

Surrey No: K6111

REF: NS/INC 19067304 / KHd302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/INS/TP RES/OD RES/EVA/INV/MV

To Insp'd Vehicle No: _____

at Workshop m/s _____

at _____

Insured: GBC 9034D

Policy No. 5106896918 (11/01/2019-27/01/2020)

Claims No. MT 11041569-002

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: _____

IDAG Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ 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 22816 Yr Regn: 2 Apr 2019

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

Truck / Trailer or

Make: Hyundai Tucson cc 1580

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

Sp. Reading: 11 681 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: 1CMHC 851CVKH/41663

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/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 23/4/19 D.O.I. 24/4/19

Survey held at: CDE (Logan)

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

Front

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

Date / Time	Action / Instruction
	SHC 22816 - CS3/111.13012441/Cgndi D.O.A - 06/07/2013
	GBC 9034D - x
26/4/19	Contract P/P \$1819.14 / 2 days. (Red: 162.50 : 5%)

RECEIVED 29 APR 2019

26/4/2019

Date/Time, File Pass to?

: Prel. Report

1) _____

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____ Site Insp (\$

_____ Interview (\$

Survey Fee:

Transportation:

_____ \$ + RS. _____ \$

Fees:

Total:

TOTAL

160

P/P

TP

1819.14

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

23/04/2019 16:11

Vehicle No.(For Motor)

GBC9034D

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5106896918		ARTIS COATINGS PTE. LTD.	201327341K	GCV	Comprehensive	GBC9034D	GBC9034D	11/01/2019	27/01/2020

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 26 April 2019 2:03 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Dear Sir/ Mdm,

Claim created. For your attention.

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1041569-002	COMFORT TRANSPORTATION	SHC 2281G	GBC 9034D	23/04/2019	08:00	1537	1819.14
1	MT/1041824-001	COMFORT DELGRO	SHB 8121P	GBH 5944C	20/04/2019	10:15	7367.69	4391.21

With Regards

Joreen Ang
Senior Admin Assistant
Motor Insurance
www.income.com.sg



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: Friday, 26 April 2019 11:40 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 26/4/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		COMFORT TRANSPORTATION	SHC 2281G	GBC 9034D	23/04/2019	08:00	1537	1819.14
1		COMFORT DELGRO	SHB 8121P	GBH 5944C	20/04/2019	10:15	7367.69	4391.21

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305289790

OMER

REGN NO.:

SHC2281G

MILEAGE

S COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO.

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN
23.04.2019 14:20

YR OF MANU.

02.04.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU141663

COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

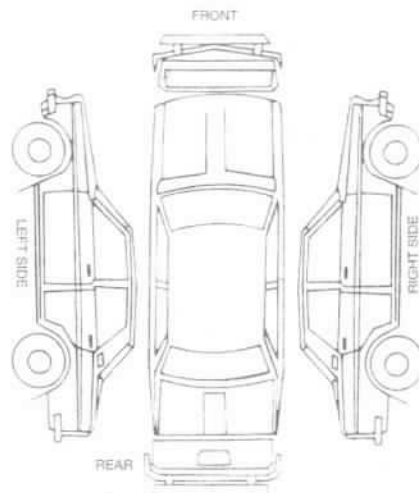
Accident Date: 23.04.2019

NATURE: 3P 23.04.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC2281G

JU NTUC LKK

Vehicle No.:

SHC2281G

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

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	23/04/2019 15:18
Date Of Accident	23/04/2019 08:00
Exact Location Of Accident	HOUGANG AVE 8 (PUNGGOL PRI SCH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2281G
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	IONIQ HYBRID

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	TAN KIAN GUAN
NRIC No	S1821536E
Date Of Birth	09/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98989855
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 275 PASIR RIS STREET 21 #04-528
Postcode	510275
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	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]	MARINE PARADE N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190423/2045 /Type Of Accident: 3P REVERSE

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	GBC9034D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KIAN GUAN

Approximate Age 51

Injuries Sustain NECK AND SHOULDER PAIN. ON 7 DAYS MC.

Injured person in which vehicle? SHC2281G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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. 190203521R

Policyholder's Signature
Date & Time:

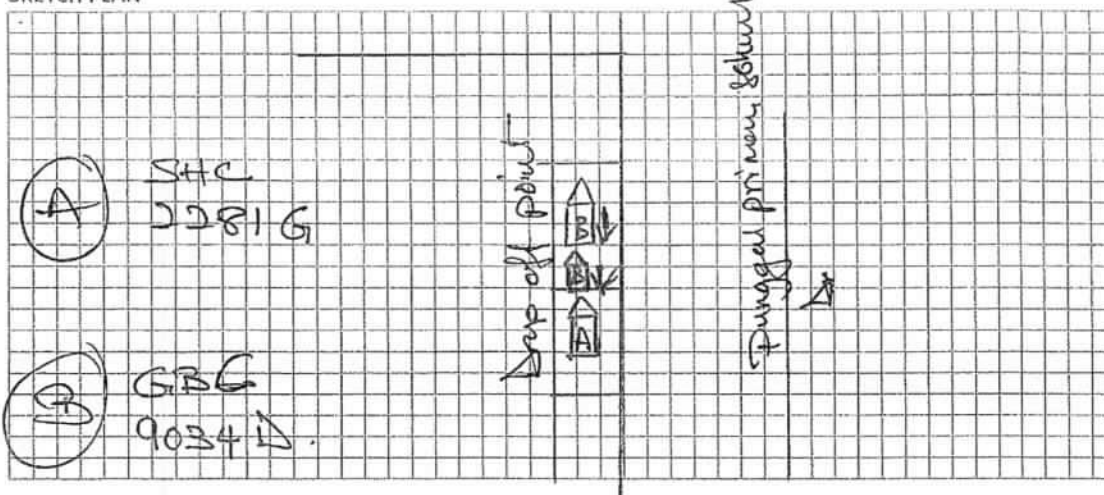
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIARMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report:

T/20190423/2045

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

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.:



**SINGAPORE
POLICE FORCE**



T/20190423/2045

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20190423/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2019 12:32	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN KIAN GUAN			Address: APT BLK 275 PASIR RIS STREET 21 #04-528 SINGAPORE 510275	
ID Type / ID No.: NRIC NO / S1821536E			Contact No.: Home/Office: Mobile: 98989855	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 09/07/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/04/2019 08:00	Type of Location:
Location: HOUGANG AVENUE 8				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC9034D	Lorry				No Damage	1
SHC2281G	Car				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20190423/2045

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20190423/2045

CONTINUATION OF REPORT

Brief Details.

On 23/04/2019 at about 0800hrs, I was alighting one passenger at Punggol Primary School. My car was stationary to alight the passenger. There was a lorry in front of me which was also stationary.

Suddenly, the said lorry reversed into my taxi and the rear part of the lorry hit onto the front part of my taxi. Before the lorry hit onto my taxi, I did horn for a long time to warn him however he continued to reverse. The lorry driver then got out from the lorry and apologized as he was talking with his worker and did not realised that I was behind him.

I felt discomfort on my neck area and was given 7 days of Medical Leave. My front part of my taxi was damaged and my front number was cracked due to the accident. There is no damage to the lorry.



SINGAPORE
POLICE FORCE



T/20190423/2045

3 of 3

Report No. T/20190423/2045

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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 /

Sgt 3 MUHAMMAD IDRIS BIN MOHD ISMAIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/04/2019 12:32

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

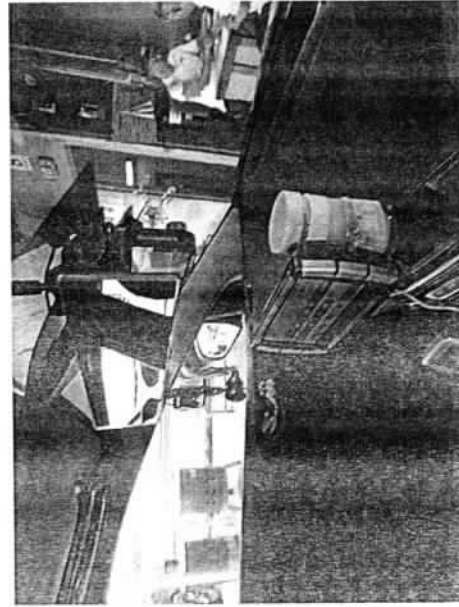
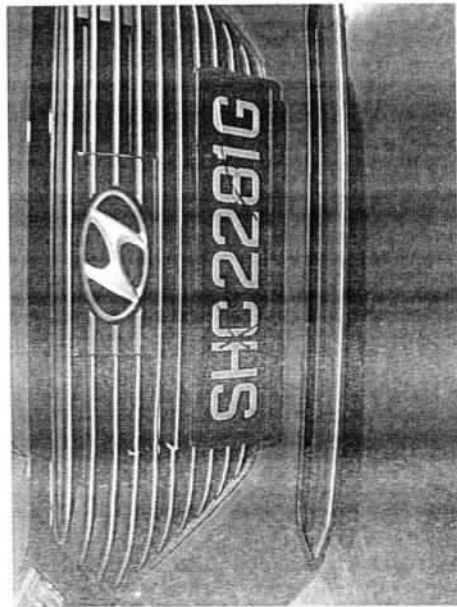
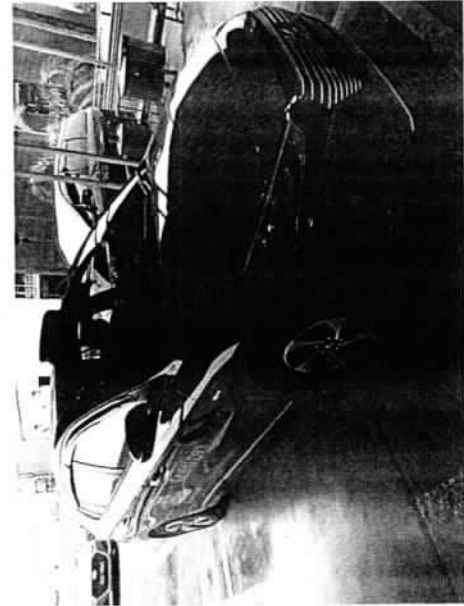
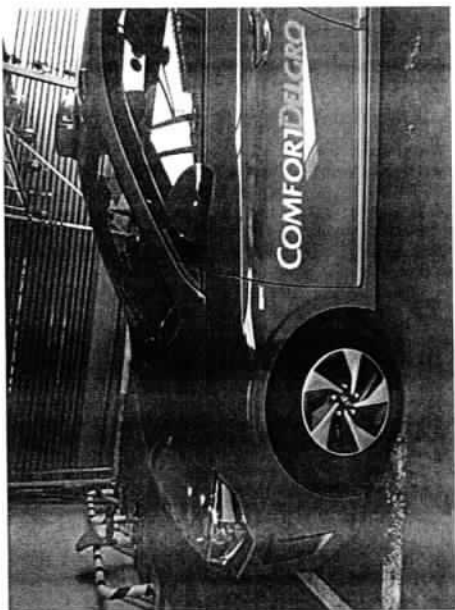
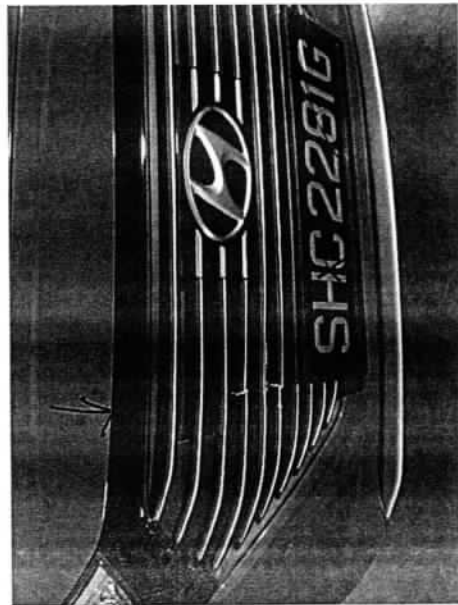
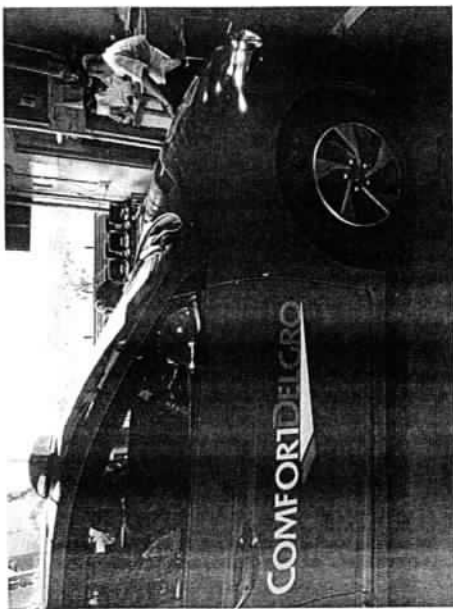
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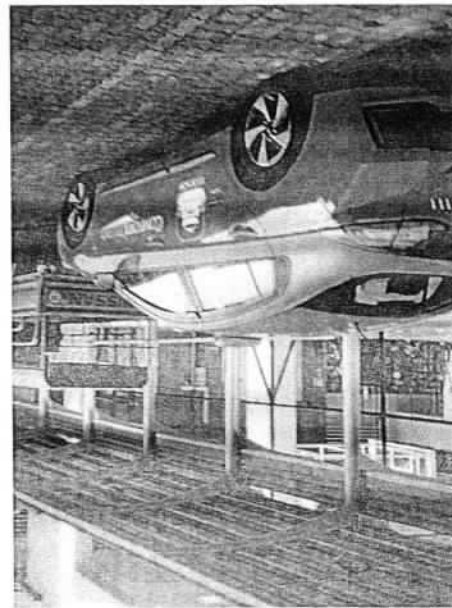
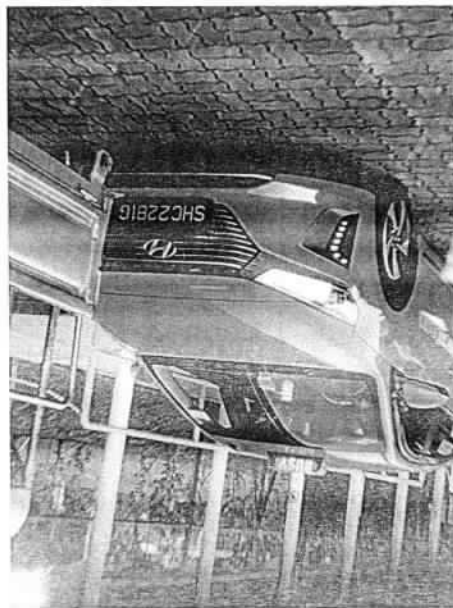
NP168



SINGAPORE
POLICE FORCE

SIGNATURE





COMFORTDELGRO ENGINEERING

Our Job Ref No 305289790
Date : 24/04/2019

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


FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
: SHC2281G Date of Accident : 23.04.19

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

1. The repair job shall bill to: NTUC --- GBC9034D
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$1,419.14
(b) Labour Charges	###	\$400.00
Total for Part-By-Part Repair Cost		\$1,819.14
NI		
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kaka
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:

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

JOB NO : 305289790
REGN NO : SHC2281G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.04.2019
DATE/TIME IN : 23.04.2019 14:20
ACCIDENT DATE : 23.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G IONIQV2 COVER-FR BUMPER# 1 518.30 20.00 414.64

0002 04-01-0104-2164-G IONIQVC GRILLE ASSY-RADIA 1 1,227.50 20.00 982.00

0003 FNPS NO PLATE(S)with casing 1 N 25.00 10.00 22.50

SUB-TOTAL : 1,419.14

JOB NATURE

0000 PB PANEL BEATING 200.00

0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 1,819.14

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE*

VEHICLE NO : SHC 2281G

DATE 23/4/2019 15:19

MAKE :

MODEL : HYUNDAI IONIQ

KTC-JU

PIP

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille — ca			\$ 1,227.50
	Front Bumper — ca		\$ 518.20	
	SUB TOTAL			\$ 1,227.50
	LESS 20%			\$ 245.50
	DISCOUNTED TOTAL			\$ 982.00
	Front Number Plate — 1m	-102		\$ 25.00
	Front No Plate Trim Cover — 102	-102		\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 200.00
	Spray Painting Charge-Bumper			\$ 300.00
				200
	TOTAL LABOUR			\$ 500.00
	ESTIMATE TOTAL			\$ 1,537.00
				1921.64

1396.64

22.00

Nett

44.00

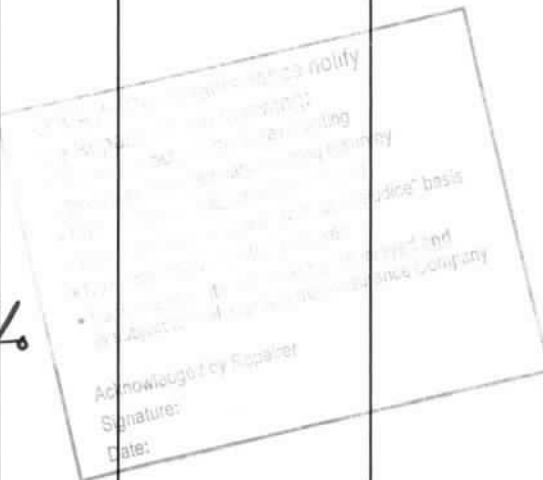
1/2 hr 1/10 hr

24/4/19 1220 L

2 Pys

PIP

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.




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/INC19007304/K1td3e2				
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.	GBC 9034D	Veh. Inspected	SHC 2281G	
Policy No.	5106896918	Coverage (\$)	0.00	
Claim No.	MT/1041569-002	Excess (\$)	0.00	
Assign From		Assign Date	24/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU141663	Colour	BLUE	
Odometer	11681	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	MICHELIN	9 mm	
L/H Front Tyre	195/65 R15	MICHELIN	9 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT 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		



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2281G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	CRACKED	1,227.50	1,227.50
1	FRONT BUMPER	CRACKED	518.30	518.30
	LESS 20% DISCOUNT		-349.16	-349.16
			1,396.64	1,396.64
NETT ITEMS				
1	FRONT NUMBER PLATE (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
LABOUR				
	PANEL BEATING.		200.00	200.00
	SPRAY PAINTING CHARGE-BUMPER.		300.00	200.00
			500.00	400.00
GRAND TOTAL			1,921.64	1,819.14
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,819.14

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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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