

INSURANCE

Surveyor: Kevin

REF:

NS/INC19003230/K19d3e2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

is Working on \_\_\_\_\_

of \_\_\_\_\_

Insured: SJA1102J

Policy No: 5096128929-01

Claims No: MT/1037396-02

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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 7 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: SHC 1706E Tr Regn: 20 Dec 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prima Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1.6.85

Colour: Blue A/C: Ins 6 / Std / HI / NA

Sp. Reading: 18 6254 T/Radio: Ins 0 / Std / HI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL0414M49100030

Gen. Cond: Good / 6 / Poor / Burnt

Steering: In 6 / Jammed / Leaked / Burnt or

Brake: In 6 / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD 6 RIm or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hyundai

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/2/19 D.O.I. 18/2/19

Survey held at CDGE (Layang)

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

n/s Rev.

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

Date / Time	Action / Instruction
<u>20/2/19</u>	<u>Check r/r \$1275.68 / 24. (Per \$538.48, 30%)</u> <u>Inv</u>
	<u>SHC1706E-X</u> <u>11</u>
	<u>SJA1102J-X</u> <u>RECEIVED 21 FEB 2019</u>

Date/Time, File Pass to?  : Prel. Report

11/2/19 trans  : Final Report

Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 160

Transportation: \_\_\_\_\_

S+RS: \$ \_\_\_\_\_

Photos: \_\_\_\_\_

Others: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Inv (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: Tr

Lump Sum: 1275.68

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 21/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1030682-002	COMFORT TRANSPORTATION PTE LTD	SH 8212K	SMC 2979T
2	MT/1031839-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	YN 9370C
3	MT/1032164-002	COMFORT TRANSPORTATION PTE LTD	SH 9132B	SLJ 6381R
4	MT/1032479-002	COMFORT TRANSPORTATION PTE LTD	SHA 6621T	SJR 1796S
5	MT/1030839-002	CITYCAB PTE LTD	SHD 8576L	SJP 1342D
6	MT/1031880-003	COMFORT TRANSPORTATION PTE LTD	SHC 1136A	SKG 3866G
7	MT/1032396-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJA 1102J
8	MT/1032036-002	COMFORT TRANSPORTATION PTE LTD	SHD 4642E	SJT 387K

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="radio"/>	5096128929-01		TAN SIA KIANG DANNY	S9035163Z	GPC	drive CLASSIC	SJA1102J	SJA1102J	28/11/2018	27/11/2019

Continue

▼ **Policy Information**

Policy No.	5096128929-01	Policyholder Name	TAN SIA KIANG DANNY	Policyholder NRIC	S9035163Z
Certificate No.					
Address	BLK 443 #05-337 CHOA CHU KANG AVENUE 4 SINGAPORE 680443				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	19/11/2018	Effective Date	28/11/2018 00:00	Expiry Date	27/11/2019 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ **Policyholder Mailing Address**

Address 1	BLK 443 #05-337	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680443
Address 4		Address Type	Singapore address	Post Code	680443
Unit No.	05-337	Related Policy Number	5096128929-01		

▶ **Insured Object: SJA1102J**

▼ **Endorsements**

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
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## 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	16/02/2019 11:32
Date Of Accident	15/02/2019 22:25
Exact Location Of Accident	SLIP RD FROM AYE TO LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1706E
<b>Insured/Policyholder</b>	
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	LIM TIAN CHAY
NRIC No	S0726383Z
Date Of Birth	29/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	03/02/1967
Driving Experience	52 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97561333
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	232 #04-536 YISHUN STREET 21
Postcode	760232
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.

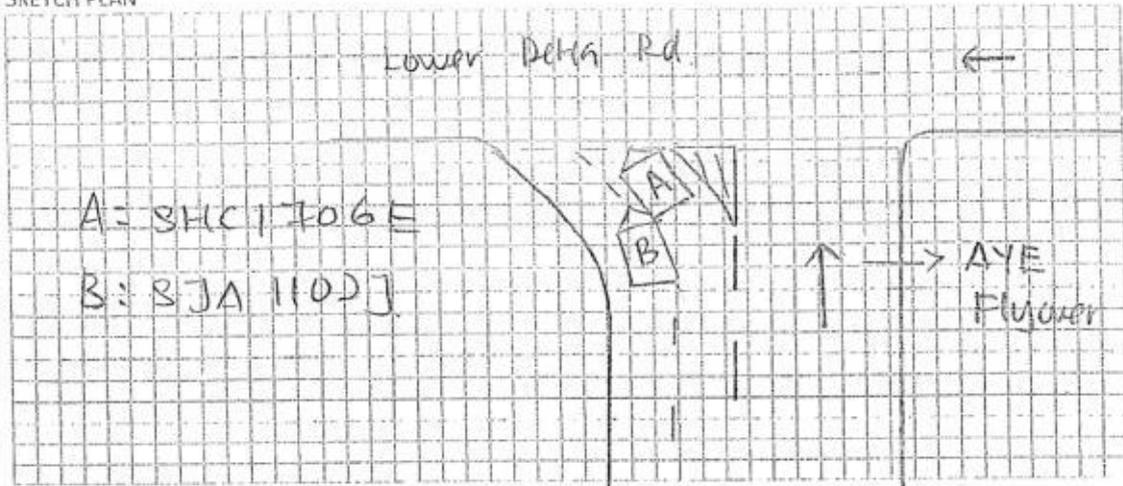
### Attachment(s)

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	SJA1102J
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	FRT RHT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/2/19 at about 22:25 hrs, I veh  
 A was driving at above said "slip" road.  
 While I approaching the give way line, I  
 applied brake to stopped when I seeing a  
 car on coming from major road. A split second  
 later, I felt an impact from my taxi behind.  
 I went down and found veh B it front right  
 portion collided onto the rear left portion  
 of my taxi. No passenger in my taxi. No injury  
 reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION  
 CO. REG. NO. 199303431R

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.:

*[Signature]*  
 Joke Wei Yung

16/2/19

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.

MFORT TRANSPORTATION PTE LTD  
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.:

66/2/119

Team: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305269624

OWNER: <b>COMFORT TRANSPORTATION PTE LTD</b> 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: <b>SHC1706E</b>	MILEAGE
ISSUE NO.:	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
ISSUE NO.:	MODEL: <b>I-40</b>	DATE/TIME IN: <b>18.02.2019 10:45</b>
(F) (P)	YR OF MANU: <b>20.12.2017</b>	TARGET DATE
IDENTIFICATION CARD NO.:	CHASSIS CODE: <b>KMHLB41UMHU100030</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.02.2019  
NATURE: 3P 15.02.19

S/NO	LABOR CODE	DESCRIPTION

REMOVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Exit Pass

Vehicle No.: **SHC1706E**

**LIMITS**

Vehicle No.: **SHC1706E**

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTEUC-CP/P)

12 TS

LKK-Kalvin

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

JOB NO : 305269624  
 REGN NO : SHC1706E  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 20.12.2017  
 DATE/TIME IN : 18.02.2019 10:45  
 ACCIDENT DATE : 15.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT	PRICE	DISC%	AMOUNT	
0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0003	04-01-0103-0783-G	REAR BUMPER SIDE BRKT LH	1	35.60	20.00	28.48
0004	04-01-0103-0658-G	REAR WHEEL CAP LH	1	107.10	20.00	85.68

SUB-TOTAL : 574.16

## JOB NATURE

0000	PB	PANEL BEATING-Rear Fender LH	Arch
0001	SP	SPRAYPAINT CHARGE	
0002	20-00	TUFF COAT ON AFFECTED PARTS.	
0003	L	R/I REVERSE SENSOR	
0004	L	WHEEL ALIGNMENT	

~~480.00~~ 300  
~~480.00~~ 400  
~~40.00~~ x 2  
~~120.00~~ 20  
~~120.00~~ x

SUB-TOTAL : 1,240.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.02.2019

REPAIR ESTIMATE

NTUC - C/P/P  
LKK - kalvin

Time: 12:57:35

Page: 2

TS

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

JOB NO : 305269624  
REGN NO : SHC1706E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 20.12.2017  
DATE/TIME IN : 18.02.2019 10:45  
ACCIDENT DATE : 15.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,814.16

MVA NAME & SIGNATURE  
DATE :

*Lmfs*

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

*Kalvin (C/P/P)*

*18/2/19 1310 hrs*

*2 Pags*

*P/P*

*Before*

*Part photo*

Insurance Consultants hence notify  
the insurer 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:

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305269624  
Date : 19/02/19

## FINALIZATION FORM

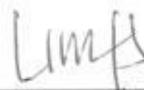
To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN ANG  
Vehicle Reg No. : SHC1706E Date of Accident : 15-Feb-19

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

1. The repair job shall bill to: NTUC --- SJA1102J
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$545.68
(b) Labour Charges	\$730.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,275.68</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
<b>Final Lumpsum Repair cost</b>	_____
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 : KALVIN  
Date : 20/2/19

### 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:

\_\_\_\_\_

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

JOB NO : 305269624  
 REGN NO : SHC1706E  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 20.12.2017  
 DATE/TIME IN : 18.02.2019 10:45  
 ACCIDENT DATE : 15.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0003	04-01-0103-0658-G	REAR WHEEL CAP LH	1	107.10	20.00	85.68

SUB-TOTAL : 545.68

## JOB NATURE

0000	PB	PANEL BEATING-R.Fender Arch LH				300.00
0001	SP	SPRAYPAINT CHARGE				400.00
0002	L	R/I REVERSE SENSOR				30.00

SUB-TOTAL : 730.00

TOTAL : 1,275.68



MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :



# 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/INC19003230/K1qd3e2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-02-2019  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 1102J	Veh. Inspected	SHC 1706E
Policy No.	5096128929-01	Coverage (\$)	0.00
Claim No.	MT/1032396-002	Excess (\$)	0.00
Assign From		Assign Date	18/02/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU100030	Colour	BLUE
Odometer	186254	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	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	15/02/2019	Inspection Date	18/02/2019
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. SHC 1706E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SIDE BRKT LH	SERVICEABLE	35.60	-
1	REAR WHEEL CAP LH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-143.54	-136.42
			574.16	545.68
<b>LABOUR</b>				
	PANEL BEATING - REAR FENDER ARCH LH.		480.00	300.00
	SPRAYPAINT CHARGE.		480.00	400.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	R/I REVERSE SENSOR.		120.00	30.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,240.00	730.00
<b>GRAND TOTAL</b>			<b>1,814.16</b>	<b>1,275.68</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,275.68</b>

Report Ref No. NS/INC19003230/K1qd3e2

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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