

Surveyor: Kolvin

REF:

NS/INC 19007277/K1td39

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Insp'd Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SLT 2910M
 Policy No _____
 Claims No MT/1041621 002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Vch: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repaks: _____ 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: SHC 36074 Yr Regn: Jun, 2013
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ / Prime Mover /
 Truck / Trailer or
 Make: Mercedes Benz S220 cc 21943
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 838474 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WPD2120022A 758669
 Gen. Cond: Good / ☒ / Poor / Burnt
 Steering: In order / ☒ / Jammed / Leaked / Burnt or
 Brake: In order / ☒ / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD ☒ / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or West/ola
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 23/4/19 D.O.I. 24/4/19
 Survey held at CDAE (Logan)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHC 36074 - CS/REF 19008153 / Kg d3n2</u> <u>POA: 22/12/18 INC</u>
	<u>SLT 2910 M - X</u> <u>Correct insurance ISINK 41</u>
	<u>25/4 @ 10.05am - Sent email to Tokio MIA & estimate.</u>
	<u>NO Policy Found</u>
<u>26/4/19</u>	<u>Letter 4/5 of 1200/2021. (Red: 2398.20, 64%)</u>

RECEIVED 28 APR 2019

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

29/4 Typist ☒ : Final Report

Date/Time, File Return to:

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

_____ \$ + RS _____

Phone:

Other:

10/14

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Technician (\$

☐ : Messengers (\$

Record Return to:

TP

1300/-

0

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Thursday, 25 April 2019 10:05 AM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD - DOA: 23/4/2019 , SHC 3607U (TP), SLT 2910M (OI)
Attachments: GIA REPORT.pdf; SHC 3607U ESTIMATE.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 3607U on 24/4/2019 at M/s: ComfortDelGro Engineering Pte Ltd.

Enclosed herewith a copy of TP's GIA report and workshop Estimate.

Meanwhile, kindly create claims in Merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

We received this e-mail by mistake and delete this e-mail from your system.

Denise Tay (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Thursday, 25 April 2019 10:39 AM
To: Too Joon Hwa; 'JIMWONG@CDGE.COM.SG'; SUR
Subject: RE: OI:SLT2910M YR REF: SHC3607U DOA:23.4019

Dear Shirley,

Thank you for the email.

Dear Denise,

FYNA-CC3/TMI19007277/K1td3

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Too Joon Hwa <shirleytoo@tokiomarine.com.sg>
Sent: Thursday, 25 April 2019 10:34 AM
To: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>; 'JIMWONG@CDGE.COM.SG' <JIMWONG@CDGE.COM.SG>
Subject: OI:SLT2910M YR REF: SHC3607U DOA:23.4019

Hi Veron & Jim Without Prejudice

Our insured policy cancelled on 29.12.18.

Therefore we not liable for the accident.

Thanks.

Shirley Too

Administrative Assistant, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6409 | F (65) 6221 2101 |
E shirleytoo@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com.

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

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

Team:	ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.	305289902
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.	SHC3607U	MILEAGE	
STOMER NO.	7010045	MAKE	MERCEDES BENZ	FUEL	
DRESS	383 SIN MING DRIVE	MODEL	E220CDI (E5)	DATE/TIME IN	23.04.2019 16:50
	Singapore SINGAPORE 575717	YR OF MANU.	06.06.2013	TARGET DATE	
	65508755	CHASSIS CODE	WDD2120022A758669	COMPLETION DATE/TIME	
COUNT CARD NO					

JOB DESCRIPTION

Accident Date: 23.04.2019
NATURE: 3P 23.04.2019

S/NO	LABOR CODE	DESCRIPTION
	TOKIO - Rear	
	Lxx/Kalin -	



HECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge ment Slip

Vehicle No.: SHC3607U LARRY

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC3607U

Name of Service Advisor

Date

To be kept by Security Guard

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	24/04/2019 08:30
Date Of Accident	23/04/2019 15:10
Exact Location Of Accident	BUKIT TIMAH TWDS NEWTON.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3607U
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	MERCEDES-BENZ
Model	E220

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	FAN CHUAN LOONG
NRIC No	S8213816A
Date Of Birth	05/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90909866

Fax Number

Contact Number

Email Address JOVIAN.FAN@YAHOO.COM.SG

Address	BLK 246 BISHAN STREET 22 #09-336
Postcode	570246
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 TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SLT2910M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANUAR BIN OSMAN
NRIC/Passport Number	S1600563J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Skt. 2910 M

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.
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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.

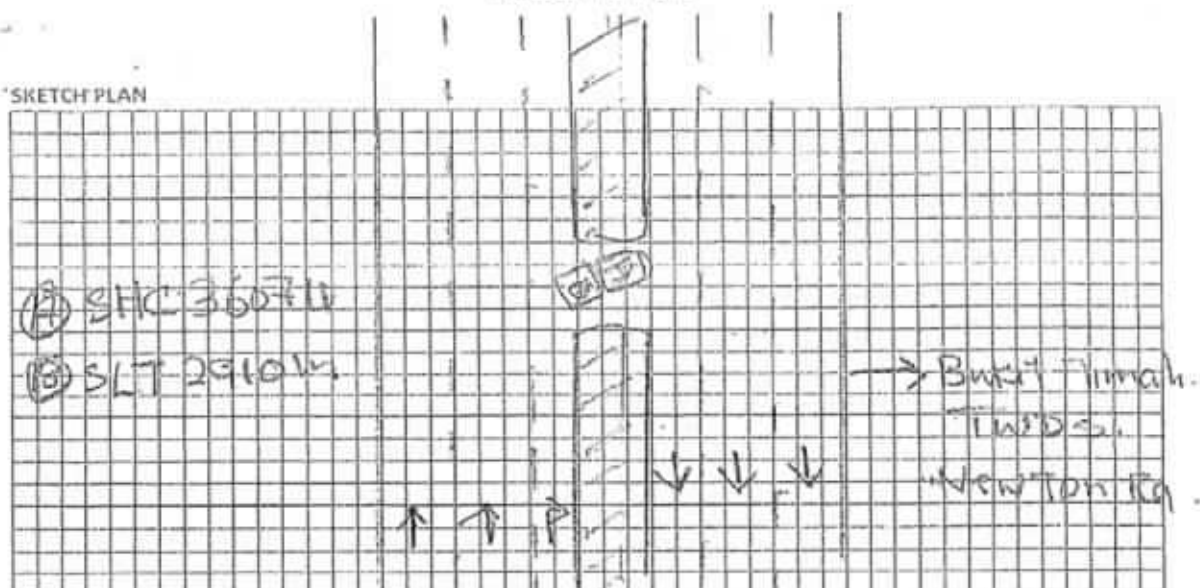
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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 23/4/2019 at about 1510 hrs, I vehicle A was driving my taxi making a u turn at filter road. toward bukit timah Newton. While I was stop at filter lane, vehicle B came from behind and hit against vehicle A rear portion. 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. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

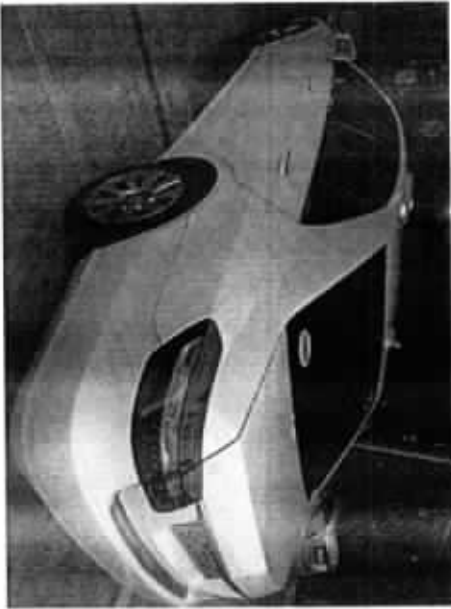
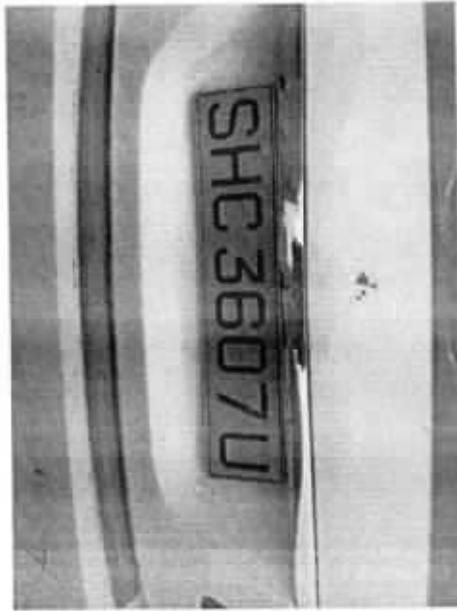
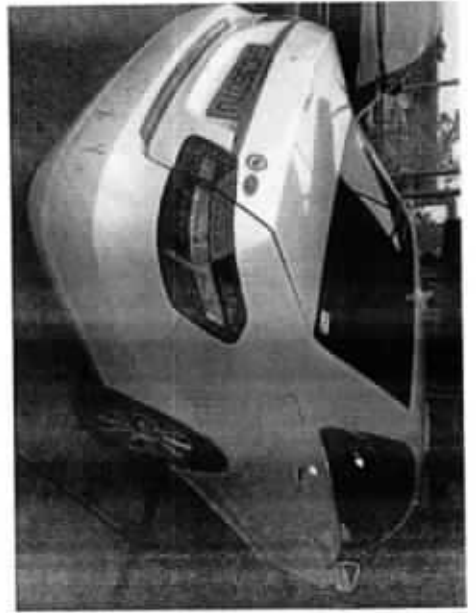
Date & Time:

1. S. Maniam (80)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLT2910M	23 Apr 2019 / 15:10:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous OK

SLC 36074

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305289902

Date : 25. Apr. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3607U

Date of Accident: 23. Apr. 2019

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

1. The repair job shall bill to: NTUC SLT2910M

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$1,300.00

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

ComfortDelGro Engineering Pte Ltd (Co. Reg. No. 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
 COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	23/04/2019
Vehicle Reg. No.:	SHC3607U	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	FAN CHUAN LOONG		
Make/Model:	MERCEDES-BENZ E220, 2.2 (A)	Vehicle Reg. Date:	06/06/2013
Vehicle Colour:	WHITE	Gen Condition:	GOOD
Engine No:	65192431502769	Chassis No:	WDD2120022A758669
Odometer:	1 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Description of Accident/Loss	REFER ATTACHED		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts (after Betterment)	2,968.20
Miscellaneous Items	10.00
Labour	720.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,698.20
+ GST 7.00% (S\$)	258.87
Nett Amount (S\$)	3,957.07

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 24 Apr 2019)

Parts: 143 MERCEDES-BENZ E220 2.2 (A) (Catalogue:Merimen Singapore 1.0)


Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC3607U/24/04/2019 11:06

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*REAR BUMPER  <i>Refund</i>	20.00	0.00	*1,510.00 FL
2	1		*REAR BUMPER REINFORCEMENT <i>Xsu</i>	20.00	0.00	*1,150.00 FL
3	1		*REAR BUMPER BRACKET LOWER - RH <i>Xsu</i>	20.00	0.00	*135.00 FL
4	1		*REAR BUMPER ABSORBER - RH <i>Xsu</i>	20.00	0.00	*196.45 FL
5	1		*REAR BUMPER CENTRE FRAME <i>Xsu</i>	20.00	0.00	*177.55 FL
6	1		*REAR BUMPER SENSOR <i>Xsu</i>	0	0	*388.00 FS
7	1		*REAR BUMPER RUBBER MAT <i>Xsu</i>	0	10	*50.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	3,607.00
- List Item Discount on L Items (S\$)	633.80
Total Parts (S\$)	2,973.20
- Betterment (S\$)	5.00
Total Parts after Betterment (S\$)	2,968.20

ComfortDelGro Engineering Pte Ltd/SHC3607U/24/04/2019 11:06. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

No	Qty	Particulars
----	-----	-------------

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	200 308.00
2	SPRAY PAINTING	New	200 300.00
3	REMOVE REFIX REVERSE SENSOR	New	200 120.00
Gross Labour Cost (S\$)			720.00

ComfortDelGro Engineering Pte Ltd/SHC3607U/24/04/2019 11:06. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kahn 12/11/14

24/4/19 11:55h

2 Aug,

4/5

After Receipt

[illegible]

**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/INC19007277/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.	SLT 2910M	Veh. Inspected	SHC 3607U
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1041821-002	Excess (\$)	0.00
Assign From		Assign Date	24/04/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A758669	Colour	WHITE
Odometer	838474	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 REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	23/04/2019	Inspection Date	24/04/2019
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
-------------------------------------	----------------

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3607U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
1	REAR BUMPER BRACKET LOWER -RH	SERVICEABLE	135.00	-
1	REAR BUMPER ABSORBER -RH	SERVICEABLE	196.45	-
1	REAR BUMPER CENTRE FRAME	SERVICEABLE	177.55	-
	LESS 20% DISCOUNT		-633.80	-302.00
			2,535.20	1,208.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER SENSOR (SN)	SERVICEABLE	388.00	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			438.00	-
	<u>LABOUR</u>			
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING.		300.00	200.00
	REMOVE REFIX REVERSE SENSOR .		120.00	30.00
			720.00	430.00
	GRAND TOTAL		3,693.20	1,638.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,300.00

Report Ref No. NS/INC19007277/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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