

Surveyor: Kelvin

REF: MS/INC1907264/K19d3n2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SHB 8385 G

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vh: _____

(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: 2 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 7976 M Yr Regn: 3 Sep, 2015
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Zx0 cc 1600

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

Sp. Reading: 410863 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KCMHLB4/UMAG 077272

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 B/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Compa

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 18/4/19 D.O.I. 22/4/19

Survey held at CDAE (Logan)

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

O/S Body.

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

Date / Time	Action / Instruction
	SHA 7976 M - N/A / MSG 19001203/4 D.O.A - 14/01/2019 INC
	SHB 8385 G - MA / CTI 1700 12/19/13 D.O.A - 12/01/2017 45
	NO entry to main record
26/4/19	Continue 45 \$1200 / 2 Rep. (Red \$157.20, 60%)
	RECEIVED 26 APR 2019.

Date/Time, File Pass to? ☐ : Prel. Report11/26/4 turner ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Meas and 10

Survey Fee:

Transportation:

S + RS \$1

Photos

Others

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 26/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1040881-002	COMFORT TRANSPORTATION PTE LTD	SHA 1277L	YM 7307E	17/04/2019	10:30	\$ 2,022.48
2	MT/1041016-002	COMFORT TRANSPORTATION PTE LTD	SHA 7976M	SHB 8385G	18/04/2019	18:30	\$ 3,017.20

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	22/04/2019 10:10
Date Of Accident	18/04/2019 18:30
Exact Location Of Accident	NANSON ROAD T JUNCTION OF M HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7976M
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	CHEW TIAM CHYE
NRIC No	S1529159A
Date Of Birth	13/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82808727
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 91 HENDERSON ROAD #03-130
Postcode	150091
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	COLLISION - HEAD ON COLLISION
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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190420/2033 / Type Of Accident : HEAD TO SIDE

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	SHB8385G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEW TIAM CHYE

Approximate Age

56

Injuries Sustain

BACK AND SHOULDER PAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHA7976M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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. 199303821R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.04.2019
@ 11:30hrs


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

SKETCH PLAN

A - SHA 7976M
B - SHB 8385G

Refer to attachment


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

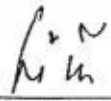
Refer to Police Report T/20190420/2033

DECLARATION

COMFORT TRANSPORTATION PTE LTD
We declare the particulars are true in every respect.
CO. REG. NO: 198900215

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 20.04.2019
@ 11:30hrs


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

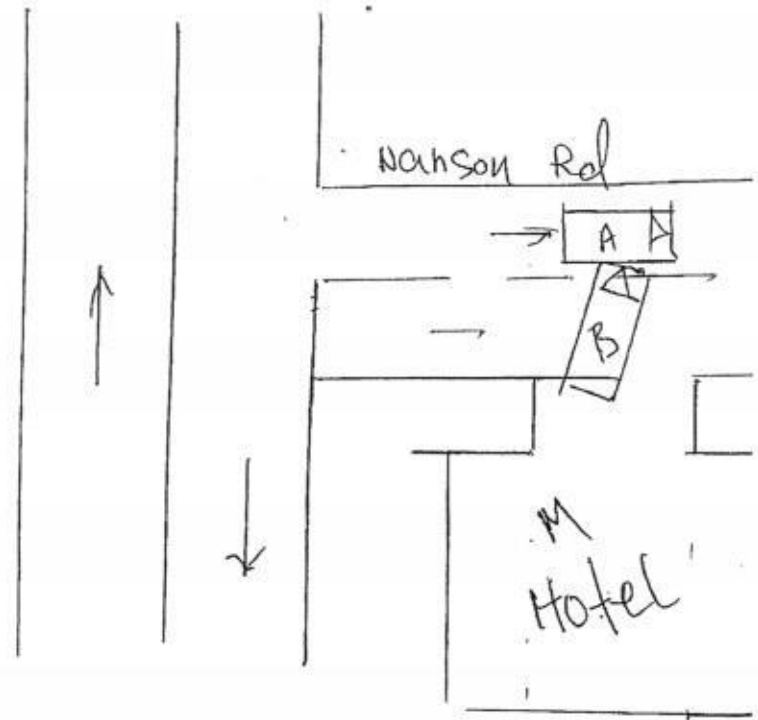
A-SHA-7976-M
B-SHB-8385-G

Chew

CHEW TIAM CHYE

20-04-2019

Mohamed Sultan



Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190420/2033

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190420/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2019 09:59	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: CHEW TIAM CHYE			Address: APT BLK 301 JURONG EAST STREET 32 #05-58 SINGAPORE 600301	
ID Type / ID No.: NRIC NO / S1529159A			Contact No.: Home/Office: Mobile: 82808727	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 13/09/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/04/2019 18:30	Type of Location: T-Junction
Location: Along Road 1 NANSON ROAD				
Outside M Hotel				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7976M	Car				Slightly Damaged	1
SHB8385G	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190420/2033

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190420/2033

CONTINUATION OF REPORT

Driver			
Name	CHEW TIAM CHYE	ID No.	S1529159A
Related Vehicle	SHA7976M (Car)	Contact No.	82808727
Hospital/Clinic	Y M Chan Clinic & Surgery	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 18/04/2019 at 1830hrs, I was driving along Nanson Road in my vehicle SHA7976M with one passenger.

Out of a sudden, a vehicle from my right had collided into my vehicle after exiting from the M Hotel. I alighted to make a check and confirmed that no one needs any medical attention. I discovered that my rear right wheel and my rear bumper was scratched.

On 19/04/2019, I intended to visit the doctor but the clinic was not opened as it was a Public Holiday. I was suffering from some aching at my lower back area and my right shoulder. On 20/04/2019, I went to see a doctor and was given 3 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20190420/2033

3 of 3

Report No. T/20190420/2033

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:

G /
Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
SSI 2 / YEONG KENG CECILIA
Contact No: 65476404

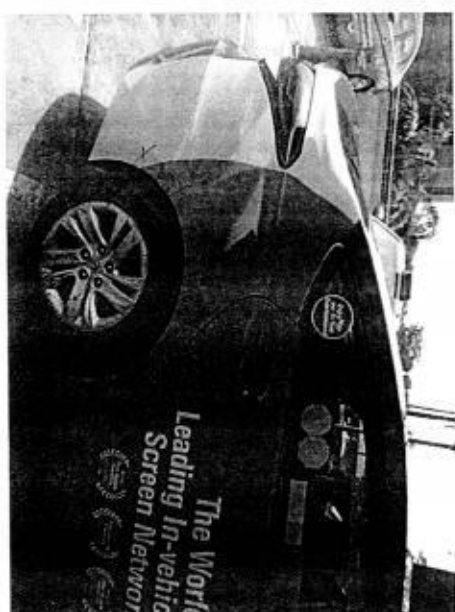
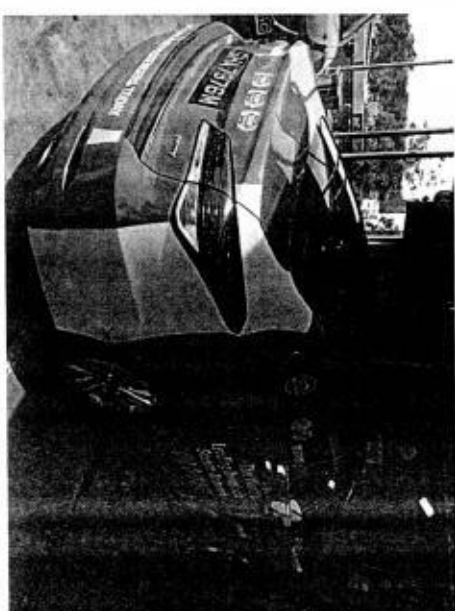
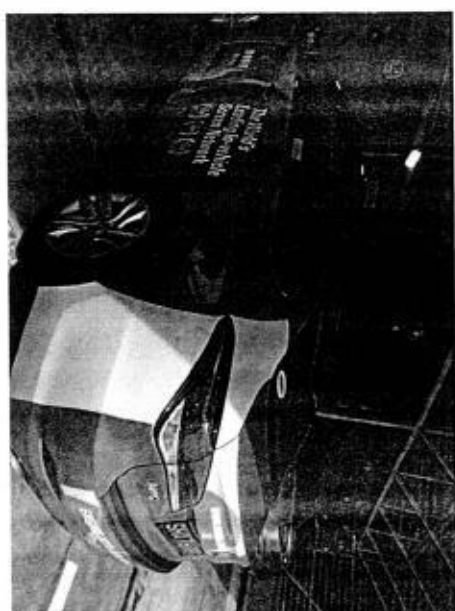
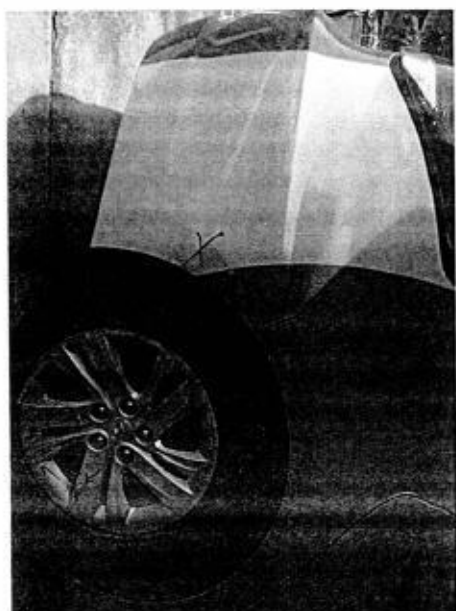
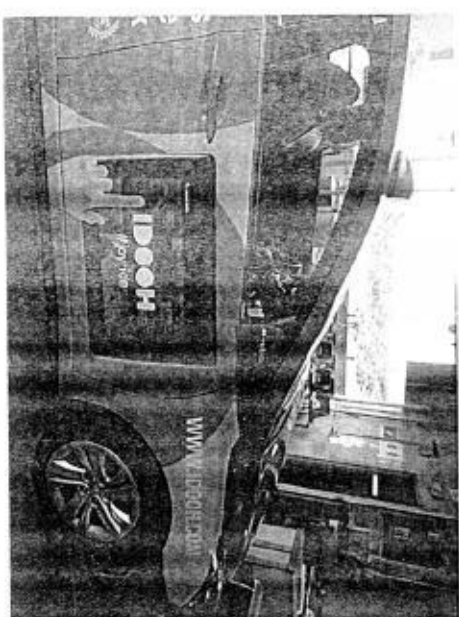
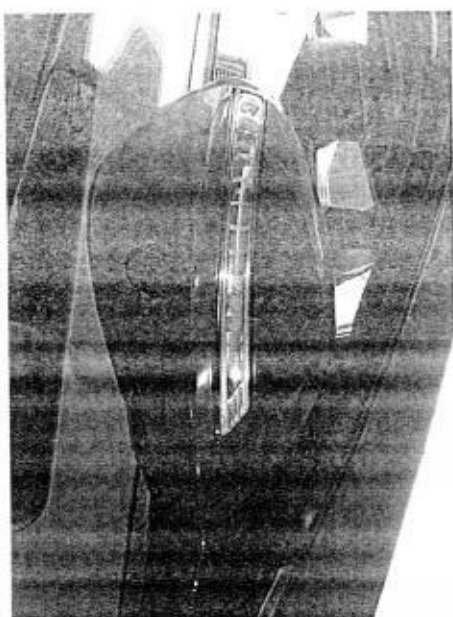
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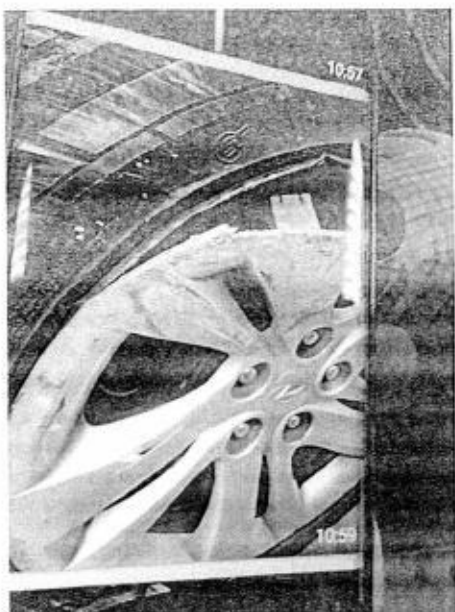
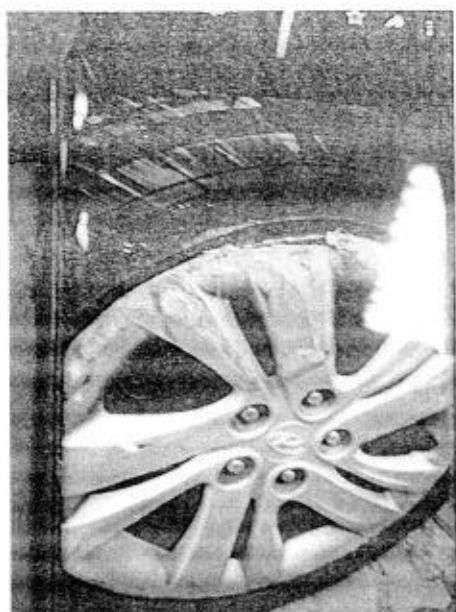
SIGNATURE

Signature Of Informant:

Date/Time:
20/04/2019 09:59

Classification Of Case:





REPAIR ESTIMATE*

DATE 22/04/2019 15:30

MAKE :

MODEL : HYUNDAI i40

No	Parts Description/ Labour	Qty	Unit Price	Amount
	REAR BUMPER <i>x repair</i>			\$ 553.00
	REAR BUMPER CLIP (10PCS) <i>x 10</i>			\$ 22.00
	REAR WHEEL CAP (RH) <i>- m</i>			\$ 107.10
	REAR WHEEL RIM (RH) <i>- Bent</i>			\$ 325.30
	TYRE <i>x m</i>			\$ 216.00
	REAR BUMPER SIDE BRACKET RH <i>x m</i>			\$ 35.60
	SUB TOTAL			\$ 1,259.00
	LESS 20%			\$ 251.80
	DISCOUNTED TOTAL			\$ 1,007.20
	REAR DOOR APP STICKER (CTPL) <i>- m</i>		<i>-10%</i>	\$ 80.00
	REAR BUMPER RUBBER MAT <i>x 1</i>			\$ 50.00
	REAR DOOR RH LOGO (RH) <i>- m</i>			\$ 100.00
	REAR FENDER LOGO (RH/LH) <i>- m</i>			\$ 200.00
	REAR BUMPER LOGO <i>x m</i>			\$ 50.00
				\$ 480.00
	Labour Charge			<i>200</i>
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 800.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,530.00
	ESTIMATE TOTAL			\$ 3,017.20

Kalvin 16/11/14
M 22/4/19 1540hrs
207,
45
After Repair photo

the Repairer must:

- To resurvey before work commences.
- To display damaged parts during survey.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis.
- No illegal modification(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.

Authorised by Repairer

Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3916117

JC NO.: 305289097

TOMER

AS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

OUNT CARD NO.

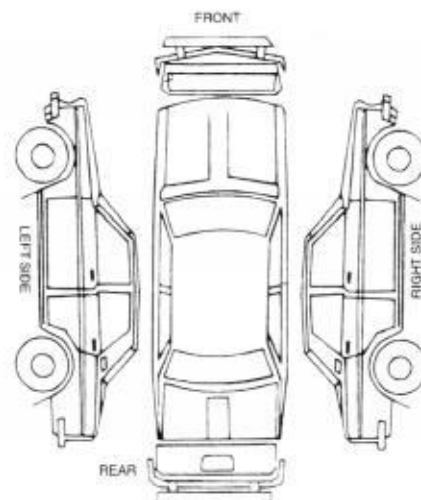
REGN NO.: SHA7976M	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.04.2019 10:00
YR OF MANU. 03.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU077272	COMPLETION DATE/TIME:

Accident Date: 18.04.2019
NATURE: 3P 18.04.19/B

JOB DESCRIPTION

RIGHT REAR

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: **SHA7976M**

FZ NTUC LKK

Vehicle No.:

SHA7976M

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289097
Date : 25.04.2019

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No : SHA7976M Date of Accident : 18.04.2019


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


1. The repair job shall bill to: NTUC --- SHB8385G
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%	\$1,200.00
Final Lumpsum Repair cost		\$1,200.00

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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
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:




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/INC19007264/K1qd3n2				
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.	SHB 8385G	Veh. Inspected	SHA 7976M	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1041016-002	Excess (\$)	0.00	
Assign From		Assign Date	22/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU077272	Colour	BLUE	
Odometer	410863	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	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	18/04/2019	Inspection Date	22/04/2019	
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: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7976M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR WHEEL CAP (RH)	CRACKED	107.10	107.10
1	REAR WHEEL RIM (RH)	BENT	325.30	325.30
1	TYRE	SERVICEABLE	216.00	-
1	REAR BUMPER SIDE BRACKET RH	SERVICEABLE	35.60	-
	LESS 20% DISCOUNT		-251.80	-86.48
			1,007.20	345.92
NETT ITEMS				
1	REAR DOOR APP STICKER (CTPL)(N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR DOOR RH LOGO (RH) (SN)	NECESSARY	100.00	100.00
2	REAR FENDER LOGO (RH/LH) (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER LOGO (SN)	NOT NECESSARY	50.00	-
			400.00	300.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		600.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	-		-	-
	-		-	-
	-		-	-
			1,530.00	800.00

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GRAND TOTAL		3,017.20	1,517.92
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,200.00

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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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