

Surveyor: KGVIN

REF:

NS/INC19007523/Klsd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SLH 2238JPolicy No 5104357534 (27/10/18-26/10/19)Claims No MT/1041958-002

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: _____

IDAC 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

Ven No: SHC 8955 G Yr Regn: 21 Apr 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T 0 / Prime Mover /

Truck / Trailer or

Make: Hyundai Z4 cc 1600Colour: Blue A/D: Insured / Std / NI / NASp. Reading: 38 4392 T/Radio: Insured / Std / NI / NA

Eng/No: _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LI / ZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or H-160

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/4/19 D.O.I. 29/4/19Survey held at CDAE (Loyang)

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

n/s Both.

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

Date / Time	Action / Instruction
	SHC 8955G - NA/INC19007440/24 DUA: 26/4/19 Inc
	SLH 2238J - NA/INC19007440/24 DUA: 26/4/19 41
6/5/19	Contract 45 \$/1650/ 3 hrs. (\$ 6,204.28 Red - 79%)
RECEIVED 07 MAY 2019	

Date/Time, File Pass to? ☐ : Prelim. Report1) Typist ☒ : Final Report

Date/Time, File Return to?

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

Survey Fee:

Transportation:

160

\$ 1,650/- Als

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="26/04/2019 18:00"/>
Vehicle No.(For Motor)	<input type="text" value="SLH2238J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104357534		TAN MENG CHEN	S1573471Z	GPC	drivo CLASSIC	SLH2238J	SLH2238J	27/10/2018	26/10/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/05/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1041958-002	COMFORT TRANSPORTATION PTE LTD	SHC 8955G	SLH 2238J
2	MT/1042268-002	COMFORT TRANSPORTATION PTE LTD	SHC 2230D	XD 7779K
3	MT/1042493-002	COMFORT TRANSPORTATION PTE LTD	SHD 3252D	SBP 3006G
4	MT/1042595-002	COMFORT TRANSPORTATION PTE LTD	SHC 2767Y	GW 6100B
5	MT/1020313-003	SMRT TAXIS PTE LTD	SHC 4756R	SHC 6809J

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	29/04/2019 09:24
Date Of Accident	26/04/2019 21:20
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS LOR AH SOO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8955G
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	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	YEO KIONG BOON
NRIC No	S1739060J
Date Of Birth	10/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93364759
Fax Number	
Contact Number	
Email Address	CASPIANYEO@HOTMAIL.SG

Address	BLK 533 UPPER CROSS STREET #11-218
Postcode	050533
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?	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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KRETA AYER NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190427/2051

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	SLH2238J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	84394428
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT RIGHT

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.
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.
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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. 1993038215

[Handwritten Signature]

[Handwritten Signature]
Loke Yee Yeng

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.:

27/4/19

[Handwritten Markings]

Sketch Plan Pg. 2

SKETCH PLAN

Upp Paya
ulbar Pd

A=8HC8455G Tuds
B=8LH2238J Lor Ah
300



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report

T/20190427/2051

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199203821F

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.:

Loke Vwei Yiang

27/4/19

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190427/2051

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

1 of 3

Report No: T/20190427/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2019 10:42		Vide Report No.:		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: YEO KIONG BOON			Address: APT BLK 533 UPPER CROSS STREET #11-218 SINGAPORE 050533		
ID Type / ID No.: NRIC NO / S1739060J			Contact No.: Home/Office: Mobile: 93364759		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 10/05/1966	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2019 21:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER PAYA LEBAR ROAD LORONG AH SOO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC8955G	Car				Slightly Damaged	1
SLH2238J	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190427/2051

2 of 3

Police Station Of Origin:

Kreta Ayer NPP

32 North Canal Road SINGAPORE 059282

Tel No: 1800-5359999

Report No. T/20190427/2051

CONTINUATION OF REPORT

Driver			
Name	YEO KIONG BOON		ID No. S1739060J
Related Vehicle	SHC8955G (Car)		Contact No. 93364759
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown		ID No. NIL
Related Vehicle	SLH2238J (Car)		Contact No. 84394428
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/04/2019 at about 2120hrs along Upper Paya Labar Road I was driving my vehicle (SHC8955G) at the most right lane, while I was turning left into the second lane, I felt a impact from my left side. My vehicle has collided with defendant vehicle (SLH2238J) who was on the third lane turning right into the second lane. My vehicle left rear area went out of place due to the impact and my left side mirror has dropped off. Defendant vehicle front right side of the vehicle has scratches and dents.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999



T/20190427/2051

3 of 3

Report No, T/20190427/2051

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:

A /

Sgt 2 WAYNE LIM CHEE KIAN

Signature Of Interpreter:
Not applicable

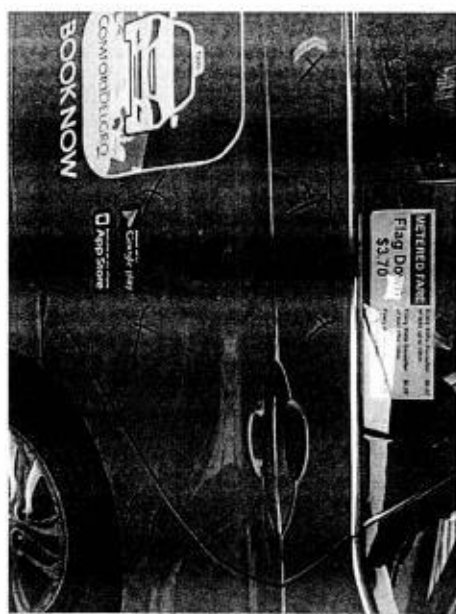
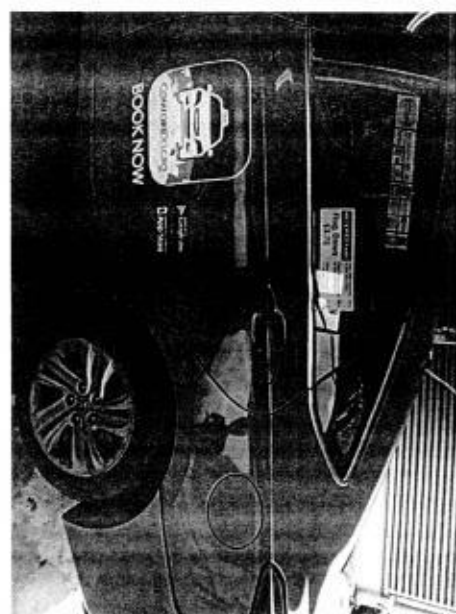
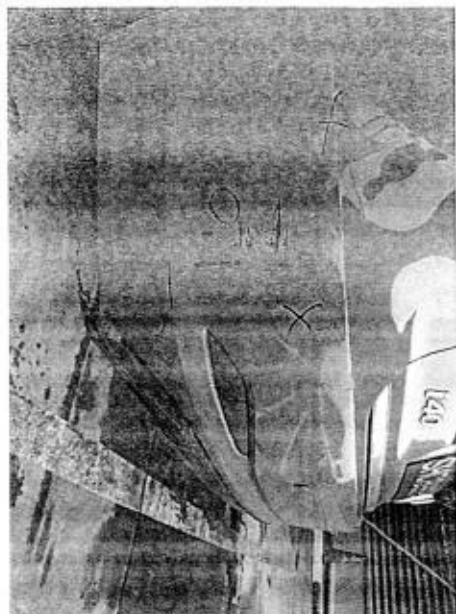
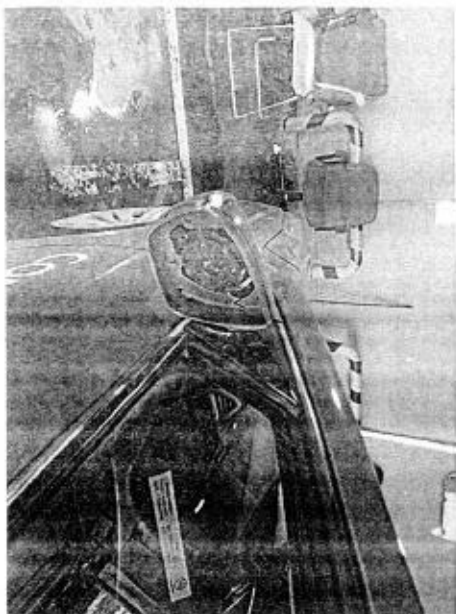
Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/04/2019 10:42

Classification Of Case:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8955G

DATE 29/4/2019 11:14

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x repair</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>x 4</i>			\$ 22.00
	Rear Bumper Under Cover <i>x one</i>			\$ 228.00
	Rear Fender (LH) <i>x repair</i>			\$ 2,171.40
	Rear Fender Inner Lining (LH) <i>x one</i>			\$ 169.30
	Rear Windscreen Moulding <i>x "</i>			\$ 28.30
	Rear Door (LH) <i>x repair</i>			\$ 2,201.10
	Front Door Mirror Assy (LH) <i>/ one</i>			\$ 670.00
	Rocker Panel Outer Garnish (LH) <i>x one</i>			\$ 341.40
	Rear Wheel Hub Cap, LH <i>/ one</i> <i>broken</i>			\$ 107.10
	<i>Front Door x repair</i>			
	SUB TOTAL			\$ 6,491.60
	LESS 20%			\$ 1,298.32
	DISCOUNTED TOTAL			\$ 5,193.28
	Rear Windscreen Sealant <i>x "</i>			\$ 46.00
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>-</i> <i>acc</i>		<i>-1.2</i>	\$ 80.00
	Front Door Coloured Comfort Logo (LH) <i>-</i> <i>acc</i>		<i>-1.6</i>	\$ 75.00
				\$ 201.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 1,000.00 <i>850</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>x 4</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>x 2</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>x 2</i>
	Transfer of Door			\$ 80.00 <i>x 2</i>
	Rear Wheel Alignment			\$ 80.00 <i>x 2</i>
	TOTAL LABOUR			\$ 2,460.00
	ESTIMATE TOTAL			\$ 7,854.28

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.

NFWC 1 LMS

Date/Time: 29.04.2019 10:41

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO. 305291153

CUSTOMER:

VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO. 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

L (R)
(P)

SCOUNT CARD NO.

REGN NO.:

SHC8955G

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

26.04.2019 21:20

YR OF MANU

21.04.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU087825

COMPLETION DATE/TIME:

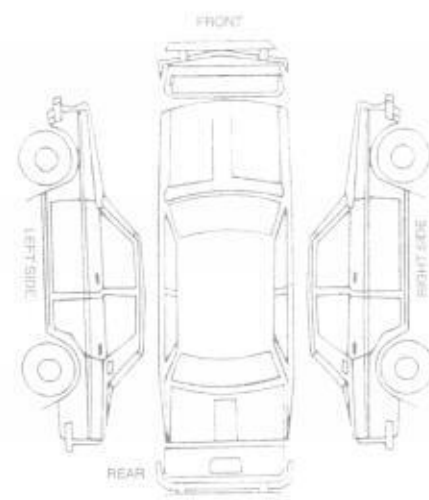
JOB DESCRIPTION

Accident Date: 26.04.2019
NATURE: OD 26.04.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8955G
CHIANG

Vehicle No.: SHC8955G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

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

Date : 03/05/19

Fax :

Vehicle Reg No. : SHC8955G

26/04/2019

Date : 6/5/19

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/INC19007523/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 13-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 2238J	Veh. Inspected	SHC 8955G
Policy No.	5104357534	Coverage (\$)	0.00
Claim No.	MT/1041958-002	Excess (\$)	0.00
Assign From		Assign Date	29/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087825	Colour	BLUE
Odometer	384392	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/04/2019	Inspection Date	29/04/2019
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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**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. SHC 8955G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	2,201.10	-
1	FRONT DOOR MIRROR ASSY (LH)	CRACKED	670.00	670.00
1	ROCKER PANEL OUTER GARNISH (LH)	SERVICEABLE	341.40	-
1	REAR WHEEL HUB CAP, LH	GRAZED	107.10	107.10
1	FRONT DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-1,298.32	-155.42
			5,193.28	621.68
<u>NETT ITEMS</u>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			46.00	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER, REAR FENDER (LH), REAR DOOR (LH) AND FRONT DOOR.		850.00	400.00
	SPRAY PAINTING CHARGE.		1,000.00	850.00

Report Ref No. NS/INC19007523/K1sd3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,460.00	1,320.00
	GRAND TOTAL		7,854.28	2,081.18
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,650.00

Report Ref No. NS/INC19007523/K1sd3n2

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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