

Surveyor: Kelvin

REF: NS/INC19002825/KLVd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SGN 38928Policy No: SO24410556-11 (15/11/18-14/11/19)Claims No: MT/1031666-002

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

SHD 72997-X

SGN 38928-X

19/2/19 Letter 1 P/P 1898.12 / 3 Dgs. (Red 3008.32, 63M)

RECEIVED 20 FEB 2019

Veh No: SHD 72997 Yr Regn: 4 Dec 2018

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

Truck / Trailer or

Make: Hyundai Sonata cc 1580Colour: Blk A/C: Insured / Std / Nil / NASp. Reading: 24744 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH C85 / CVK 4121914

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 Air / or

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / M / OHTSU / PIR / SUMI / TOYOTA / YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 11/2/19

Survey held at

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

Rev o/s

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

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 13/2/19C D G E (Loyang)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) Job - typistReport Format: TPLump Sum / I.B.I. (\$) 1898.12Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, \$ _____

Photos:

Others:

160

TP Claims against NTUC Income: Follow-Through Survey

Date 19/2/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1031465-002	COMFORT TRANSPORTATION PTE LTD	SHA 7323Y	SJS 3321K
2	MT/1018247-002	SMRT BUSES LTD	SMB 5073S	SJN 7756P
3	MT/1031666-002	COMFORT TRANSPORTATION PTE LTD	SHD 7299T	SGN 3392S
4	MT/1028475-002	SMRT BUSES LTD	SG 5752T	GBB 7829X
5	MT/1026811-002	SMRT TAXIS PTE LTD	SHB 452Z	SCL 4054U
6	MT/1030640-002	COMFORT TRANSPORTATION PTE LTD	SHA 7852L	SJM 3601J
7	MT/1031254-002	COMFORT TRANSPORTATION PTE LTD	SH 7181Y	SGW 2882D
8	MT/1031376-002	CITYCAB PTE LTD	SHC 7931G	SBU 8888T

Hello, NAC_PAYA_UBI_800601

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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"/>	5024440556-11		TAN IM LEONG JOSEPH	50365962C	GPC	Third Party, Fire & Theft	SGN3392S	SGN3392S	15/11/2018	14/11/2019

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	12/02/2019 15:36
Date Of Accident	11/02/2019 22:15
Exact Location Of Accident	WOODLANDS AVE 1 > AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7299T
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	IONIQ HYBRID

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	LIM BOO MIN
NRIC No	S1424055A
Date Of Birth	28/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97358136
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 548 SERANGOON NORTH AVENUE 3 #05-01
Postcode	550548
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 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)	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

PLS REFER TO ATTACHED

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	SGN3392S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN IM LEONG
NRIC/Passport Number	S0365962C
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.

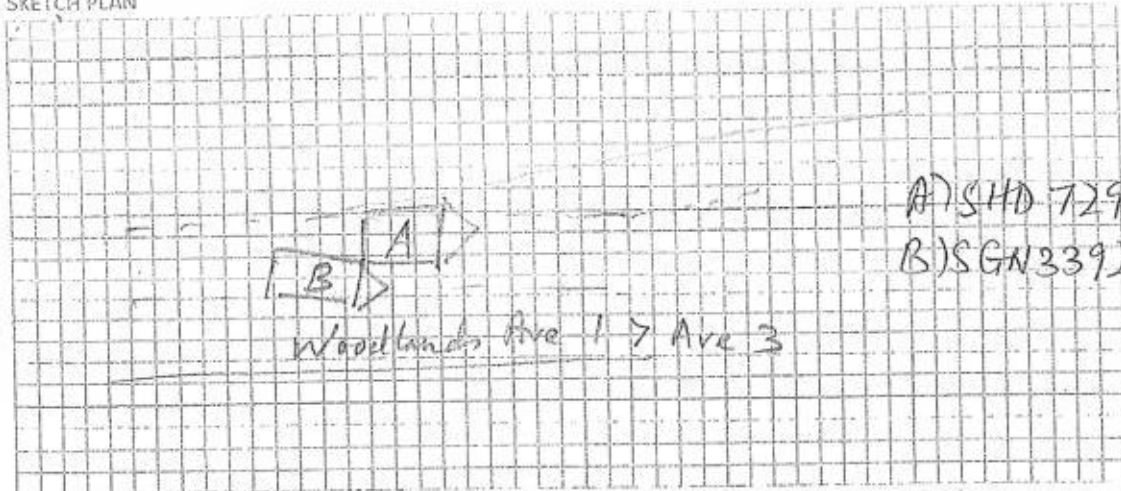
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100111117

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/2/19 at about 2215hrs while I Veh A gradually stopped to pick up a flagging passenger, Veh B collided onto the rear right portion of my stationary vehicle

DECLARATION

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

REPORT TRANSPORTATION PTE LTD
CO. SEC. NO. 1000000000

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.:

610 510 510 510 510 510 510 510

S R Moorthy 2/2/19
CSO

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC - CP/P)

TS

VEHICLE NO : SHD 7299T

DATE 13/2/2019

MAKE :

MODEL : HYUNDAI IONIQ G2

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Assy BSD Blind Spot Radar X 500			\$ 758.50
	Rear Bumper			\$ 459.40
	Rear Bumper Reinforcement X 500			\$ 294.80
	Rear Bumper Reinforcement Bracket (RH) X 500			\$ 138.10
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Side Bracket (RH)			\$ 33.10
	Rear Bumper Cover Clips			\$ 22.00
	Rear Bumper Side Under (RH) X 500			\$ 27.50
	Rear Bumper Reflector Lamp (RH)			\$ 31.90
	Rear Fender (RH) X 500			\$ 1,768.30
	Rear Windscreen Moulding X 100			\$ 28.20
	SUB TOTAL			\$ 4,013.05
	LESS 20%			\$ 802.61
	DISCOUNTED TOTAL			\$ 3,210.44
	Rear Windscreen Sealant X 100			\$ 46.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,870.00
	ESTIMATE TOTAL			\$ 5,126.44
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.				

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:

Kalvin 10/10/19
 13/2/19 11:45 hrs
 3 Days
 P/P
 Before Paint photo

Nett

600
 400
 20
 X 20
 50
 30

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

605 Braddell Road Singapore 57701

Mailing: + 65 6383 8280 Facsimile: + 65 6260 9730

Workshops

59 Loyang Drive Singapore 538969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

390 Ubi Road 3 Singapore 635066

24 Serangoon Road Singapore 758156

7 Sungei Kadut Way Singapore 728761

501 Yishun Industrial Park A Singapore 758732

Date/Time: 12.02.2019 17:28

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305267968

CUSTOMER NO.

ADDRESS

L. (R)

(P)

COUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.:

SHD7299T

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN
12.02.2019 14:25

YR OF MANU.

04.12.2018

TARGET DATE

CHASSIS CODE

KMHCH851CVKU121994

COMPLETION DATE/TIME:

JOB DESCRIPTION

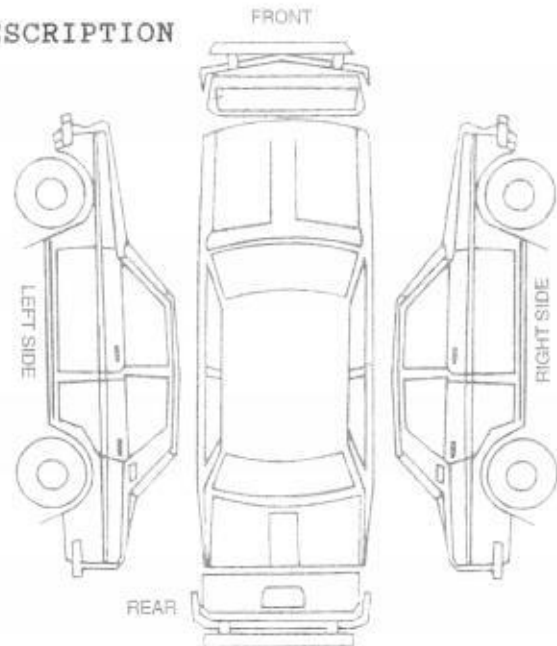
Accident Date: 11.02.2019

NATURE: 3P 11.02.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

By:

On:

File No.:

SHD7299T

LIMITS

Exit Pass

Vehicle No.:

SHD7299T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.02.2019

Time: 18:16:35

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305267968
REGN NO : SHD7299T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 12.02.2019 14:25
ACCIDENT DATE : 11.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52
0002 04-01-0104-2533-G	R/BUMPER CENTRE MOULDING	1	451.25	20.00	361.00
0003 04-01-0104-2532-G	REAR BUMPER SIDE BRKT RH	1	33.10	20.00	26.48
0004 04-01-0104-0852-G	REAR BUMPER REFLECTOR RH	1	31.90	20.00	25.52
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60

SUB-TOTAL : 798.12

JOB NATURE

0000 PB	PANEL BEATING	600.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 17-01	WIRING CHECK	20.00
0003 L	R/I UPHOLSTERY ETC	50.00
0004 L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 1,100.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 15.02.2019

Time: 18:16:35

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305267968
REGN NO : SHD7299T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 04.12.2018
DATE/TIME IN : 12.02.2019 14:25
ACCIDENT DATE : 11.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,898.12



MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305267968
Date : 18/02/19

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHD7299T

Fax :
Date of Accident : 11-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 --- SGN3392S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$798.12
 - (b) Labour Charges \$1,100.00
 - Total for Part-By-Part Repair Cost** \$1,898.12
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost _____


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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature 
Name KALVIN
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:




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/INC19002825/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 20-02-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGN 3392S	Veh. Inspected	SHD 7299T	
Policy No.	5024440556-11	Coverage (\$)	0.00	
Claim No.	MT/1031666-002	Excess (\$)	0.00	
Assign From		Assign Date	13/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHC851CVKU121994	Colour	BLUE	
Odometer	24744	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	8 mm	
L/H Front Tyre	195/65 R15	MICHELIN	8 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/02/2019	Inspection Date	13/02/2019	
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:		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. SHD 7299T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	ASSY BSD BLIND SPOT RADAR	SERVICEABLE	758.50	-
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
1	REAR BUMPER REINFORCEMENT BRACKET (RH)	SERVICEABLE	138.10	-
1	REAR BUMPER CENTRE MOULDING ASSY	CUT	451.25	451.25
1	REAR BUMPER SIDE BRACKET (RH)	CRACKED	33.10	33.10
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SIDE UNDER (RH)	SERVICEABLE	27.50	-
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	31.90	31.90
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	1,768.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.20	-
	LESS 20% DISCOUNT		-802.61	-199.53
			3,210.44	798.12
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			46.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).		1,000.00	600.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			1,870.00	1,100.00
GRAND TOTAL			5,126.44	1,898.12

Report Ref No. NS/INC19002825/K1vd3n2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,898.12
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Report Ref No. NS/INC19002825/K1vd3n2



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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