

Form 1 (10/1/19)

Surveyor: Kolmn

REF: NS/INC/19005865/K19d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ODITP IWS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

Insured: **FBF 830R**

Policy No: **50691507K1-04 (21/12/18-23/12/19)**

Claims No: **MT/1039478-001**

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

Est. or Market Value: _____

ISAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **3** days Res.: Yes or No

Turn Sum: _____ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHA 32772-X
	FBF 830R-X
4/4/19	Chkd 4/5 \$7500 / 3 Hrs. (Red 61897.04, 35%)

RECEIVED 10 APR 2019

Veh No: **SHA 32772** Yr Regn: **6 Sep, 2015**

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

Truck / Trailer or

Make: **Hyundai ZK** cc: **1600**

Colour: **Blue** A/C: Insured / Std / Nil / NA

Sp. Reading: **572452** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **KMHLBx16M64 077794**

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: Inorder / ☒ Jammed / Leaked / Burnt or

Brake: Inorder / ☒ Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STQ ☒ Rim or

Tyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **Hamkuk**

Front: **6** mm Rear: **6** mm

L/Bal: **6** mm L/Bal: **6** mm

D.O.A: **1/4/19** D.O.I: **2/4/19**

Survey held at **CDGE (Loyang)**

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

0/5 Frnt.

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

Date/Time, File Pass to? ☐ : Prell. Report

11/10/14 typing ☐ : Final Report

Date/Time, File Return to? _____

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:	
Transportation:	
S + RS	160
Photo:	
Draw:	

Add Fee: ☐ : Site Insp (S)

☐ : Interview (S)

☐ : Tech. Insp (S)

Turn Sum: **3500**

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 9 April 2019 4:31 PM
To: Shiau Chan (LKKAUTO)
Subject: FW: REQUEST CLAIMS NUMBER
Attachments: SHA3277 PR.pdf

Claim created. MT/1039478-001.

With Regards

Junainah

Senior Admin Assistant
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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 9 April 2019 1:40 PM
To: MTCL@income.com.sg
Subject: RE: REQUEST CLAIMS NUMBER

Dear Junainah,

Please refer to the attached of SHA 3277Z police report.

Kindly advise the claim reference.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: MTCL@income.com.sg <mtcl@income.com.sg>
Sent: Tuesday, 9 April 2019 12:52 PM
To: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Subject: RE: REQUEST CLAIMS NUMBER

Hi

Claims created.

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="01/04/2019 13:46"/>
Vehicle No.(For Motor)	<input type="text" value="FBF830R"/>	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 checked="" type="radio"/>	5069150719-04		BERNARD RAM BAGTHA	S1691953E	GMC	Third Party	FBF830R	FBF830R	24/12/2018	23/12/2019

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	01/04/2019 16:44
Date Of Accident	01/04/2019 09:40
Exact Location Of Accident	SIMS AVENUE TOWARDS TANJONG KATONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3277Z
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	DARRELL TAN YONG WEI
NRIC No	S6832461J
Date Of Birth	24/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1988
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83393623
Fax Number	
Contact Number	
Email Address	DARRELLTAN1968@GMAIL.COM

Address	339 03-238 TAMPINES STREET 33
Postcode	520339
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	COLLIDED INTO MOTORCYCLIST
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF830R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96569395
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FBF830R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

A = SHA 32772

B = FBF830R
(MOTORCYCLE)

TANJONG PAGER RD

SIMS AVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.

③ T 20190401/2103

DECLARATION

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

CO REG. NO. 199302J21R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 01 APR 2019



SINGAPORE POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190401/2103

Report No. T/20190401/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 14:44	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars

Name of Informant: DARRELL TAN YONG WEI	Address: APT BLK 339 TAMPINES STREET 33 #03-238 SINGAPORE 520339		
ID Type / ID No.: NRIC NO / S6832461J	Contact No.: Home/Office: Mobile: 83392523		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 50	Date of Birth: 24/08/1968	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2019 09:40	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 SIMS AVENUE TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
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
FBF830R	Motorcycle				Slightly Damaged	0
SHA3277Z	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190401/2103

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Report No: T/20190401/2103

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBF830R (Motorcycle)		Contact No. 96569395
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	DARRELL TAN YONG WEI		ID No. S6832461J
Related Vehicle	SHA3277Z (Car)		Contact No. 83393623
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/04/2019 at about 0940hrs, I was driving a Taxi registration plate number SHA3277Z and was heading to Ipoh Lane.

While I was making a right turn at the junction of Sims Ave to Tanjong Katong Road, suddenly there is one motorcycle collided on my right side portion of my vehicle. I then alighted from my vehicle and discovered that the rider is injured. As such I called the Ambulance for assistance.

I wish to state that at there is a total of 5 lane and at that time, I was at the extremely 2nd right lane to turn right to Tanjong Katong Road.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190401/2103

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Report No. T/20190401/2103

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 do not 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 /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time

01/04/2019 14:44

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

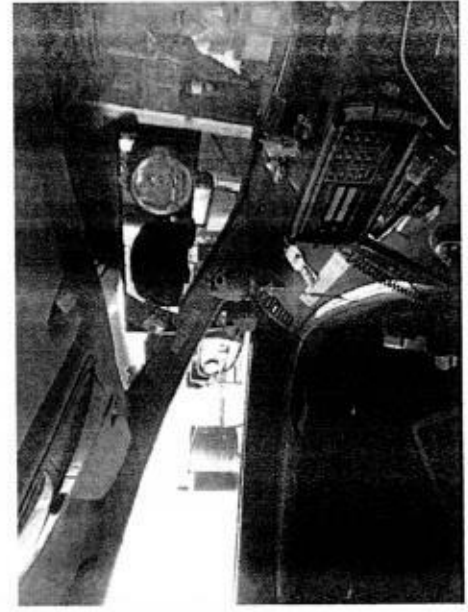
Contact No.: 65476394

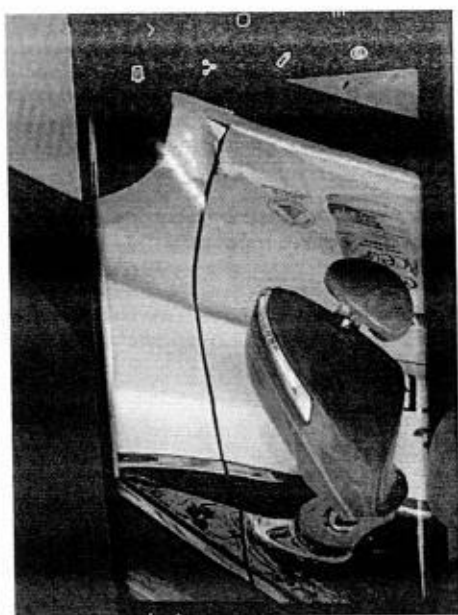
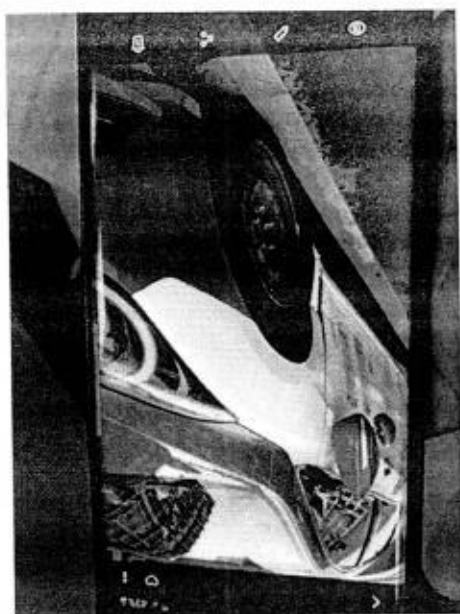
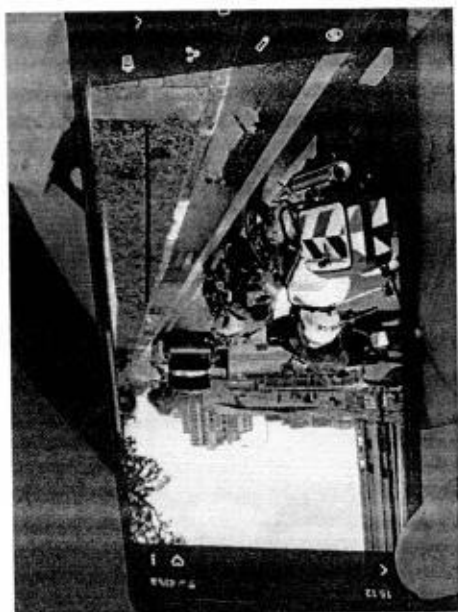
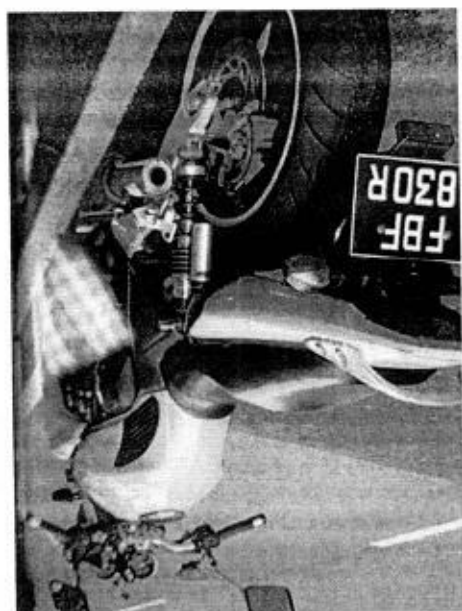
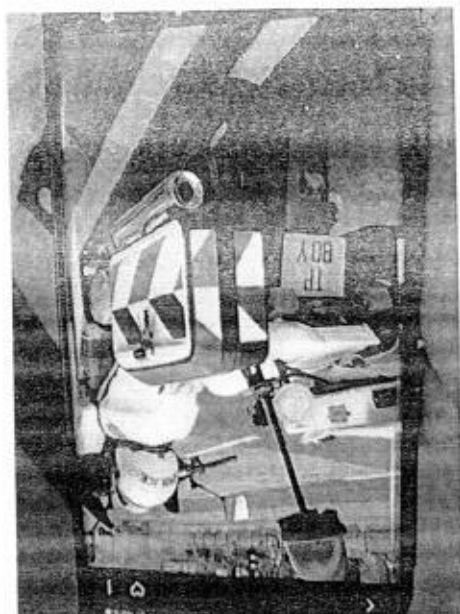
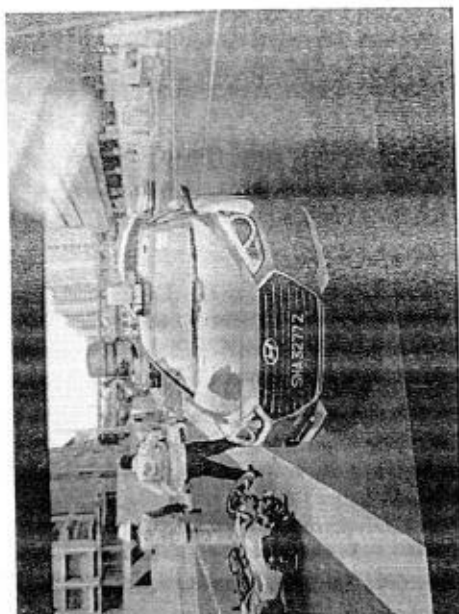
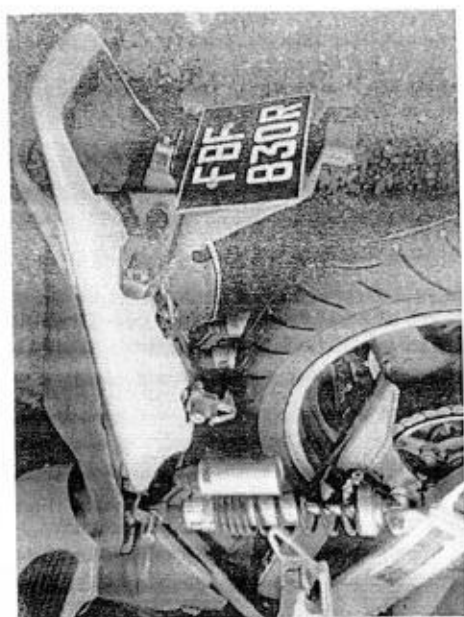
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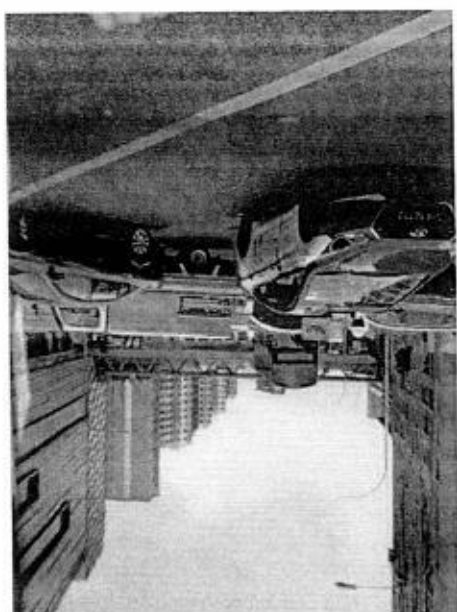
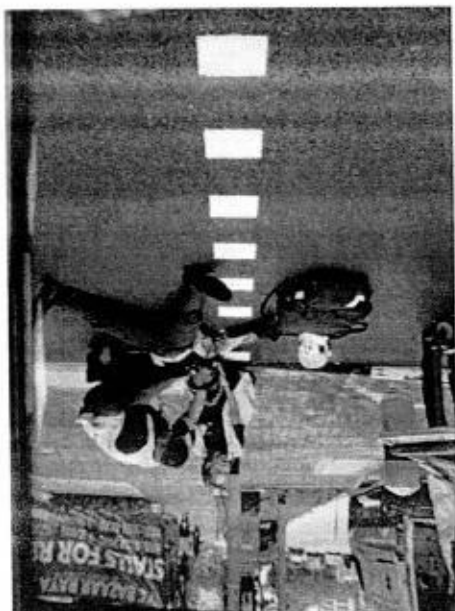
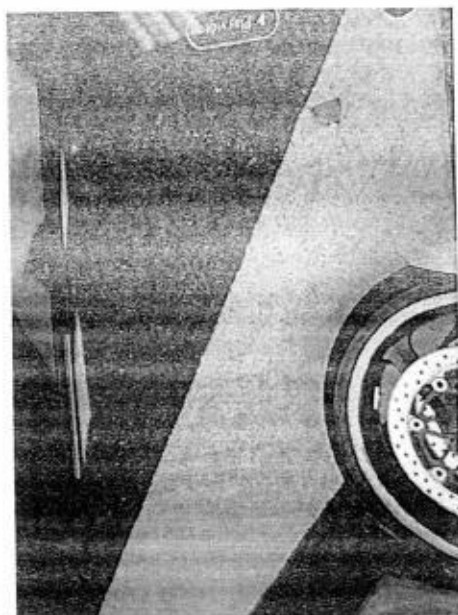
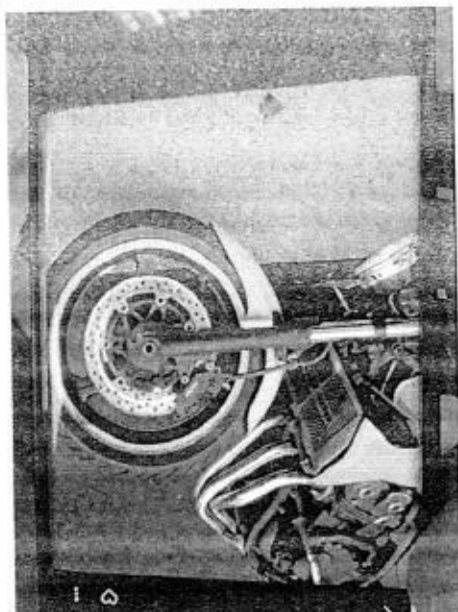


**SINGAPORE
POLICE FORCE**

Classification of Case:







REPAIR ESTIMATE*

VEHICLE NO : SHA 3277Z

DATE 1/4/2019 15:17

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) — <i>Broken</i>			\$ 663.00
	Front Fender Shield (RH) X <i>sc</i>			\$ 174.90
	Front Fender Retainer X <i>sc</i>			\$ 24.60
	Front Door (RH) — <i>Broken</i>			\$ 2,256.40
	Front Door Mirror Assy (RH) — <i>Broken</i>			\$ 670.00
	Front Wheel Hub Cap (RH) X <i>sc</i>			\$ 107.10
	SUB TOTAL			\$ 3,896.00
	LESS 20%			\$ 779.20
	DISCOUNTED TOTAL			\$ 3,116.80
	Front Fender Advertisement Logo (RH) — <i>sc</i>			\$ 100.00 Nett
	Front Door Comfort Logo (RH) — <i>sc</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (RH) — <i>sc</i>			\$ 100.00 Nett
				\$ 275.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>400</i>
	Spray Painting Charge			\$ 700.00 <i>450</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	Transfer of Door			\$ 80.00 <i>50</i>
	FRT Wheel Alignment			\$ 80.00 <i>X</i>
	<i>Towing</i>			\$ 60.00 <i>X</i>
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL		<i>5452.04</i>	\$ 5,131.80
	<i>Kahru'ikky</i>			
	<i>2/4/19 1155h</i>			
	<i>3 Pys</i>			
	<i>45</i>			
	<i>Athe Repair Lh</i>			
	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 removed 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.			

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
FRT RH WHEEL RIM	1	\$325.30	/ Bent
CHECK ITEM			
LABOUR			
TOTAL:		\$325.30	JUMANI

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305283456

OMER

IS

OMER NO.

ISS

(P)

(P)

JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO:

SHA3277Z

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN 01.04.2019 09:40

YR OF MANU

10.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU077394

COMPLETION DATE/TIME:

JOB DESCRIPTION

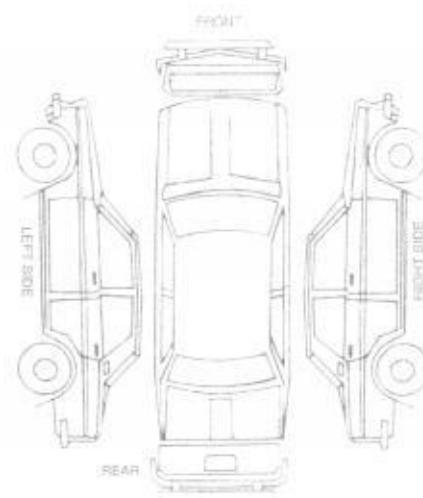
Accident Date: 01.04.2019

NATURE: 3P 01.04.19 /C

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SHA3277Z

JU NTUC LKK

Vehicle No.:

SHA3277Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No 305283456
Date : 04/04/19

COMFORTDELGRO ENGINEERING

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

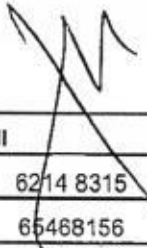
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
: SHA3277Z Date of Accident : 01/04/19

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

1. The repair job shall bill to: NTUC --- FBF830R
###
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) N _____
Total for Lumpsum repair cost after Less: 20% \$3,500.00
Final Lumpsum Repair cost _____
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kahan
Date : 4/4/19

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

TOWING FEE



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/INC19005865/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 15-04-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBF 830R	Veh. Inspected	SHA 3277Z	
Policy No.	5069150719-04	Coverage (\$)	0.00	
Claim No.	MT/1039478-001	Excess (\$)	0.00	
Assign From		Assign Date	02/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU077394	Colour	BLUE	
Odometer	572452	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	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/04/2019	Inspection Date	02/04/2019	
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:		3 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. SHA 3277Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER (RH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT DOOR (RH)	BENT	2,256.40	2,256.40
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	FRONT WHEEL HUB CAP (RH)	SERVICEABLE	107.10	-
1	FRT RH WHEEL RIM	BENT	325.30	325.30
	LESS 20% DISCOUNT		-844.26	-782.94
			3,377.04	3,131.76
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			275.00	275.00
	<u>LABOUR</u>			
	PANEL BEATING.		800.00	400.00
	SPRAY PAINTING CHARGE.		700.00	450.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	30.00
	TRANSFER OF DOOR.		80.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TOWING.		60.00	-
	-		-	-
	-		-	-
	-		-	-
			1,800.00	950.00
	GRAND TOTAL		5,452.04	4,356.76



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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,500.00
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Report Ref No. NS/INC19005865/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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