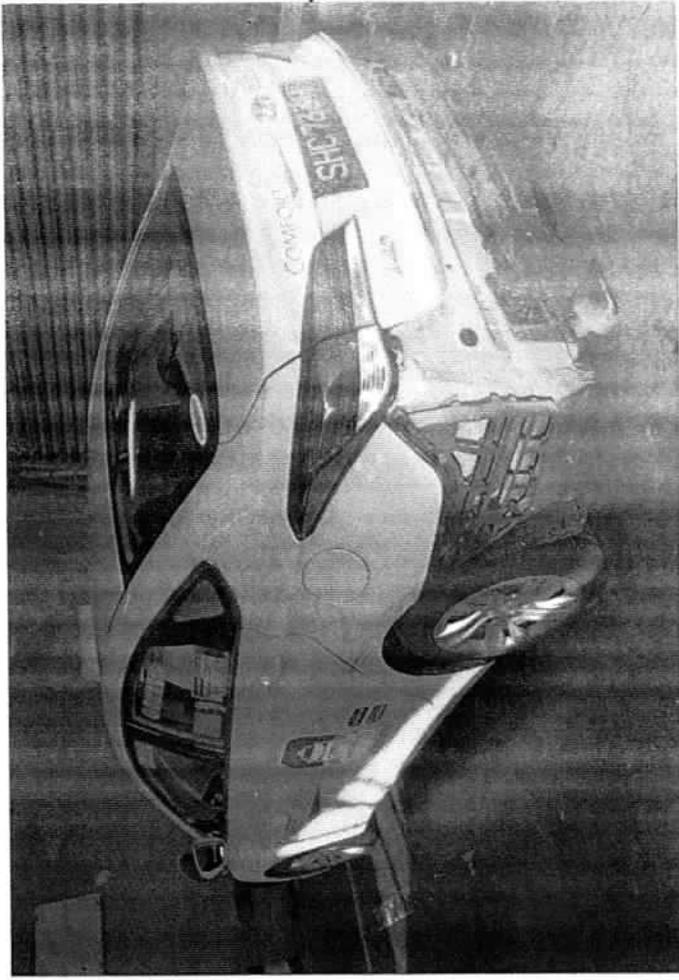
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

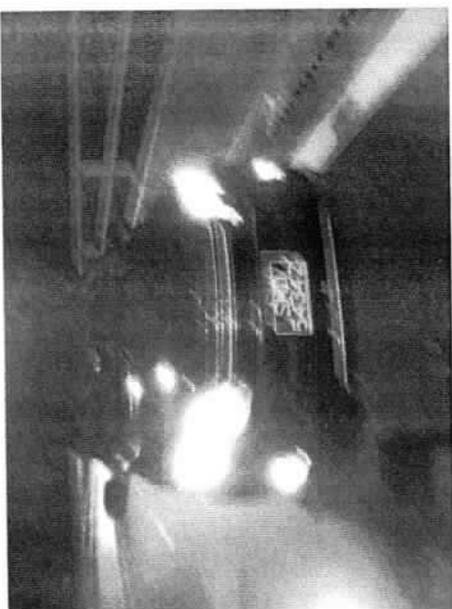
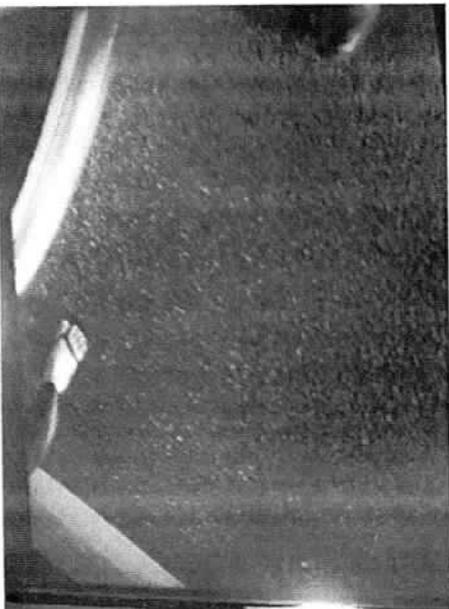
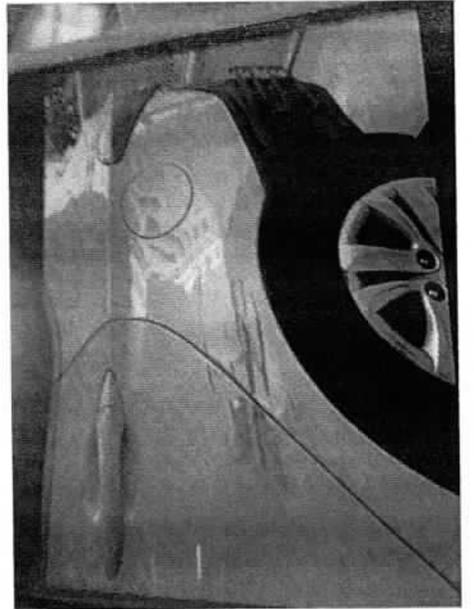
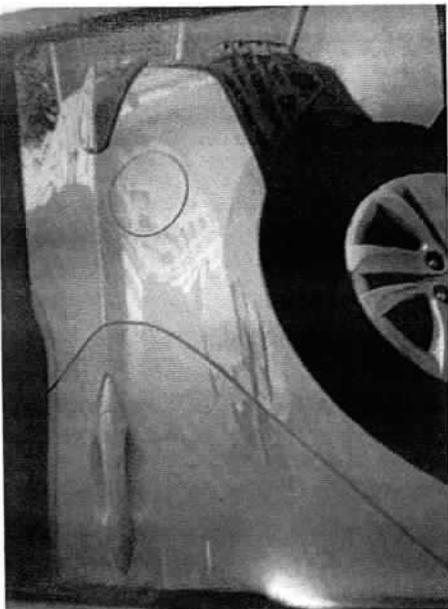
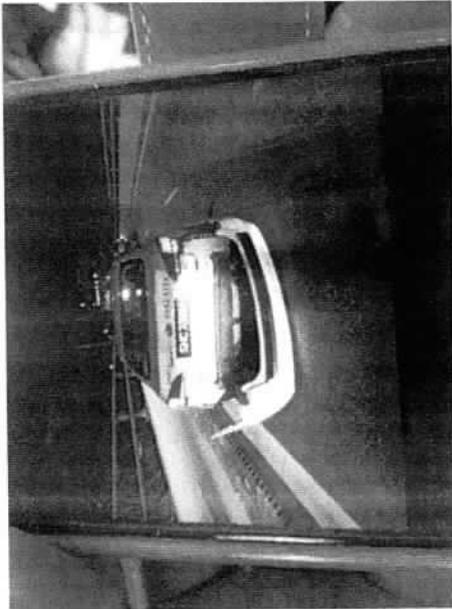
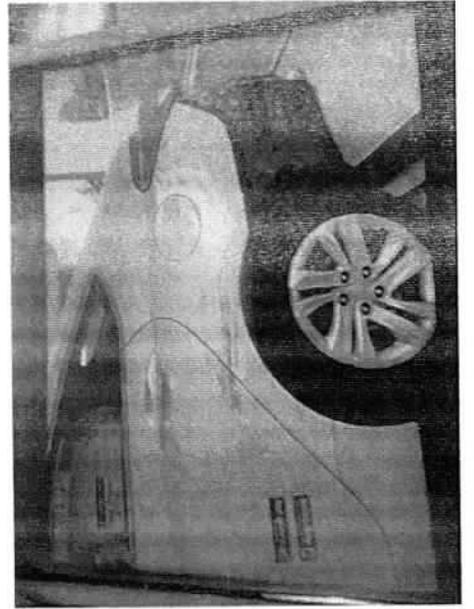
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:





CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 733H

DATE 21/12/2018 10:28

MAKE :

MODEL : HYUNDAI i40

L/S

NETUC
PZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Fender (LH)		XR	\$ 2,171.40
	Rear Windscreen Moulding		XNN	\$ 28.30
	SUB TOTAL			\$ 2,774.70
	LESS 20%			\$ 554.94
	DISCOUNTED TOTAL			\$ 2,219.76
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant		XNN	\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
				\$ 176.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 2,130.00
	ESTIMATE TOTAL			\$ 4,525.76
				4836.64

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(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

NAZ LKK
21/12/18
L/S
4 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS

DEF
NEC
Nett
Nett
Nett

600
61
NEC
40
XNN
XNN
20

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.

SC

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305253056
Date : 30.12.2018

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : NAZ
Vehicle Reg No. : SHC 733H Date of Accident : 21.12.2018

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

1. The repair job shall bill to: NTUC -- SMD5434Z
2. The finalized amount shall be:

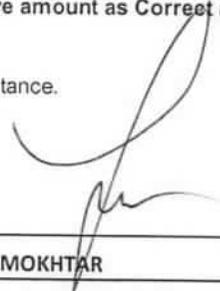
(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$1,750.00</u>
Final Lumpsum Repair cost	<u>\$1,750.00</u>

3. Estimated normal period for repairs: 4 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 : NAZ LKK
Date : 9/1/19

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:

Finalized.
- Naz

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 733H

DATE 21/12/2018 10:28

MAKE :

MODEL : HYUNDAI i40

L/S

NETUC
PZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Fender (LH)		XR	\$ 2,171.40
	Rear Windscreen Moulding		XNN	\$ 28.30
	Rear under cover			
	Rear bumper moulding (LH) (RH)	228		
	SUB TOTAL	8030X2		\$ 2,774.70
	LESS 20%			\$ 554.94
	DISCOUNTED TOTAL			\$ 2,219.76
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Windscreen Sealant		XNN	\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
				\$ 176.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 2,130.00
	ESTIMATE TOTAL			\$ 4,525.76

Any
Any

DEF
NEC
~~DEF~~
~~XNN~~

Nett / NE
Nett
Nett / NE

600
400
400
40
XNN
XNN
20

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.

NA2 LKX
21/12/18 1630hr
L/S
4 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS



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/INC18022975/Nsbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 21-01-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SMD 5434Z	Veh. Inspected	SHC 733H
Policy No.	5103282421	Coverage (\$)	0.00
Claim No.	MT/1027222-001	Excess (\$)	0.00
Assign From		Assign Date	21/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057939	Colour	YELLOW
Odometer	500688	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	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/12/2018	Inspection Date	21/12/2018
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:		4 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 733H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR BUMPER LOWER COVER	SCRATCHED	228.00	228.00
1	REAR BUMPER BRACKET RH	CRACKED	80.30	80.30
1	REAR BUMPER BRACKET LH	CRACKED	80.30	80.30
	LESS 20% DISCOUNT		-632.66	-192.72
			2,530.64	770.88
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
			176.00	130.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	30.00
	TUFF KOTE.		50.00	40.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	20.00
			-	-
			-	-
			-	-
			2,130.00	1,290.00
GRAND TOTAL			4,836.64	2,190.88

Report Ref No. NS/INC18022975/Nsbe2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,750.00
---	--	--	----------

Report Ref No. NS/INC18022975/Nsbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



K.K.LAU CPT(RET)

**BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE**

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.