



TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1045641-002	SMRT BUSES LTD	SG 1178C	SHD 1428C	23/5/2019	7:16	\$3,782.05	\$1,950.00
2	MT/1048161-001	CITYCAB PTE LTD	SHA 518Z	FBK 9654Y	3/6/2019	18:15	\$4,060.20	\$1,156.80
3	MT/1047079-002	COMFORT TRANSPORTATION PTE LTD	SHA 2598D	SJX 1798E	30/5/2019	12:30	\$1,514.53	\$800.00
4	MT/1048164-001	COMFORT TRANSPORTATION PTE LTD	SHC 8665T	SJH 9202P	31/5/2019	11:55	\$1,464.53	\$1,000.00

Claim received from LKK Auto

## Veron Chen (LKKAUTO)

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**From:** Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses)  
<catherineleesc@smrt.com.sg>  
**Sent:** Monday, 3 June 2019 2:05 PM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** RE: SG 1178C-DOA: 23/5/2019  
**Attachments:** SAS2609974.pdf

Hi Veron,

As per your request.

Thank you

Best Regards  
Catherine Lee  
SMRT Automotive Services Pte Ltd  
(Accident Repair Centre)  
DID: 6866 2669 Fax: 6368 5592  
[catherineleesc@smrt.com.sg](mailto:catherineleesc@smrt.com.sg)



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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** 03 June 2019 13:20  
**To:** Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses) <catherineleesc@smrt.com.sg>  
**Subject:** SG 1178C-DOA: 23/5/2019

Dear Catherine,

Kindly forward us a copy of GIA report.

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)

## 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	30/05/2019 14:34
Date Of Accident	23/05/2019 07:15
Exact Location Of Accident	JALAN KAYU BEFORE BS: 68119 (AFT SELETAR CAMP G)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1178C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 L AT TURBO ABS (A)
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	BUS

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093203MFBP
Cover Note Number	

### Driver

Name of Driver	AL RIDZUAN BIN SAMSUDIN
NRIC No	G8301523W
Date Of Birth	01/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 6 ANG MO KIO STREET 62  
 Postcode 569140  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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) 30

#### 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

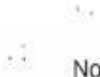
WHILE NEGOTIATING THE BEND ON THE FIRST LANE AT JALAN KAYU, I SUDDENLY FELT AN IMPACT AT THE REAR PORTION OF MY BUS. UPON CHECKING THE LEFT VIEW MIRROR, I SAW A SILVERCAB TAXI (SHD1428C) CAME INTO CONTACT WITH MY BUS. I STOPPED MY BUS AT THE NEXT NEAREST BUS STOP. WHEN I GOT DOWN TO ASSESS THE DAMAGES, I SAW THE SILVERCAB TAXI BEHIND MY BUS. MY BUS SUSTAINED DAMAGES ON THE LEFT REAR BUMPER. THE SILVERCAB TAXI SUSTAINED SCRATCHES ON THE RIGHT FRONT PORTION. NO INJURIES REPORTED

#### Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PENDING DOWNLOAD  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD1428C  
 Vehicle Make/Model/Colour SILVER TAXI  
 Details Of Properties SILVERCAB  
 Vehicle Category TAXI  
 Name of Driver LAU AH CHONG  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Nature Of Damage



No. Of Passenger (Including Driver)

**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]*

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

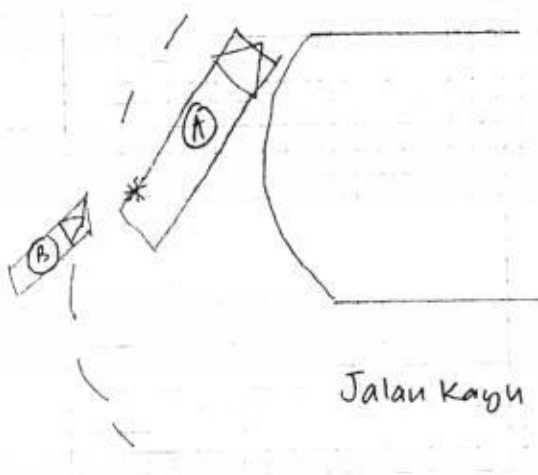


Reporting Centre Personnel's Signature  
Name: BALQISH  
NRIC/FIN No.: S8340325Z

## Sketch Plan Pg. 2

### SKETCH PLAN

① SG1178C  
② SHD1428C  
(SilverLab)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

## DECLARATION

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

Policyholder's Signat  
Date & Time:



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

Reporting Centre Personnel's Signature  
Name: BALQISH  
NRIC/FIN No.: S8340325Z





[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

**Vehicle Details**

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

**Intended PARF Rebate Details**

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

**Intended COE Rebate Details**

COE Rebate Amount:

**Total Rebate Amount:**

Company

2292D

SG1178C

No

06 Jun 2019

MERCEDES BENZ

CITARO O530 6.4L AT TURBO ABS

Multi-Colour

2015

902926C1100696

WEB62808323130013

\$284,614.00

07 Jul 2016

07 Jul 2016

1

\$0.00

No

\$0.00

\$0.00

\$0.00

The information contained herein is correct as at 06 Jun 2019

OK



## SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63885592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672


Date Generated : 27/05/2019

User ID : GohKK2

### Section A - Accident Details

Registration Number	SG1178C
Case Reference Number	BUS/05/19/1068
Registration Date	7/7/2016
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	CITARO O530
Name of Driver	Al Ridzuan Bin Samsudin
Type of Accident	Side Swipe
Accident Date and Time	23/5/2019 7:16 AM
Accident Reported Date and Time	23/5/2019 9:15 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101687
Special Instruction to ARC, if any	SG1178C - LEFT REAR PORTION SHD1428C (TP) - SILVERCAB. INSURED WITH NTUC.
Prepared Date and Time	27/5/2019 12:45 PM
Chassis Number	WEB62808323130013
Mileage	
Work Shop	
Repair Completion Date and Time	

### Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,060.00	\$0.00
Total Spray Cost	\$528.00	\$0.00
Total Spare Part Cost	\$1,579.72	\$0.00
Total Other Cost	\$0.00	\$0.00
<b>TOTAL COST</b>	<b>\$3,167.72</b>	<b>\$0.00</b>
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	3.0	
Prepared / Adjusted By	Kok Khoon Goh	HWEE JIE.
ARC / Surveyor Sign Off Date	27/05/2019 12:51 PM	
Signature		
Remarks		

### Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



## SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 04/06/2019

User ID : CatherineLee

### Section A - Accident Details

Registration Number	SG1178C
Case Reference Number	BUS/05/19/1068
Registration Date	7/7/2016
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	CITARO O530
Name of Driver	Al Ridzuan Bin Samsudin
Type of Accident	Side Swipe
Accident Date and Time	23/5/2019 7:16 AM
Accident Reported Date and Time	23/5/2019 9:15 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	24101687
Special Instruction to ARC, if any	SG1178C - LEFT REAR PORTION SHD1428C (TP) - SILVERCAB. INSURED WITH NTUC.
Prepared Date and Time	27/5/2019 12:45 PM
Chassis Number	WEB62806323130013
Mileage	
Work Shop	
Repair Completion Date and Time	

### Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,060.00	\$795.00
Total Spray Cost	\$528.00	\$446.00
Total Spare Part Cost	\$976.47	\$976.47
Total Other Cost	\$0.00	(\$248.20)
<b>TOTAL COST</b>	<b>\$2,564.47</b>	<b>\$1,969.27</b>
Lump Sum Total	\$0.00	\$1,950.00
Number of Repair Days	3.0	2.0
Prepared / Adjusted By	Kek Khoo Goh	Hwee Jie
ARC / Surveyor Sign Off Date	27/05/2019 12:51 PM	27/05/2019 2:09 PM
Signature		
Remarks		

### Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



## SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63885592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 04/06/2019

User ID : CatherineLee

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$1,060.00	\$795.00
<b>Total Labour</b>	<b>\$1,060.00</b>	<b>\$795.00</b>

#### Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	\$528.00	\$446.00
<b>Total Spray Painting &amp; Panel Beating</b>	<b>\$528.00</b>	<b>\$446.00</b>

#### 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	(\$248.20)
<b>Total Other Costs</b>	<b>\$0.00</b>	<b>(\$248.20)</b>

#### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6009879	VE	0008208864	LAMP, TAIL REAR LH FOR MB CITARO O530	1.00	\$1,261.71	10.00	\$1,135.54	Replace	Replace CRG
6010012	VE	0005446011	LAMP, SIDE MARKER FOR MB CITARO O530 BUS	1.00	\$84.50	10.00	\$85.05	Replace	Replace SCR
6009908	BODY LH	6288850005	BUMPER REAR LH FOR MB CITARO O530	1.00	\$837.84	100.00	\$0.00	Repair	Repair R
<b>Total</b>					<b>\$2,194.05</b>		<b>\$1,220.59</b>		

#### 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
<b>Total</b>									

3782.05

## Veron Chen (LKKAUTO)

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**From:** Hwee Jie (LKK Auto)  
**Sent:** Monday, 10 June 2019 9:21 AM  
**To:** Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses)  
**Cc:** Veron Chen (LKKAUTO)  
**Subject:** RE: Finalisation - SG1178C (BUS/05/19/1068) - NTUC

Hi,

Finalized L/S \$1,950/- 2days of repair.

Best Regards,

**Hwee Jie | Assistant Automotive Assessor**

**LKK Auto Consultants**

Phone: 9180 3151 | Email: [Hweejie@lkkauto.com](mailto:Hweejie@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Catherine Lee Sau Chan (Auto Svcs/ARC/AR & SC/Buses) [mailto:[catherineleesc@smrt.com.sg](mailto:catherineleesc@smrt.com.sg)]  
**Sent:** Tuesday, 4 June, 2019 5:20 PM  
**To:** Hwee Jie (LKK Auto); SUR; Admin A  
**Cc:** Koo Yew Chung (Auto Svcs/ARC/AR & SC); AutoSvs-ARC (Bus)  
**Subject:** Finalisation - SG1178C (BUS/05/19/1068) - NTUC

Hi Hwee Jie,

Attached herewith our copy and your marked copy of the bus repair estimate for the case.

Our finalised amount is \$1,950/- @ 2 working days under lump sum repair. Attached after repair photos for your perusal.

Please confirm the COR by return email ASAP.

Thank you

Best Regards  
Catherine Lee  
SMRT Automotive Services Pte Ltd  
(Accident Repair Centre)  
DID: 6866 2669 Fax: 6368 5592  
[catherineleesc@smrt.com.sg](mailto:catherineleesc@smrt.com.sg)



Moving People, Enhancing Lives



## 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/INC19009723/Jvd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2019



189556

Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 1428C	Veh. Inspected	SG 1178C
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1045641-002	Excess (\$)	0.00
Assign From		Assign Date	31/05/2019

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ CITARO	c.c	6374
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WEB62808323130013	Colour	MULTI-COLOUR
Odometer	259882	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	FIRENZA	7 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	7 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	7/7 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	7/7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION AND N/S BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	23/05/2019	Inspection Date	31/05/2019
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 1178C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	LAMP, TAIL: REAR LH, FOR MB CITARO O530	CRACKED	1,261.71	1,261.71
1	LAMP, SIDE MARKER: FOR MB CITARO O530 BUS	SCRATCHED	94.50	94.50
1	BUMPER: REAR, LH, FOR MB CITARO O530	TO REPAIR SEE LABOUR	837.84	-
	LESS 10% DISCOUNT		-	-135.62
			2,194.05	1,220.59
<b>LABOUR</b>				
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BUMPER: REAR, LH, FOR MB CITARO O530.		1,060.00	795.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		528.00	446.00
			1,588.00	1,241.00
<b>GRAND TOTAL</b>			<b>3,782.05</b>	<b>2,461.59</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFRIMED)</b>				<b>1,950.00</b>

Report Ref No. NS/INC19009723/Jvd3s2

ONG HWEE JIE

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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