

Tang M

REG

N/S | INC19003225 | Tlgd352

INSURANCE

From: _____ Date: _____

Estimated Cost: _____

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

Followed Vehicle No: _____

at Workshop no: _____

at: _____

Insured: **GBD 7889L**

Policy No: **5100598477**

Claims No: **MT/1032741-02**

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 Report: Consistent?: Yes or No

GIA / PP Seen: Consistent?: Yes or No

Est. Repairs: days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

GA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Vehicle: **SH 7722L** 2015 May

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: **Hyundai 140** cc **1685**

Colour: **Blue** A/C: Insured / Std / NI / NA

Sp Reading: **405558** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **10MHLB41UMF4069344**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size: F: **205/60R16**
R: **205/60R16**

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

Front: **6** Rear: **6**

R/Bal: _____ mm R/Bal: _____ mm

L/Bal: **6** L/Bal: _____ mm

D.O.A: _____ D.O.L: **15/2/19**

Survey held at: **CDGE Loyay**

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or **Fnt o/s**

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

Date / Time Action / Instruction

22/2/19 **SH 7722L-X**
GBD 7889L-X
4392500, 5 day, e-mail to Larry. (Red #4651-76, 59%)

RECEIVED 01 MAR 2019

Expiry Time: File Pass to? : Preli. Report
 : Final Report

Days Of Repair: **5**

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: Site Insp: \$
 Interview: \$
 Test Drive: \$
 Wash & Detail: \$

Report Format: **TR**

Lump Sum / H.P. Fee: **3200**

Shiau Chan (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 1 March 2019 8:58 AM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST 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: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 28 February 2019 4:06 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1032741-002	COMFORT TRANSPORTATION PTE LTD	SH 7722L	GBD 7889L	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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 type="checkbox"/>	5082627286-02		ACE AIRCON PTE, LTD.	201016509K	GCV	Comprehensive	GBD7889L	GBD7889L	23/05/2018	06/05/2019

Continue

Shiau Chan (LKKAuto)

From: Taufikh (LKKAuto)
Sent: Wednesday, 27 February 2019 1:43 PM
To: 'Ng Nyuk Phin'
Cc: Shiau Chan (LKKAuto)
Subject: RE: SH 7722L FINALISATION DOA: 14.02.2019

Hi Larry,

COR I/s \$3200 , 5 days.

Regards
Taufikh
Lkk AUTO

From: Ng Nyuk Phin [mailto:ngnp@cdge.com.sg]
Sent: Thursday, 21 February 2019 3:21 PM
To: Taufikh (LKKAuto)
Subject: SH 7722L FINALISATION DOA: 14.02.2019

Hi Taufikh,

Please see attached Finalisation Form. After paint photos taken by Calvin.

Regards.
Larry Ng
CDGE
Loyang Taxi Crash Repairs
6214 8316

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Thursday, 21 February 2019 3:18 PM
To: Ng Nyuk Phin
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 1
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

▼ Policy Information

Policy No.	5082627286-02	Policyholder Name	ACE AIRCON PTE. LTD.	Policyholder NRIC	201016509K
Certificate No.					
Address	69 UBI ROAD 1 #05-32 OXLEY BIZHUB SINGAPORE 408731				
Product Name	COMMERCIAL VEHICLE INSURANCE Plan	Group Policy Flag	N		
Policy issue Date	23/05/2018	Effective Date	23/05/2018 00:00	Expiry Date	06/05/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	TELESALES-DIRECT MARKETING	Agent Tel.		GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	69 UBI ROAD 1	Address 2	#05-32 OXLEY BIZHUB	Address 3	SINGAPORE 408731
Address 4		Address Type	Singapore address	Post Code	408731
Unit No.	05-32	Related Policy Number	5082626547-02		

▶ Insured Object: GBD7889L

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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Continue

Cancel

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	15/02/2019 10:33
Date Of Accident	14/02/2019 16:20
Exact Location Of Accident	UPP PICKERING ST TURNING RIGHT TO SOUTH BRIDGE RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7722L
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	CHOO JOON ENG
NRIC No	S0199992C
Date Of Birth	12/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1974
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96197017
Fax Number	
Contact Number	
Email Address	SENGENG333@HOTMAIL.COM

Address	240 06-578 COMPASSVALE WALK
Postcode	540240
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	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

SEE ATTACH.

Attachment(s)

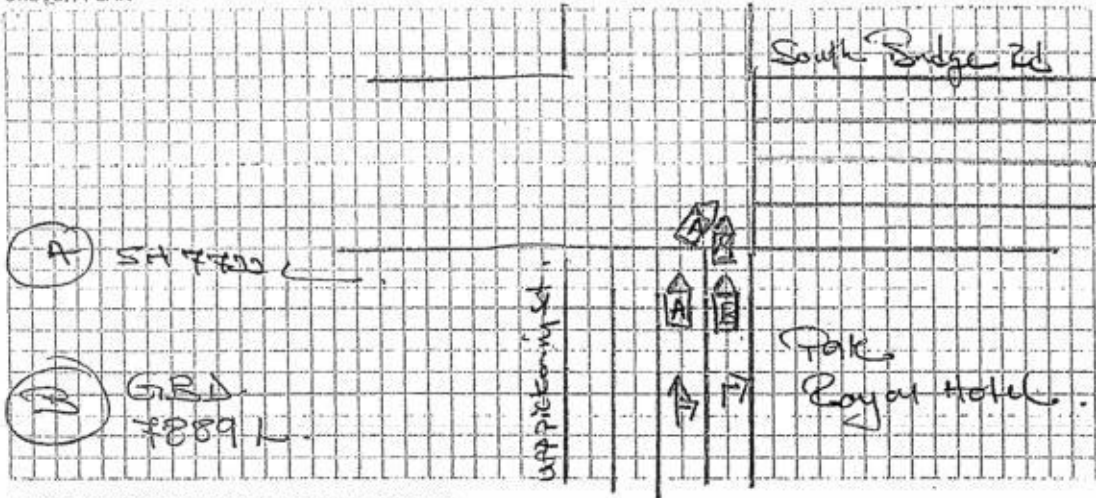
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD7889L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GURPREET SINGH
NRIC/Passport Number	G6537261X
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 14 Feb @ 1630 HRS 2019 @ I

VEH A was making a Right turn suddenly

VEH B go straight and hit VEH A Right front. at the point of accident - NO

PKA on VEH A.


NOTE:- Same on scene PKA. VEH-B going straight. (B-).

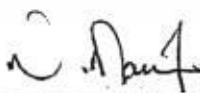
DECLARATION

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

COMFORT TRANSPORTATION PTE
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:


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

 12/2/19
Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2

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:

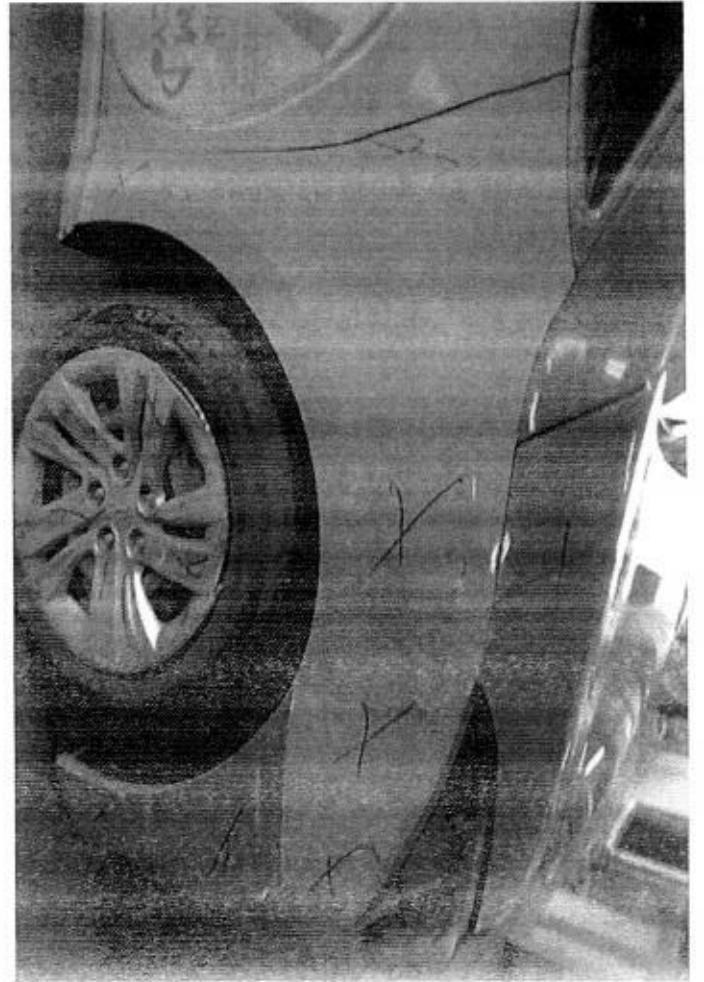
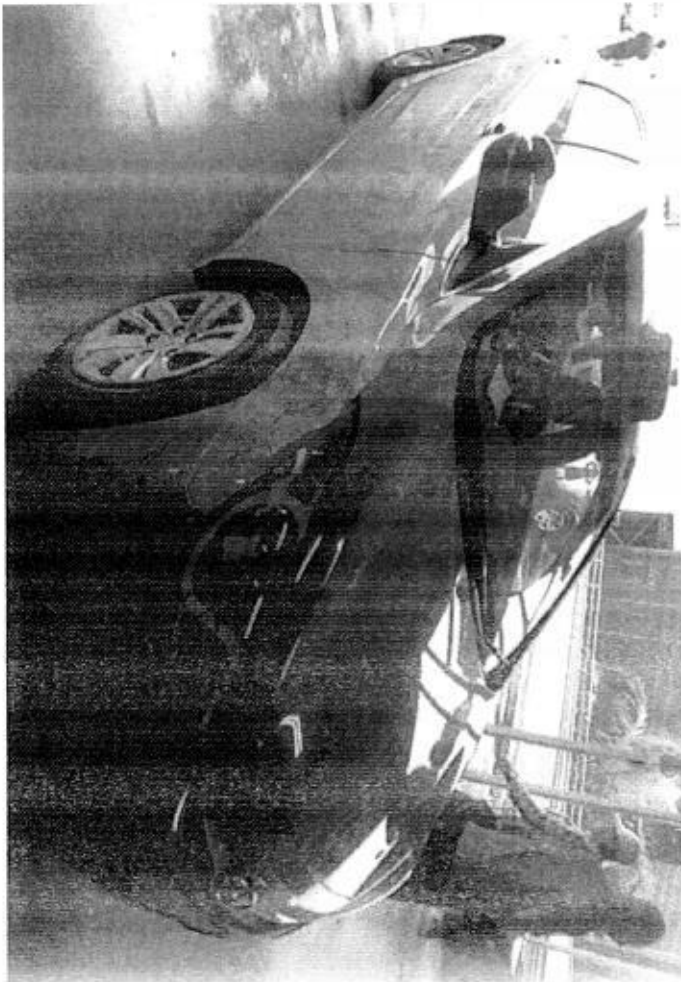
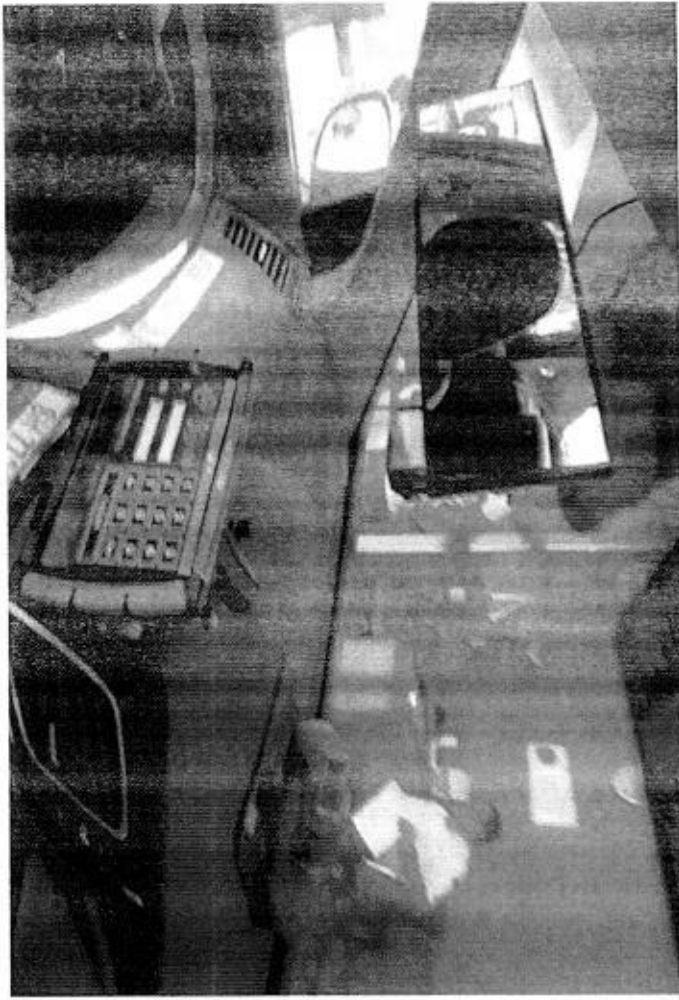
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

COMFORT TRANSPORTATION PTE
CO. REG. NO. 199303821R

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.:



A member of COMFORTDELGRO

Date/Time: 15.02.2019 11:51 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305269082

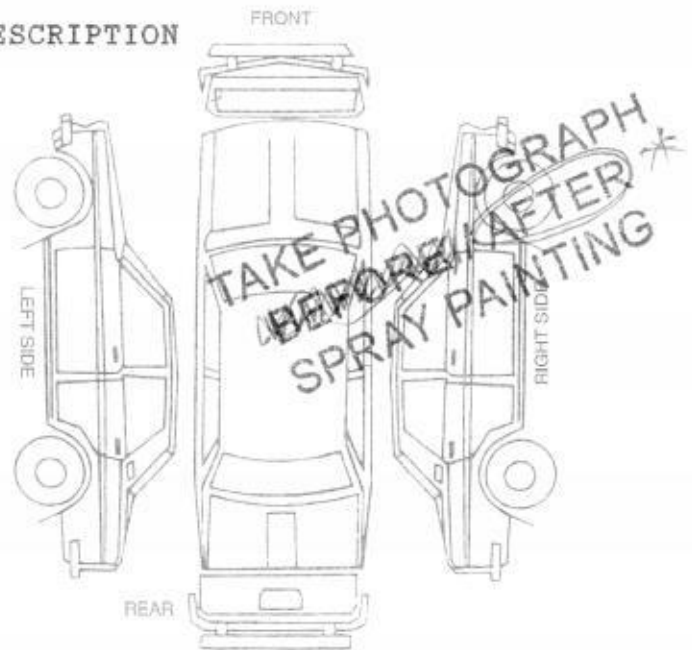
CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD VARS 7010045 CUSTOMER NO.: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 65508755 L (R) (P) ACCOUNT CARD NO.	REGN NO.: SH 7722L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN 14.02.2019 17:35
	YR OF MANU. 30.05.2015	TARGET DATE
	CHASSIS CODE: KMHLB41UMFU069344	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.02.2019
 NATURE: 3P 14.02.2019

S/NO LABOR CODE DESCRIPTION
 NOTUC - Right Front
 LEE/Kahni -

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7722L
 Name: LARRY

Vehicle No.: SH 7722L

Larry Ng

Name 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

REPAIR ESTIMATE*

VEHICLE NO : SH 7722L

DATE: 15. Feb. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 14. Feb. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover			\$1,052.20
1	Front Bumper Side Bracket – RH			\$24.60
1	Front Bumper Top Bracket – RH			\$22.60
1	Front Bumper Grille – RH			\$41.60
10	Front Bumper Clips		\$2.20	\$22.00
1	Headlamp – RH			\$1,388.00
1	Headlamp Support Panel			\$907.40
1	Front Fender – RH			\$566.30
1	Front Fender Shield – RH			\$174.90
1	Front Wheel Cover – RH			\$107.10
1	Front Wheel Rim – RH			\$325.30
1	Front Lower Arm – RH			\$529.30
1	Bonnet			\$2,265.90
SUB TOTAL				\$7,427.20
LESS 20%				\$1,485.44
DISCOUNTED TOTAL				\$5,941.76
1	Advertisement – Front Fender – RH			\$100.00
\$100.00				
Labour Charge				
1	Panel Beating			\$800.00
1	Spray Painting Charge			\$750.00
1	Tuff Kote			\$80.00
1	Wiring Charge			\$80.00
1	Front Wheel Alignment			\$100.00
TOTAL LABOUR				\$1,810.00
ESTIMATE TOTAL				\$7,851.76

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Signature
2/2/19

Taufik 97495749
WP
15/2/19 e 345
Lumpsum
Resumy after repair
5 days
taufik@tiketoto.com

ner
500
600
30
30
80

Larry Ng

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

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.

Signature:
Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305269082
Date : 21. Feb. 2019


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

FINALIZATION FORM

To : LKK Fax : _____
Attn : TAUFIKH
Vehicle Reg No. : SH 7722L Date of Accident: 14. Feb. 2019

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

- The repair job shall bill to: NTUC GBD7889L
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$3,200.00
- Estimated normal period for repairs: 5 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance. We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : _____
Name : _____
Date : _____

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/INC19003225/T1qd3s2
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 04-03-2019
		Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBD 7889L	Veh. Inspected	SH 7722L
Policy No.	5082627286-02	Coverage (\$)	0.00
Claim No.	MT/1032741-002	Excess (\$)	0.00
Assign From		Assign Date	16/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069344	Colour	BLUE
Odometer	405558	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	6 mm
L/H Front Tyre	205/60R16	HANKOOK	6 mm
R/H Rear Tyre	205/60R16	HANKOOK	6 mm
L/H Rear Tyre	205/60R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/02/2019	Inspection Date	16/02/2019
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:	5 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. SH 7722L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SIDE BRACKET - RH	NECESSARY	24.60	24.60
1	FRONT BUMPER TOP BRACKET - RH	NOT NECESSARY	22.60	-
1	FRONT BUMPER GRILLE - RH	NOT NECESSARY	41.60	-
10	FRONT BUMPER CLIPS @ \$2.20	NECESSARY	22.00	22.00
1	HEADLAMP - RH	CRACKED	1,388.00	1,388.00
1	HEADLAMP SUPPORT PANEL	NOT NECESSARY	907.40	-
1	FRONT FENDER - RH	BENT	566.30	566.30
1	FRONT FENDER SHIELD - RH	DEFORMED	174.90	174.90
1	FRONT WHEEL COVER - RH	CUT	107.10	107.10
1	FRONT WHEEL RIM - RH	NOT NECESSARY	325.30	-
1	FRONT LOWER ARM - RH	NOT NECESSARY	529.30	-
1	BONNET	TO REPAIR SEE LABOUR	2,265.90	-
	LESS 20% DISCOUNT		-1,485.44	-667.02
			5,941.76	2,668.08
SPECIAL NETT ITEMS				
1	ADVERTISEMENT - FRONT FENDER - RH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BONNET.		800.00	500.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	TUFF KOTE.		80.00	30.00
	WIRING CHARGE.		80.00	30.00
	FRONT WHEEL ALIGNMENT.		100.00	80.00
			1,810.00	1,240.00
GRAND TOTAL			7,851.76	4,008.08

Report Ref No. NS/INC19003225/T1qd3s2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,200.00
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Report Ref No. NS/INC19003225/T1qd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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