

Surveyor: Kolvin

REF: NS/INC19006230 / KITd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLG 2366C

Policy No. 5107584784 (22/02/2019-21/02/2020)

Claims No. WT/1039063-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vth: _____

(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: SHA 7814Y Yr Regn: 9ZY, 2015

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

Truck / Trailer or

Make: Hyundai - Z4 cc 1625

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

Sp. Reading: 54686 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB414M4075167

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Campion

Front R/Bal. 6 mm Rear R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 5/4/19 D.O.I. 8/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Pan

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

Date / Time	Action / Instruction
	SHA 7814Y - CCB/1111900629 LAMB3 D.O.A - 9/11/2019 INC
	SLG 2366C-X 4s.
11/4/19	Advised L/S \$3350 / 4 Pys. Cred: 2385.68 : 46%
RECEIVED 11 APR 2019	

Date/Time, File Pass to? : Prel. Report

1) 1114 Typist : Final Report

Date/Time, File Return to?

2)

Feed Format: TR

Lot: 0 / 3350/7

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Insp (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Other

TOTAL

160

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107584784		KOH SHUN YUAN EDMUND	S8907775C	GPC	drive CLASSIC	SLG2366C	SLG2366C	22/02/2019	21/02/2020

Continue

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Thursday, 11 April 2019 2:39 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
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



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 11 April 2019 10:41 AM
To: MTCL@income.com.sg
Cc: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 11/4/2019

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/1039063-002	COMFORT TRANSPORTATION	SHA 7814Y	SLG 2366C	5/4/2019	13:40	6,235.68	3,350.00
2	MT/1039506-002	COMFORT TRANSPORTATION	SHD 4201U	PA 7113S	05/4/2019	18:10	2,957.2	1,900.00

Best Regards,

Denise Tay | Case Handler

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	05/04/2019 16:04
Date Of Accident	05/04/2019 13:40
Exact Location Of Accident	CHURCH ST TWDS MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7814Y
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	KOH HONG KIN
NRIC No	S1364535C
Date Of Birth	31/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82000482
Fax Number	
Contact Number	
EMail Address	FRANCISAMK2216@HOTMAIL.COM

Address	BLK 344 ANG MO KIO AVE 3 #02-2216
Postcode	560344
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)	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	SLG2366C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH SHUN YUAN EDMUND
NRIC/Passport Number	S8907775C
Contact Number	86535232
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

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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:

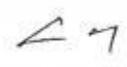
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: **Larry Ng**
NRIC/FIN No.:

SKETCH PLAN

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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.
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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

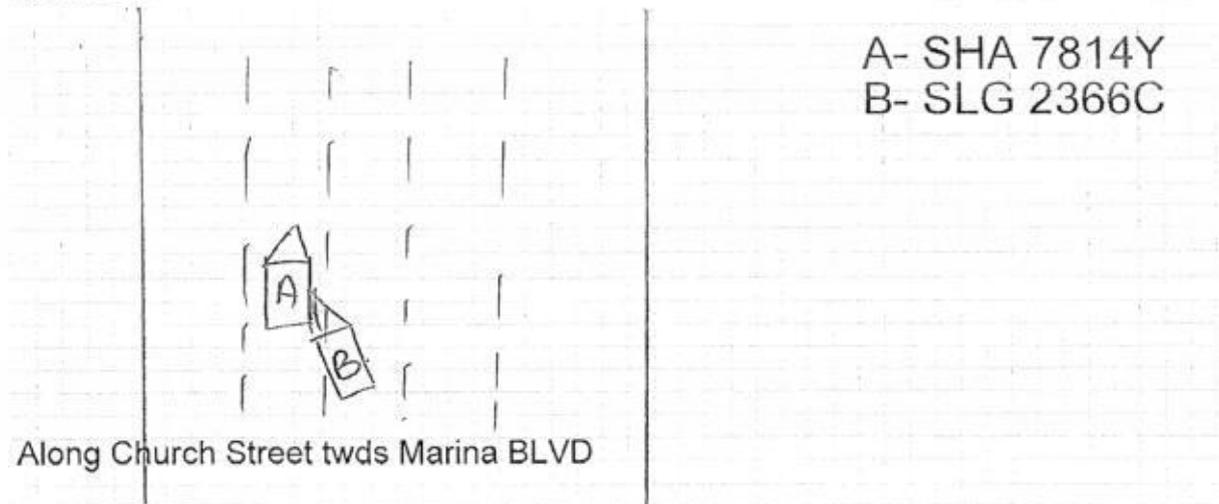


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 05.04.2019@1530HRS

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.04.2019 @ 1340HRS I was travelling Church Street twds Marina BLVD with no passenger onboard.
As I was travelling suddenly veh(B) SLG 2366C cut into my lane and hit onto right rear portion.
As the accident took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
No injury in this accident .
Veh(B) SLG 2366C MR Koh Shun Yuan Edmund S 8907775C HP:8653 5232

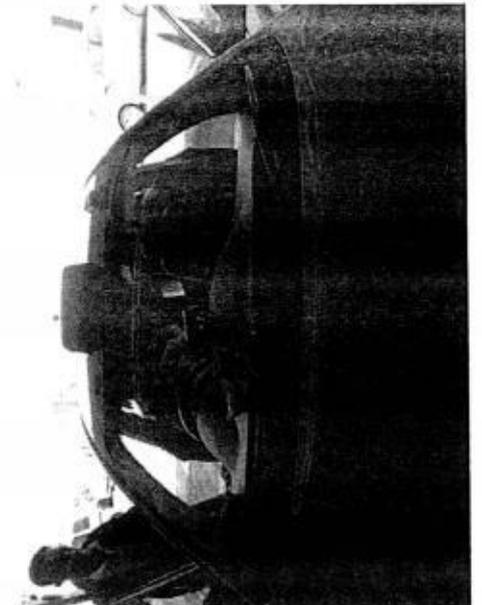
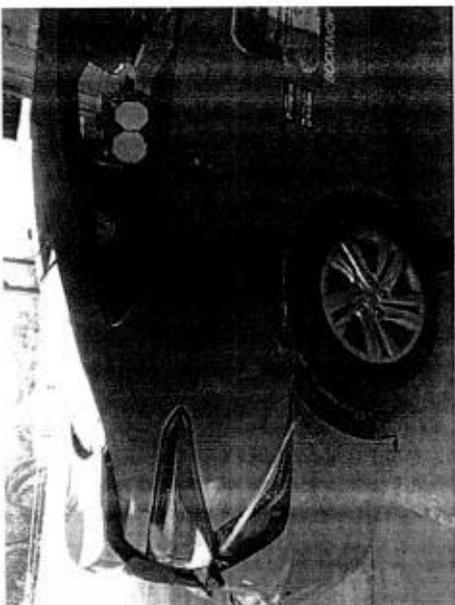
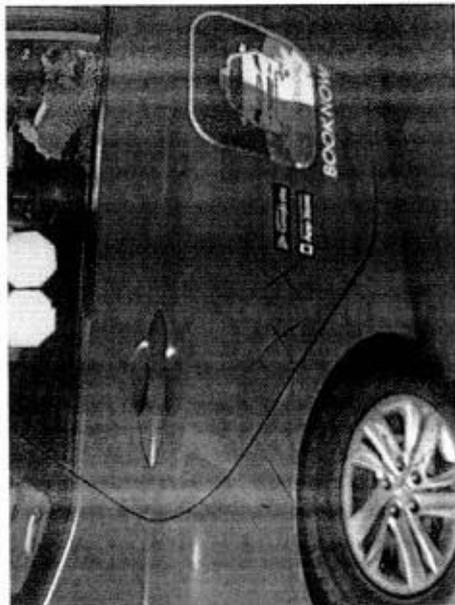
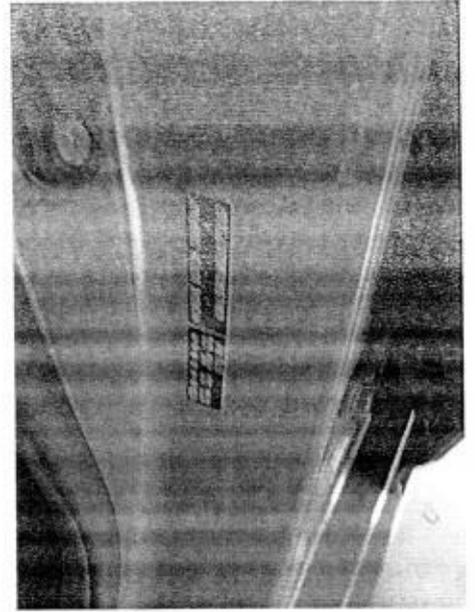
DECLARATION

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: 05.04.2019@1530HRS

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



April - 24
Liam

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHA 7814Y

DATE 4/6/2019 9:56

MAKE : *I 40*
MODEL : HYUNDAI ~~SOLATA~~

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X su</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30
	Boot Lid 'H' Emblem <i>X 77</i>			\$ 26.10
	Boot Lid CRDI Plate <i>X 77</i>			\$ 22.70
	Boot Lid Trimboard Clips (10pcs) <i>X 77</i>			\$ 11.00
	Rear Bumper <i>Repl</i>			\$ 553.00
	Rear Bumper Clip <i>we</i>			\$ 22.00
	Rear Fender (RH) <i>Added</i>			\$ 1935.90
	Rear Fender Inner Lining (RH) <i>X su</i>			\$ 74.10
	Rear Windscreen Moulding <i>we</i>			\$ 60.00
	Rear Wheel Hup-Cap (RH) <i>BulkH</i>			\$ 107.10
	<i>Rear RH Door X repair</i>			
	<i>Rear RH Tail lamp - 6/2019</i>			
	SUB TOTAL		<i>\$ 697.80</i>	\$ 4,387.10
	LESS 20%			\$ 877.42
	DISCOUNTED TOTAL			\$ 3,509.68
	Boot Lid Comfort Logo & Tel No. Sticker <i>X 77</i>			\$ 30.00 Nett
	Rear Bumper Rubber Mat <i>we</i>			\$ 50.00 Nett
	Rear Windscreen Sealant <i>we</i>			\$ 46.00 Nett
	Rear Door Tel No. Sticker (RH) <i>we</i>			\$ 10.00 Nett
	TOTAL			\$ 136.00
	Labour Charge			
	Panel Beating			\$ 800.00 <i>600</i>
	Spray Painting Charge			\$ 1,200.00 <i>800</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>20</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>100</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	Rear Wheel Alignment			\$ 120.00 <i>X 77</i>
	TOTAL LABOUR			\$ 2,590.00
	ESTIMATE TOTAL			\$ 6,235.68
				6743.28

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.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

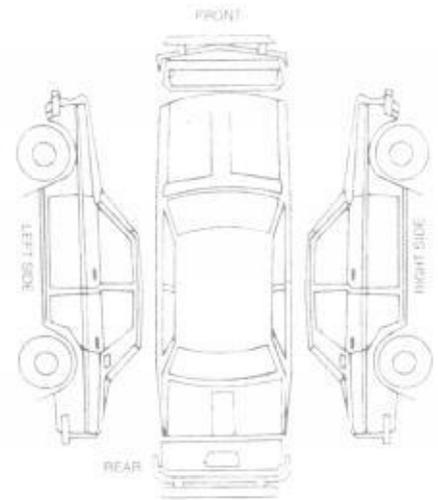
JC NO.: 305284901

CUSTOMER VMS CUSTOMER NO. ADDRESS TEL (R) (P) ACCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	
	REGN NO:	SHA7814Y
	MILEAGE	
	MAKE :	HYUNDAI
	FUEL	E.....1/2.....F
	MODEL	I-40
	DATE/TIME IN	05.04.2019 14:55
	YR OF MANU	09.07.2015
	TARGET DATE	
	CHASSIS CODE	KMHLB41UMGU075167
	COMPLETION DATE/TIME	

JOB DESCRIPTION

Accident Date: 05.04.2019
 NATURE: 3P 05.04.19

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7814Y**
 Job No.: **JU NTUC LKK**

Vehicle No.: **SHA7814Y**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305284901
Date : 10/04/19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHA7814Y Date of Accident : 05/04/19

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

- The repair job shall bill to: NTUC --- SLG2366C
###
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
 - Lumpsum Repair (if applicable) N _____
 - Total for Lumpsum repair cost after Less: 20% \$3,350.00
 - Final Lumpsum Repair cost** _____
- Estimated normal period for repairs: 4 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Calvin
Date : 11/4/19

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:



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/INC19006230/K1td3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 16-04-2019
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLG 2366C	Veh. Inspected	SHA 7814Y
Policy No.	5107584784	Coverage (\$)	0.00
Claim No.	MT/1039063-002	Excess (\$)	0.00
Assign From		Assign Date	08/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075167	Colour	BLUE
Odometer	546186	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	6 mm
L/H Front Tyre	205/60 R16	CAMPEON	6 mm
R/H Rear Tyre	205/60 R16	CAMPEON	6 mm
L/H Rear Tyre	205/60 R16	CAMPEON	6 mm

4. Description of Damages

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

5. General Information

Accident Date	05/04/2019	Inspection Date	08/04/2019
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**



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 7814Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	SERVICEABLE	1,349.50	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	26.10	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	22.70	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER (RH)	BUCKLED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR WHEEL HUP-CAP (RH)	BUCKLED	107.10	107.10
1	REAR RH DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR RH TAIL LAMP	GRAZED	697.80	697.80
	LESS 20% DISCOUNT		-1,004.32	-675.16
			4,017.28	2,700.64
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
			136.00	106.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR RH DOOR.		800.00	600.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00

Report Ref No. NS/INC19006230/K1td3n2



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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	100.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	REAR WHEEL ALIGNMENT.		120.00	-
	GRAND TOTAL		2,590.00	1,620.00
			6,743.28	4,426.64
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,350.00

Report Ref No. NS/INC19006230/K1td3n2

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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