Bimeya: Kolvin REF: NS/2/VC 1900	6467/Kiqd3n2
	GNMENT
From: Date:	CII a 102- 1 31.
EstimatedCost:	
ODITP HIST PRESIOD RESIEVA I INVINV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tell Prime Mover / Truck / Trailer or
o InspedVehicle No:	1/
at Workshop m/s	17 de 2 1 fem
	Sp.Reading 94674/ T/Radio: Insufed / Std / NI / NA
insured:	Eng/No:
Policy No. 5101325709 (17/61/2019-);	
Claims Na MT/(040239-00)	CINO: KMH5741 VMCA 82548
Sum Insued: Excess:	Gen. Cond: Good / For / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STO AURIM or
	1/
(Policy Condition)	Tyre Size; F: 2(5/65/1/6
Remark: the veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY/ FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO or " Westler
Bal. or Maket Value:	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm.
GIA / PR Seen: Consistent? : Yes or No	UBal. 6 mm L/Bal. 6 mm
Est. Repais: V days Res.: Yes or No	D.O.A. 8/4/19 0.O.I. 10/4/19
Lum Sum: % 3 Val.: Yes or No	Survey held at (DAE (Loyang)
0.4 0.51 0.55	Des, of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	ols Boly
Dale:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Dale / Time · Action / Instruction	
SHC 1972 (- CC3/CT1.16013459	. 1823 Dun 19 Br. 18 19 Comp. 187 St. 18 Br.
FBD 57441-X	4.
15/4/19 Lordend 45 \$ 1350/ 2/7	s. (Red B 1054.36, 44%)
RECEN	/ED 1 6 APR 2019
	1
1.5	54
Deletive, Fie Pass 107 : Prell. Report	Days Of Repair:
116 4 this : Final Report	Resurvey No. of Trip: Survey Fee:
DatoTime, File Return 107	Transportation:
a Add Fe	e: : Site Insp (\$)_s+Rs_si
-4.5	: Interview (\$) Photes
Report Format: 7P	: Tech. Invs (\$) Others
Lump Sum / 1,84:18 (350 :	: Weekend (5
	TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 15/04/2019

3 MT/10	MT/1039503-002 MT/1037163-002 MT/1037404-002	COMFORT TRANSPORTATION PTE LTD	SHA 2607L SHC 8114S	0,007.10	
1 MT/10 2 MT/10 3 MT/10	039503-002 037163-002 039404-002	COMFORT TRANSPORTATION PTE LTD COMFORT TRANSPORTATION PTE LTD	SHA 2607L	701071110	01/1/10
2 MT/10 3 MT/10	037163-002	COMFORT TRANSPORTATION PTE LTD	CHC 81145	SFH 60181	6/4/2013
2 MT/10 3 MT/10	037163-002	COMFORT TRANSPORTATION PTE LID	/T/X	V 200E V	23/3/2019
3 MT/10	039404-002	OTI TO NOITY TO ANGOLD TATION DIE LTD	2112212	SK5 / 095A	CT07/0/07
3 MT/10	.039404-002	TI JI DI DI LI	+011	U1001 JUJ	6/4/2019
T/IIII C	700-10100	CONFOR KANSFORISING LICEN	SHB 41501	FBC 1301D	01-17-10
	Control of the Contro			***********	11/1/2010
A RAT/11	COO ASTOCOLY TAN	CITYCAB PTE LTD	SHC 7954R	SKL 4032IM	CTO7/4/11
4 MII/T	700-46/660				01/0/1/0
	100 00000	COMEORT TRANSPORTATION PTF LTD	SHC 1972C	FBD 5/44J	8/4/2013
2 MI/IM	MI/1040229-001				0100/10
, and 1/4/	LOO ACCORD	COMEONT TRANSPORTATION PTE LTD	XL999 DHS	SHD 2183B	8/4/2013
PI WII/I	MI/1040234-001	COMMON CONTRACTOR OF THE PROPERTY OF THE PROPE			01/00/10
7 AAT/10	MAT/1020480 002	COMFORT TRANSPORTATION PTE LTD	SHA 6342Z	SJR 7841E	8/4/2013

Hello, NAC_PAYA_UBI_800601

Change Language

· Change Password

· Log Out

My Desktop Notice of Loss **Policy Query**

Policy No.

Vehicle No.(For Motor)

5101325709

FBD57443

Date of Accident

Certificate Number

08/04/2019 15:06

Search

Select Policy No.

Certificate Number Policyholder Name CITY BIKE RENTAL PTE LTD Policyholder NRIC

201818034D

Product Cover Type

Vehicle I

Insured Commence Object Date

nmence Expiry Date Date

GFT Third Party FBD57443 FBD57443 17/01/2019

Continue

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- wing of this report at the centre and to copies of the report being made available.

chiving and that copies of this report will, for a ree, be made availe. By the lodgement of this report to the insurers, you hereby conservoresaid.	nt to the archiving of this report at the centre and to copies of the report being made available
Z.5-7 (1)(1)	ACCIDENT STATEMENT
Date Of Report	09/04/2019 14:03
Date Of Accident	08/04/2019 13:50
Exact Location Of Accident	SOUTH BUONA VISTA ROAD BF NUH
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC1972C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA
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	SOH TECK KOON
NRIC No	S1199323J
Date Of Birth	03/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/10/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97348116

NOEMAIL

Address

603 #03-187 JURONG WEST STREET 62

Postcode

640603

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

OTHER - TAXI DRIVER

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

JURONG NPP

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?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

FBD5744J

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

CHUA HAN SONG

NRIC/Passport Number

S9530241F

Contact Number

92225405

Address

Postcode

Insurance Company Name

Page 2 of 16

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA HAN SONG

Approximate Age

Injuries Sustain

HANDS, LEGS

Injured person in which vehicle?

FBD5744J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 20190408

DECLARATION

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

CO REG. NO 19936 321R
Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

cso 9

Reporting Centre Personnel's Signature Name:

Sketch Plan Pg. 2





1 of 3

Report No. T/20190408/2158

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999

REPORT C	F A TRAFFIC	ACCIDENT		
	ne Report M 119 17:04	lade:	Vide Report No.: D/20190408/0094	Station Diary No. 26
Informa	nt's Particu	lars		
	Informant: CK KOON		Address: APT BLK 603 JURON SINGAPORE 640603	G WEST STREET 62 #03-187
ID Type NRIC NO	/ ID No.: D / S119932	23J	Contact No.: Home/Office:	Mobile: 97348116
National			Email:	
Sex: Male	Age: 62	Date of Birth: 03/06/1956	Type of Informant: Driver	
Race: Chinese	(Language:	Institution / School Name:
Occupat Taxi driv			Driving Licence Inform Class: 3,4,5	nation: Date of Expiry:

Type of Accident:	Injury Conveyed By Am		Drink Drive: No	Date/Time of Accident: 08/04/2019 13:5	Type of Location Straight Road
AYER RAJAH SOUTH BUO	Traveling Toward Road EXPRESSWAY NA VISTA ROAD LIP ROAD TOWARDS	SOUTHE	BUONA VIS	TA ROAD	Road Speed Limit:
Clear		Dry			
Traffic Flow:			c Control: c Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ripe - Sam	e Direction		Anyone conveyed by ambulance: Yes

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5744J	Motorcycle				Slightly Damaged	0
SHC1972C	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL.	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 3





Police Station Of Origin:

Report No. T/20190408/2158

2 of 3

Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

CONTINUATION OF REPORT

Rider				-	NAME OF TAXABLE PARTY.
Name	CHUA HAN SONG		ID No.		S9530241F
Related Vehicle	FBD5744J (Motorcycle)		Conta	ct No.	92225405
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL. Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
	ted Medical Leave NIL	Degree of	Injury	Sligh	
Driver			Mark II		
Name	SOH TECK KOON		ID No		S1199323J
Related Vehicle	SHC1972C (Car)		Conta	ct No.	97348116
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge	NIL	
No of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	1

On the 08/04/2019 at about 1350hrs, I was travelling along AYE exit, slip road towards South Buona Vista Road with my company taxi (SHC1972C). There was a male passenger inside my vehicle at the point of

As I was travelling near to the traffic junction towards South Buona Vista Road, I then inched forward my vehicle at the yellow box and get ready for my right turn after the said traffic light turned green. Suddenly I heard some noises and discovered that there was a motorcycle rider who believed to be side swiped the right side of my vehicle. The said rider was fall down from his motorcycle due to the accident.

Ambulance and Traffic Police has attended to the incident (ref: D/20190408/0094) and the rider was conveyed. The SD card of my in-car camera was seized by Traffic Police. I am not sure whether any CCTV around the vicinity.

I have no injury on me and the said rider has suffered from minor injury. Both my vehicle and the said motorcycle was slightly damaged.

Sketch Plan Pg. 4





Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-

Report No. T/20190408/2158

3 of 3

158 Yung Loh Road #01-58 SINGAPORE 610158

Tel No: 1800-2659999

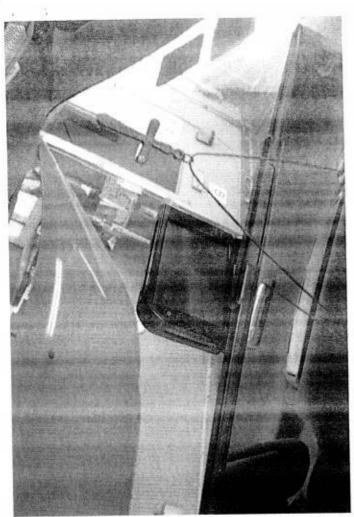
CONTINUATION OF REPORT

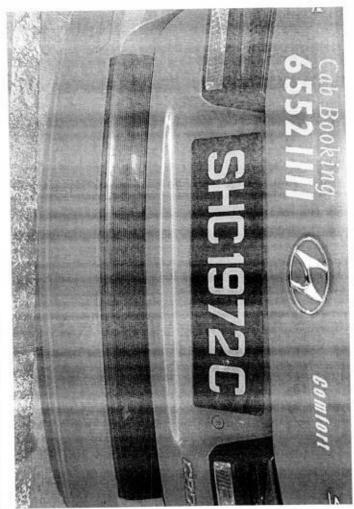
Sketch Plan

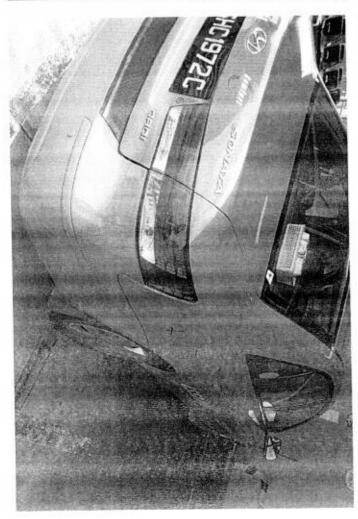
Informant is not able to provide sketch plan

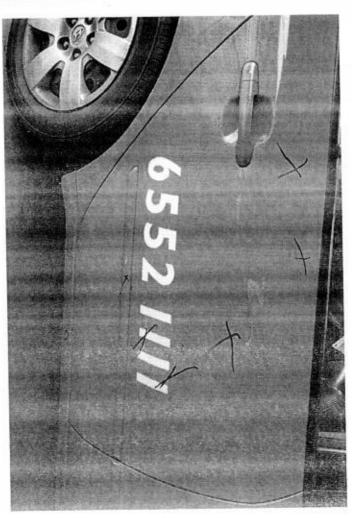
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sgt 2 PERRY P NG WEE PHONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/04/2019 17:04
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	















COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC1972C

: HYUNDAI

MAKE

DATE: 9. Apr. 2019

DEL	: Sonata	D	OA: 8	. Apr. 2019	NTUC	
Qty	Parts Description/ Labour		e	Unit Price	Amount	
	1 Rear Door Assy - RH				\$1,294.70	
	Rear Door Protector - RH				\$54.50	
	per Fender (R4) x repor					
	, ,					
					, A	
		SUB TOTAL			\$1,349.20	
		LESS 20%			\$269.84	
	DISCOL	JNTED TOTAL			\$1,079.36	
						1
	1 Rear Door Tel no RH	- 1	- 1		\$10.00	N
	TREAT DOOR TELLIO KH				710.00	1
S.						
					\$10.00	1
						1
	Labour Charge				200	
	1 Panel Beating				\$600.00	-
	1 Spray Painting Charge (Door, Rear	Fender)	To United	an singlify	400 \$500.00	
	1 Tuff Kote	10 com			\$50.00	
	1 Wiring Charge	To rimpuly out Parts (- Ma or) Third p = y supp	Tell par		\$50.00 \$120.00	1
	1 Transfer of Doors				\$120.00	1
		No means modifie Supplymental in a subject to final	alicoval is all	ned "Endice" basis	A	
	1-1 11614	OTAL LABOUR	Perovalinon	constraint and lasurance Company	\$1,320.00	+
	Kalir (1144	Signatural by Ri	Mairer		\$1,320.00	Η
	11 10/4/19 55	IMATE TOTAL			\$2,409.36	1
Larry N	127	r/	-		42,100,00	1
rau,	21/21	39				
	Us.	. //				
	Kalar (16/4) T 10/4/17 EST 28/27 123 28/27 Co Blu Pa	me par				
	This is an initial estimate based on a visu	al inspection of the ab	ove vehicl	e. The final repai	r quantum will	
	be prepared after the vehicle is surveyed					

COMFORTDELGRO ENGINEERING

COMFORTDELLING

Date/Time: 09.04.2019 15:59

Page : 1

JC NO.: 305285933 JOB CARD Sales Order: ARC Repair TP(CLSO)1 Team: REGN NO.: SHC1972C MILEAGE VARS COMFORT TRANSPORTATION PTE LTD FUEL VMS. HYUNDAI E.....1/2... 7010045 STOMER NO. 383 SIN MING DRIVE 09.04.2019 10:40 MODEL DRESS SONATA Singapore SINGAPORE 575717 YR OF MANU. 31.05.2012 TARGET DATE 65508755 L (R) COMPLETION DATE/TIME CHASSIS CODE KMHET41VMCA825408 **SCOUNT CARD NO.**

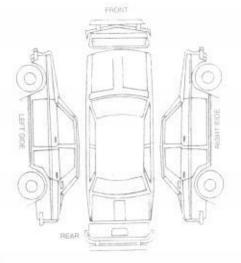
JOB DESCRIPTION

Accident Date: 08.04.2019

NATURE: 3P 08.04.2019 (C)

LABOR CODE

DESCRIPTION



00/04/2010

KED & PASSED OUT BY:		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
vledgement Slip	Exit Pass	
SHC1972C LARRY	Vehicle No.: SHC1972C	
of Service Advisor Signature/Date	Name of Service Advisor	Date
returned to Service Reception upon collection	To be kept by Security Guard	_

Litter // a La al-2 am . 02/D . untim a /D untim a /Earm / CDC 1/ADS Form Accide

COMFORTDELGRO ENGINEERING

ur Jo					ComfortD	elGro Engineering Pte Ltd
ate		: 12. Apr. 2	2019		59 Loyani Fax: 6546	Drive Singapore 508969
INAL	IZATIO	ON FORM				
Го	§	LKK		_	Fax:	
Attn	# T	KAL	VIN			WAS COMPANY OF AN ASSAULT
Vehic	le Reg	No. : SHC1972	С	Date o	f Accident:	8. Apr. 2019
The s	urvev a	and estimates of the re	epairs of the abov	e-mentioned v	ehicle are as fo	ollows:-
			1002	uc		FBD5744J
1.	The n	epair job shall bill to:		00		
2.	The f	inalized amount shall	be:			
	(a)	Spare Parts after Lis	st discount			
	(b)	Labour Charges				
		Total for Part-By-P	art Repair Cost			
	(c.)	Lumpsum Repair (if Total for Lumpsum	f applicable)	ess:		\$1350.00
		Final Lumpsum Re	epair cost and c	GS5,		
3. 4.	Wes	nated normal period for shall treat the above in 7 working days				s no reply from you
300	We s	shall treat the above	amount as Corre	ect and Confi		
4.	We s	shall treat the above in 7 working days	amount as Corre	ect and Confii We fina	confirm the es	
4.	We s with	shall treat the above in 7 working days nk you for your assista nature :	amount as Corre	we fina	confirm the es lized amount	
4.	We swith Than Sign	shall treat the above in 7 working days nk you for your assists nature :	amount as Corre	we fina Sig	confirm the es lized amount nature :	timates and
4.	We swith Than Sign Nan Tel	shall treat the above in 7 working days nk you for your assists nature: 1 6214 8316	amount as Corre	we fina	confirm the es lized amount nature :	timates and
4.	We swith Than Sign	shall treat the above in 7 working days nk you for your assists nature: 1 6214 8316	amount as Corre	we fina Sig	confirm the es lized amount nature :	timates and
4.5.	We swith That Sign Nan Tel Fax	shall treat the above in 7 working days nk you for your assists nature: 1 6214 8316	amount as Corre	Sig Na	confirm the es lized amount nature :	timates and
4.5.	We swith That Sign Nan Tel Fax	shall treat the above in 7 working days nk you for your assists nature: 1. 6214 8316 1. 6546 8156	amount as Corre	we fina Sig	confirm the es lized amount nature :	timates and
4. 5.	We swith Than Sign Nan Tel Fax	shall treat the above in 7 working days nk you for your assistant in the control of the control	amount as Corre	Sig Na Document Attached	confirm the es	Kaluh 15/4/19
5. For	We swith Than Sign Nan Tel Fax r Official	shall treat the above in 7 working days nk you for your assists nature: 1 6214 8316 2 6546 8156 al Use Only	amount as Corre	Sig Na Da Document Attached Yes or No	confirm the es	Kaluh 15/4/19
5. For	We swith Than Sign Nan Tel Fax r Official	shall treat the above in 7 working days nk you for your assists nature: 1 6214 8316 2 6546 8156 al Use Only Item Rate P/Day I Income Paid	amount as Corre	Sig Na Da Document Attached Yes or No	confirm the es	Kaluh 15/4/19
4. 5. For 1. 2. 3. 4.	We swith Than Sigr Nan Tel Fax r Official	shall treat the above in 7 working days nk you for your assistate that the same in the sa	amount as Corre	Sig Na Da Document Attached Yes or No	confirm the es	Kaluh 15/4/19
4. 5. For 1. 2. 3. 4.	We swith Than Sigr Nan Tel Fax r Official	shall treat the above in 7 working days nk you for your assistate that the same in the sa	amount as Corre	Sig Na Da Document Attached Yes or No	confirm the es	Kaluh 15/4/19



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 INSURA	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1900646	67/K1qd3n2			
73 BF #05-0 1895) INION HOUSESINGAPORE	Date:	18-04-2019 INC4				
١.		Policy Particulars	:- THIR	D PARTY CLAIM				
	Insured Veh.	FBD 5744J	Veh. Inspected		SHC 1972C			
	Policy No.	5101325709	Cover	age (\$)	0.00			
	Claim No.	MT/1040229-001	Excess (\$)		0.00			
	Assign From		Assign Date		10/04/2019			
2.	SISTEMATION OF THE PARTY OF THE	Vehicle Parti	iculars &	& Condition				
	Make & Model	HYUNDAI SONATA	c.c		1991			
	Engine No.	with the state of		2012				
	Chassis No.			BLUE				
	Odometer	948341 Steering		IN ORDER				
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM			
	General	FAIR						
3.		Condit	tions of	Tyres				
		Size	Make		Balance			
	R/H Front Tyre	215/60 R16	WEST	LAKE	6 mm			
	L/H Front Tyre	215/60 R16	WEST	LAKE	6 mm			
	R/H Rear Tyre	215/60 R16	WEST	LAKE	6 mm			
	L/H Rear Tyre	215/60 R16	WEST	LAKE	6 mm			
4.		Descript		CAN DON'T DIST	A THE PROPERTY OF THE PARTY OF			
		THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.						
5.								
	Accident Date	08/04/2019	Inspe	ection Date	10/04/2019			
Survey held at COMFORTDELGRO ENGINEERING PTE LTD								
	59 LOYANG DRIVE SINGAPORE 508969							
5a.			Remark		The Part of the Pa			
	A)THE INSPECTION B)IN ACCORDAN	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.						
5b.		TO THE PERSON OF	e Days	of Repair				
	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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1972C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR DOOR ASSY - RH	BENT	1,294.70	1,294.70
	REAR DOOR PROTECTOR - RH	TO REPAIR SEE LABOUR	54.50	-
1	REAR FENDER - RH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-269.84	
			1,079.36	1,035.76
	SPECIAL NETT ITEMS		Co 21Voce No	W. 2017/16
1	REAR DOOR TEL NO RH (SN)	NECESSARY	10.00	
			10.00	10.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR PROTECTOR - RH AND REAR FENDER - RH.		600.00	200.00
	SPRAY PAINTING CHARGE (DOOR, REAR FENDER)		500.00	A CONTRACTOR
	TUFF KOTE.		50.00	
	WIRING CHARGE.		50.00	20.00
	TRANSFER OF DOORS.		120.00	50.00
	11. Note 3. (Co. 20.5) (17. (Co. 20.5) (1. (Co. 20.		1,320.00	690.00
	GRAND TOTAL		2,409.3	1,735.76
	DECOMMENDED COST OF LUMP SUM REPAIRS		NA TONNESS CONTRACTOR	1,350.00

THE PERSON OF LAND CHAPTER	1.350.00
RECOMMENDED COST OF LUMP SUM REPAIRS	
(TO ITS PRE-ACCIDENT CONDITION)(CONFIRMED)	ATTACKON TO THE WORLD STREET OF THE STREET O

Report Ref No. NS/INC19006467/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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