

Surveyor: Kalvin

REF: NS/INC 19006887/ K1Vd3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / INS / TP RES / OD RES / EVA / INV / MV
 To Insured Vehicle No: _____
 at Workshop n/s: _____
 of: _____
 Insured: SHD1213E
 Policy No. _____
 Claims No MT 1040312-002
 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. Repair: _____ 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: SH 89585 Yr Regn: 15 Jun, 2017
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Tr / Prime Mover /
 Truck / Trailer or
 Make: Toyota Prius cc 1798
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 351651 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: J70K B3F4503558665
 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 / R/Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Avanti
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 15/4/19 D.O.I. 15/4/19
 Survey held at CDHE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
o/s Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>No policy Found.</u>
	<u>SH 89585 - VS/INC 19003224/ T1Vd 322 D.O.A - 14/01/2019 P/P</u>
	<u>SHD 1213E - MT/ AIG 1900674/ r3 D.O.A - 15/04/2019</u>
	<u>Kalvin confirmed Insured is under NTUC</u>
<u>23/4/19</u>	<u>Internet P/P \$2949.30/ 2 Pgs. (Recd 185928, 399)</u>

RECEIVED 24 APR 2019

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

1) ☐ : Final Report

Date/Time, File Return to?

2) 24/4 - typist

Report Format: TP
P/P \$2949.30

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Insp (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos:

On-site:

TOTAL

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 24 April 2019 8:41 AM
To: Denise Tay (LKKAUTO)
Subject: REQUEST CLAIM MNUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg

income
made different



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: Tuesday, 23 April 2019 10:49 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM MNUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 23/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative
1	MT/1040312-002	COMFORT TRANSPORTATION PTE LTD	SH 8958S	SHD 1213E	15/4/2019	8:45	\$ 4,808.58	\$
2	MT/1017270-002	COMFORT TRANSPORTATION PTE LTD	SH 8375Z	SHC 6288L	25/10/2018	21:20	\$ 1,570.00	\$
3	MT/1040480-002	COMFORT TRANSPORTATION PTE LTD	SHC 8571E	PC 4249T	15/4/2019	8:30	\$ 5,600.64	\$

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	15/04/2019 11:25
Date Of Accident	15/04/2019 08:45
Exact Location Of Accident	SIMEI ST 3 T JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8958S
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	TOYOTA
Model	PRIUS

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	LIM CHIN WHATT
NRIC No	S0505314E
Date Of Birth	21/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1972
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97588894
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 608 CLEMENTI WEST STREET 1 #11-89
Postcode	120608
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO 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	SHD1213E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HUAT CHYE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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.
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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 199703821R

Policyholder's Signature
Date & Time:

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

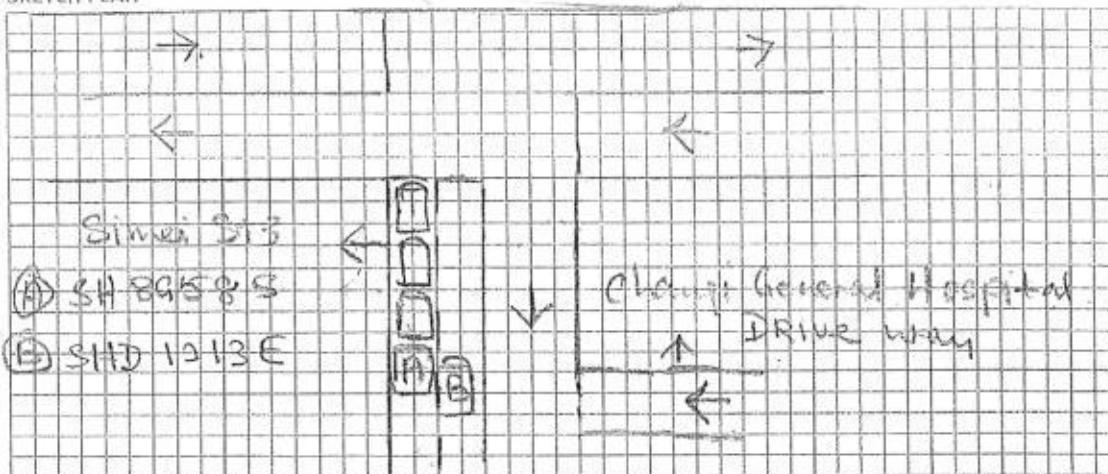
15/4/19
Jackson Heng
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3

1000

1000

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/4/2019 at about 0845 hrs, I vehicle A was
 queue up in my lane at the traffic junction.
 A few second later vehicle B came from right rear
 collided onto vehicle A right rear position. No
 one was injured at that time.

DECLARATION

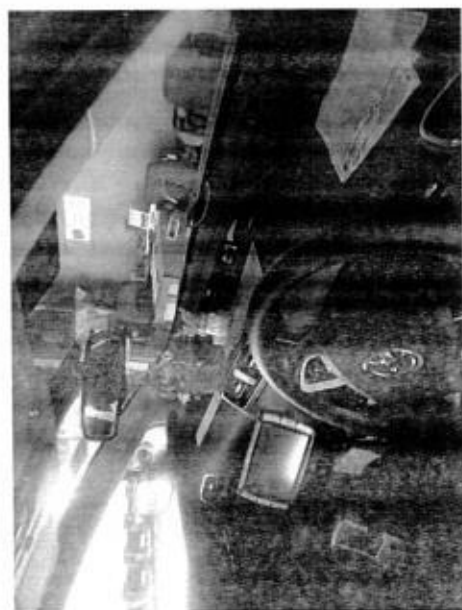
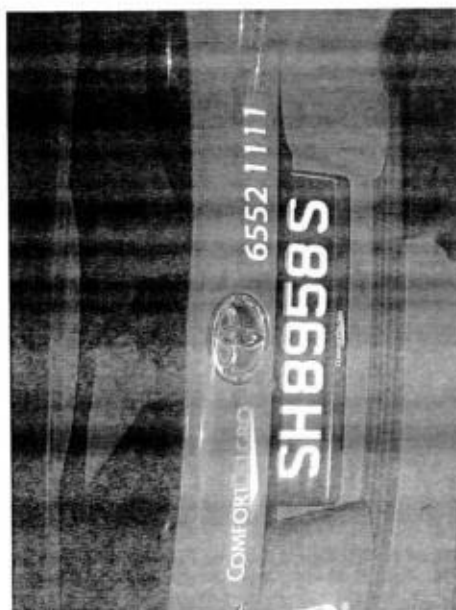
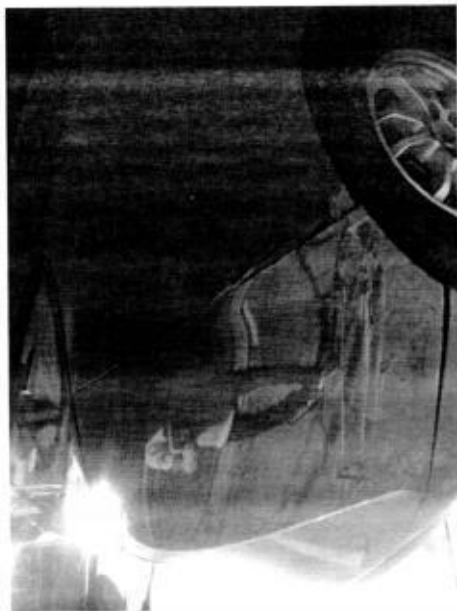
I/We declare the foregoing particulars are true in every respect.

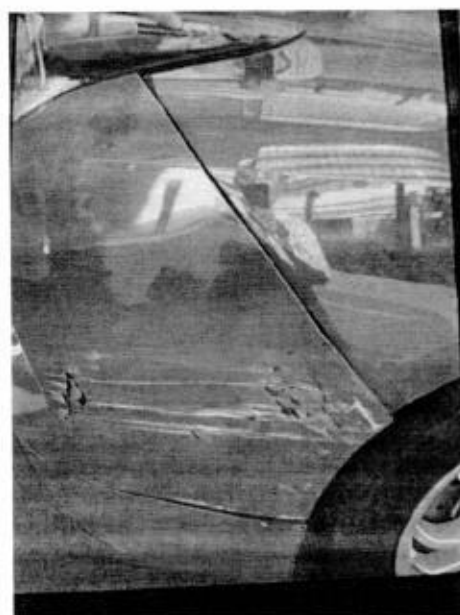
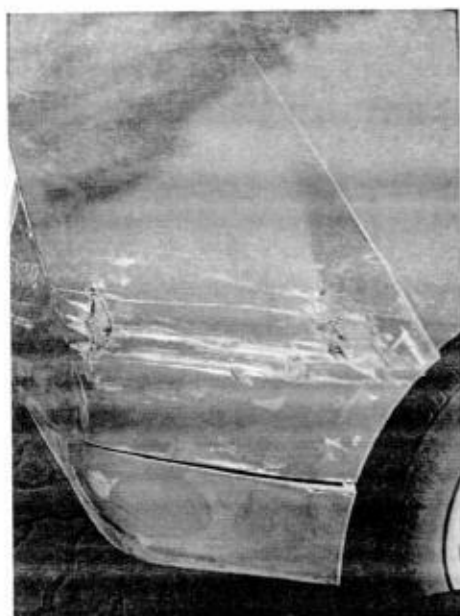
COMFORT TRANSPORTATION PTE LTD
 CO REG NO. 199203821R

Policyholder's Signature
 Date & Time:

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

15/4/19 Jackson Heng
 CSO
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:





COMFORTDELGRO

Date/Time: 15.04.2019 13:31

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305287195

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

7010045

MS

CUSTOMER NO:

383 SIN MING DRIVE

ADDRESS

Singapore SINGAPORE 575717

65508755

(R)

(P)

(O)

NTUC

REGN NO:

SH 8958S

MILEAGE

MAKE:

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)15.04.2019 10:00

DATE/TIME IN

YR OF MANU

15.06.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU503558665

COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

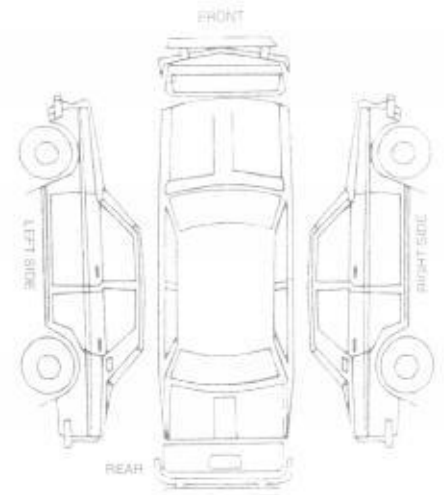
Accident Date: 15.04.2019

NATURE: 3P 15.04.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

SH 8958S

LKE

Vehicle No.:

SH 8958S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SH 8958S

15/4/2019 10:42

MAKE :

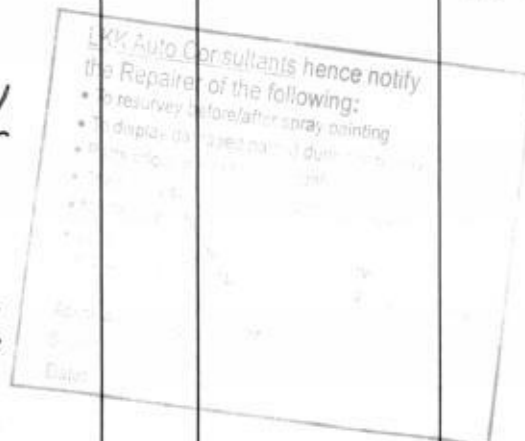
MODEL : TOYOTA PRIUS

LKK/Kalin PbyP
Lice NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER — <i>in</i>			\$ 458.60
REAR BUMPER CLIPS — <i>in</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, RH <i>from</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, RH — <i>in</i>			\$ 148.40
TAIL LAMP ASSY (LOWER) (RH) — <i>in</i>			\$ 548.40
REAR FENDER, RH <i>X repair</i>			\$ 836.70
REAR FENDER SHEILD (RH) <i>X 5</i>			\$ 134.20
REAR TYRE RIM ,RH — <i>in</i>			\$ 1,555.00
SUB TOTAL			\$ 3,798.10
LESS 25%			\$ 949.53
DISCOUNTED TOTAL			\$ 2,848.58
<i>Longer Rubber Mat — in</i>		<i>\$50 —</i>	
LABOUR CHARGE			
Panel Beating			\$ 800.00 <i>400</i>
Spray Painting Charge			\$ 600.00 <i>400</i>
Wiring Charge			\$ 30.00 <i>20</i>
Tuff Kote			\$ 50.00 <i>X 20</i>
Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>X 20</i>
Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 20</i>
Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
Rear Wheel Alignment			\$ 80.00 <i>X 1</i>
TOTAL LABOUR			\$ 1,910.00
ESTIMATE TOTAL			\$ 4,758.58
			4808.58

Kalin LKK/K

15/4/19 1505h
2 Days
P/P
Before Paint photo



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.

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

JOB NO : 305287195
 REGN NO : SH 8958S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.06.2017
 DATE/TIME IN : 15.04.2019 10:00
 ACCIDENT DATE : 15.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0003	04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1 L	548.40	25.00	411.30
0004	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1 L	148.40	25.00	111.30
0005	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	2.50-	50.00
0006	03-01-0302-2020-G	PRIG4 WHEEL DISC	1 L	1,555.00	25.00	1,166.25

SUB-TOTAL : 2,099.30

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 850.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.04.2019

Time: 19:18:29

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305287195
REGN NO : SH 8958S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 15.06.2017
DATE/TIME IN : 15.04.2019 10:00
ACCIDENT DATE : 15.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,949.30

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305287195
Date : 20.04.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SH8958S CTPL

Fax :

15.04.19

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

1. The repair job shall bill to: NTUC SHD1213E
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$2,099.30
(b) Labour Charges	\$850.00
Total for Part-By-Part Repair Cost	\$2,949.30
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 23/4/19

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				
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/INC19006887/K1vd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 06-05-2019	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 1213E	Veh. Inspected	SH 8958S	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1040312-002	Excess (\$)	0.00	
Assign From		Assign Date	15/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU503558665	Colour	BLUE	
Odometer	351651	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/04/2019	Inspection Date	15/04/2019	
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:		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

Reg. No: 52963356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8958S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	458.60	458.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER,REAR BUMPER,SIDE,RH	SERVICEABLE	94.80	-
1	SEAL,REAR BUMPER SIDE,RH	CRACKED	148.40	148.40
1	TAIL LAMP ASSY (LOWER)(RH)	GRAZED	548.40	548.40
1	REAR FENDER,RH	TO REPAIR SEE LABOUR	836.70	-
1	REAR FENDER SHIELD (RH)	SERVICEABLE	134.20	-
1	REAR TYRE RIM,RH	GRAZED	1,555.00	1,555.00
	LESS 25% DISCOUNT		-949.52	-683.10
			2,848.58	2,049.30
SPECIAL NETT ITEMS				
1	BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER,RH.		800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			1,910.00	850.00
GRAND TOTAL			4,808.58	2,949.30

Report Ref No. NS/INC19006887/K1vd3n2



Page No.:2 of 2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,949.30
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Report Ref No. NS/INC19006887/K1vd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
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