

Inspector: Kalvin

REF:

NS/INC19003239/K19d3n2

**ASSIGNMENT**

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

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

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

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

At Workshop m/s \_\_\_\_\_

Insured: SLP6759D

Policy No: 5091938970-01

Claims No: NT/1032544-002

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: \_\_\_\_\_

DAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Loss Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 30164 Yr Regn: 24 Mar 2016

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

Truck / Trailer or

Make: Hyundai cc: 1635

Colour: Blue A/C: Insu: Std / Nil / NA

Sp. Reading: 379274 T/Radio: Insu: Std / Nil / NA

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

C/No: KM HLB414A49086853

Gen. Cond: Good / OK / Poor / Burnt

Steering: Inor: OK / Jammed / Leaked / Burnt or

Brake: Inor: OK / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/62R16

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

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

TOYO / YOKO or Campion

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

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 17/2/19 D.O.I: 18/2/19

Survey held at CDGE (Loyang)

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

Front o/s

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

Date / Time Action / Instruction

SHD 30164-X

SLP6759D-NA/INC19002960/h4 DOA: 17/2/2019

22/2/19 Chd 4/5 \$1750/267. Chd 5/1242.68, 42%

RECEIVED 25 FEB 2019

Date/Time, File Pass to?

☐ : Prel. Report

11/25/2 h/m

☐ : Final Report

Date/Time, File Return to?

2

Report Format

TP

1750

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp. (\$)

☐ : Meet and (\$)

Survey Fee:

Transportation:

S+RS \$

Photos

Others

160

## Shiau Chan (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Monday, 25 February 2019 1:22 PM  
**To:** Shiau Chan (LKKAUTO)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

 income  
made different



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](http://Income.com.sg/careers)

in with you

*'With effect from 1 Mar 2019, we will be discontinuing mailbox, [mtreg@income.com.sg](mailto:mtreg@income.com.sg).  
Please forward all motor claims related correspondences to [mtcl@income.com.sg](mailto:mtcl@income.com.sg) so that we can attend to it accordingly.'*

**From:** Shiau Chan (LKKAUTO) [mailto:[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)]  
**Sent:** Monday, 25 February 2019 10:29 AM  
**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 : 25/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1032544-002	COMFORT TRANSPORTATION PTE LTD	SHD 3016U	SLP 6759D	

Best Regards,

**Shiau Chan (Ms)** | Case Handler  
**LKK Auto Consultants Pte Ltd**

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="17/02/2019 18:35"/>
Vehicle No.(For Motor)	<input type="text" value="SLP6759D"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091938970-01		CARSONRENT	53320759B	GPC	drivo CLASSIC	SLP6759D	SLP6759D	18/06/2018	13/06/2019

Continue

Policy Information

Policy No.	5091938970-01	Policyholder Name	CARSONRENT	Policyholder NRIC	53320759B				
Certificate No.									
Address	8 KAKI BUKIT AVENUE 4 #03-47 PREMIER @ KAKI BUKIT SINGAPORE 415875								
Product Name	PRIVATE CAR INSURANCE	Plan	Group Policy Flag N						
Policy issue Date	18/06/2018	Effective Date	18/06/2018 00:00	Expiry Date	13/06/2019 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	GI-SHOP	Agent Tel.	68411279	GST Flag	Y				
Co-insurance Flag	No								
Open Policy Info									
Certificate Info									

Policyholder Mailing Address

Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#03-47 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	02-03	Related Policy Number	5107297704		

Insured Object: SLP6759D

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	18/06/2018 00:00	Basic Information Endorsement	Endorsement Take Effective	To do coa on renewal - see upload file.

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	18/02/2019 11:37
Date Of Accident	17/02/2019 18:35
Exact Location Of Accident	BLK 213A PUNGGOL WAVE SERVICE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3016U
<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	GOH KOON KIM
NRIC No	S1191937E
Date Of Birth	20/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1976
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84364797
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 435B FERNVALE ROAD #21-210
Postcode	792435
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	RAINING
Road Surface	WET

#### 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?	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 / Type Of Accident : HEAD TO HEAD

#### 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	SLP6759D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUMILAH BAHNU BINTE ABDUL KADER JILANI
NRIC/Passport Number	S8322011B
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PASSENGER

Approximate Age

Injuries Sustain NECK PAIN.

Injured person in which vehicle? SHD3016U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name GOH KOON KIM

Approximate Age 63

Injuries Sustain PAIN ON LEFT ARM.

Injured person in which vehicle? SHD3016U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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 LTD  
CO. REG. NO. 199303821R

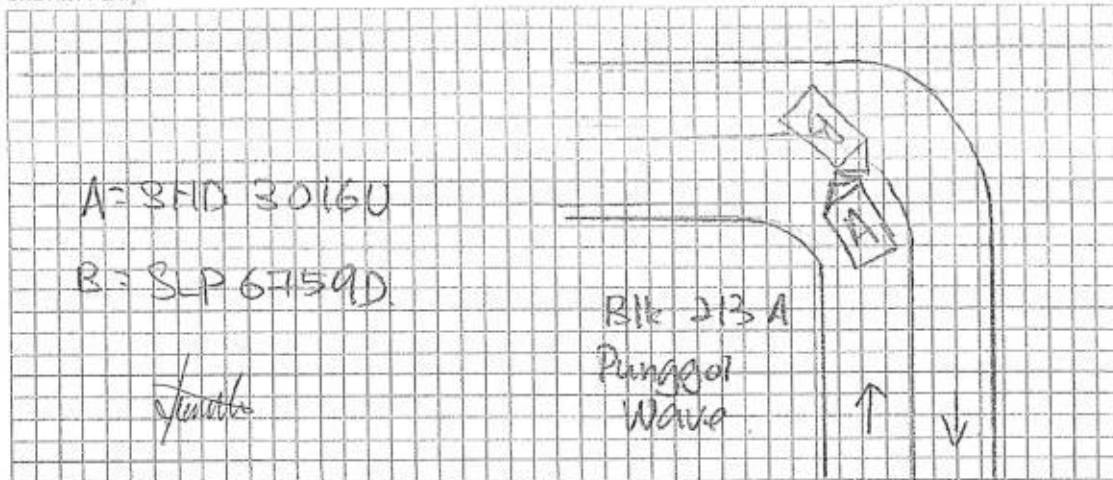
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/2/19 at about 18:35 hrs, I Veh A. driving at above said location ferrying my female passenger to Blk 212 A Punggol Wave. I immediately applied brake to stopped my taxi upon seeing Veh B coming from opposite. encroached into my way. However Veh B could not prevent collision and its front right portion collided onto the front right portion of my stationary taxi. I felt pain on my left arm and my passenger claim that she suffered neck pain.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO REG NO: 19200321R

Policyholder's Signature  
 Date & Time:

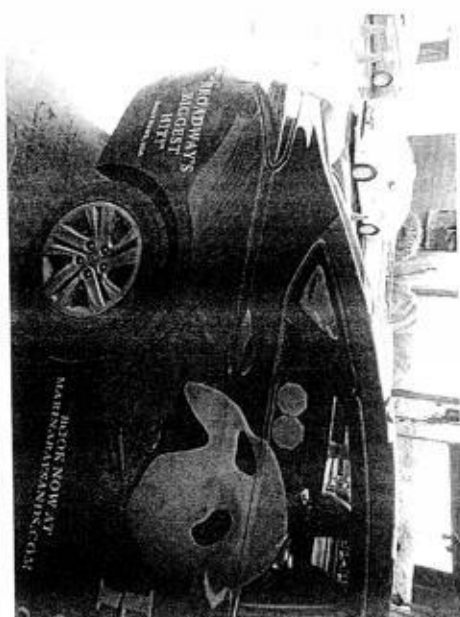
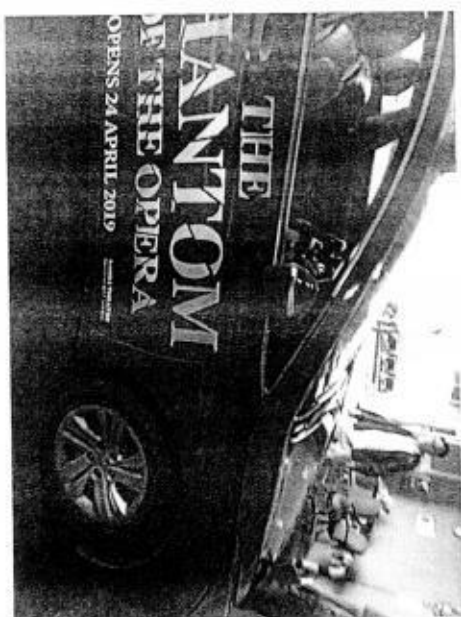
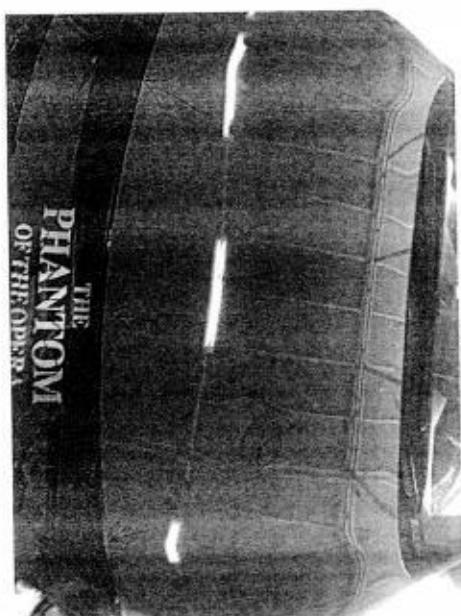
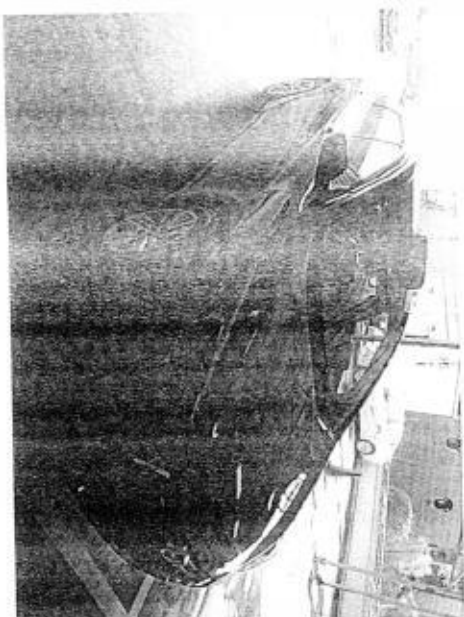
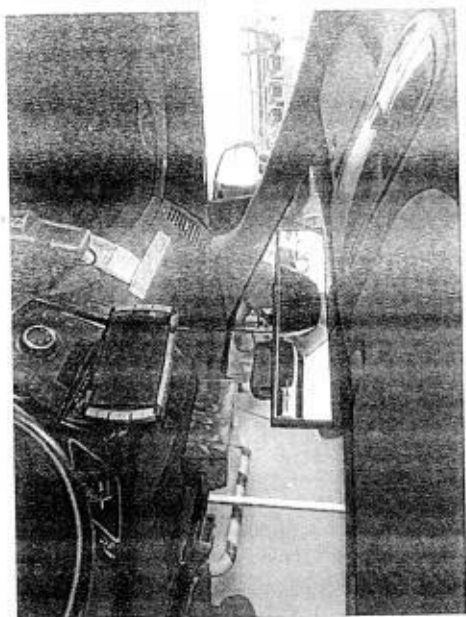
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

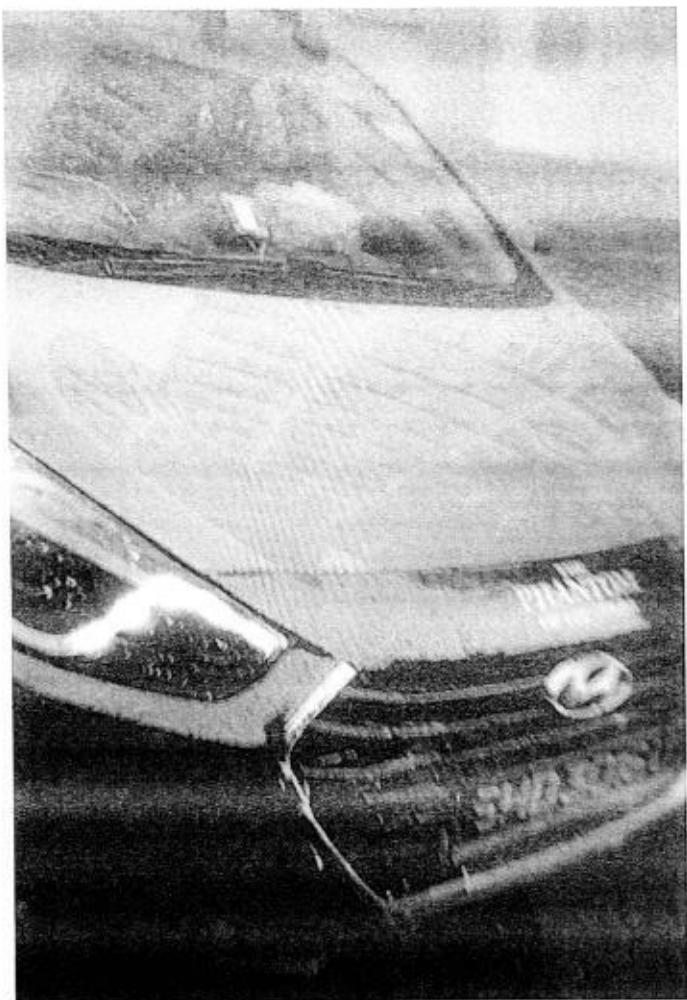
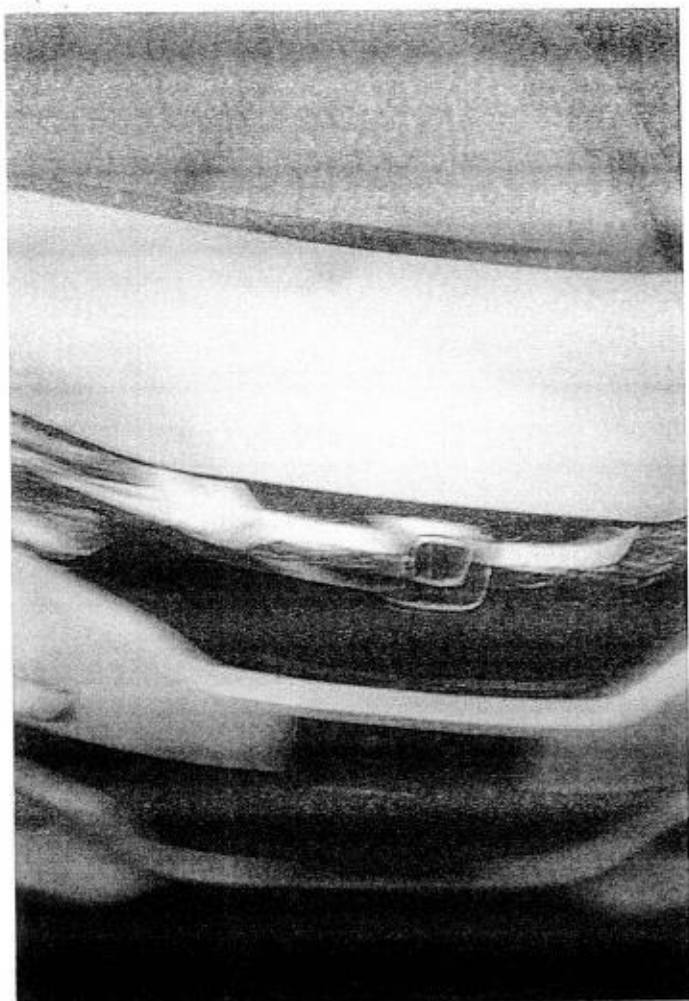
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

*Jamilah* 18/2/19

1025hrs

*Loke Wei Yiong*  
 18/2/19





## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 3016U

DATE 18/2/2019 12:54

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille			\$ 1,110.10
	Radiator Grille H Emblem			\$ 39.50
	Front Bumper Cover			\$ 1,052.20
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Bracket Top (LH/RH)	\$	22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)	\$	24.60	\$ 49.20
	<b>SUB TOTAL</b>			<b>\$ 2,797.10</b>
	<b>LESS 20%</b>			<b>\$ 559.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,237.68</b>
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				<b>\$ 55.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
				<b>\$ 700.00</b>
	<b>TOTAL LABOUR</b>			<b>\$ 700.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,992.68</b>

Ka hua (Uddy)  
 18/2/19 1515h  
 2 days.  
 4/5  
 After Repair photo

Notify  
 ing  
 may  
 in moving  
 and  
 is subject to final approval from the 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.



Member of COMFORTDELGRO

Date/Time: 18.02.2019 13:32 Page : 1

Team: ARC Repair TP(CLSO)1      JOB CARD      Sales Order:      JC NO.: 305269701

OWNER <b>COMFORT TRANSPORTATION PTE LTD</b> IS: 7010045 OWNER NO. 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO.: <b>SHD3016U</b> MAKE: <b>HYUNDAI</b> MODEL: <b>I-40</b> YR OF MANU: <b>24.03.2016</b> CHASSIS CODE: <b>KMHLB41UMGU086853</b>	MILEAGE FUEL E: 1/2 F DATE/TIME IN: <b>18.02.2019 09:50</b> TARGET DATE COMPLETION DATE/TIME:
---	--	--

NTU C

Accident Date: 17.02.2019  
NATURE: 3P 17.02.2019/B-

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		<div>FRONT</div> <div>LEFT SIDE</div> <div>RIGHT SIDE</div> <div>REAR</div>

WORKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Refundement Slip		Exit Pass
No.: <b>SHD3016U</b>		Vehicle No.: <b>SHD3016U</b>
Signature of Service Advisor	Signature/Date	Name of Service Advisor
Returned to Service Reception upon collection		To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305269701  
Date : 21.02.19

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

## FINALIZATION FORM

To : LKK

Fax :


Attn : Mr KALVIN ANG

Vehicle Reg No. SHD3016U CTPL

17.02.19

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

1. The repair job shall bill to: **NTUC** --- **SLP6759D**
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% **\$1,750.00**  
**Final Lumpsum Repair cost** **\$1,750.00**
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.
 


Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : KALVIN ANG

Date : 22/2/19

## 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/INC19003239/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-02-2019  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 6759D	Veh. Inspected	SHD 3016U
Policy No.	5091938970-01	Coverage (\$)	0.00
Claim No.	MT/1032544-002	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.	2016
Chassis No.	KMHLB41UMGU086853	Colour	BLUE
Odometer	379274	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	17/02/2019	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. SHD 3016U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NECESSARY	39.50	39.50
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-559.42	-440.36
			2,237.68	1,761.44
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
			55.00	55.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
<b>GRAND TOTAL</b>			<b>2,992.68</b>	<b>2,216.44</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,750.00</b>

Report Ref No. NS/INC19003239/K1qd3n2

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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