

REF:

NTUL

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:

SFP 9113T (23/8/18 -

Policy No:

5088369934-01

Claims No:

MT/1027370-002

Sum Insured:

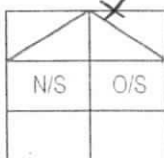
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



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

Veh No:

SHB 545P

Yr Regn:

2/2/2015

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

Truck / Trailer or

Make:

Toyota Prius

C.C

1797

Colour

maroon

A/C

Insured / Std / NI / NA

Sp. Reading

314418

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKN36U4057S6696

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 195/65R15

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

9/1/19

D.O.I.

10/1/19

Survey held at

Smt

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

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

Date / Time

Action / Instruction

SHB SAS P-CC3/AXA15002618/Klu3W2 DOA: 8/2/15

MO 01/19/2041

SFP 9113T-X

30/01/19 Confirmed 4S \$ 850/- @ 2 days with Hwee Ju
(\$ 2,085.01 Red - 71%)

SFP 9113T

RECEIVED 31 JAN 2019

Date/Time, File Pass to?

31/01/19



Preli. Report

1)

Typo 3+



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

160

Transportation:

) \$ + RS \$1

) Photos

) Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

850/- 4S

TOTAL

160

Policy Query

Policy No.
Vehicle No.(For Motor)
Date of Accident
Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088369934-01		WERKZ HUB PTE LTD	201632196G	GFT	Third Party	SFP9113T	SFP9113T	23/08/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/01/2019

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/1027370-002	SMRT TAXIS PTE LTD	SHB 545P	SFP 9113T	9/1/2019	16:15	\$ 2,935.01	\$ 850.00

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	09/01/2019 17:08
Date Of Accident	09/01/2019 16:15
Exact Location Of Accident	CAR PARK BESIDE BLK 136/137 PETIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB545P
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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-18090213MFSH
Cover Note Number	

Driver

Name of Driver	TAN WEE MENG
NRIC No	S1629096C
Date Of Birth	19/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	450
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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

I WAS DRIVING ALONG THE CAR PARK DRIVE WAY BEHIND A VEHICLE SFP9113T. THE VEHICLE SFP9113T CAME TO A STOP AND I FOLLOW SUIT. OUT OF THE SUDDEN, THE VEHICLE SFP9113T ENGAGED REVERSE GEAR AND STARTED TO REVERSE INTO THE PARKING LOT AND ITS LEFT FRONT PORTION COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFP9113T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED RAFIEE BIN MOHAMED SALLEH
NRIC/Passport Number	S7911925C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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.



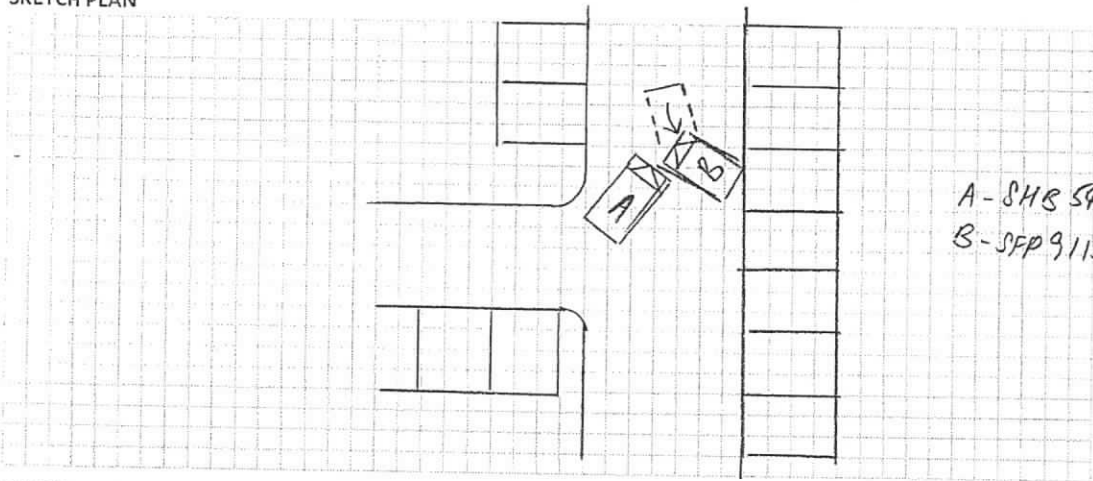
Policyholder's Signature
Date & Time:

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

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

ah 9/1/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

MRT

DECLARATION

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



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.:

adn 9/1/2019



Case Details

Case Reference Number :
TAX/01/19/2041

Type of Repair : Accident Repair
Vehicle Registration Number :
SHB545P

Company Type : SMRT Taxis Pte Ltd
Estimation ID : EST-5293-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-
operative Ltd
Accident Date and Time : 09/01/2019 08:16 AM
Vehicle Age(In Months) : 47

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval		
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace
One Time Key In	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	361.50	Replace DEP
One Time Key In	Main			BUMPER ENERGY ABSORBER FRT	1	78.80	78.80	25.00	59.10	Replace	0	0	Not Give ▼
One Time Key In	Main			ARM SUB-ASSY, FR BUMPER LH	1	250.40	250.40	25.00	187.80	Replace	0	0	Not Give ▼
One Time Key In	Main			ARM SUB-ASSY, FR BUMPER RH	1	250.40	250.40	25.00	187.80	Replace	0	0	Not Give ▼
One Time Key In	Main			BUMPER REINFORCEMENT FRT	1	498.40	498.40	25.00	373.80	Replace	0	0	Not Give ▼
One Time Key In	Main			BUMPER GRILLE SUB-ASSY, LOWER	1	311.10	311.10	25.00	233.33	Replace	1	233.33	Replace CUT
One Time Key In	Main			COVER, FR BUMPER HOLE RH	1	18.50	18.50	25.00	13.88	Replace	0	0	Not Give ▼
One Time Key In	Main			FOG LAMP RH	1	295.20	295.20	10.00	265.68	Replace	0	0	Not Give ▼
Total Spare Part Cost									1,926.26		Surveyor Total	594.83	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									1,541.01		Final Sur Total	475.86	

SMRT Recommendation											Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace
One Time Key In	Main			FENDER LINER FRT/RH	1	171.70	171.70	25.00	128.77	Replace	0	0	Not Give ▾
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	0	0	Not Give ▾
One Time Key In	Main			BUMPER SUPPORT F/RH	1	76.40	76.40	25.00	57.30	Replace	0	0	Check ▾
Total Spare Part Cost									1,926.26		Surveyor Total	594.83	
Lump Sum Discount (%)									20.00		Lump Sum Dis (%)	20	
Final Spare Part Cost									1,541.01		Final Sur Total	475.86	

Labour's Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPAIR FRONT PORTION	676.00	250	
Total:		676.00	250.00	



Spray Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO REPSRAY FRONT BUMPER	378.00	200	
Total:		378.00	200.00	

Other Cost Detail

S.No.	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
2	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
3	TO WASH AND VACUUM	60.00	0	
4	TO REPLACE SUNDRY PARTS	100.00	0	
Total:		340.00	20.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,541.01	475.86
Total Labour Cost	676.00	250.00
Total Spray Painting	378.00	200.00
Other	340.00	20.00
Overall Total	2,935.01	945.86
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	2,950.00	950.00
Surveyor Approved Amount		950.00
No of Repair Days*	4	2
Remarks		L/S repair. photo after paint.
Surveyor Name		Hwee jie
Signature		
Survey Date	10/01/2019	<input type="button" value="Save"/> <input type="button" value="Clear"/>

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

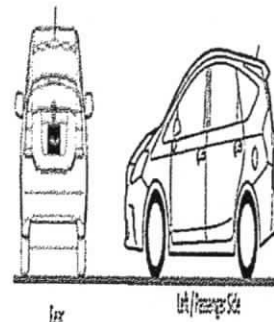
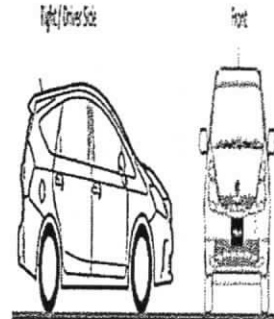
Acknowledged by Repairer

Signature

Date



Section A - Accident Details

Registration Number	SHB545P
Case Reference Number	TAX/01/19/2041
Registration Date	02/02/15
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	TAN WEE MENG
Type of Accident	Side Swipe
Accident Date and Time	09/01/19 4:16 PM
Accident Reported Date and Time	09/01/19 5:13 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099614
Special Instruction to ARC, if any	TP
Prepared Date and Time	10/01/19 1:27 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Toyota Prius

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$676.00	\$250.00
Total Spray Cost	\$378.00	\$200.00
Total Spare Part Cost	\$1,541.01	\$594.83
Total Other Cost	\$340.00	(\$194.83)
TOTAL COST	\$2,935.01	\$850.00 (L/S)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	2.0
Prepared / Adjusted By	Zhi Yang Phua	Hwee jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	10/01/2019 3:36 PM	10/01/2019 2:50 PM
Signature		
Remarks		L/S repair. photo after paint.

Finalized - Hwee Jie

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1901-0338	Invoice Number	
Quotation Date	15.01.2019	Invoice Date	
Invoice Amount		Prepared Date	

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR FRONT PORTION	\$676.00	\$250.00
Total Labour	\$676.00	\$250.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPSRAY FRONT BUMPER	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$378.00	\$200.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO APPLY RUST-PROOFING ON AFFECTED AREA	\$100.00	\$0.00
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$20.00
TO WASH AND VACUUM	\$60.00	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
Lump Sum Adjustment by Surveyor	\$0.00	(\$214.83)
Total Other Costs	\$340.00	(\$194.83)

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52119-47930	BUMPER FRT DEF	1.00	\$482.00	25.00	\$361.50	Replace	Replace
		52611-47080	BUMPER ENERGY ABSORBER FRT NN	0.00	\$78.80	0.00	\$0.00	Replace	Not Given X
		57014-47030	ARM SUB-ASSY, FR BUMPER LH NN	0.00	\$250.40	0.00	\$0.00	Replace	Not Given X
		57013-47030	ARM SUB-ASSY, FR BUMPER RH NN	0.00	\$250.40	0.00	\$0.00	Replace	Not Given X
		52021-47023	BUMPER REINFORCEMENT FRT NN	0.00	\$498.40	0.00	\$0.00	Replace	Not Given X
		53102-47020	BUMPER GRILLE SUB-ASSY, LOWER SCR	1.00	\$311.10	25.00	\$233.33	Replace	Replace
		52127-47903	COVER, FR BUMPER HOLE RH NN	0.00	\$18.50	0.00	\$0.00	Replace	Not Given X
		81210-12230	FOG LAMP RH NN	0.00	\$295.20	0.00	\$0.00	Replace	Not Given X
		53875-47030	FENDER LINER FRT/RH NN	0.00	\$171.70	0.00	\$0.00	Replace	Not Given A
		52116-47040	BUMPER SUPPORT F/LH NN	0.00	\$76.40	0.00	\$0.00	Replace	Not Given X
		52115-47040	BUMPER SUPPORT F/RH NN	0.00	\$76.40	0.00	\$0.00	Replace	Check X
Total					\$2,509.30		\$594.83		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

594.83
+ 250.00
+ 220.00
1064.83
- 202
851.83
L/S \$850/-

3903.30



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/INC19000761/Jsd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 01-02-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFP 9113T	Veh. Inspected	SHB 545P
Policy No.	5088369934-01	Coverage (\$)	0.00
Claim No.	MT/1027370-002	Excess (\$)	0.00
Assign From		Assign Date	10/01/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U405756696	Colour	MAROON
Odometer	314418	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	FALKEN	6 mm
L/H Front Tyre	195/65 R15	FALKEN	6 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/01/2019	Inspection Date	10/01/2019
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

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:	2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 545P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER FRT (DISC 25%)	DEFORMED	482.00	361.50
1	BUMPER GRILLE SUB-ASSY, LOWER (DISC 25%)	SCRATCHED	311.10	233.33
1	BUMPER ENERGY ABSORBER FRT	NOT NECESSARY	78.80	-
1	ARM SUB-ASSY, FR BUMPER LH	NOT NECESSARY	250.40	-
1	ARM SUB-ASSY, FR BUMPER RH	NOT NECESSARY	250.40	-
1	BUMPER REINFORCEMENT FRT	NOT NECESSARY	498.40	-
1	COVER, FR BUMPER HOLE RH	NOT NECESSARY	18.50	-
1	FOG LAMP RH	NOT NECESSARY	295.20	-
1	FENDER LINER FRT / RH	NOT NECESSARY	171.70	-
1	BUMPER SUPPORT F/LH	NOT NECESSARY	76.40	-
1	BUMPER SUPPORT F/RH	NOT NECESSARY	76.40	-
			2,509.30	594.83
LABOUR				
PANEL BEATING & BODY WORK.			676.00	250.00
SPRAY PAINT.			378.00	200.00
TO APPLY RUST-PROOFING ON AFFECTED AREA.		NOT NECESSARY	100.00	-
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	20.00
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
			1,394.00	470.00
GRAND TOTAL			3,903.30	1,064.83
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC19000761/Jsd3e2

ONG HWEE JIE

Automotive Assessor

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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