

Surveyor: KAMIN

REF: NS/INC19003250/Klsd3s2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/TPRES/ODRES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 Insured: _____
 Policy No: _____
 Claims No: MT/1032506-002
 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
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 44855 Yr Reg: 28 Sep 2012
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T. O. / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Santa cc 1994
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 336198 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHET41VA CA 830409
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or
 Brake: Inoper / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 25/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Michelin
 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 (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooflop. or
o/s Fmt
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	No policy found. INC
	SHD 44855 - CC4 / III 18017461 / 7/pb342. DUA: 24/9/18 4.
	SHC60340 - NJA / INC / 0007691 / 1. DUA: 14/4/2010
21/2/19	Ltmt 4/5 \$ 1900 / 3 Pys.
	(\$ 1,037.20 Red - 35%)
	RECEIVED 22 FEB 2019

Date/Time, File Pass to? 22/02/19
 1) Typist
 Date/Time, File Return to? _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

Report Format: _____
 1,900/- + 15

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Wash up (\$)

Survey Fee: _____
 Transportation: _____
 Photos: _____
 Others: _____

TP Claims against NTUC Income: Follow-Through Survey

Date: 22/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1032557-002	COMFORT TRANSPORTATION PTE LTD	SHD 7301U	SMA 3716P
2	MT/1032606-002	CITYCAB PTE LTD	SHC 7191A	SLX 7907U
3	MT/1031391-002	COMFORT TRANSPORTATION PTE LTD	SHA 7443J	SKV 6292M
4	MT/1032506-002	COMFORT TRANSPORTATION PTE LTD	SHD 4485S	SHC 6039P
5	MT/1031608-002	COMFORT TRANSPORTATION PTE LTD	SHA 7156M	GBF 1176P
6	MT/1033223-001	COMFORT TRANSPORTATION PTE LTD	SH 8122L	SLQ 2636X

2/18/2019

Insurance Particulars Enquire By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SHC6039P	15 Feb 2019 / 21:00:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous OK

SHD44855

Date/Time: 18.02.2019 10:24

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305269594

STOMER

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

(R) (Q)

(P)

COUNT CARD NO.

REGN NO.:

SHD4485S

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

SONATA

DATE/TIME IN

16.02.2019 11:45

YR OF MANU

28.09.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA830409

COMPLETION DATE/TIME:

JOB DESCRIPTION

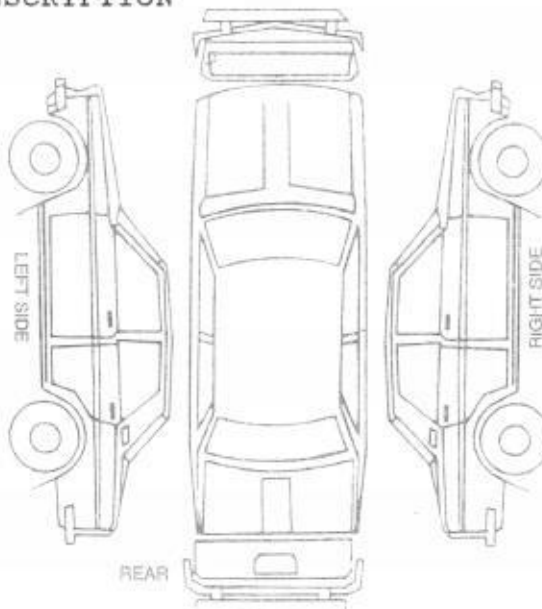
Accident Date: 15.02.2019

NATURE: 3P 15.02.2019

S/NO LABOR CODE

DESCRIPTION

FRONT



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.:

SHD4485S

CHIANG

Vehicle No.:

SHD4485S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 09:25
Date Of Accident	15/02/2019 21:00
Exact Location Of Accident	JALAN RAJAH > BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4485S
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	SONATA-2.0 (A)

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	NGUEE KHOY CHAN
NRIC No	S1181714I
Date Of Birth	02/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98830328
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	453 HOUGANG AVENUE 10 #06-581
Postcode	S530453
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 - MAJOR/MINOR RD
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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

HEAD TO SIDE. PLS SEE ATTACHED AND REFER POLICE REPORT : T/20190216/2041.

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	SHC6039P
Vehicle Make/Model/Colour	PREMIER (SILVERCAB) TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NGUEE KHOY CHAN

Approximate Age

63

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHD4485S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

453 HOUGANG AVENUE 10 #06-581

Postcode

S530453

Sketch Plan Pg. 1

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)

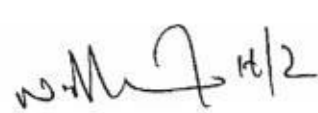
I understand, acknowledge, agree and consent that:

- (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:

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


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

Sketch Plan Pg. 2

SKETCH PLAN

Sketch attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police
Report
T/20190216/2041

DECLARATION

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

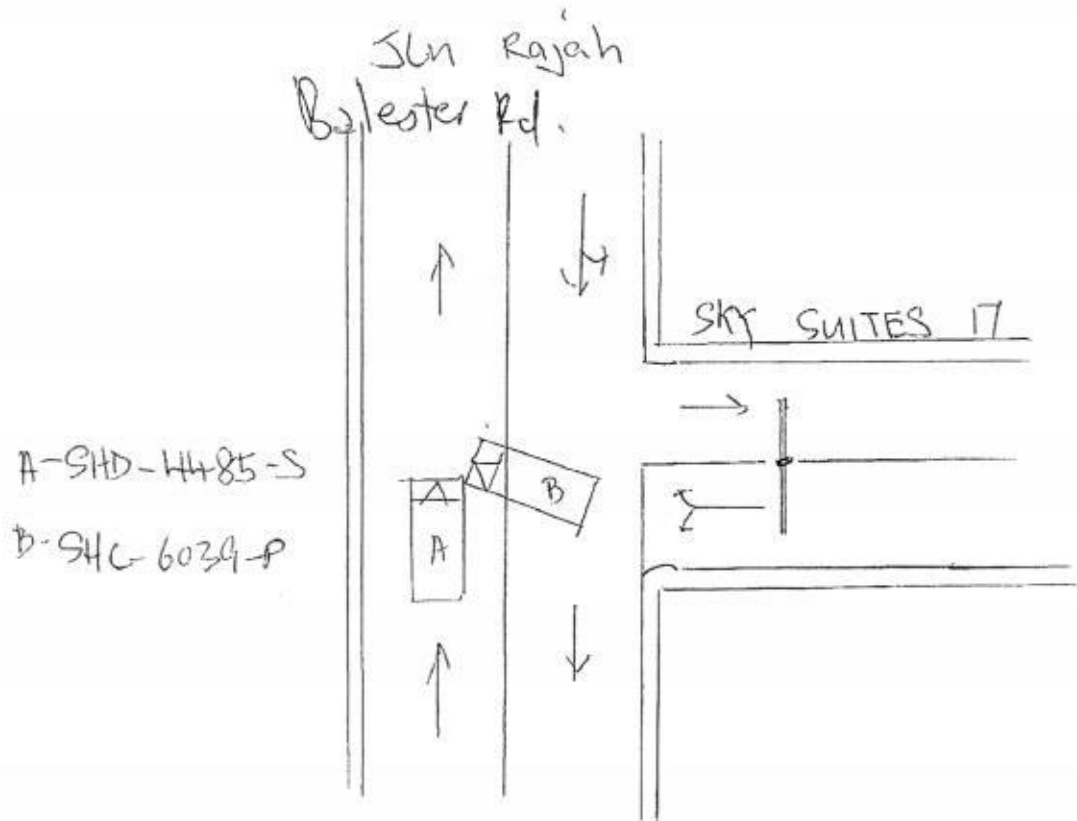
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

S. Mani: 16/2



S 7071144 C
PANG CHEE PAN

9 ~~2~~ 366470

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190216/2041

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190216/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2019 11:15		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: NGUEE KHOY CHAN			Address: APT BL K 453 HOUGANG AVENUE 10 #06-581 SINGAPORE 530453		
ID Type / ID No.: NRIC NO / S1181714I			Contact No.: Home/Office: Mobile: 98830328		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 02/04/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2019 21:00	Type of Location: Straight Road
Location: JALAN RAJAH Towards Balestier Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6039P	Car	KIA	OPTIMA 1.7(A)	Silver		0
SHD4485S	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20190216/2041

2 of 3

Report No. T/20190216/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PANG CHEE PAN	ID No.	S7071144C
Related Vehicle	SHC6039P (Car)	Contact No.	94366470
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
Driver			
Name	NGUEE KHOY CHAN	ID No.	S1181714I
Related Vehicle	SHD4485S (Car)	Contact No.	98830328
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	16/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 15/02/2019 at about 2100hrs, I was driving my taxi (SHD4485S) along Jalan Rajah towards Balestier Road with one female passenger on board.

Out of sudden, there was a taxi (SHC6039P) exit from the carpark entrance of Sky Suites condominium wanted to turn right, failed to check for oncoming vehicles and collided to the front right bumper of my taxi which resulted to damage.

No one was injured at that point of time. We alighted and exchanged particulars with each other. I have in-car CCTV which captured the accident footage.

After the accident, this morning I felt unwell thus seek medical treatment at a private clinic and was given 3 days of MC from 16/02/2019 to 18/02/2019.



**SINGAPORE
POLICE FORCE**



T/20190216/2041

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190216/2041

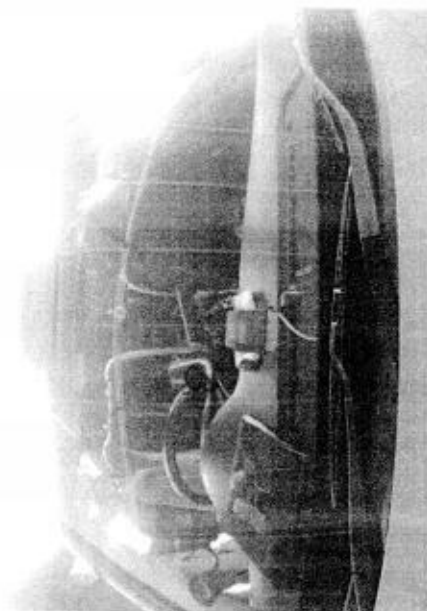
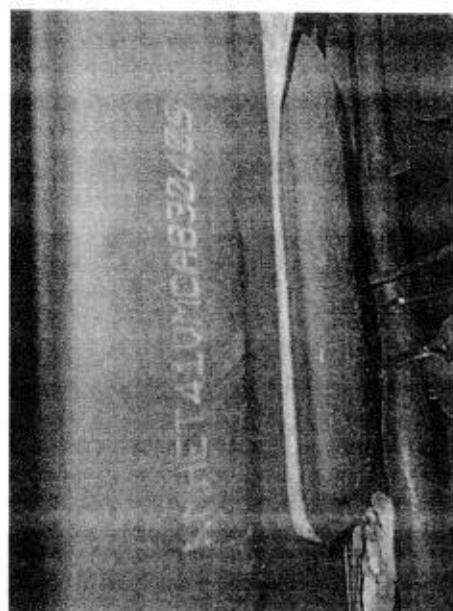
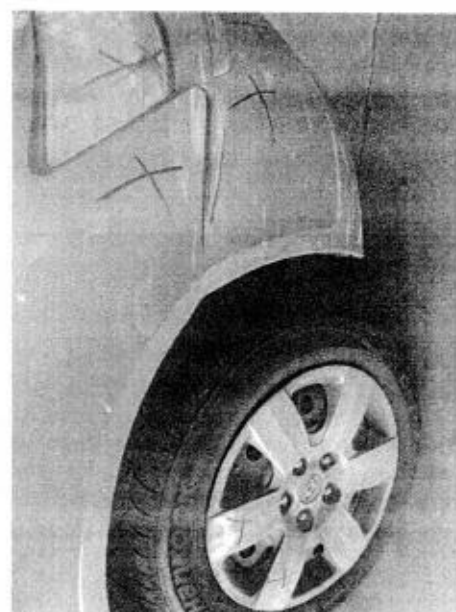
CONTINUATION OF REPORT

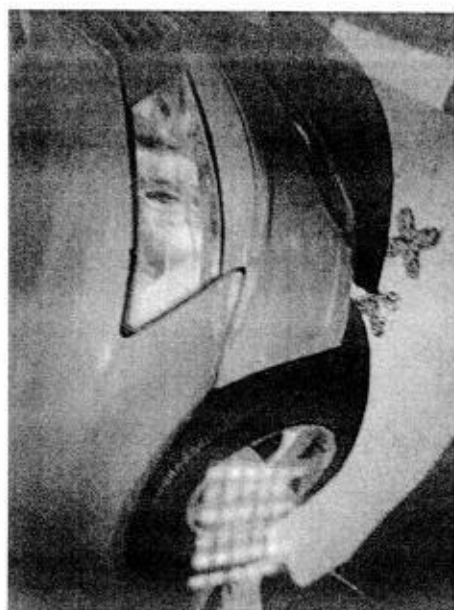
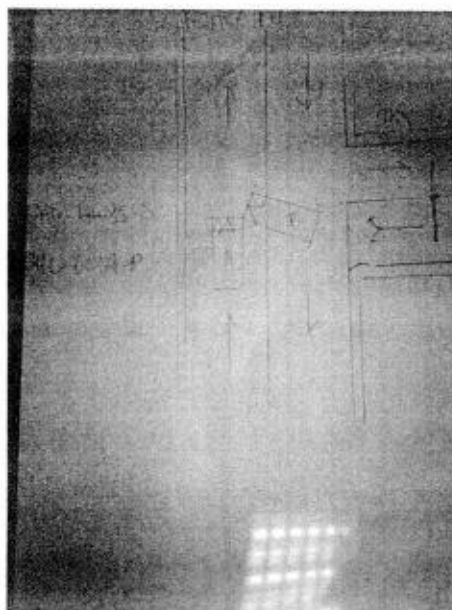
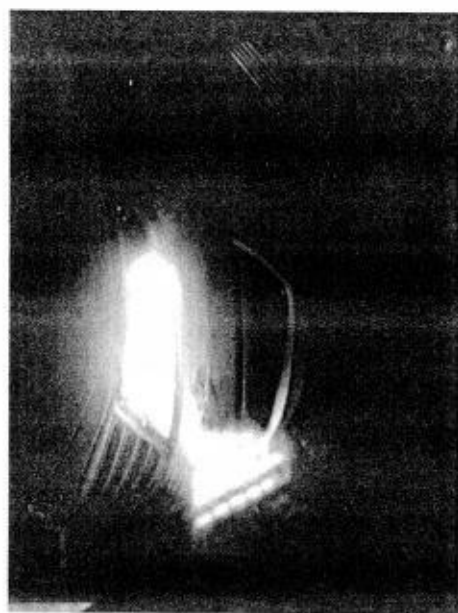
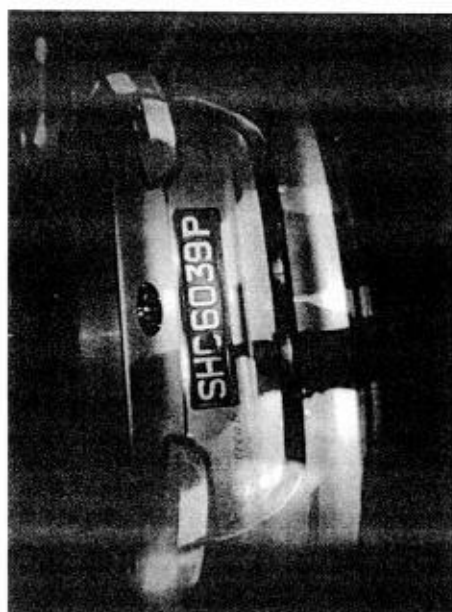
Sketch Plan

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 / Sgt 2 MUHAMMAD ISA BIN MD RASHID 	Signature Of Informant: 		
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2019 11:15		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div data-bbox="564 1832 1043 2029" data-label="Form"> <table border="1"> <tr> <td data-bbox="564 1832 783 1933"> </td> <td data-bbox="783 1832 1043 1933">  SIGNATURE </td> </tr> </table> </div>		 SIGNATURE
	 SIGNATURE		
Authentication Stamp NP168			





REPAIR ESTIMATE*

VEHICLE NO : SHD 4485S

DATE 18/2/2019 10:57

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Paint</i>			\$ 538.80
	Front Bumper Bracket Top (RH) <i>2m</i>			\$ 22.40
	Front Bumper Protector (RH) <i>x repair</i>			\$ 29.20
	Headlamp (RH) — <i>horizontal</i>			\$ 797.90
	Front Fender (RH) — <i>Paint</i>			\$ 593.00
	Front Fender Shield (RH) <i>x su</i>			\$ 86.00
	Front Fender Retainer <i>x su</i>			\$ 9.20
	Front Wheel Hub Cap (RH) — <i>horizontal</i>			\$ 145.00
	SUB TOTAL			\$ 2,221.50
	LESS 20%			\$ 444.30
	DISCOUNTED TOTAL			\$ 1,777.20
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Frt Wheel Alignment			\$ 80.00 <i>xm</i>
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 2,937.20
<p><i>Kalvin 16/16/19</i></p> <p><i>18/2/19 1345hr</i></p> <p><i>3 Days</i></p> <p><i>L/S</i></p> <p><i>After Repair photo</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>				

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305269594
Date : 21/02/19

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHD4485S 15/02/2019

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


- 2 The repair job shall bill to: NTUC SHC6039P
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: _____
Final Lumpsum Repair cost \$1,900.00


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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kaki
Date : 21/2/19

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		N		
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/INC19003250/K1sd3s2

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.	SHC 6039P	Veh. Inspected	SHD 4485S
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1032506-002	Excess (\$)	0.00
Assign From		Assign Date	18/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA830409	Colour	BLUE
Odometer	336198	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60R16	HANKOOK	7 mm
L/H Front Tyre	215/60R16	HANKOOK	7 mm
R/H Rear Tyre	215/60R16	HANKOOK	7 mm
L/H Rear Tyre	215/60R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT 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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4485S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	29.20	-
1	HEADLAMP (RH)	GRAZED	797.90	797.90
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-444.30	-414.94
			1,777.20	1,659.76
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF FRONT BUMPER PROTECTOR (RH).		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,160.00	740.00
GRAND TOTAL			2,937.20	2,399.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,900.00

Report Ref No. NS/INC19003250/K1sd3s2

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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