

Surveyor: Kelvin

REF: NS/INC18023198/Kidder

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

Insured: SKX 1343Y

Policy No. 5057621347-05 01012018

Claims No. MT/1026073-001

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 Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 7 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: SHB 3362E Yr Regn: 16 Apr 2015

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

Truck / Trailer or _____

Make: Hyundai 240 cc 1685

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

Sp. Reading: 437 535 T/Radio: Ins: / Std / Nil / NA

Eng/No: _____

C/No: KMHLB41WAF4068316

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop: / Jammed / Leaked / Burnt or

Brake: Inop: / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

Front Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 24/12/18 D.O.I. 27/12/18

Survey held at CDGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or Fnd.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 3362E - X Inv
	SKX 1343Y - X U/S
31/12/18	Grant 4/5 \$5900/ 3 Op. (Red \$ 5477.60, 48%)
RECEIVED 04 JAN 2019	

Date/Time, File Pass to? : Prell. Report

11/04/19 : Final Report

Date/Time, File Return to?

3)

Report Format: TP

Lump Sum: \$5900

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

Survey Fee:	160
Transportation:	
\$ + RS: \$1	
Photos	
Others	

TP Claims against NTUC Income: Follow-Through Survey

Date : 02/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1026073-001	CITYCAB PTE LTD	SHB 3362E	SKX 1343Y	24/12/2018	21:45	\$ 11,377.60

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="24/12/2018 16:53"/>
Vehicle No.(For Motor)	<input type="text" value="SKX1343Y"/>	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 type="checkbox"/>	5057621347-05		NATIONAL CAR RENTALS (PRIVATE) LIMITED	196100157E	GFT	Third Party	SKX1343Y	SKX1343Y	01/01/2018	

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 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	26/12/2018 13:54
Date Of Accident	24/12/2018 21:45
Exact Location Of Accident	HENDERSON RD TWDS TELOK BLANGAH HEIGHT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3362E
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	CHOO LEE WOON
NRIC No	S1466596Z
Date Of Birth	21/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92238030
Fax Number	
Contact Number	
EMail Address	AROWANA89@HOTMAIL.COM

Address	BLK 537 BEDOK NORTH STREET 3 #02-551
Postcode	460537
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 ON 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	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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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]	BEDOK NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident: HEAD TO SIDE

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	SKX1343Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUSSAIN SHIHAM
NRIC/Passport Number	
Contact Number	85734174

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

LEFT CENTRE

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.
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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



26/12/18
Jackson Heng
COO

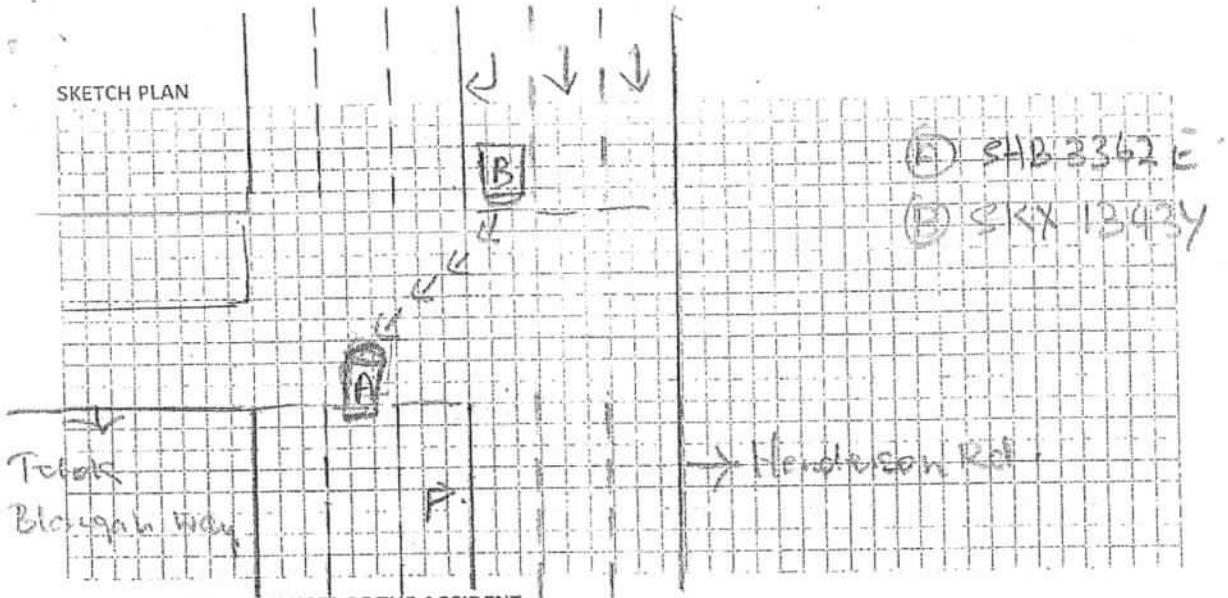
Policyholder's Signature
Date & Time:

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

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



Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/12/2018 at about 2145 hrs, I vehicle A was driving my taxi along henderson road toward telok blangah way. while I was in the middle lane and the traffic light was green in my favour. Suddenly vehicle B came from opposite direction making a right turn and vehicle A collided onto vehicle B left side Centre car body. no one was injured at that time.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

[Signature]

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

26/12/18
Jackson Heine
CSO Jackson

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

ANNEX E

NOTICE OF REPORTING

This is to confirm that Choo Lee Woon, NRIC: S1466596Z, has reported to the Police a non-injury traffic accident which occurred at along Henderson Road towards Telok Blangah Heights near SAFRA Mount Faber on 24/12/2018 at 9:45pm involving the following vehicles:

SHB3362E (Yellow City Cab Hyundai i40 - Taxi)

SKX1343Y (Black Nissan)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

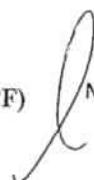
Rank / Name of Issuing officer: **SGT Shahrin Azhar JUMADI (SPF)**

Date: 25/12/2018

Time: 1427hrs

S/D Ref: 48

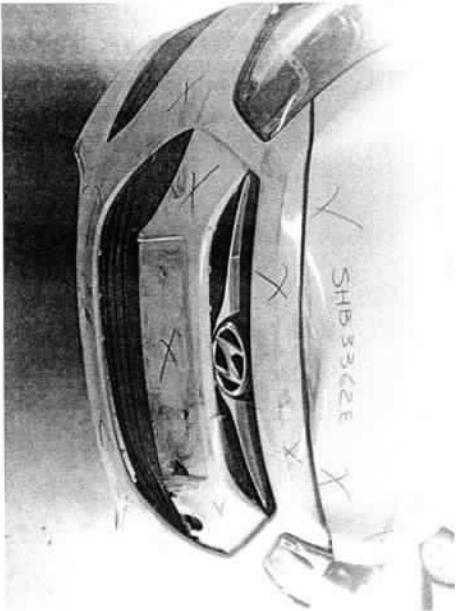
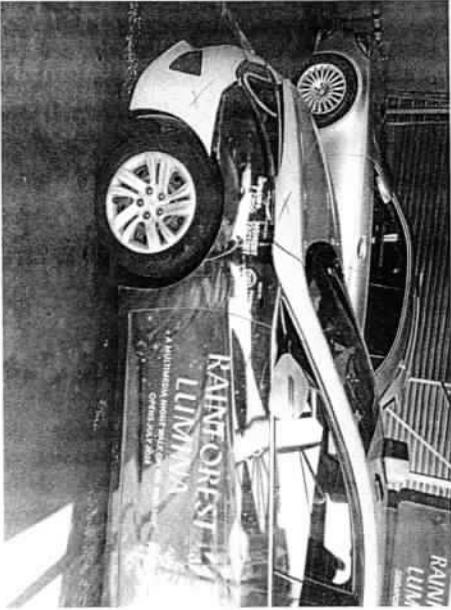
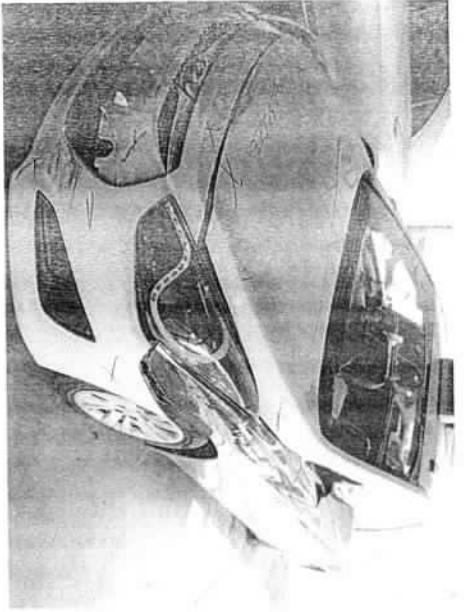
Police Post/ Unit: **BEDOK NORTH NPC**

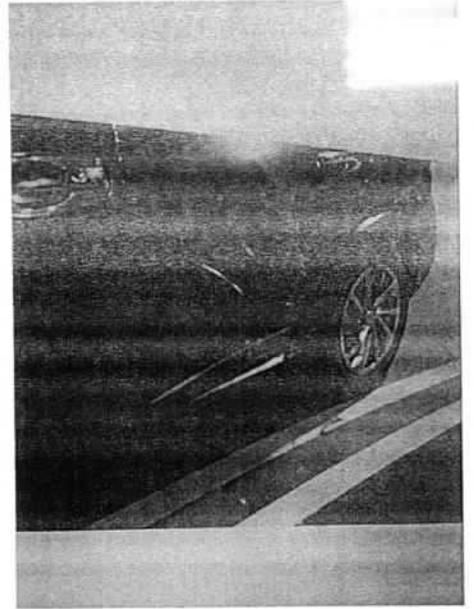
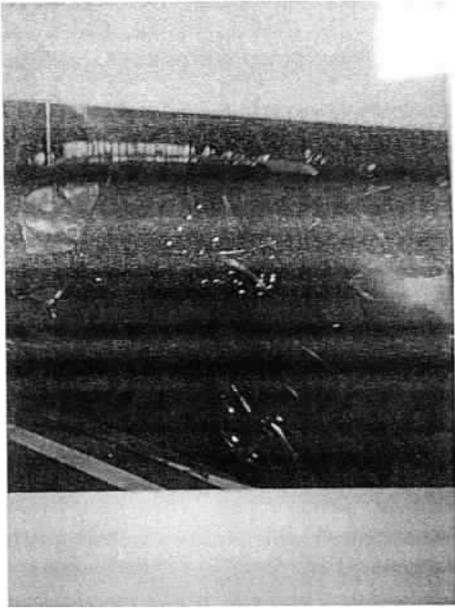
 **Bedok North NPC**
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Original – To be issued to informant
Duplicate- to be submitted to Traffic Police



SHB 3362E





A member of COMFORTDELGRO

Date/Time: 26.12.2018 17:12 Page : 1

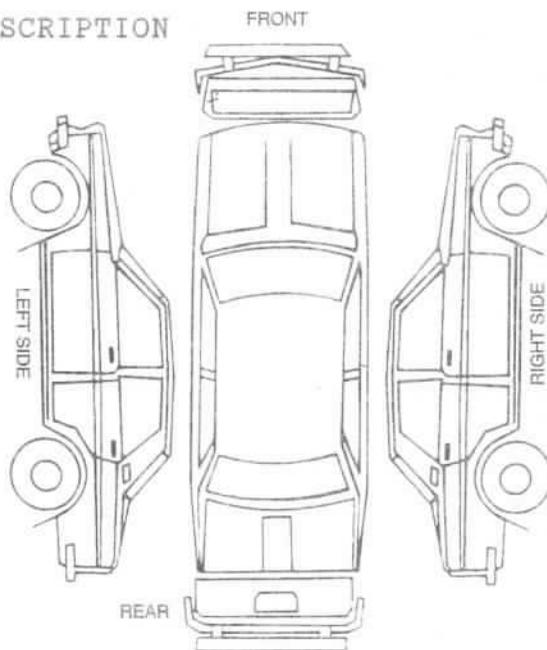
Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305254389

TOMER	VARS (B)	REGN NO.: SHB3362E	MILEAGE
VS CITYCAB PTE LTD		MAKE : HYUNDAI	FUEL
7010070		MODEL I-40	E.....1/2.....F
TOMER NO. 383 SIN MING DRIVE		YR OF MANU. 16.04.2015	DATE/TIME IN 24.12.2018 23:00
RESS Singapore SINGAPORE 575717		CHASSIS CODE KPHLB41UMFU068316	TARGET DATE
65551188		COMPLETION DATE/TIME:	
(R) (O)			
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 24.12.2018
NATURE: 3P 24.12.2018

S/NO	LABOR CODE	DESCRIPTION
		NTUC - Front damage
		Larry Ng -



LOCKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip

No.: SHB3362E LARRY

Larry Ng

of Service Advisor Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB3362E

Name of Service Advisor Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB3362E

DATE: 27. Dec. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 24. Dec. 2018

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRONT BUMPER <i>ca</i>			\$544.50
1	FRONT BUMPER SPONGE <i>tm</i>			\$99.20
1	FRONT BUMPER REINFORCEMENT <i>Part</i>			\$402.10
2	FRONT BUMPER TOP BRACKET - RH/LH <i>XJC</i>		\$22.40	\$44.80
2	FRONT BUMPER RETAINER - RH/LH <i>XJC</i>		\$9.20	\$18.40
1	FRONT BUMPER CENTRE LWR GRILLE <i>ca</i>			\$178.60
1	HEADLAMP SUPPORT PANEL <i>ca</i>			\$907.40
2	HEADLAMP - RH/LH <i>ca</i>		\$1,388.00	\$2,776.00
1	BONNET <i>Part</i>			\$2,265.90
1	BONNET LOCK <i>X SC</i>			\$36.90
1	RADIATOR GRILLE <i>ca</i>			\$251.00
1	RADIATOR GRILL H EMBELM <i>ca</i>			\$27.50
1	RADIATOR ASSY <i>XJC</i>			\$698.30
1	RADIATOR FAN BLADE. COWLING, MOTOR <i>XJC</i>			\$792.95
2	RADIATOR BRACKET - RH/LH <i>XJC</i>		\$6.50	\$13.00
1	A/C CONDENSER <i>XJC</i>			\$927.50
2	HORN - RH/LH <i>ca</i>		\$73.80	\$147.60
1	HORN WIRE <i>ca</i>			\$107.30
1	FRONT FENDER - LH <i>XJC</i>			\$566.30
1	WIPER CONTAINER AND MOTOR <i>XJC</i>			\$136.90
1	INTERCOOLER <i>XJC</i>			\$1,032.50
1	FRONT TOW HOOK COVER <i>ca</i>			\$4.40
SUB TOTAL				\$12,028.25
LESS 20%				\$2,405.65
DISCOUNTED TOTAL				\$9,622.60
1	FRONT NUMBER PLATE <i>ca</i>			\$25.00
1	FRONT PLATE TRIM COVER <i>ca</i>			\$30.00
				\$55.00
Labour Charge				
1	Panel Beating			\$600.00 <i>500</i>
1	Spray Painting Charge			\$750.00 <i>600</i>
1	Wiring Charge			\$100.00 <i>70</i>
1	Tuff Kote			\$100.00 <i>50</i>
1	Remove/refix A/C and top up gas			\$150.00 <i>XJC</i>
TOTAL LABOUR				\$1,700.00
ESTIMATE TOTAL				\$11,377.60

11979.05

9583.24

Nett

Nett

Larry Ng

11338.24

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.

Ka hua 11/6/08

M 27/12/08 1200L

3 hrs.

L/S

After Repair p/ta

Larry Ng



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254389

Date : 28. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3362E

Date of Accident: 24. Dec. 2018

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

1. The repair job shall bill to: NTUC SKX1343Y

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: _____

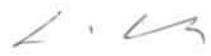
Final Lumpsum Repair cost \$5,900.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kaha

Date : 31/12/18

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC18023198/K1qbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 07-01-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKX 1343Y	Veh. Inspected	SHB 3362E
Policy No.	5057621347-05	Coverage (\$)	0.00
Claim No.	MT/1026073-001	Excess (\$)	0.00
Assign From		Assign Date	27/12/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068316	Colour	YELLOW
Odometer	437535	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	CRUCERO	7 mm
L/H Front Tyre	205/60 R16	CRUCERO	7 mm
R/H Rear Tyre	205/60 R16	CRUCERO	7 mm
L/H Rear Tyre	205/60 R16	CRUCERO	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/12/2018	Inspection Date	27/12/2018
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. SHB 3362E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	CRACKED	544.50	544.50
1	FRONT BUMPER SPONGE	TORN	99.20	99.20
1	FRONT BUMPER REINFORCEMENT	BENT	402.10	402.10
2	FRONT BUMPER TOP BRACKET - RH / LH @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER RETAINER - RH / LH @\$9.20	SERVICEABLE	18.40	-
1	FRONT BUMPER CENTRE LWR GRILLE	CRACKED	178.60	178.60
1	HEADLAMP SUPPORT PANEL	CRACKED	907.40	907.40
2	HEADLAMP - RH / LH @\$1388.00	CRACKED	2,776.00	2,776.00
1	BONNET	DENTED	2,265.90	2,265.90
1	BONNET LOCK	SERVICEABLE	36.90	-
1	RADIATOR GRILLE	CRACKED	251.00	251.00
1	RADIATOR GRILL H EMBLEM	NECESSARY	27.50	27.50
1	RADIATOR ASSY	SERVICEABLE	698.30	-
1	RADIATOR FAN BLADE. COWLING, MOTOR	SERVICEABLE	792.95	-
2	RADIATOR BRACKET - RH / LH @\$6.50	SERVICEABLE	13.00	-
1	A/C CONDENSER	SERVICEABLE	927.50	-
2	HORN - RH / LH @\$73.80	CRACKED	147.60	147.60
1	HORN WIRE	CRACKED	107.30	107.30
1	FRONT FENDER - LH	TO REPAIR SEE LABOUR	566.30	-
1	WIPER CONTAINER AND MOTOR	SERVICEABLE	136.90	-
1	INTERCOOLER	SERVICEABLE	1,032.50	-
1	FRONT TOW HOOK COVER	MISSING	4.40	4.40
	LESS 20% DISCOUNT		-2,395.81	-1,542.30
			9,583.24	6,169.20
<u>SPECIAL NETT ITEMS</u>				
1	FRONT NUMBER PLATE (SN)	MISSING	25.00	25.00
1	FRONT PLATE TRIM COVER (SN)	MISSING	30.00	30.00
			55.00	55.00

Report Ref No. NS/INC18023198/K1qbe2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER - LH.		600.00	500.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		100.00	30.00
	TUFF KOTE.		100.00	50.00
	REMOVE / REFIX A/C AND TOP UP GAS.	NOT NECESSARY	150.00	-
			1,700.00	1,180.00
	GRAND TOTAL		11,338.24	7,404.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,900.00

Report Ref No. NS/INC18023198/K1qbe2

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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