

08/11/2018

Surveyor: Kelvin

REF: NS/INC18023127 / Klvbnz

### ASSIGNMENT

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

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

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

To Insp'd Vehicle No: \_\_\_\_\_

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

of: \_\_\_\_\_

Insured: **FBF 3549J**

Policy No: **5050531751-07 160918 - 150919**

Claims No: **MT/1025491-001**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vth: \_\_\_\_\_

(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

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repair: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP: / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: **SH C 7018 T** Yr Regn: **4 Mar, 2016**

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

Truck / Trailer or

Make: **Hyundai Ix** cc **1685**

Colour: **Yellow** A/C: Ins  Std / Nil / NA

Sp. Reading: **322739** T/Radio: Ins  Std / Nil / NA

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

C/No: **KMHLEB41UM64087336**

Gen. Cond: Good /  Poor / Burnt

Steering: In order /  Jammed / Leaked / Burnt or

Brake: In order /  Jammed / Leaked / Burnt or

Modi: Nil / SIRim /  S/AIRim or

Tyre Size: F: **205/60R16**

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or **Campion**

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

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

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

D.O.A. **24/12/18** D.O.I. **26/12/18**

Survey held at **CDGE (Loyang)**

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

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

Date / Time	Action / Instruction
	SHC 7018T - NS/INC18023127/Ch <span style="float: right;">Dtg: 31/10/2018 INC</span>
	FBF 3549J - X <span style="float: right;">42</span>
27/12/18	Chk 45 \$2950 / 3 hrs. (Red 4810-60, 6290)
RECEIVED 20 DEC 2018	

Delc/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) 28/12 - typist

Report Format: **TP**

Lump Sum / I.B.I.: **2950/2**

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS: \$ \_\_\_\_\_

Photos: **160**

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

\_\_\_\_\_

\_\_\_\_\_

**TP Claims against NTUC Income: Follow-Through Survey**

Date: 28/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1025488-001	COMFORT TRANSPORTATION PTE LTD	SHD 4545C	GZ 6718D	17/12/2018	5:40	\$ 1,616.02
2	MT/1025491-001	CITYCAB PTE LTD	SHC 7018T	FBF 3549J	24/12/2018	8:35	\$ 7,760.60
3	MT/1025231-002	COMFORT TRANSPORTATION PTE LTD	SH 8872E	SJF 5181C	22/12/2018	19:15	\$ 3,558.72

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No:  
Vehicle No. (or Motor)

Date of Accident:   
Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5050911751-07		HAIREEL IZAN BIN JAFFAR	S8523011E	GMC	Third Party, Fire & Theft	FBF3549J	FBF3549J	16/09/2018	15/09/2019

Continue

## 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 willful 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	24/12/2018 14:16
Date Of Accident	24/12/2018 08:35
Exact Location Of Accident	PIE(AIRPORT) LP 1470
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7018T
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LIM GUAN CHUAN FRANCIS
NRIC No	S0033775G
Date Of Birth	14/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1972
Driving Experience	46 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84544416
Fax Number	
Contact Number	
EMail Address	LIM1215@SINGNET.COM.SG

Address 2A 16-694 UPPER BOON KENG ROAD  
 Postcode 381002  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? YES  
 Was any injured conveyed to hospital by ambulance? YES  
 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? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] PASIR RIS NPC  
 Was notice of Intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

SEE POLICE REPORT.

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBF3549J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category MOTORCYCLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage OVERALL BODYWORK

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

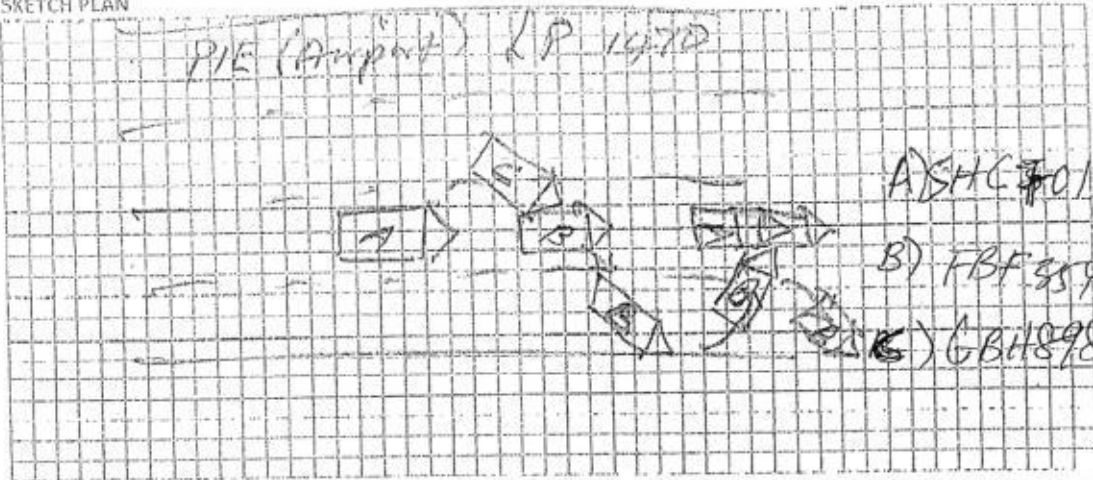
Vehicle Registration Number GBH8989D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT RHT  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name RIDER  
Approximate Age  
Injuries Sustain HEAD  
Injured person in which vehicle? FBF3549J  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/2018-1224/2024

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)

Reporting Centre Personnel's Signature  
Name:

*[Handwritten Signature]*  
SIT MOBILE  
04/12/18

Sketch Plan Pg. 2



SINGAPORE  
POLICE FORCE

*Original Blurr*



T/20181224/2024

1 of 3

Report No. T/20181224/2024

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2018 11:33	Vide Report No.: J/20181224/0052	Station Diary No.: 49
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Informant's Particulars			
Name of Informant: LIM GUAN CHUAN		Address: APT BLK 2A UPPER BOON KENG ROAD #16-694 SINGAPORE 381002	
ID Type / ID No.: NRIC NO / S0033775G		Contact No.:	Mobile: 84544416
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 14/01/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2018 08:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS CHANGI AIRPORT Lamp Post Number: 1470				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3549J	Motorcycle					0
SHC7018T	Car				Slightly Damaged	1



Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20181224/2024

2 of 3

Report No. T/20181224/2024

Police Station Of Origin:  
Kasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

Brief Details.

On the 24/12/2018 at about 0835am, I was driving my taxi SHC7018T and was on the way to send my passenger to Toa Payoh. I was on PIE towards Changi Airport. There were four lane on the expressway and I was on the 2nd lane. While i was still on PIE reaching Bukit Batok Exit, I felt a slight impact coming from the right area.

I immediately stopped my taxi and discovered that a motorcycle had hit onto the right side of my taxi. myself and my passenger was not injured in anyway. I then discovered that the rider had hit onto a lorry and subsequently his motorcycle hit onto my taxi. Ambulance and traffic police came. Ambulance then conveyed the rider to the hospital.

There is a in car camera installed in front of my taxi and the traffic police who was at scene had taken the SD card for their investigation purpose.

Sketch Plan Pg. 4



SINGAPORE  
POLICE FORCE



T/20181224/2024

3 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20181224/2024

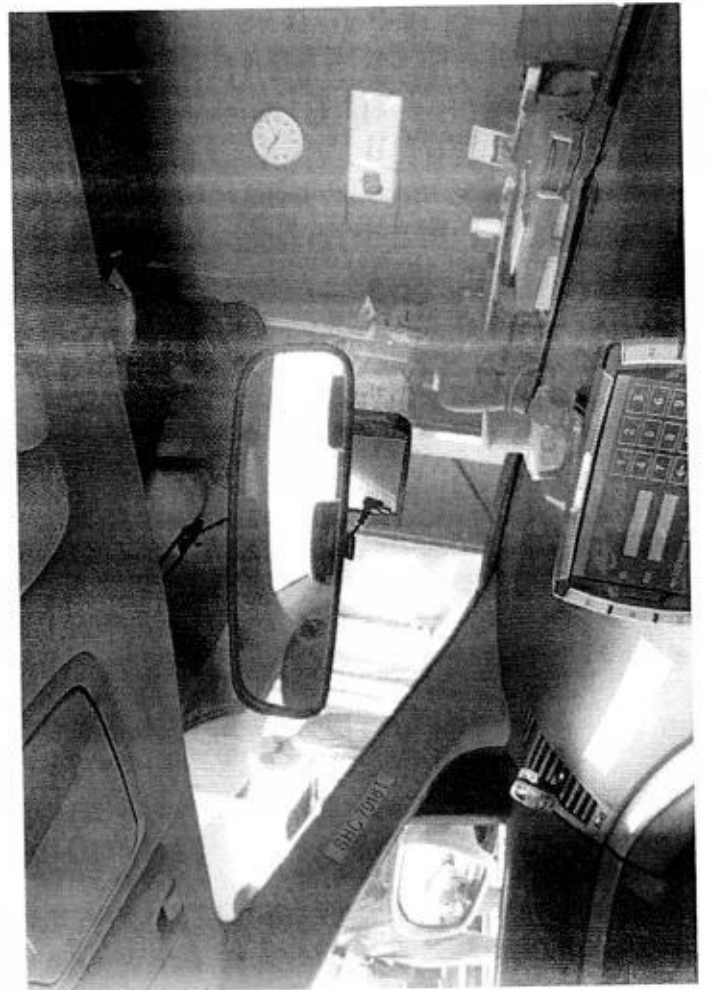
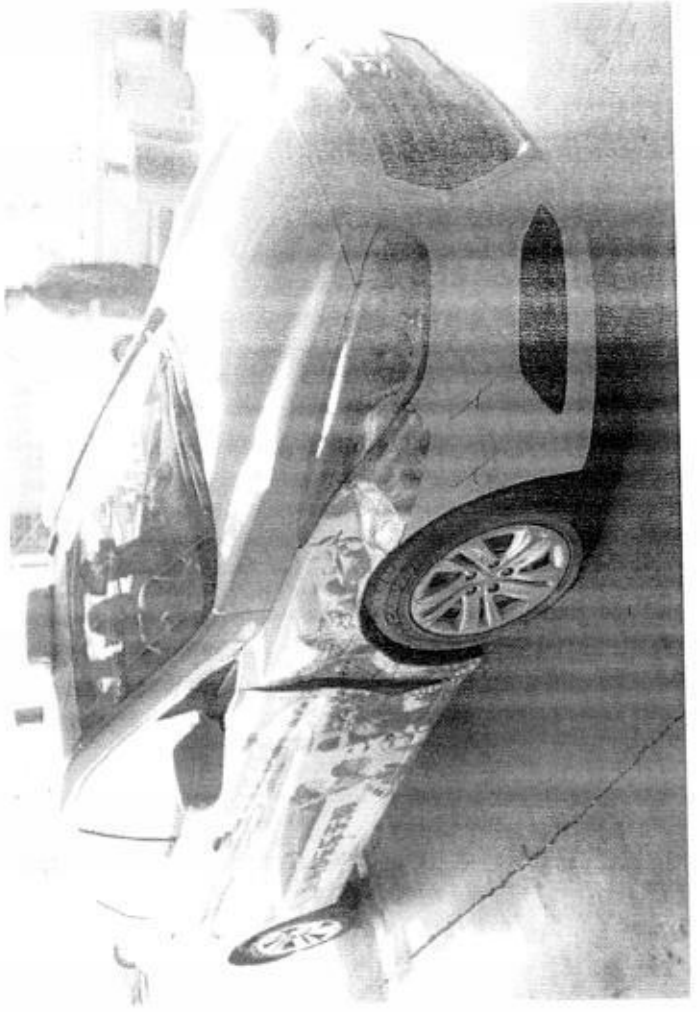
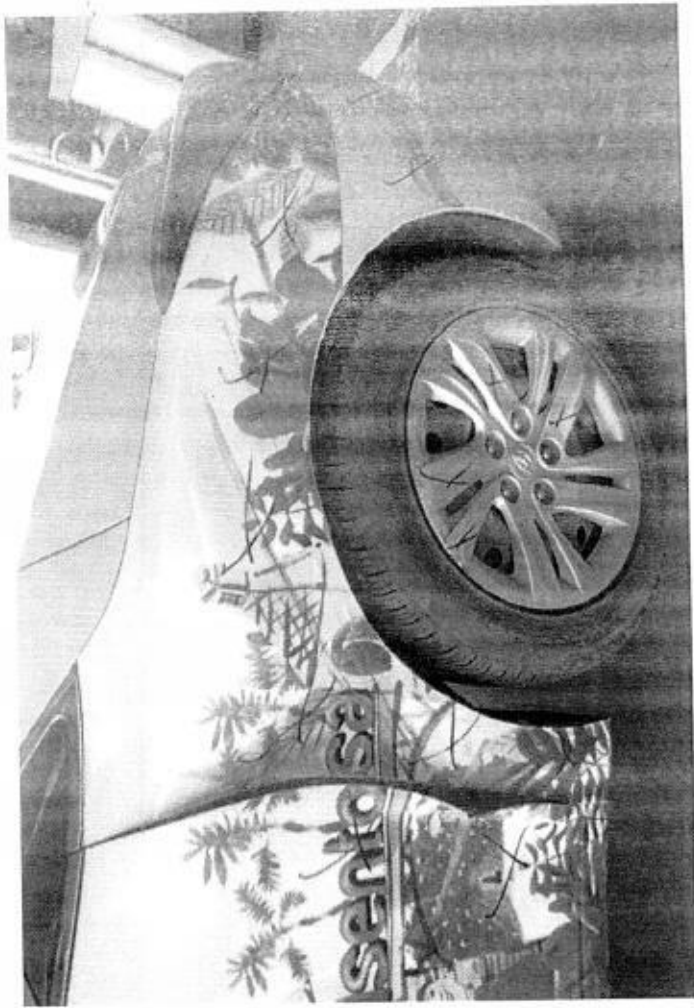
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Staff Sgt MUHAMMAD AZLAN BIN ANEE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/12/2018 11:33
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168  SINGAPORE POLICE FORCE	



**CITYCAB PTE LTD**  
**REPAIR ESTIMATE\***

*NTUC*

VEHICLE NO : SHC 7018T

DATE 12/26/2018 14:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x repair</i>			\$ 1,052.20
	Front Bumper Bracket (RH) <i>x sm</i>			\$ 24.60
	Headlamp (RH) <i>x sm</i>			\$ 1,388.00
	Front Fender (RH) <i>— beat</i>			\$ 566.30
	Front Fender Shield (RH) <i>x sm</i>			\$ 174.90
	Front Door (RH) <i>— beat</i>			\$ 2,256.40
	Front Wheel Hub Cap (RH) <i>— hand</i>			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 5,569.50</b>
	<b>LESS 20%</b>			<b>\$ 1,113.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,455.60</b>
	Front Fender Advertisement Logo (RH) <i>— ac</i>			\$ 100.00 <b>Nett</b>
	Front Door Comfort Logo (RH) <i>— ac</i>			\$ 75.00 <b>Nett</b>
	Front Door Advertisement Logo (RH) <i>— ac</i>			\$ 100.00 <b>Nett</b>
				<b>\$ 275.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>600.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>750.00</del> <i>600</i>
	Wiring Charge			\$ <del>50.00</del> <i>x 2</i>
	Tuff Kote			\$ <del>100.00</del> <i>30</i>
	Transfer of Door			\$ <del>80.00</del> <i>50</i>
	FRT Wheel Alignment			\$ <del>80.00</del> <i>x 2</i>
	<b>TOTAL LABOUR</b>			<b>\$ 3,030.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,760.60</b>
				<b>6390.60</b>

*Kalvin (11/11/18)*  
*26/12/18 1520 hrs*  
*3 hrs*  
*L/S*  
*After Repair photo*

*NTUC*  
 Acknowledged by Repairer  
 • To inspect and estimate damage during survey  
 • To display damaged part(s) during survey  
 • 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

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(CFSO)1

### JOB CARD

Sales Order:

JC NO.: 305253819

CUSTOMER  
 CITYCAB PTE LTD  
 7010070  
 CUSTOMER NO. 383 SIN MING DRIVE  
 ADDRESS Singapore SINGAPORE 575717  
 TEL. (R) 65551188 (O)  
 (P)  
 DISCOUNT CARD NO.

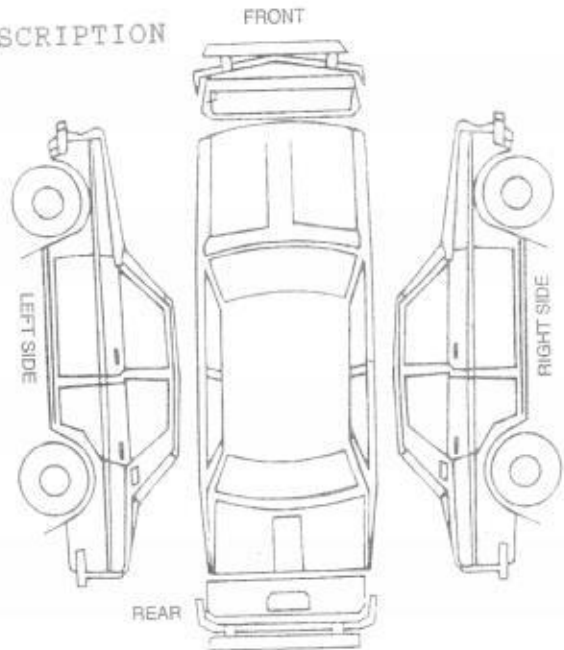
REGN NO.: SHC7018T	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 24.12.2018 11:55
YR OF MANU 04.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU083336	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 24.12.2018  
 NATURE: 3P 24.12.2018 -C

S/NO LABOR CODE

### DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name: \_\_\_\_\_  
 C No.: \_\_\_\_\_  
 Vehicle No.: SHC7018T CHIANG

Vehicle No.: SHC7018T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305253819  
Date : 27/12/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC7018T

Fax : \_\_\_\_\_  
24/12/2018

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


1. The repair job shall bill to: NTUC FBF3549J
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_
  - Final Lumpsum Repair cost** \$2,950.00


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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 27/12/18

### 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:

\_\_\_\_\_



# 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/INC18023127/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 28-12-2018
	Code: INC4



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBF 3549J	Veh. Inspected	SHC 7018T
Policy No.	5050531751-07	Coverage (\$)	0.00
Claim No.	MT/1025491-001	Excess (\$)	0.00
Assign From		Assign Date	26/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU083336	Colour	YELLOW
Odometer	322739	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	24/12/2018	Inspection Date	26/12/2018
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 7018T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT DOOR (RH)	DENTED	2,256.40	2,256.40
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-1,113.90	-585.96
			<b>4,455.60</b>	<b>2,343.84</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			<b>275.00</b>	<b>275.00</b>
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		600.00	400.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		100.00	30.00
	TRANSFER OF DOOR.		80.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			<b>1,660.00</b>	<b>1,080.00</b>
<b>GRAND TOTAL</b>			<b>6,390.60</b>	<b>3,698.84</b>

Report Ref No. NS/INC18023127/K1vbn2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,950.00</b>
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Report Ref No. NS/INC18023127/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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