

NS/INC19009950/Klsd312

SHA 7223C

29 May 2019

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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 Report: 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

Vehicle: IN / OUT

Date: Person Contacted:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

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 A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. mm

R/Bal. mm

L/Bal. mm

L/Bal. mm

D.O.A. 3/6/19

D.O.I. 4/6/19

Survey held at

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

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

Date / Time	Action / Instruction
	SHA 7223C - NA / CNI / 801 2/05/24
	CIBA 9688C - X
11/6/19	Calculated P/P \$3290.70 / 41% ( \$ 1,280.41 Red - 36% )

Date/Time, File Pass to?

1) 11/06/19

Date/Time, File Return to?

2)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ ) \$ + RS \$ SI☐ : Interview (\$ ) Photos☐ : Tech. Invs (\$ ) Others☐ : Weekend (\$ )

Survey Fee:

Transportation:

TOTAL

Report Format:

Lump Sum (I.B.): (\$ 3,290.70 P/P)

160
160

[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108373650		3G LOGISTICS PTE LTD	201006432Z	GCV	Third Party, Fire & Theft	GBA9688C	GBA9688C	30/04/2019	29/04/2020

TP Claims against NTUC Income: Follow-Through Survey

Date: 11/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1047790-002	COMFORT TRANSPORTATON PTE LTD	SH 9094C	SDW 1855A
2	MT/1047684-002	COMFORT TRANSPORTATON PTE LTD	SHA 4190H	SGG 1686U
3	MT/1048032-002	CITYCAB PTE LTD	SHC 7756X	YM 9215Z
4	MT/1047514-002	COMFORT TRANSPORTATON PTE LTD	SH 4374C	SKG 8820E
5	MT/1047926-002	COMFORT TRANSPORTATON PTE LTD	SH 6226J	GBH 8844M
6	MT/1047695-002	CITYCAB PTE LTD	SHD 8586H	SLC 4036M
7	MT/1048511-001	COMFORT TRANSPORTATON PTE LTD	SHA 7223C	GBA 9688C
8	MT/1047805-002	COMFORT TRANSPORTATON PTE LTD	SH 8585J	SKW 672J
9	MT/1047644-002	CITYCAB PTE LTD	SHC 833C	SMC 6715L

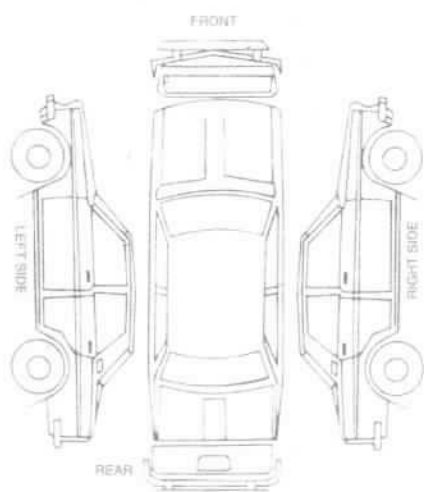
Claim received from LKK Auto

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305300760

VER	COMFORT TRANSPORTATION PTE LTD 7010045	REGN NO.: SHA7223C	MILEAGE
VER NO.	383 SIN MING DRIVE	MAKE: TOYOTA	FUEL
SS	Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)	E.....1/2.....F
R)	65508755	DATE/TIME IN	03.06.2019 10:25
P)	(O)	YR OF MANU	TARGET DATE
		29.05.2019	
INT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME
		JTDKB3FU003080348	

Accident Date: 03.06.2019  
NATURE: 3P 03.06.19

JOB DESCRIPTION

3/NO	LABOR CODE	DESCRIPTION
		

ED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

dgement Slip	Exit Pass
SHA7223C	Vehicle No.: SHA7223C
LIMITS	
Service Advisor	Signature/Date
igned to Service Reception upon collection	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	03/06/2019 15:45
Date Of Accident	03/06/2019 00:15
Exact Location Of Accident	BEACH RD X ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7223C
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	PRIUS
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	CHOO JOON HOE
NRIC No	S1545319B
Date Of Birth	11/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91365691
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	718 #10-235 YISHUN STREET 71
Postcode	760718
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 - CROSS JUNCTION
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

#### 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

SEE ATTACH.

#### Attachment(s)

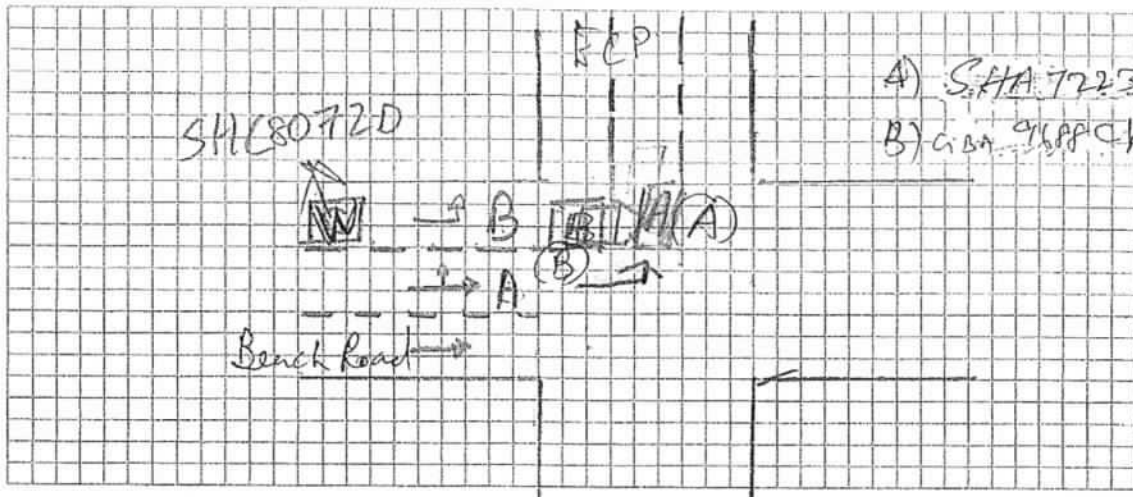
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA9688C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87747421
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/6/19 at about 0015hrs while I was making a left turn towards ECP within my lane (left turn + straight ahead), Veh B from the left lane (left turn only) suddenly moved forward instead of turning left and collided into left rear portion of my vehicle. I was not able to capture the photo which because my handphone camera was faulty. However there was a taxi behind me that (SHC8072D) had a video footage.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 189303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

SR Moorthy  
CSO

Reporting Centre Personnel's Signature  
Name:

3/6/19



**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.

PORT 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:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.06.2019

Time: 18:04:00

## REPAIR ESTIMATE

Page: 1

NTUC-CP/P/  
LKK-

TS

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

JOB NO : 305300760  
 REGN NO : SHA7223C  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 29.05.2019  
 DATE/TIME IN : 03.06.2019 10:25  
 ACCIDENT DATE : 03.06.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95	X	817.50
0002	04-01-0302-3837-G	REAR BUMPER RETAINER LH	1	112.70	25.00	84.52	X	817.50
0003	04-01-0302-3809-G	REAR FENDER LH	1	2,028.10	25.00	1,515.07	/	817.50
0004	04-01-0302-0596-G	REAR DOOR LH	1	1,258.30	25.00	943.72	/	817.50
0005	03-01-0302-2057-G	REAR WHEEL CAP LH	1	175.80	25.00	131.85	/	817.50
0006	28-01-0103-2013-A	REAR DOOR APPS STICKER LH	1	80.00	10.00	72.00	/	817.50
							SUB-TOTAL : 3,091.11	

## JOB NATURE

0000	PB	PANEL BEATING
0001	SP	SPRAYPAINT CHARGE
0002	20-00	TUFF COAT ON AFFECTED PARTS.
0003	L	R/I UPHOLSTERY ETC
0004	L	WHEEL ALIGNMENT

840.00 / 600  
 1000.00 / 800  
 80.00 / 30  
 120.00 / 50  
 120.00 / X

Date: 03.06.2019

REPAIR ESTIMATE

Page: 2

JOB NO	:	305300760
REGN NO	:	SHA7223C
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	29.05.2019
DATE/TIME IN	:	03.06.2019 10:25
ACCIDENT DATE	:	03.06.2019

[illegible]

~~120.00~~ 50

SUB-TOTAL : 2,080.00

TOTAL : 5,171.11

\_\_\_\_\_ AUTHORIZED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE : \_\_\_\_\_

532 | 11

Kahr, VK59

4/6/19 1150h

4 Days

21

Before Part pH



## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305300760

Date : 10/06/19

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA7223C

Date of Accident : 03-Jun-19

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

1. The repair job shall bill to: NTUC --- GBA9688C

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,760.70

(b) Labour Charges \$1,530.00

**Total for Part-By-Part Repair Cost \$3,290.70**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 4 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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 11/6/19

Fax : 65468156

### 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		NO		
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 : 305300760  
REGN NO : SHA7223C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 29.05.2019  
DATE/TIME IN : 03.06.2019 10:25  
ACCIDENT DATE : 03.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-3809-G	REAR FENDER LH***	1	817.50	25.00	613.12
0002	04-01-0302-0596-G	REAR DOOR LH	1	1,258.30	25.00	943.72
0003	03-01-0302-2057-G	REAR WHEEL CAP LH	1	175.80	25.00	131.85
0004	28-01-0103-2013-A	REAR DOOR APPS STICKER LH	1	80.00	10.00	72.00

SUB-TOTAL : 1,760.69

## JOB NATURE

0000	PB	PANEL BEATING	600.00
0001	SP	SPRAYPAINT CHARGE	800.00
0002	20-00	TUFF COAT ON AFFECTED PARTS.	30.00
0003	L	R/I UPHOLSTERY ETC	50.00
0004	L	TRANSFER OF DOOR	50.00

SUB-TOTAL : 1,530.00

Corrected price.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.06.2019

REPAIR ESTIMATE

Time: 12:09:15

Page: 2

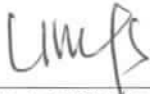
COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305300760  
REGN NO : SHA7223C  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 29.05.2019  
DATE/TIME IN : 03.06.2019 10:25  
ACCIDENT DATE : 03.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,290.69



MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE  
DATE :



## 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/INC19009950/K1sd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 14-06-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBA 9688C	Veh. Inspected	SHA 7223C
Policy No.	5108373650	Coverage (\$)	0.00
Claim No.	MT/1048511-001	Excess (\$)	0.00
Assign From		Assign Date	04/06/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU003080848	Colour	BLUE
Odometer	2435	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	GOODYEAR	9 mm
L/H Front Tyre	195/65 R15	GOODYEAR	9 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	9 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	9 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	03/06/2019	Inspection Date	04/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 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. SHA 7223C**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RETAINER LH	SERVICEABLE	112.70	-
1	REAR FENDER LH	BUCKLED	2,020.10	817.50
1	REAR DOOR LH	BUCKLED	1,258.30	1,258.30
1	REAR WHEEL CAP LH	GRAZED	175.80	175.80
1	ROCKER PANEL GARNISH (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-1,006.38	-562.90
			3,019.12	1,688.70
	<b><u>NETT ITEMS</u></b>			
1	REAR DOOR APPS STICKER LH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-8.00	-8.00
			72.00	72.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND ROCKER PANEL GARNISH (LH).		840.00	600.00
	SPRAYPAINT CHARGE.		1,000.00	800.00
	TUFF COAT ON AFFECTED PARTS.		80.00	30.00
	R/I UPHOLSTERY ETC.		120.00	50.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		120.00	50.00
			2,280.00	1,530.00
	<b>GRAND TOTAL</b>		<b>5,371.12</b>	<b>3,290.70</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>3,290.70</b>
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Report Ref No. NS/INC19009950/K1sd3e2

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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