

NS/INC19002435/Nvd3pr

REF:

REF:

INC

ITS

Surveyor:

NAR

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: _____

SLH7822P

Policy No. _____

5095381066-01 (18/11/18-17/11/19)

Claims No. _____

MT/1030861-002

Sum Insured: _____

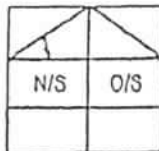
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IVAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

2

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: _____

SLH 6558 B

Yr Regn: _____

31 DEC 2011

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

Truck / Trailer or _____

Make: _____

HYUNDAI 140

c.c. 1600

Colour _____

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading _____

551217

T/Radiat: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

1KM4LB41UMEU061538

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: _____

205/60R16

R: _____

11

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

TOYO / YOKO or _____

HANKOOK

Front

Rear

R/Bal. _____

5

mm

R/Bal. _____

5

mm

U/Bal. _____

5

mm

U/Bal. _____

5

mm

D.O.A. _____

11/2/19

D.O.A. _____

7/2/19

Survey held at _____

CDGE COYANG

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

SLH 6558B - CS/19000827/Kgd3

DOA: 8/1/19

SLH 7822P - NA/NC19000235/24

DOA: 2/1/2019

FINALIZED LUMP SUM REPAIR \$400.00 / 2 DAYS (Red 900, 709)

RECEIVED 21 FEB 2019

Date/Time, File Pass to?

☐

: Prelim Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 20/2 - typist

Report Format: _____

TP

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

400/

Days Of Repair: _____

2

Resurvey No. of Trip: _____

1

*Survey Fee: _____

Transportation: _____

Add Fee: _____

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invo (\$ _____)

☐

: Weekend (\$ _____)

\$ + RS - SI

Photos

Others

TOTAL

160

160

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SH6558B
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Feb 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2014
Engine No.:	D4FDFU539139
Chassis No.:	KMHLB41UMEU061538
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,478.00
Original Registration Date:	31 Dec 2014
First Registration Date:	31 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$11,978.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Dec 2022
PARF Rebate Amount:	\$8,983.00
Intended COE Rebate Details	
COE Expiry Date:	30 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$25,070.00
Total Rebate Amount:	\$34,053.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 12 Feb 2019

OK

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 20 February 2019 4:07 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

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: Wednesday, 20 February 2019 11:45 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/1030861-002	COMFORT TRANSPORTATION PTE LTD	SH 6558B	SLH 7822P

Date of Accident	Time of Accident	Estimate	Tentative repair cost
1/2/2019	18:30	\$ 1320	\$ 400

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.

Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

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"/>	5095381066-01		TAN SOO TEE	S1381177F	GPC	drivo PREMIUM	SLH7822P	SLH7822P	18/11/2018	17/11/2019

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	07/02/2019 07:41
Date Of Accident	01/02/2019 18:30
Exact Location Of Accident	BUKIT TIMAH ROAD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH6558B
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	SAI KOK HWA
NRIC No	S7305441I
Date Of Birth	18/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90406422
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	106A 12-552 PUNGGOL FIELD
Postcode	821106
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
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?	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
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH7822P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SAI KOK HWA

Approximate Age 46

Injuries Sustain BACK

Injured person in which vehicle? SH6558B

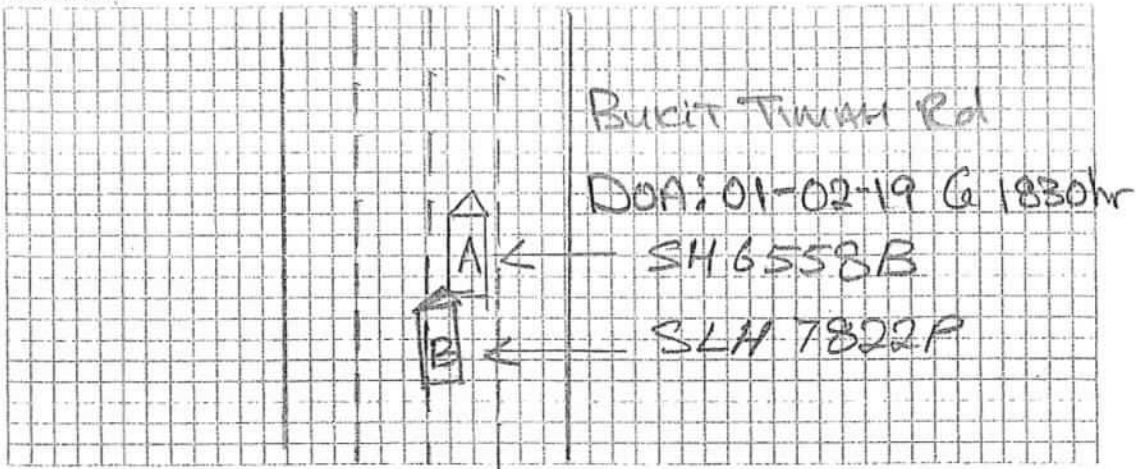
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached Police Report
No: T/20190202/2054

[The remaining lines of the form are crossed out with diagonal lines.]

DECLARATION

I/We declare the foregoing particulars are true in every respect.
CO REG. NO. 199303821R

[Signature]

Fauzy

[Signature]

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20190202/2054

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

1 of 3

Report No. T/20190202/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2019 10:29		Vide Report No.:	Station Diary No.: 50
Informant's Particulars			
Name of Informant: SAI KOK HWA		Address: APT BLK 106A PUNGGOL FIELD #12-552 SINGAPORE 821106	
ID Type / ID No.: NRIC NO / S73054411		Contact No.:	Mobile: 90406422
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 18/02/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/02/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD				
BUKIT TIMAH ROAD TOWARDS WOODLANDS ROAD (INFRONT OF REX HOUSE BUILDING)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6558B	Car				Slightly Damaged	1
SLH7822P	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190202/2054

2 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/20190202/2054

CONTINUATION OF REPORT

Driver			
Name	SAI KOK HWA		ID No. S73054411
Related Vehicle	SH6558B (Car)		Contact No. 90406422
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/02/2019		Date Discharge 02/02/2019
No. of Days granted Medical Leave	04		Degree of Injury Slight

Brief Details.

On the 01/02/2019 at about 1830hrs, I was travelling along Bukit Timah Road towards Woodlands Road. There were 3 lanes and I was on the middle lane. As the traffic light(before REX House Building) was red, my vehicle came to a stop. Out of a sudden, there is an impact coming from the back. I look through my rear mirror and notice a car had hit me and subsequently the car moved to left side and immediately moved off.

I honked however the driver did not stopped and drove off. My rear right bumper slightly came off. There is also a camera inside my taxi and my management had already took the SD card. This morning when I woke up, I felt pain on my back area. I went to the doctor and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20190202/2054

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

3 of 3

Report No. T/20190202/2054

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: 02/02/2019 10:29
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168 	

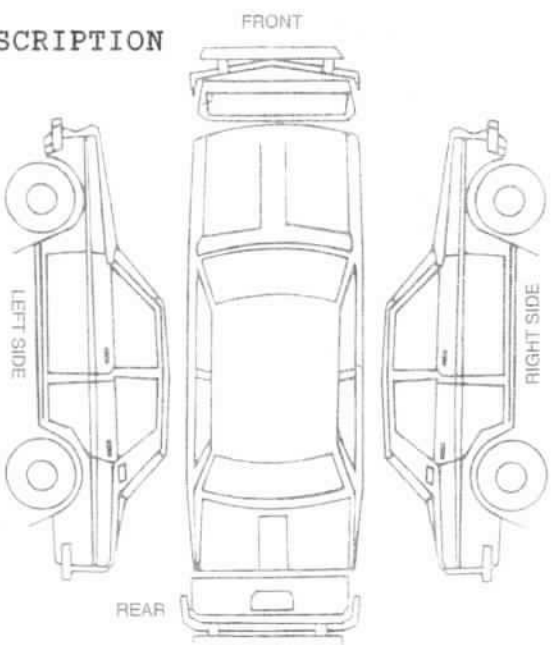
NTUC
LKR

Date/Time: 07.02.2019 08:26 Page : 1

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305266153
OMER	REGN NO.: SH 6558B	MILEAGE	
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
OMER NO. 7010045	MODEL I-40	E.....1/2.....F	
ESS 383 SIN MING DRIVE	YR OF MANU. 31.12.2014	DATE/TIME IN 02.02.2019 03:10	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMEU061538	TARGET DATE	
(R) 65508755 (O)	COMPLETION DATE/TIME:		
(P)			
UNT CARD NO.			

Accident Date: 01.02.2019
NATURE: 3P 01.02.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
edgement Slip		Exit Pass	
Io.: SH 6558B	LIMITS	Vehicle No.: SH 6558B	
Service Advisor	Signature/Date	Name of Service Advisor	Date
turned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6558B

DATE 7/2/2019

MAKE :

MODEL : HYUNDAI i40

NTUC-45

TS

LKK

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,320.00

XR
XNW

Nett / NE

200
200
XNW
30


NA2 LKK

7/2/19 1625

LIS

2 DAYS

AFTER REPAIR PHOTOS

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:

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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305261153

Date : 11/02/19

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SH 6558B

Date of Accident : 01-Feb-19

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

1. The repair job shall bill to: NTUC --- SLH7822P
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: 20% \$400.00
Final Lumpsum Repair cost \$400.00
3. Estimated normal period for repairs: 2 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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : NAZ

Date : 19/2/19

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		NO		
3. Survey Fees	*****			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Veron Chen (LKKAUTO)

From: Naz (LKKAUTO)
Sent: Tuesday, 19 February 2019 5:44 PM
To: Lim Tien Siong
Cc: Veron Chen (LKKAUTO); SUR
Subject: Re: SH 6558B - Finalization
Attachments: FINALIZED.pdf

Dear Mr Lim,

Finalized Lump Sum Repair \$400.00 / 2 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: Lim Tien Siong <limts@cdge.com.sg>
Sent: Monday, 11 February 2019 8:37 AM
To: Naz (LKKAUTO)
Subject: SH 6558B - Finalize

Hi Naz,

Finalize at LS \$ 400.00 and 02 repair days.
After paint

Best Regards,

Lim Tien Siong

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148398 / Fax:65468156

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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/INC19002435/Nvd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 21-02-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLH 7822P	Veh. Inspected	SH 6558B
Policy No.	5095381066-01	Coverage (\$)	0.00
Claim No.	MT/1030861-002	Excess (\$)	0.00
Assign From		Assign Date	07/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061538	Colour	BLUE
Odometer	551217	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	HANKOOK	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/02/2019	Inspection Date	07/02/2019
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:		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. SH 6558B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-115.00	-
			460.00	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,320.00	480.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				400.00

Report Ref No. NS/INC19002435/Nvd3e2

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

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