

Inspector: Kalvin

REF: NS / INC 19006470/KHdn2

### ASSIGNMENT

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

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

OD / TP / HS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop no/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. 5079355593-02 (30/04/2018-29/04/2019)

Claims No. MT/1037163-002

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

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

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC8114S Yr Regn: 31 Oct, 2013

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

Truck / Trailer or \_\_\_\_\_

Make: Hunter I 40 cc 1685

Colour: Blue AJC: Insured / Std / NI / NA

Sp. Reading: 724223 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLB41WAD4042394

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

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD ALUM or \_\_\_\_\_

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Campan

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

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

D.O.A. 23/3/19 D.O.I. 10/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or n/s Front.

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

Date / Time	Action / Instruction
	SHC 8114S - (C4/111190005684 / EP63 DOA - 23/03/2019 INC.
	SKS 7095A - (C4/11119005684 / EP63 DOA - 23/03/2019 41.
15/4/19	Costs PIP \$ 700 / 2 Dgs. (Red: 3046.08; 816)
RECEIVED 16 APR 2019	

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

1) 16/4 Typst  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / L.B. 700F

160

TOTAL

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/03/2019 15:06"/>
Vehicle No.(For Motor)	<input type="text" value="SKS7095A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079355593-02		YU ZHIGEN	S7185717D	GPC	drive PREMIUM	SKS7095A	SKS7095A	30/04/2018	29/04/2019

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 15/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1039503-002	COMFORT TRANSPORTATION PTE LTD	SHA 2607L	SFH 6018Y	8/4/2019
2	MT/1037163-002	COMFORT TRANSPORTATION PTE LTD	SHC 8114S	SKS 7095A	23/3/2019
3	MT/1039404-002	COMFORT TRANSPORTATION PTE LTD	SHB 4150T	FBC 1381D	6/4/2019
4	MT/1039734-002	CITYCAB PTE LTD	SHC 7954R	SKL 4032M	11/4/2019
5	MT/1040229-001	COMFORT TRANSPORTATION PTE LTD	SHC 1972C	FBD 5744J	8/4/2019
6	MT/1040234-001	COMFORT TRANSPORTATION PTE LTD	SHD 6667X	SHD 2183B	8/4/2019
7	MT/1039489-002	COMFORT TRANSPORTATION PTE LTD	SHA 6342Z	SJR 7841E	8/4/2019

### 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	04/04/2019 11:44
Date Of Accident	23/03/2019 11:40
Exact Location Of Accident	MOULMEIN RD TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8114S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	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	NG HENG JOO
NRIC No	S0709441H
Date Of Birth	17/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83337537
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	318A #12-304 JURONG EAST AVENUE 1
Postcode	601318
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: : FEMALE

### 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

SEE ATTACH.

### 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	SKS7095A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANGXIAOYU
NRIC/Passport Number	S7382957G
Contact Number	
Address	

Postcode

Insurance Company Name

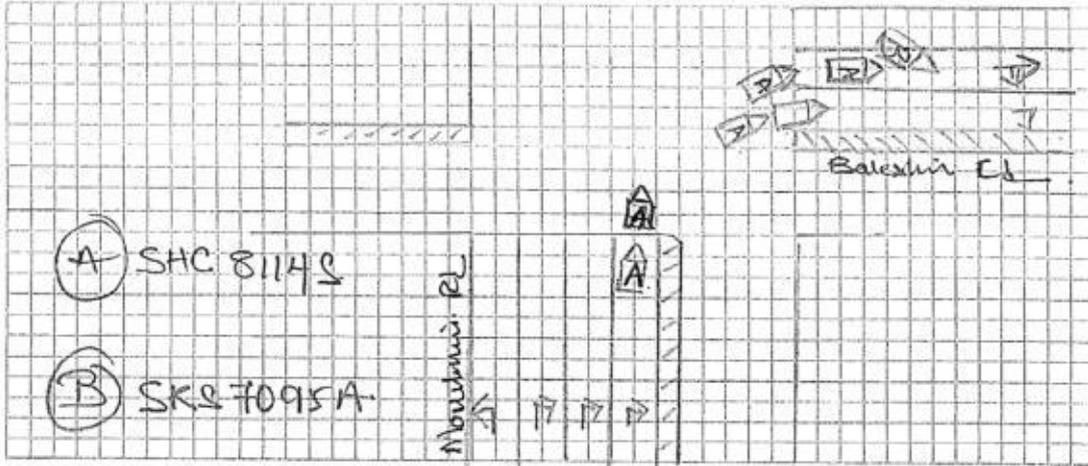
Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 23 April 2019 @ 11:40 hr I VEH A  
 making a right on the above location  
 I VEH A was in front another vehicle  
 on the centre of the road I VEH A  
 slowly follow to my left and move on  
 to the lane suddenly VEH B from my  
 no were cut across into my lane and  
 hit VEH A left front. VEH B stop in front  
 of me open door come out and check VEH B  
 and drove off. I thought no damage VEH A  
 very slight scratch. at the point of accident VEH A  
 few I was not injured

DECLARATION

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

UMFORT TRANSPORTATION PT  
 CO REG. NO. 1993C3321

Policyholder's Signature  
 Date & Time:

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

Reporting Centre Personnel's Signature  
 Name:

## Sketch Plan Pg. 2

### 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:

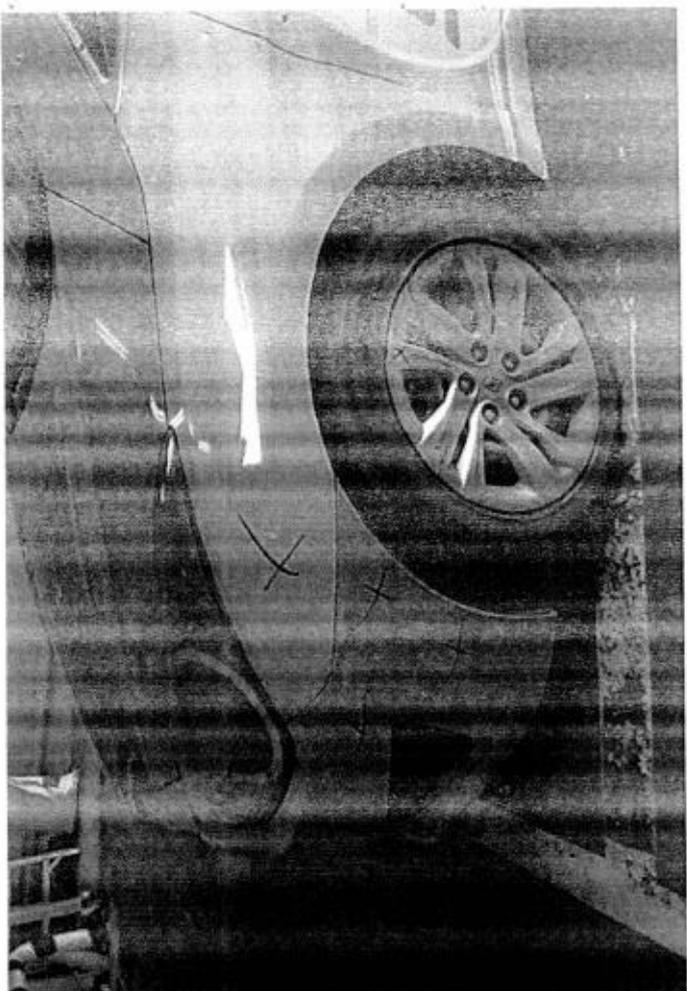
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 1893233R

Policyholder's Signature  
Date & Time:

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

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



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC8114S

DATE: 10. Apr. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 23. Mar. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Front Bumper Cover <i>x rep.</i>			\$1,052.20
1	Front Bumper Side Bracket - LH <i>x see</i>			\$24.60
1	Front Bumper Top Bracket - LH <i>x see</i>			\$22.40
10	Front Bumper Clips <i>x an</i>		\$2.20	\$22.00
1	Front Fender - LH <i>x rep.</i>			\$566.30
1	Front Wheel Cover - LH <i>x see</i>			\$107.10
1	Headlamp - LH <i>x old damaged</i>			\$1,388.00
<b>SUB TOTAL</b>				<b>\$3,182.60</b>
<b>LESS 20%</b>				<b>\$636.52</b>
<b>DISCOUNTED TOTAL</b>				<b>\$2,546.08</b>
1	Advertisement - Front Fender - LH <i>/ see</i>			\$100.00
<b>Labour Charge</b>				
1	Panel Beating			<del>\$500.00</del> <sup>200</sup>
1	Spray Painting Charge			<del>\$500.00</del> <sup>400</sup>
1	Tuff Kote			<del>\$50.00</del> <sup>x 21</sup>
1	Wiring Charge			<del>\$50.00</del> <sup>x 21</sup>
<b>TOTAL LABOUR</b>				<b>\$1,100.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$3,746.08</b>

LKK Auto Consultants hereby notifies the Repairer of the following:

- To resurvey before the spray painting.
- To display damaged parts during resurvey.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis.
- No litigation (any) is allowed.
- Supplemental (any) must be resurveyed and is subject to final approval from Insurance Company.

Accepted by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*Kalvin 10/4/19 11:05am*  
*2019*  
*40*  
*Adrian R...*

Larry Ng

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO

Date/Time: 10.04.2019 12:11 Page :

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 3052862

CUSTOMER

MR/MS **COMFORT TRANSPORTATION PTE LTD** VARS  
 CUSTOMER NO. **7010045**  
 ADDRESS **383 SIN MING DRIVE**  
**Singapore SINGAPORE 575717**  
 TEL. (R) **65508755** (O)  
 (P)  
 DISCOUNT CARD NO.

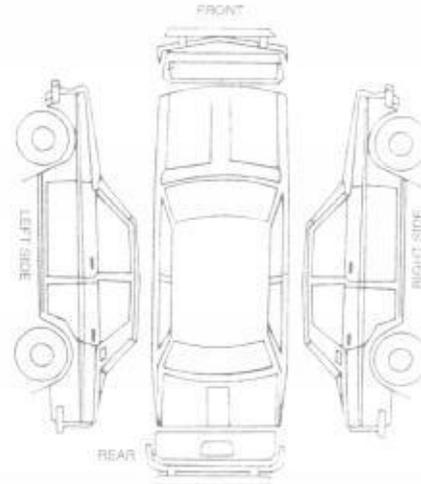
REGN NO.: <b>SHC8114S</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL
MODEL: <b>I-40</b>	E. .... 1/2..... DATE/TIME IN <b>10.04.2019 11:</b>
YR OF MANU: <b>31.10.2013</b>	TARGET DATE
CHASSIS CODE: <b>KMHLB41UMDU042394</b>	COMPLETION DATE/TIM

JOB DESCRIPTION

Accident Date: 23.03.2019  
 NATURE: 3P 2303.2019 ( C )

NO	LABOR CODE	DESCRIPTION
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NTUC - Left Front  
 LKR/Kalvin -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Name:  
 /C No.:  
 /ehicle No.: **SHC8114S** **LARRY**

**Larry Ng**

Name of Service Advisor  
 Signature/Date

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: **SHC8114S**

Name of Service Advisor  
 Date

To be kept by Security Guard

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

JOB NO : 305286212  
 REGN NO : SHC8114S  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 31.10.2013  
 DATE/TIME IN : 10.04.2019 11:20  
 ACCIDENT DATE : 23.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 L	ADVERTISEMENT - Front Fender LH	100.00
0001 PB	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
		SUB-TOTAL : 700.00
		TOTAL : 700.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME & SIGNATURE  
 DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305286212  
Date : 12. Apr. 2019

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHC8114S Date of Accident: 23. Mar. 2019

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

1. The repair job shall bill to: NTUC SKS7095A
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$100.00
(b) Labour Charges	\$600.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$700.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
<b>Final Lumpsum Repair cost</b>	

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kalvin  
Date : 15/4/19

### 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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19006470/K1td3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 17-04-2019
Code: INC4	



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKS 7095A	Veh. Inspected	SHC 8114S
Policy No.	5079355593-02	Coverage (\$)	0.00
Claim No.	MT/1037163-002	Excess (\$)	0.00
Assign From		Assign Date	10/04/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU042394	Colour	BLUE
Odometer	724223	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	23/03/2019	Inspection Date	10/04/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8114S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
1	FRONT BUMPER SIDE BRACKET-LH	SERVICEABLE	24.60	-
1	FRONT BUMPER TOP BRACKET-LH	SERVICEABLE	22.40	-
10	FRONT BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	FRONT FENDER-LH	TO REPAIR SEE LABOUR	566.30	-
1	FRONT WHEEL COVER-LH	SERVICEABLE	107.10	-
1	HEADLAMP-LH (CUT)	OLD DAMAGED	1,388.00	-
	LESS 20% DISCOUNT		-636.52	-
			2,546.08	-
<b>SPECIAL NETT ITEMS</b>				
1	ADVERTISEMENT-FRONT FENDER-LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT FENDER-LH.		500.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			1,100.00	600.00
<b>GRAND TOTAL</b>			<b>3,746.08</b>	<b>700.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>700.00</b>

Report Ref No. NS/INC19006470/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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