

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 28 February 2019 2:18 PM
To: Veron Chen (LKKAuto)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



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in with you

'With effect from 1 Mar 2019, we will be discontinuing mailbox, mtreg@income.com.sg. Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Thursday, 28 February 2019 10:30 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1027495-002	SMRT TAXIS PTE LTD	SHB 559A	FBN 7533K
2	MT/1029233-003	SMRT TAXIS PTE LTD	SHB 5188D	PA 6765S

D.O.A	Time of Accident	Estimate	Tentative repair cost
11/1/2019	18:40	\$6,684.40	\$1,600.00
21/1/2019	07:45	\$2,419.50	\$520.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

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"/>	5103750193		MIQAH EXPRESS TRANSPORTATION	53267340M	GBS	Third Party, Fire & Theft	PA6765S	PA6765S	18/10/2018	17/10/2019

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 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	21/01/2019 15:02
Date Of Accident	21/01/2019 07:45
Exact Location Of Accident	YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5188D
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	LIM BOON ECK
NRIC No	S1208161H
Date Of Birth	19/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	861
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	COLLISION - HEAD TO REAR
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: : UNKNOWN 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

I WAS STATIONARY ALONG YISHUN RING ROAD AT THE RIGHT MOST LANE WITH A PASSENGER ON BOARD DUE TO RED TRAFFIC LIGHT. AFTER A FEW SECONDS LATER, SUDDENLY THE VEHICLE PA6765S FROM BEHIND COLLIDED ONTO THE REAR 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	PA6765S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHD RASID BIN ALI
NRIC/Passport Number	S1384156Z
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:

[Handwritten Signature]
21/1/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Handwritten Signature]
21/1/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Case Details

Case Reference Number :
TAX/01/19/2104

Type of Repair : Accident Repair

Vehicle Registration Number :
SHB5188D

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-5441-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 20/01/2019 11:45 PM

Vehicle Age(In Months) : 25

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				Remarks	
				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 REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	Repair	
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Not Give	~	
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	~	
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Not Give	~	
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	~	
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	NEC	
Total Spare Part Cost									1,007.62	Surveyor Total		120.00			
Lump Sum Discount (%)									0.00	Lump Sum Dis (%)		0			
Final Spare Part Cost									1,007.62	Final Sur Total		120.00			

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	338.00	200	
Total:			338.00	200.00	

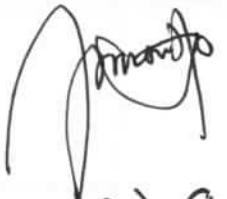
Spray Cost Detail

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

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	0	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO WASH AND VACUUM	60.00	0	
5	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
Total:			460.00	0.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	1,007.62	120.00
Total Labour Cost	338.00	200.00
Total Spray Painting	378.00	200.00
Other	460.00	0.00
Overall Total	2,183.62	520.00
Lump Sum Repair Option		
Lump Sum Total	0.00	520.00
Surveyor Approved Amount		520.00
No of Repair Days*	3	2
Remarks	-	P/P repair, after paint.
Surveyor Name		Hwee jie
Signature		 23/1/19

Save Clear

Estimator Assessment(\$)

Surveyor Assessment(\$)

Survey Date

22/01/2019

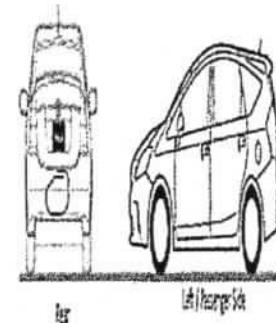
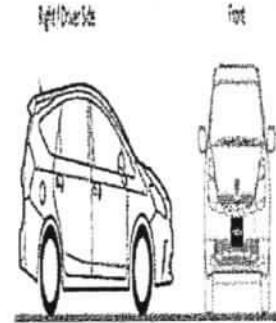
- LKK Auto Consultants hence notify
the Repairer of the following:
- To resurvey before/after spray painting
 - To display damaged part(s) during resurvey
 - Parts prices are subject to confirmation
 - Third party survey is on a "Without Prejudice" basis
 - No illegal modification(s) is allowed
 - Supplementary 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	SHB5188D
Case Reference Number	TAX/01/19/2104
Registration Date	29/12/2016
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	LIM BOON ECK
Type of Accident	Head to Rear
Accident Date and Time	21/1/2019 7:45 AM
Accident Reported Date and Time	21/1/2019 2:06 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24099773
Special Instruction to ARC, if any	TP
Prepared Date and Time	22/1/2019 9:04 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Top View

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$338.00	\$200.00
Total Spray Cost	\$378.00	\$200.00
Total Spare Part Cost	\$1,007.62	\$120.00
Total Other Cost	\$460.00	\$0.00
TOTAL COST	\$2,183.62 2419.50	\$520.00 (P/P)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Zhi Yang Phua	Hwee Jie (LKK) / NTUC
ARC / Surveyor Sign Off Date	22/01/2019 6:38 PM	22/01/2019 4:07 PM
Signature		
Remarks		P/P repair, after paint.



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
 50 Woodlands Industrial Park E4, Singapore 757705
 FAX Number 63655532
 Estimator Telephone Number 66662623
 Accident Reporting Number 66662672

Date Generated : 27/02/2019
 User ID : PohSuan

Section C - Quotation and Accident Invoice Details

Quotation Number	QN-1902-0244	Invoice Number	
Quotation Date	20.02.2019	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 REAR PORTION	\$338.00	\$200.00
Total Labour	\$338.00	\$200.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR 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	\$0.00
TO REPLACE SUNDRY PARTS	\$100.00	\$0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$0.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$460.00	\$0.00

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace
		52015-47050	ARM SUB-ASSY, RR BUMPER RH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
			SENSOR REVERSE	0.00	\$180.00	0.00	\$0.00	Replace	Not Given
		52159-47905	BUMPER REAR	1.00	\$458.60	100.00	\$0.00	Replace	Repair
		52023-12240	BUMPER REINFORCEMENT REAR	0.00	\$205.70	0.00	\$0.00	Replace	Not Given
		52016-47030	ARM SUB-ASSY, RR BUMPER LH	0.00	\$139.60	0.00	\$0.00	Replace	Not Given
Total					\$1,183.50		\$120.00		

NEC
 nn
 X
 nn
 X
 Repair
 nn
 X
 nn

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									

120.00
 + 200.00
 + 200.00

 = 200.00

28/2/19 - Finalized P/P \$520 of 2 days.

Veron Chen (LKKAuto)

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) <YeoPohsuan@smrt.com.sg>
Sent: Thursday, 28 February 2019 9:38 AM
To: Hwee Jie (LKK Auto)
Cc: Veron Chen (LKKAuto)
Subject: RE: SHB5188D

Hi,

Amount confirmed as per your recommendation, thanks.

Regards
Poh Suan

-----Original Message-----

From: Hwee Jie (LKK Auto) [mailto:hweejie@lkkauto.com]
Sent: Thursday, 28 February 2019 9:23 AM
To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)
Cc: Veron Chen (LKKAuto)
Subject: RE: SHB5188D

Hi poh suan,

Finalized P/P \$520/- 2days.

Best Regards,
Hwee Jie | Assistant Automotive Assessor

LKK Auto Consultants

Phone: 9180 3151 | Email: Hweejie@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis) [mailto:YeoPohsuan@smrt.com.sg]
Sent: Wednesday, 27 February, 2019 5:33 PM
To: Hwee Jie (LKK Auto)
Cc: SUR; CS A Team
Subject: SHB5188D

Hi Hwee Jie,

Attached herewith the repair estimate of SHB 5188D having Case No: TAX/01/19/2104.

There is no change to the approved amount of \$520 @ 2 working days under part by part repair.

Cost of Repair invoice will be generated as approved.

Please finalize with me within 7 working day, thanks.

Thanks & Regards
Poh Suan

-----Original Message-----

From: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)

Sent: Wednesday, 27 February 2019 5:00 PM

To: Yeo Poh Suan (Auto Svcs/ARC/AR & SC/Taxis)

Subject: Scan Data from FX-D421D6



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/INC19001492/Jvd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 01-03-2019		
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh. PA 6765S	Veh. Inspected SHB 5188D		
Policy No. 5103750193	Coverage (\$) 0.00		
Claim No. MT/1029233-003	Excess (\$) 0.00		
Assign From	Assign Date 22/01/2019		
2. Vehicle Particulars & Condition			
Make & Model TOYOTA PRIUS	c.c 1798		
Engine No. HIDDEN	Year of Reg. 2016		
Chassis No. JTDKN36U805768527	Colour MAROON		
Odometer 210491	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 REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date 21/01/2019	Inspection Date 22/01/2019		
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 5188D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	ARM SUB-ASSY, RR BUMPER RH	NOT NECESSARY	139.60	-
1	SENSOR REVERSE	NOT NECESSARY	180.00	-
1	BUMPER REINFORCEMENT REAR	NOT NECESSARY	205.70	-
1	ARM SUB-ASSY, RR BUMPER LH	NOT NECESSARY	139.60	-
1	BUMPER REAR	TO REPAIR SEE LABOUR	458.60	-
			1,243.50	120.00
LABOUR				
PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF BUMPER REAR.			338.00	200.00
SPRAY PAINT.			378.00	200.00
TO APPLY RUST-PROOFING ON AFFECTED AREA.		NOT NECESSARY	100.00	-
TO CHECK WIRING AND SYSTEM FUNCTION.		NOT NECESSARY	80.00	-
TO REPLACE SUNDRY PARTS.		NOT NECESSARY	100.00	-
TO TEST AND REFIX REVERSE SENSOR SYSTEM.		NOT NECESSARY	120.00	-
TO WASH AND VACUUM.		NOT NECESSARY	60.00	-
			1,176.00	400.00
GRAND TOTAL			2,419.50	520.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				520.00

Report Ref No. NS/INC19001492/Jvd3e2

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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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.