

Surveyor: Kelvin

REF: ^{N3} CS/INC 19007236/K1Hd3 9v

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: **SLU 2212P**
 Policy No: **5083403664-02 (01/05/2018 -)**
 Claims No: _____
 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: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Turn Sunc: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHB 40502** Yr Regn: **10 Sep 2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai** cc **168**
 Colour: **Blue** A/C: **Insured / Std / Nil / NA**
 Sp. Reading: **641792** T/Radio: **Insured / Std / Nil / NA**
 Eng No: _____
 C/No: **KMHLB414M4072487**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SIRim / STD / Rim or
 Tyre Size: F: **205/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Went like**
 Front: **7** mm Rear: **7** mm
 R/Bal: **7** mm L/Bal: **7** mm
 D.O.A: **17/4/19** D.O.I: **18/4/19**
 Survey held at **CDGE (Loyang)**
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
O/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 40502 - CS3 / FCS 150128K / R/M/Ld1 DoA - 28/07/2015 INC
	SLU 2212P - NAITMI 18014261/r3 DoA - 10/08/2018 H/s
26/4/19	Grant C/S \$2750 / 3 Pys. (Red. 933.84, 25%)

RECEIVED 29 APR 2019

Delete Time, File Pass to? ☐ : Prel. Report
☒ : Final Report
 Date/Time, File Return to? _____

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech Insp (\$ _____)
☐ : Clean and (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS \$	
Photo	
Draw	
TOTAL	

TP
 27501

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1027118-003	SMRT TAXIS	SHB 1991C	GBG 9343R
2	MT/1036966-002	SMRT TAXIS	SHC 4154C	FBL 3526T
3	MT/1034441-002	SMRT BUS	SG5757E	SJA 4511S
4	MT/1041502-002	COMFORT TRANSPORTATION PTE LTD	SHC 3387D	PA 786X
5	MT/1040396-002	COMFORT TRANSPORTATION PTE LTD	SH7087L	SGR 5464J
6	MT/1041321-002	COMFORT TRANSPORTATION PTE LTD	SHC 3540C	SLC 6469J
7	MT/1041433-002	COMFORT TRANSPORTATION PTE LTD	SHD 4981B	SJU 9496P
8	MT/1041156-002	COMFORT TRANSPORTATION PTE LTD	SHB 4050Z	SLU 2212P
9	MT/1041766-002	COMFORT TRANSPORTATION PTE LTD	SH 9151X	XE 499J
10	MT/1041821-002	COMFORT TRANSPORTATION PTE LTD	SHC 3607U	SLT 2910M

eBaoTech

General Claim

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="17/04/2019 15:48"/>
Vehicle No.(For Motor)	<input type="text" value="SLU2212P"/>	Certificate Number	<input type="text"/>

[Search](#)

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5083403664-02		H. L. CAR RENTAL PTE. LTD	201004543E	GFT	drive CLASSIC	SLU2212P	SLU2212P	01/05/2018	

[Continue](#)

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	18/04/2019 10:57
Date Of Accident	17/04/2019 15:30
Exact Location Of Accident	MARINE PARADE RD TWDS STILL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4050Z
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	NG HWAY GUAN
NRIC No	S1160027A
Date Of Birth	07/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96552479
Fax Number	
Contact Number	
Email Address	NOEMAIL

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Date Of Driving Pass	25/10/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96552479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 288C BUKIT BATOK STREET 25 #05-18
Postcode	652288
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190417/2198 * TYPE OF ACCIDENT :- HIT & RUN

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	SLU2212P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

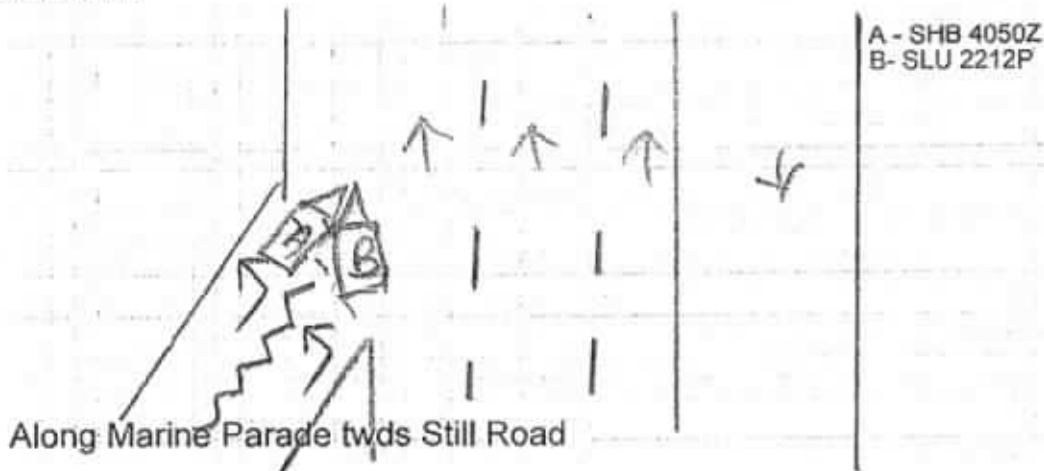
MFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.04.2019 @ 1530hrs I was travelling along Marine Parade twds Still Road with no passenger onboard.
As I want to make a left turn suddenly veh(B) SLU 2212P hit onto my vehicle front right portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company photo and videos at scene to support my claims .
No injury in this accident .
Veh(B) SLU 2212P.

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:

Reporting Centre Personnel's Signature
 Name:
 A****FIN No.: U . .



**SINGAPORE
POLICE FORCE**



T/20190417/2198

1 of 3

Report No. T/20190417/2198

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/04/2019 21:06	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: NG HWAY GUAN			Address: APT BLK 288C BUKIT BATOK STREET 25 #05-18 SINGAPORE 652288	
ID Type / ID No.: NRIC NO / S1160027A			Contact No.: Home/Office: Mobile: 96552479	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 07/04/1956	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/04/2019 15:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINE PARADE ROAD STILL ROAD SOUTH at the junction of Marine Parade Road, turning left to Still Road S.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB4050Z	Car				Seriously Damaged	0
SLU2212P	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190417/2198

2 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190417/2198

CONTINUATION OF REPORT

Driver			
Name	NG HWAY GUAN		ID No. S1160027A
Related Vehicle	SHB4050Z (Car)		Contact No. 96552479
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 17/04/2019 at about 1530hrs, I was driving my blue Comfort taxi alone on the left-most lane of Marine Parade Road and intending to turn left to Still Road S. There was a car on my right side and I was unable to make a check on the on-coming traffic from the right. I stopped and suddenly I felt an impact from the front, right side of my vehicle. I horned for the car to stop but he continued to drive off. I drove ahead and then alighted to make a check on my taxi. The damages to my taxi are dents and scratches to the front right side of the vehicle, scratches to the front right side of the tyre rim and scratches to the right side mirror. I partially remembered the plate number hence I drove to the workshop to make a report. There is an in-built camera installed in my taxi. At the workshop, the staff viewed the footage and informed me that the car that hit me was a Toyota CHR bearing the plate number SLU2212P. I am unsure of the colour of the car.



**SINGAPORE
POLICE FORCE**



T/20190417/2198

3 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190417/2198

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 3 NUR' FAIZZAHASHIKIN BINTE SUBTU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2019 21:06
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case: SN 114
Authentication Stamp NP168 Signature:	
Singapore Police Force	



Our Job Ref No : 305288478
Date : 25.04.2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHB4050Z Date of Accident : 17.04.2019


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

1. The repair job shall bill to: NTUC — SLU2212P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,750.00
Final Lumpsum Repair cost \$2,750.00

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kala
Date : 26/4/19

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:

REPAIR ESTIMATE*

DATE 4/18/2019 14:44

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover - <i>Painted</i>			\$ 1,052.20
	Front Bumper Grille (RH) x <i>one</i>			\$ 93.60
	Front Bumper Bracket Top (RH) - <i>one</i>			\$ 22.40
	Front Bumper Retainer Mounting X <i>one</i>			\$ 9.20
	Headlamp Support Panel Assy X <i>one</i>			\$ 907.40
	Front Fender (RH) - <i>Bare/Pld</i>			\$ 663.00
	Front Fender Shield (LH /RH) - <i>to</i>			\$ 174.90
	Front Wheel Hub Cap (LH) - <i>black</i>			\$ 107.10
	<i>Head Lamp (RH)</i> - <i>one</i>			\$ 1318.00
	SUB TOTAL			\$ 3,029.80
	LESS 20%			\$ 605.96
	DISCOUNTED TOTAL			\$ 2,423.84
	Front Fender Advertisement Logo (RH) - <i>new</i>			\$ 100.00
	Labour Charge			
	Panel Beating			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 600.00 ⁴⁰⁰
	Wiring Charge			\$ 30.00 ²⁰
	Tuff Kote			\$ 50.00 ²⁰
	FRT Wheel Alignment			\$ 80.00 ²⁰
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 3,683.84
	Kalvin (Ula)			
	M 18/4/19 1525L			
	3 by,			
	Y/S			
	Aster Repairs 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.

**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/INC19007236/K1td3q2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 2212P	Veh. Inspected	SHB 4050Z
Policy No.	5083403664-02	Coverage (\$)	0.00
Claim No.	MT/1041158-002	Excess (\$)	0.00
Assign From		Assign Date	18/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077487	Colour	BLUE
Odometer	641792	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	17/04/2019	Inspection Date	18/04/2019
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
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4050Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	1,052.10	1,052.20
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	93.60	-
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	FRONT FENDER (RH)	BUCKLED	663.00	663.00
1	FRONT FENDER SHIELD (RH)	TORN	174.90	174.90
1	FRONT WHEEL HUB CAP (LH)	GRAZED	107.10	107.10
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-883.54	-681.52
			3,534.16	2,726.08
	SPECIAL NETT ITEMS			
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,160.00	740.00
	GRAND TOTAL		4,794.16	3,566.08
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,750.00

Report Ref No. NS/INC19007236/K1td3q2



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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