

Surveyor: KGMN

REF: NS/INC1 9003853/KIND32

# ASSIGNMENT

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

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

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

To Insured Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

at \_\_\_\_\_

Insured: SKF 4368B

Policy No: 5088904728-01 2013/18 29/15/19

Claims No: MT/1034082-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

NIS	OIS

Bal. or Market Value: \_\_\_\_\_

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

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

Est. Repairs: \_\_\_\_\_ days Res: Yes or No

Lim Sum: \_\_\_\_\_ % J Val: Yes or No

CA / REV / REP: / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

SHA 4299D

SKF 4368B

13/2/19 Extract P/P # 205648 / 2 Rys. (Red 783, 289)

RECEIVED 13 MAR 2019

Veh No: SHA 4299D

Tr Regn: 8 Oct, 2018

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

Truck / Trailer or

Make: Hyundai Zorig

cc 1586

Colour: Blue

A/C: Insd / Std / NI / NA

Sp. Reading: 53204

T/Radio: Insd / Std / NI / NA

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

C/N: KMHL851CVK411425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor / Jammed / Leaked / Burnt or

Brake: Inor / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

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

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

TOYO / YOKO or

Front

Rear

R/Bal: 7 mm

R/Bal: 7 mm

L/Bal: 7 mm

L/Bal: 7 mm

D.O.A: 27/2/19

D.O.A: 28/2/19

Survey held at C D G E (Loyang)

Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooltop or

N/S R/L

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

Date/Time, File Photo

☐ : Prell. Report

Days Of Repair: 2

11

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to

Survey Fee:

Transportation:

13/3- typist

TP  
P/P \$ 2056.48

## Veron Chen (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 13 March 2019 11:13 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Hi Veron

Claim created.

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://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](http://income.com.sg/careers)

**in** with you

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Wednesday, 13 March 2019 9:08 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/ 1034082 - 002	COMFORT TRANSPORTATION PTE LTD	SHA 4299D	SKF 4368B

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/2/2019	19:40	\$2,839.48	\$2,056.48

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**Disclaimer**

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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="27/02/2019 13:52"/>
Vehicle No.(For Motor)	<input type="text" value="SKF4368B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088904728-01		CNC BIZ	53333734L	GPC	drivo CLASSIC	SKF4368B	SKF4368B	30/05/2018	29/05/2019

## 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	28/02/2019 11:48
Date Of Accident	27/02/2019 19:40
Exact Location Of Accident	ALONG COLLYER QUAY INCOME@RAFFLES TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4299D
<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	IONIQ HYBRID

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 ENG HOE
NRIC No	S1397833F
Date Of Birth	17/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98273480
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 530D PASIR RIS DRIVE 1 #08-416
Postcode	514530
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 - OPENING DOOR OF VEHICLE
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

REFER ATTACHED

#### 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	SKF4368B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR DOOR
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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.

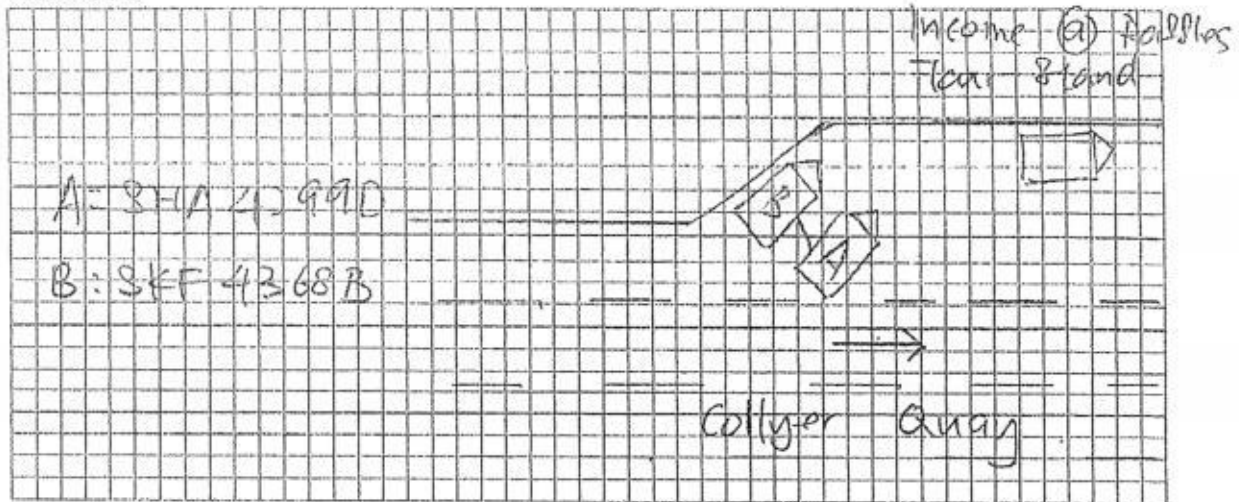
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Loke Wei Yiong**  
NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/2/19 at about 19:40 hrs, I  
 Veh A wanted drive to above mentioned taxi  
 stand pick up passengers. Suddenly I heard a knock  
 sound come from my left hand side. I stepped  
 out to have a check and found Veh B.  
 passenger open it right rear door hit onto my  
 taxi left rear portion. Then I took some scene  
 photo to support my claim. No injury reported  
 in this accident.

## DECLARATION

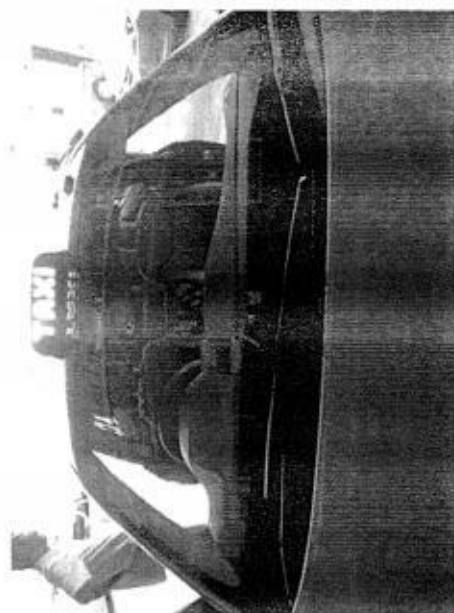
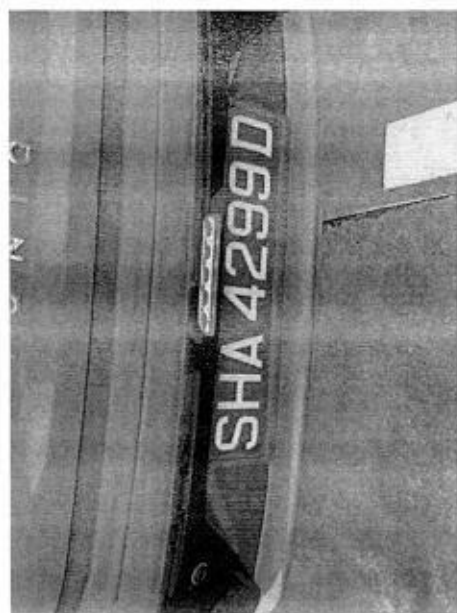
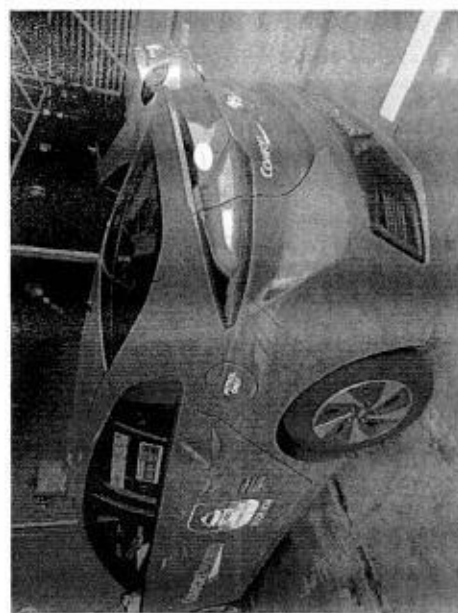
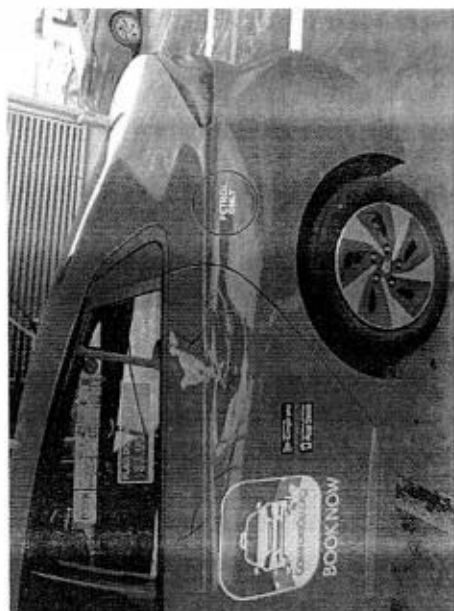
I/We declare the foregoing particulars are true in every respect.  
 COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303621R

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.:

28/2/19  
 Loke Wei Yiong



Date/Time: 28.02.2019 12:38

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3902241

JC NO.: 305273248

MEMBER NO. 7010045  
SS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

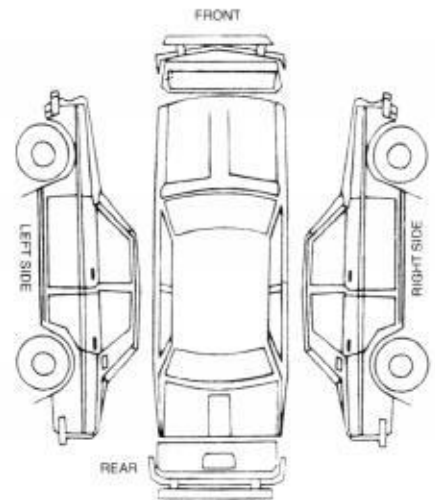
INT CARD NO.

REGN NO.: <b>SHA4299D</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>IONIQ(G2)</b>	DATE/TIME IN <b>27.02.2019 20:45</b>
YR OF MANU. <b>08.10.2018</b>	TARGET DATE
CHASSIS CODE <b>KMHC851CVKU114725</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.02.2019  
NATURE: 3P 27.02.19/B

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Exit Pass

Vehicle No.: **SHA4299D** **JU NTUC**

Vehicle No.: **SHA4299D**

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 : SHA 4299D

DATE 28/2/2019 15:02

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH) — <i>Door</i>			\$ 1,789.90	
<i>Rear</i>	<del>Front</del> Door Outer Handle (RH) — <i>on</i>			\$ 43.00	
	<i>Rear Door (RH) weather strip — cut</i>			\$ 60.20	
	SUB TOTAL			\$ 1,832.90	
	LESS 20%			\$ 366.58	
	DISCOUNTED TOTAL			\$ 1,466.32	
	Rear Door Comfortdelgro & Apps Sticker (RH) — <i>me</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) — <i>X</i> <i>an</i>			\$ 75.00	Nett
				\$ 155.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>600.00</del> <i>200</i>	
	Tuff Kote			\$ <del>50.00</del> <i>20</i>	
	Transfer of Door			\$ <del>120.00</del> <i>50</i>	
	TOTAL LABOUR			\$ 1,170.00	
	ESTIMATE TOTAL			\$ 2,791.32	
				2839.48	
	<i>Kahin (Utk)</i>				
	<i>28/2/19 1520h</i>				
	<i>2 Dr</i>				
	<i>PIP</i>				
	<i>Before Paint p Lk</i>				
<div>Let's Auto Consultants hence notify the Reparer of the following:<ul style="list-style-type: none"><li>To resurvey the weather spray painting.</li><li>To display damaged part(s) during resurvey.</li><li>Parts prices are subject to confirmation.</li><li>Third party survey is on a "Without Prejudice" basis.</li><li>No legal action shall be allowed.</li><li>Supplementary claim will be resurveyed and is subject to final approval from Insurance Company.</li></ul>Acknowledged by Reparer: Signature _____ Date _____</div>					
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.					

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305273248

Date : 12/03/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA4299D

Date of Accident : 27.02.19

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

1. The repair job shall bill to: NTUC --- SKF4368B  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,586.48

(b) Labour Charges ### \$470.00

**Total for Part-By-Part Repair Cost \$2,056.48**

(c) Lumpsum Repair (if applicable) N

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 13/2/19

## 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:

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

JOB NO : 305273248  
REGN NO : SHA4299D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 08.10.2018  
DATE/TIME IN : 27.02.2019 20:45  
ACCIDENT DATE : 27.02.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-0596-G	IONIQ PANEL ASSY-REAR DOO	1	1,789.90	20.00	1,431.92
0002 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1 N	80.00	10.00	72.00
0003 04-01-0104-2555-G	IONIQV2&3 GRIP-REAR DOOR	1	43.00	20.00	34.40
0004 04-01-0104-2559-G	IONIQV2&3 W/STRIP ASSY-RR	1	60.20	20.00	48.16

SUB-TOTAL : 1,586.48

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 L	TRANSFER DOOR PARTS	50.00

SUB-TOTAL : 470.00

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

JOB NO : 305273248  
REGN NO : SHA4299D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 08.10.2018  
DATE/TIME IN : 27.02.2019 20:45  
ACCIDENT DATE : 27.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,056.48

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & 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/INC19003853/K1vd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-03-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKF 4368B	Veh. Inspected	SHA 4299D	
Policy No.	5088904728-01	Coverage (\$)	0.00	
Claim No.	MT/1034082-002	Excess (\$)	0.00	
Assign From		Assign Date	28/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHC851CVKU114725	Colour	BLUE	
Odometer	53704	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	MICHELIN	7 mm	
L/H Front Tyre	195/65R15	MICHELIN	7 mm	
R/H Rear Tyre	195/65R15	MICHELIN	7 mm	
L/H Rear Tyre	195/65R15	MICHELIN	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	27/02/2019	Inspection Date	28/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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. SHA 4299D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR DOOR (RH)	DENTED	1,789.90	1,789.90
1	REAR DOOR OUTER HANDLE (RH)	CRACKED	43.00	43.00
1	REAR DOOR (RH) WEATHER STRIP	CUT	60.20	60.20
	LESS 20% DISCOUNT		-378.62	-378.62
			1,514.48	1,514.48
<b><u>NETT ITEMS</u></b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN)	NOT NECESSARY	75.00	-
			75.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	200.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
			1,170.00	470.00
<b>GRAND TOTAL</b>			<b>2,839.48</b>	<b>2,056.48</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,056.48</b>

Report Ref No. NS/INC19003853/K1vd3s2

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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