

Inspector: Kavin

REF:

NS/INC19003232/Klvbn2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/INS/TPRES/ODRES/EVA/INV/MY
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 Insured: SLF3432T
 Policy No: 5105690716
 Claims No: MT/1033055-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

INS	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
 Lum Sum: _____ % J. Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD3199A Yr Regn: 824, 216
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Zx cc 1800
 Colour: Blk A/C: Insured / Std / Nil / NA
 Sp. Reading: 372635 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLEB41UMH4091852
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SIRim / STD Rim or
 Tyre Size: F: 205/6.0R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Har / Cat.
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 14/2/19 D.O.I. 18/2/19
 Survey held at C D G E (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or
Rear n/s
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
20/2/19	Assess 4/5 \$1200 / 2 Reps. (Red 1199.06, 50%) <u>Inc</u>
	SHD3199A - NS/INC18007031/Klvbn2 DOA: 11/4/2018 <u>42</u>
	SLF3432T-X

RECEIVED 22 FEB 2019

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

3 216 - typist

Report Format

TP

LS \$1200/2

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp. \$

☐ : Interview \$

☐ : Tech. Insp. \$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

160

TP Claims against NTUC Income: Follow-Through Survey

21/2/2019

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Estimate	Tentative repair cost
1	MT/1030932-002	COMFORT TRANSPORTATION PTE LTD	SHC 1958U	SLL 8181C	4/2/2019	\$8,566.83	\$2,244.29
2	MT/1031940-002	COMFORT TRANSPORTATION PTE LTD	SHA 3694C	SIL 3650Y	5/2/2019	\$1,785.68	\$900.00
3	MT/1033052-001	COMFORT TRANSPORTATION PTE LTD	SHA 3749D	GBH 6126R	15/2/2019	\$850.00	\$350.00
4	MT/1033055-001	COMFORT TRANSPORTATION PTE LTD	SHD 3199A	SIF 3432T	14/2/2019	\$2,399.06	\$1,200.00
5	MT/1031629-002	COMFORT TRANSPORTATION PTE LTD	SH 8548S	SJJ 8434H	12/2/2019	\$6,822.16	\$2,750.00
6	MT/1031383-002	COMFORT TRANSPORTATION PTE LTD	SHD 3198C	SJU 9736Y	9/2/2019	\$1,829.12	\$550.00
7	MT/1032845-002	COMFORT TRANSPORTATION PTE LTD	SHD 4145Z	SMA 1458Y	18/2/2019	\$2,574.90	\$1,000.00
8	MT/1033061-001	COMFORT TRANSPORTATION PTE LTD	SH 9493J	SJS 8276A	15/2/2019	\$5,712.08	\$2,750.00

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2019 10:30"/>
Vehicle No.(For Motor)	<input type="text" value="SLF3432T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5105690716		AMV PTE, LTD.	201505825Z	GPC	drivo CLASSIC	SLF3432T	SLF3432T	20/11/2018	19/11/2019

▼ Policy Information

Policy No.	5105690716	Policyholder Name	AMV PTE. LTD.	Policyholder NRIC	201505825Z
Certificate No.					
Address	20 SIN MING LANE #04-68 MIDVIEW CITY SINGAPORE 573968				
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	20/11/2018	Effective Date	20/11/2018 00:00	Expiry Date	19/11/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	20 SIN MING LANE	Address 2	#04-68 MIDVIEW CITY	Address 3	SINGAPORE 573968
Address 4		Address Type	Singapore address	Post Code	573968
Unit No.		Related Policy Number	5087862918-02		

► Insured Object: SLF3432T

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div>ContinueCancel</div>				

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 07:16
Date Of Accident	14/02/2019 10:30
Exact Location Of Accident	AYE TWDS CITY NEAR PORTSDOWN EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3199A
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	LIM JUAY HONG
NRIC No	S1512644B
Date Of Birth	05/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91873611
Fax Number	
Contact Number	
Email Address	BJHLIM11@GMAIL.COM

Address	411 12-108 BEDOK NORTH AVENUE 2
Postcode	460411
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?	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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TANAH MERAH NPP
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	SLF3432T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KALIYAN RADHAKRISHNAN
NRIC/Passport Number	G3080900U
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM JUAY HONG

Approximate Age 58

Injuries Sustain NECK

Injured person in which vehicle? SHD3199A

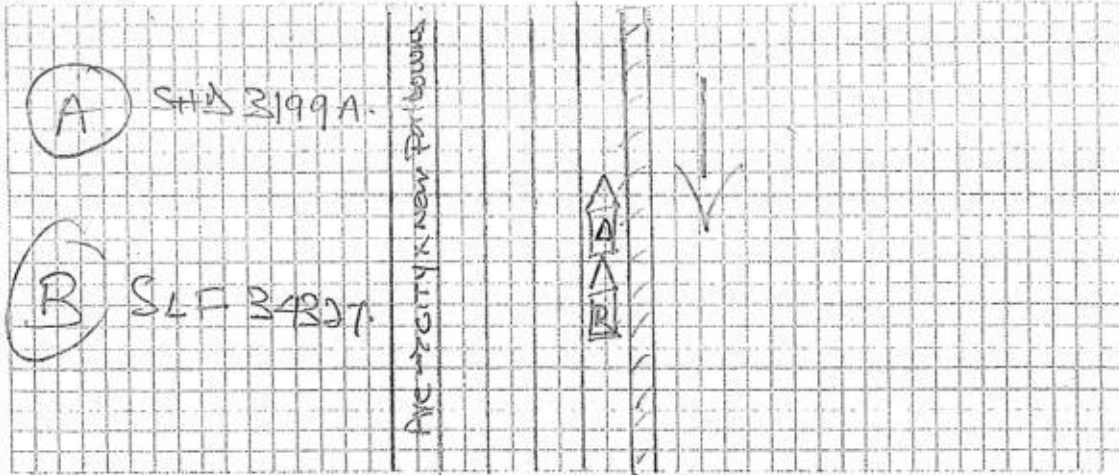
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

POLICE REPORT ATTACHED.

T/20190214 / #2112

DECLARATION

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

COMFORT 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.:



**SINGAPORE
POLICE FORCE**



T/20190214/2112

1 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20190214/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 16:47		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: LIM JUAY HONG			Address: APT BLK 411 BEDOK NORTH AVENUE 2 #12-108 SINGAPORE 460411		
ID Type / ID No.: NRIC NO / S1512644B			Contact No.: Home/Office: Mobile: 91873611		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 05/02/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2019 10:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY NEAR TO PORTSDOWN EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHD3199A	Car				Slightly Damaged	1
SLF3432T	Car				Slightly Damaged	0

Details of Person Involved

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20190214/2112

2 of 3

Report No. T/20190214/2112

CONTINUATION OF REPORT

Driver			
Name	LIM JUAY HONG	ID No.	S1512644B
Related Vehicle	SHD3199A (Car)	Contact No.	91873611
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/02/2019	Date Discharge	14/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KALIYAN RADHAKRISHNAN	ID No.	G3080900U
Related Vehicle	NIL	Contact No.	90845321
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 14/2/2019 AT 10.30AM, I WAS DRIVING MY TAXI ALONG AYE TOWARDS CTE NEAREST EXIT IS PORTSDOWN. I WAS WITH A FEMALE PASSENGER. I WAS TRAVELLING ON THE LANE 1 OF THE ROAD. AT THE POINT IN TIME THE TRAFFIC FLOW WAS QUITE SLOW MOVING DUE TO HEAVY TRAFFIC. AS I WAS DRIVING AT A SLOW PACE THE FRONT CAR BRAKE AND WAS COMPLETELY STOPPED. HENCE I FOLLOW UP AND BRAKED ALSO, I MANAGED TO STOP, HOWEVER ABOUT 2 SECONDS LATER I HEARD A BANG SOUND FROM MY REAR OF THE VEHICLE AND MY VEHICLE SURGE FORWARD. I CHECKED AND DISCOVERED A MAZDA CAR HAD HIT ONTO THE REAR OF THE TAXI AND THE DAMAGES ARE THE BONNET COVER WAS DAMAGED AND THE BUMPER WAS DENTED INWARD. I MADE A CHECK ON MY PASSENGER AND SHE WAS ALRIGHT. WE EXCHANGE PARTICULARS. AFTER THE INCIDENT I FELT PAIN AT MY NECK AREA I PROCEED TO SEE A DOCTOR AT MOUNT ALVERNIA AND WAS GIVEN 5 DAYS OF MC.



SINGAPORE
POLICE FORCE



T/20190214/2112

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No: 1800-4499999

3 of 3

Report No. T/20190214/2112

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 /

Sr Staff Sgt IMRAN BIN NORDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/02/2019 16:47

Officer In Charge Of Case:

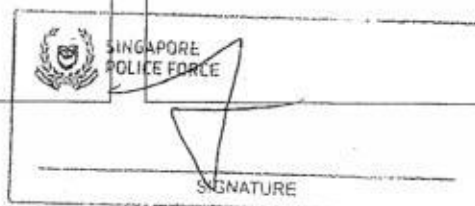
TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3199A

DATE 15/2/2019

MAKE :

MODEL : HYUNDAI i40

NTUC-4S

TS

(Sat)

LKK-

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detached</i>			\$ 553.00	
	Rear Bumper Reinforcement <i>Xm</i>			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xm</i>		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00	
	Rear Bumper Bracket <i>Xm</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge <i>Xm</i>			\$ 103.50	
	Rear Bumper Under Cover <i>at</i>			\$ 228.00	
	SUB TOTAL			\$ 1,566.70	
	LESS 20%			\$ 313.34	
	DISCOUNTED TOTAL			\$ 1,253.36	
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00	Nett
	Rear Bumper Reverse Sensor <i>shorted</i>			\$ 135.70	Nett
				\$ 435.70	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>200</i>	
	Spray Painting Charge			\$ 250.00 <i>200</i>	
	Wiring Charge			\$ 30.00 <i>Xm</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>	
	TOTAL LABOUR			\$ 710.00	
	ESTIMATE TOTAL			\$ 2,399.06	
<p><i>1/Cal/12/11/11</i></p> <p><i>11/18/2/19 11:15h</i></p> <p><i>2 Pys</i></p> <p><i>L/S</i></p> <p><i>Alfa Repur phh</i></p>					
<p>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.</p>					

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305269321

CUSTOMER
MR/MS
CUSTOMER NO.
ADDRESS
TEL (R)
(P)
DISCOUNT CARD NO.

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

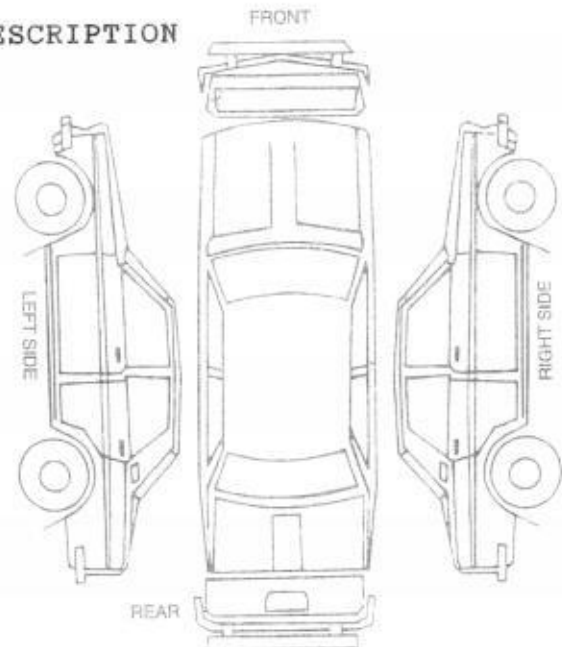
REGN NO.: SHD3199A	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....
MODEL I-40	DATE/TIME IN 15.02.2019 14:4
YR OF MANU. 08.07.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU091852	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 14.02.2019
NATURE: 3P 14.02.19

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

Vehicle No.:

I/C No.:

Vehicle No.:

SHD3199A

LIMITS

SHD3199A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305269326

Date : 19/02/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3199A

Date of Accident : 14-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 --- SLF3432T
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% \$1,200.00
Final Lumpsum Repair cost \$1,200.00

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 : 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:



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/INC19003232/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-02-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLF 3432T	Veh. Inspected	SHD 3199A
Policy No.	5105690716	Coverage (\$)	0.00
Claim No.	MT/1033055-001	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.	2016
Chassis No.	KMHLB41UMGU091852	Colour	BLUE
Odometer	372635	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 REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	14/02/2019	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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3199A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			435.70	435.70
<u>LABOUR</u>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	-		-	-
	-		-	-
	-		-	-
			710.00	430.00
GRAND TOTAL			2,399.06	1,508.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,200.00

Report Ref No. NS/INC19003232/K1vd3n2



Page No.:2 of 2

Report Ref No. NS/INC19003232/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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