

REF: NS/INC 1900 5794 Ntd352
 Surveyor: NA2 INC TS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SLN 99282
 Policy No. 5092552358-01 (22/12/2018-21/12/2019)
 Claims No. MT/1036087-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

X	X
N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Turn Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SH 73512 Yr Regn: 14 MAY 2015
 Type: M.Car / M.Cycle / BUS / Van / Lorry (Taxi) Prime Motor /
 Truck / Tractor or _____
 Make: 1440A1 140 c.c. 1,685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 420,085 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH4841UMFU06P937
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NI / SIRim / STD A/Rim or
 Tyre Size: F: 205 / 60 R15
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or HANKOOK
 Front Rear
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 2913119 D.O.I. 1/4/19
 Survey held at CDGE LOYANG
 Das. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 N/S FRONT
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SH 73512 - CC3 / AIG 18009022 / N/A 3A2 D.O.A - 11/05/2018
	SLN 99282 - X
5/4/19	Finalized Lump sum REPAIR \$ 2,800.00 / 4 day. (Red: 26% 32% 48%)

RECEIVED 9 APR 2019

Date/Time, File Pass to? ☐ : Prelim Report

1) 8/4 Typist ☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / I.B.I: (\$ 2800)-

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS \$1

☐ : Interview (\$ _____) Photos

☐ : Tech. Inve (\$ _____) Others

☐ : Weekend (\$ _____)

TOTAL

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 8 April 2019 2:57 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi Denise

We have registered the claim.
You may refer to table below:-

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1038087-002	COMFORT TRANSPORTATION	SH 7351Z	SLN 9928Z	29/03/2019	14:45	5,475.32	2,800.00
2	MT/1039204-001	COMFORT TRANSPORTATION	SHC 8671A	SHD 1811D	1/4/2019	02:30	766.40	550.00
3	MT/1038399-002	CITYCAN PTE LTD	SHC 91B	SLJ 1025C	30/03/2019	12:00	1091.43	700.00
4	MT/1038110-002	COMFORT TRANSPORTATION	SH 6453U	SGG 1880A	29/3/2019	22:15	6400.44	3700.00
5	MT/1038538-002	COMFORT TRANSPORTATION	SHC 8572C	SLZ 9362S	02/04/2019	16:00	3,827.56	2850.00

Josephine Cheah
Snr Administrator, Motor Insurance
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

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 8 April 2019 10:00 AM
To: mtreg <mtreg@income.com.sg>

eBaoTech

GeneralClaim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092552358-01		TIM & CHERYL	53366220J	GPC	drive CLASSIC	SLN9928Z	SLN9928Z	22/12/2018	21/12/2019

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305282688

Date : 05/04/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SH 7351Z

Date of Accident : 29-Mar-19

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

1. The repair job shall bill to: NTUC --- SLN9928Z

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%

\$2,800.00

Final Lumpsum Repair cost

\$2,800.00

3. Estimated normal period for repairs: 4 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 : 

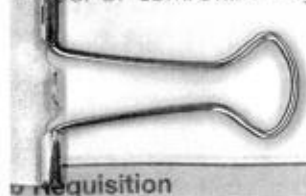
Name : NAZ

Date : 5/4/19

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:



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: 29/03/19 Time Received: 1500		3. Vehicle Type:		4. Type of Towing:	
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: MR Goh Contact No.: 82016341 Vehicle No.: SH7351Z Make / Model / Colour: J40 Email:		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		<input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
		5. Nature of Service:		6. Parts Replaced/Remarks:	
		<input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery			

Location: 7 Cross Street		8. Vehicle Tow - In Workshop:	
Referred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	

Odometer Reading: _____		11. Radio / CD Player	
Fuel Level: [F 1/4 1/2 3/4 E]		<input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	

Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: Fabian Vehicle No.: YP7951D Time Dispatch: 1500 Time of Arrival: 1530 Time Completed:		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer	
---	--	--	--

Invoice Details (if applicable)

Cash Invoice No.:	
-------------------	--

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

29/03/19	1530	
Date	Time	Signature of Customer

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JO NO. 305282688

CUSTOMER
VMS
CUSTOMER NO.
ADDRESS
L (R)
(P)

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

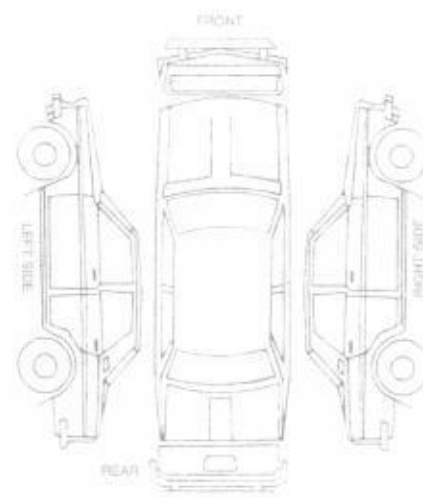
REGN NO.	SH 7351Z	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 29.03.2019 14:45
VR OF MANU	14.05.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU068937	COMPLETION DATE/TIME

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.03.2019
NATURE: 3P 29.03.2019

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 7351Z
LIMTS

Vehicle No.: SH 7351Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be 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	30/03/2019 08:31
Date Of Accident	29/03/2019 14:45
Exact Location Of Accident	CROSS ST TWDS UPP CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7351Z
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	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	GOH SOON HUAT (WU SHUNFA)
NRIC No	S7828052B
Date Of Birth	28/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82016341
Fax Number	
Contact Number	
Email Address	ERICGOH1978@GMAIL.COM

Address	BLK 34 BEDOK SOUTH AVENUE 2 #15-365
Postcode	460034
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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	SLN9928Z
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 FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN

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:

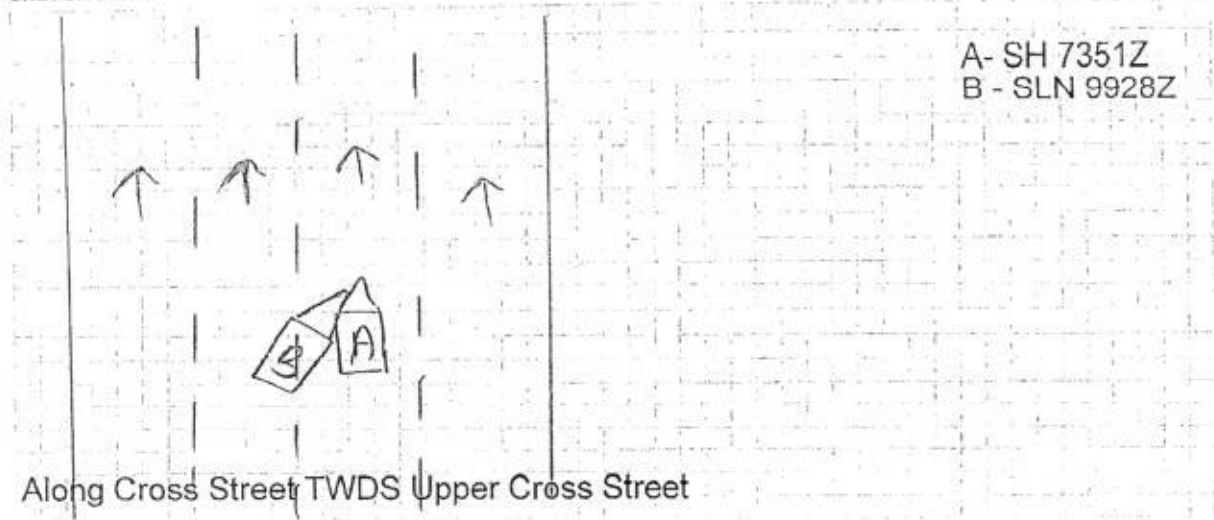


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29.03.2019@1630HRS



Reporting Centre Personnel's Signature
Name: 29/3/19
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 29.03.2019 at about 14:45 Hours I was travelling along Cross Street TWDS Upper
Cross Street with Two Male Passenger onboard .
While travelling on the second lane from the left , suddenly Veh B (SLN 9928Z) from my
left cut into my lane and collided into my taxi A - Front Left Portion ..
I have company video and photos at scene to support my claims.
No injury in this accident .
Veh B (SLN 9928Z) - Male Driver

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821RPolicyholder's Signature
Date & Time:

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29.03.2019@1630HRS


 Reporting Centre Personnel's Signature
 Name: 29/3/19
 NRIC/FIN No.:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7351Z

DATE 1/4/2019

MAKE :

MODEL : HYUNDAI i40

NTUC - LK

TS

LKK -

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Grille (LH)			\$ 41.60
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Frt Wheel Hub Cap, LH			\$ 107.10
	SUB TOTAL		2605.90	\$ 3,755.40
	LESS 20%			\$ 751.08
	DISCOUNTED TOTAL		2084.72	\$ 3,004.32
	Front Door Comfort Logo (LH)			\$ 75.00
	Front Door Advertisement Logo (LH)			\$ 100.00
	Frt Tyre (LH)			\$ 216.00
				\$ 391.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 750.00
	Wiring			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove Aircon & Refill Gas			\$ 150.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR		1,270	\$ 2,080.00
	ESTIMATE TOTAL		3,529.72	\$ 5,475.32
	Vehicle Towed			
	NA2 LKK			
	11/11/19 1605			
	LIS			
	4 DAYS			
	CHECK ITEMS (PHOTOS)			
	APTEL REPAIR (PHOTOS)			

LKK Auto Consultants hence notify the Repairer 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:

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.



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/INC19005794/Ntd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-04-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 9928Z	Veh. Inspected	SH 7351Z
Policy No.	5092552358-01	Coverage (\$)	0.00
Claim No.	MT/1038087-002	Excess (\$)	0.00
Assign From		Assign Date	01/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068937	Colour	BLUE
Odometer	420085	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	5 mm
L/H Front Tyre	205/60R16	HANKOOK	5 mm
R/H Rear Tyre	205/60R16	HANKOOK	5 mm
L/H Rear Tyre	205/60R16	HANKOOK	5 mm

4. Description of Damages

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

5. General Information

Accident Date	29/03/2019	Inspection Date	01/04/2019
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:	4 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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7351Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (LH)	SCRATCHED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRT WHEEL HUB CAP, LH	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-751.08	-521.18
			3,004.32	2,084.72
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
1	FRT TYRE (LH) (SN)	SERVICEABLE	216.00	-
			391.00	175.00
<u>LABOUR</u>				
	PANEL BEATING.		1,000.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING.		50.00	30.00
	TUFF KOTE.		50.00	40.00
	REMOVE AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			2,080.00	1,270.00
GRAND TOTAL			5,475.32	3,529.72

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,800.00
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Report Ref No. NS/INC19005794/Ntd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.