

NS/INC 19009112/19.d 302

REF:

REF:

INC

TAX/05/19/2084

Assignment: NA 2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: S9E7542

Policy No. 5082312468-02 (17/01/2018 -)

Claims No. NT/1045235-02

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: _____ % Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SHB322R Yr Regn: 4 DE C 2015

Type: M.Car/M.Cycle/BUS/Van/Lorry (Taxi) Prime Mover/

Truck/Trailer or _____

Make: TOYOTA (RM) c.o. 1798

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

Sp. Reading: 209,409 T/Radi: Insured/Std/NI/NA

Eng/No: _____

C/No: JDKN36U105769283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / Rlm or

Tyre Siz: F: R5/65/85

R: 11

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

TOYO/YOKO or ACHILLES

Front R/Bal. 5 mm Rear R/Bal. 5 mm

L/Bal. 5 mm U/Bal. 5 mm

D.O.A. 18/5/19 U.O.I. 22/5/19

Survey held at SMART WOODLANDS

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

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

Date/Time Action/Instruction

SHB 322R - NS/INC 19009112/19.d 302 ROA-07/10/2013 6/5

S9E 7542

7/6/19 FINALIZED LUMP SUM REPAIR \$700.00 / 2 REPAIR DAYS

vs \$700, 2 days (red \$1133.70, 67%)

RECEIVED 13 JUN 2019

Date/Time, File Pass to? : Prelim Report

1) 12/6/19 : Final Report

Date/Time, File Return to?

2) _____

Report Format: TR

Lump Sum / I.B. / \$ 700

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 160
Transportation: _____

Add Fee: : Site Insp (\$ _____) S + RS \$ _____

: Interview (\$ _____) Photos _____

: Tech. Invo (\$ _____) Others _____

: Weekend (\$ _____)

TOTAL 160

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1045235-002	SMRT TAXIS PTE LTD	SHB 322R	SGE 754Z
2	MT/1047307-002	COMFORT TRANSPORTATION PTE LTD	SHD 3346S	SGJ 6827G
3	MT/1047279-002	COMFORT TRANSPORTATION PTE LTD	SH 7536H	SJN 663U
4	MT/1047862-002	COMFORT TRANSPORTATION PTE LTD	SH 6102H	SKA 8635E
5	MT/1047837-002	CITYCAB PTE LTD	SHC 622U	GX 1308Y
6	MT/1047407-002	COMFORT TRANSPORTATION PTE LTD	SHA 1312T	SLH 1089D

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5082312468-02		DRAGONS WORLD INVESTMENT PTE LTD	201324659E	GFT	drivo CLASSIC	SGE754Z	SGE754Z	17/07/2018	

Continue

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/05/2019 11:11
Date Of Accident	18/05/2019 13:15
Exact Location Of Accident	WHAMPOA TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB322R
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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 - 19093197 MFSH
Cover Note Number	

Driver

Name of Driver	AW HUN KIAT
NRIC No	S7250533F
Date Of Birth	28/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	34
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
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

I WAS STATIONARY ALONG WHAMPOA TAXI STAND AS A PASSENGER WAS GOING TO BOARD MY TAXI. SUDDENLY I FELT AN IMPACT AT THE RIGHT REAR PORTION OF MY TAXI. A VEHICLE SGE754Z HAD HIT ONTO THE RIGHT REAR PORTION OF MT TAXI AND DROVE AWAY WITHOUT STOPPING. I WENT AFTER THIRD PARTY AND STOPPED HER A DISTANCE AWAY

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE754Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAMEENA
NRIC/Passport Number	S9570702E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

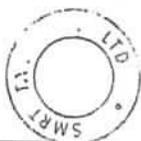
SKETCH PLAN

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.



Policyholder's Signature
Date & Time:

[Signature] 21/05/19.

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

[Signature] 21/5/2019.

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

NOTICE OF REPORTING

This is to confirm that Aw Hun Kiat, NRIC: S7250533F HP: 9128 1655 had reported to the Police a non-injury traffic accident which occurred on 18/05/2019 at Whampoa Drive, near Whampoa Market taxi stand at around 1315 hrs:

- a) Complainant's Vehicle:
SHB322R (Red/ SMRT Taxi)
- b) Defendant's Vehicle:
Tameena
S9570702E
SGE754Z (Black / Toyota Car)

** No one injured.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Timothy Lee

Date: 18/05/2019 Time: 1426hrs

Police Post/Unit: Moulmein NPP

SINGAPORE
POLICE REPORT



S7250533F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Case Details

Case Reference Number : TAX/05/19/2084
 Type of Repair : Accident Repair
 Vehicle Registration Number : SHB322R

Company Type : SMRT Taxis Pte Ltd
 Estimation ID : EST-6952-ID
 Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
 Accident Date and Time : 18/05/2019 05:15 AM
 Vehicle Age(In Months) : 41

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

BOM Type	Costing Type	Portion	Material Number	SMRT Recommendation							Surveyor Approval		Remarks	
				Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/Replace	Surveyor Quantity	Surveyor Final Price(\$)		Repair/Replace
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	X
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	X
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give	X SVC
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give	X NN
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Check	? > SVC
									Total Spare Part Cost	672.90			Surveyor Total	463.95
									Lump Sum Discount (%)	20.00			Lump Sum Dis (%)	20
									Final Spare Part Cost	538.32			Final Sur Total	371.16

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR RH REAR PORTION	338.00	200	
Total:			338.00	200.00	

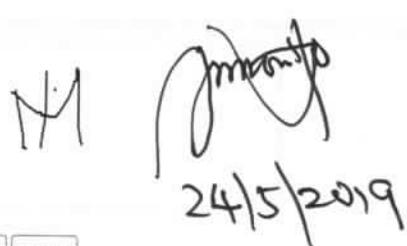
Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
Total:			378.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	NN
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	30	
3	Main	TO WASH AND VACUUM	60.00	0	NN
Total:			260.00	30.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	538.32	371.16
Total Labour Cost	338.00	200.00
Total Spray Painting	378.00	200.00
Other	260.00	30.00
Overall Total	1,514.32	801.16
Lump Sum Repair Option	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	1,500.00	800.00
Surveyor Approved Amount		800.00
No of Repair Days*	3	2
Remarks	-	LUMP SUM REPAIR 2 DAYS CHECK ITEMS PHOTOS AFTER REPAIR PHOTOS
Surveyor Name		Naz
Signature		
		<input type="button" value="Save"/> <input type="button" value="Clear"/>

Survey Date 22/05/2019

2215119 1445
 LIS
 2 DAYS
 CHECK ITEMS PHOTOS
 AFTER REPAIR PHOTOS

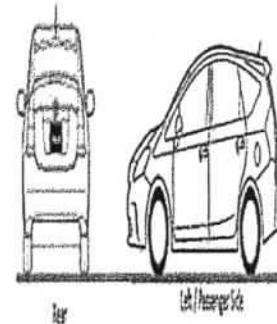
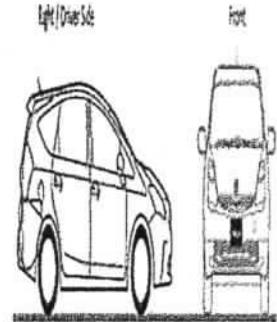
1833.70

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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

Acknowledged by Repairer
 Signature:
 Date:

Section A - Accident Details	
Registration Number	SHB322R
Case Reference Number	TAX/05/19/2084
Registration Date	4/12/2015
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	AW HUN KIAT (OU HANJIE)
Type of Accident	Side Swipe
Accident Date and Time	18/5/2019 1:15 PM
Accident Reported Date and Time	21/5/2019 10:24 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101571
Special Instruction to ARC,if any	TP
Prepared Date and Time	22/5/2019 11:37 AM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Toyota Prius

Section B - Summary of Repair Estimates		
Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$338.00	\$200.00
Total Spray Cost	\$378.00	\$200.00
Total Spare Part Cost	\$538.32	\$463.95
Total Other Cost	\$260.00	(\$163.95)
TOTAL COST	\$1,514.32	\$700.00 (L/S)
Lump Sum Total	\$1,500.00	\$0.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Tuck Foo Kok	Naz (LKK) / NTUC
ARC / Surveyor Sign Off Date	22/05/2019 3:56 PM	22/05/2019 3:30 PM
Signature		
Remarks		LUMP SUM REPAIR 2 DAYS CHECK ITEMS PHOTOS AFTER REPAIR PHOTOS



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
 60 Woodlands Industrial Park E4, Singapore 757705
 FAX Number : 63685552
 Estimator Telephone Number : 66662623
 Accident Reporting Number : 66662672

Date Generated : 07/06/2019
 User ID : PehBuan

Section C - Quotation and Accident Invoice Details			
Quotation Number	QN-1906-0001	Invoice Number	
Quotation Date	01.06.2019	Invoice Date	
Invoice Amount		Prepared Date	

Section D - Details of Repair Estimates		
Part 1 - Labour Works		
Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REPAIR RH REAR PORTION	\$338.00	\$200.00
Total Labour	\$338.00	\$200.00

Part 2 - Spray Painting & Panel Beating Related Works		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO RESPRAY REAR BUMPER	\$378.00	\$200.00
Total Spray Painting & Panel Beating	\$378.00	\$200.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense		
Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Lump Sum Adjustment by Surveyor	\$0.00	(\$193.95)
TO CHECK WIRING AND SYSTEM FUNCTION	\$80.00	\$0.00
TO TEST AND REFIX REVERSE SENSOR SYSTEM	\$120.00	\$30.00
TO WASH AND VACUUM	\$60.00	\$0.00
Total Other Costs	\$260.00	(\$163.95)

Part 4 - Spare Parts / Material Usage									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
		52159-47905	BUMPER REAR	1.00	\$458.60	25.00	\$343.95	Replace	Replace ✓
			PIXEL STICKER	2.00	\$60.00	0.00	\$120.00	Replace	Replace ✓
		76087-47020	BUMPER LIP COVER RR/RH	0.00	\$118.10	0.00	\$0.00	Replace	Not Given X SUC
		52591-47021	BUMPER SEAL, RR RH	0.00	\$65.70	0.00	\$0.00	Replace	Not Given X NN
		52575-47020	BUMPER SIDE RETAINER RR/RH	0.00	\$94.80	0.00	\$0.00	Replace	Check X SUC
Total					\$797.20		\$463.95		

Added Spare Parts / Material Usage After Surveyor Signed off									
Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

FINALIZED LUMP SUM REPAIR
 \$700.00 / 2 REPAIR DAYS

463.95
 + 200.00
 + 230.00

 893.95
 - 202

 715.16

4S \$700/- / 2 DAYS

NAZ LKK
 HJ
 7/6/19



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/INC19009112/Nqd3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 14-06-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGE 754Z	Veh. Inspected	SHB 322R
Policy No.	5082312468-02	Coverage (\$)	0.00
Claim No.	MT/1045235-002	Excess (\$)	0.00
Assign From		Assign Date	22/05/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	JTDKN36U105767283	Colour	MAROON
Odometer	209409	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	ACHILLES	5 mm
L/H Front Tyre	195/65 R15	ACHILLES	5 mm
R/H Rear Tyre	195/65 R15	ACHILLES	5 mm
L/H Rear Tyre	195/65 R15	ACHILLES	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/05/2019	Inspection Date	22/05/2019
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 322R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER REAR (DISC 25%)	CRACKED	458.60	343.95
2	PIXEL STICKER @\$60.00 (SN)	NECESSARY	120.00	120.00
1	BUMPER LIP COVER RR/RH	SERVICEABLE	118.10	-
1	BUMPER SIDE RETAINER RR/RH	SERVICEABLE	94.80	-
1	BUMPER SEAL, RR RH	NOT NECESSARY	65.70	-
			857.20	463.95
LABOUR				
PANEL BEATING & BODY WORK.			338.00	200.00
SPRAY PAINT.			378.00	200.00
TO CHECK WIRING AND SYSTEM FUNCTION.			80.00	-
TO TEST AND REFIX REVERSE SENSOR SYSTEM.			120.00	30.00
TO WASH AND VACUUM.			60.00	-
			976.00	430.00
GRAND TOTAL			1,833.20	893.95
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				700.00

Report Ref No. NS/INC19009112/Nqd3e2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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