

Sineu, Kalvin

REF:

NS/INC19009902/Klsd3n2

## 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: SJH9202P

Policy No. 5103 226978 (24/8/18-27/8/19)

Claims No. MT/1048164 - 001

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 8665 T

Yr Regn: 17 Mar 2016

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

Truck / Trailer or

Make: Hyundai - Z4

c.c

1685

Colour: Blue

A/C:

Insured / Std / NI / NA

Sp. Reading: 5 24417

T/Radio:

Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414464085769

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F:

R:

205 / 60 R16

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

31/5/19

D.O.I.

4/6/19

Survey held at

CPHE (Loyang)

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

SHC 8665 T - CC3/AIG/10025616/D42u2k2

Don: 16/12/2010 Inc

SJH 9202P - CC/INC17000190/Agh3n2

Don: 28/11/2017 4/5

7/6/19

Contracted 4/5 \$1000/ 2 Pys.

(\$ 464.53 Red - 32%)

RECEIVED 10 JUN 2019

Date/Time, File Pass to?

10/06/19

1)

Typ. 34

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 1,000/- 45)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

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="31/05/2019 12:28"/>							
Vehicle No.(For Motor)	<input type="text" value="SJH9202P"/>	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"/>	5103226978		PEH YONG SOON	S9629525A	GPC	drivo CLASSIC	SJH9202P	SJH9202P	24/08/2018	27/08/2019
					<input type="button" value="Continue"/>					

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

## 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 07:26
Date Of Accident	31/05/2019 11:55
Exact Location Of Accident	AIRPORT RD > KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8665T
<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	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	KAN LIEW MENG
NRIC No	S1338885G
Date Of Birth	14/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98324509
Fax Number	
Contact Number	
EMail Address	NOEMAIL

## SINGAPORE ACCIDENT STATEMENT

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### ACCIDENT STATEMENT

Date Of Report	03/06/2019 07:26
Date Of Accident	31/05/2019 18:55
Exact Location Of Accident	AIRPORT RD > KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8665T
-----------------------------	----------

#### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
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Occupation	OUTDOOR
Date Of Driving Pass	21/08/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98324509
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	3 #03-288 GHIM MOH ROAD
Postcode	270003
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?	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?	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)

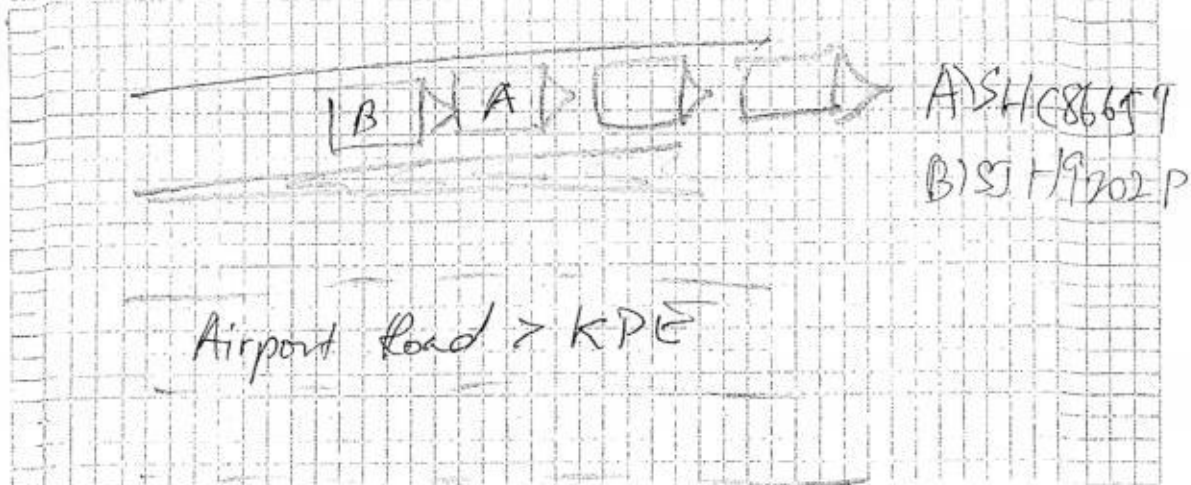
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH9202P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/19 at about 18:55 hrs while I Vch A was slowly moving behind other vehicles waiting to enter KPE, Vch B collided into the rear of my vehicle

DECLARATION

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

COMFORT 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:  
Date & Time:



**IMPORTANT NOTICE**

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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.

JOMFORT 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.:

→ LKK-Kalvin LTD



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66350020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: wco 61927164 Vehicle Registration No: SY C 8665T

Name (as shown in NRIC): Lim Lian meng NRIC/FIN/Passport No: \_\_\_\_\_

☐ (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 31/8/15 Time of Accident: 1PM

Place of Accident: Airport → KPE

Insurance Company: India International Insurance Pte Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Time of accident was 1PM

1/8

2416119

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 03.06.2019

Time: 08:18:37

Page: 1/2

NTUC-4S  
LKK-Kalvin

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

JOB NO : 305300283  
REGN NO : SHC8665T  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 01.06.2019 11:55  
ACCIDENT DATE : 31.05.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	-
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	-
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	-
0004 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	-
0005 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	-

SUB-TOTAL : 814.53

## JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 L	R/I REVERSE SENSOR

~~280.00~~

200

~~250.00~~

200

~~120.00~~

70

SUB-TOTAL : 650.00

REPAIR ESTIMATE

Page: 2/2

JOB NO	:	305300283
REGN NO	:	SHC8665T
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	17.03.2016
DATE/TIME IN	:	01.06.2019 11:55
ACCIDENT DATE	:	31.05.2019

[illegible]

TOTAL : 1,464.53

\_\_\_\_\_  
 SURVEYOR NAME & SIGNATURE  
 DATE : \_\_\_\_\_

Kalor

4/6/19 11254

2 R.

41,

Allen Reppel

[illegible]

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305300283

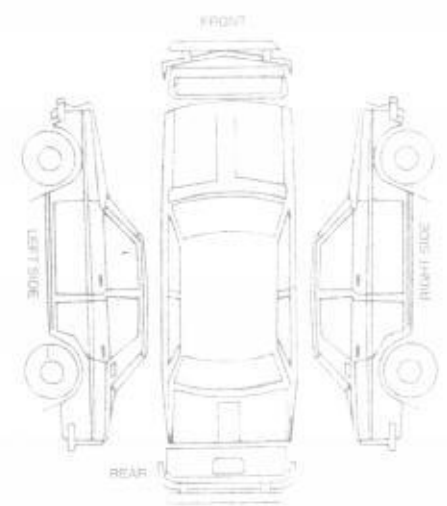
OMER	COMFORT TRANSPORTATION PTE LTD	REGN NO: SHC8665T	MILEAGE
S	7010045	MAKE: HYUNDAI	FUEL
OMER NO.	383 SIN MING DRIVE	MODEL: I-40	E. 1/2 F.
ESS	Singapore SINGAPORE 575717	YR OF MANU: 17.03.2016	DATE/TIME IN: 01.06.2019 11:55
(R)	65508755	CHASSIS CODE: KMHLB41UMGU085769	TARGET DATE
(P)	(D)		COMPLETION DATE/TIME

JUNT CARD NO.

Accident Date: 31.05.2019  
NATURE: 3P 31.05.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



WOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8665T LIMITS

Vehicle No.: SHC8665T

f Service Advisor Signature/Date

Name of Service Advisor Date

turned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305300283

Date : 06/06/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8665T

Date of Accident : 31-May-19

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

1. The repair job shall bill to: NTUC --- SJH9202P

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,000.00

**Final Lumpsum Repair cost \$1,000.00**

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 7/6/19

## 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		NO		
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/INC19009962/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-06-2019  
189556



Code: INC4

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

Insured Veh.	SJH 9202P	Veh. Inspected	SHC 8665T
Policy No.	5103226978	Coverage (\$)	0.00
Claim No.	MT/1048164-001	Excess (\$)	0.00
Assign From		Assign Date	04/06/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085769	Colour	BLUE
Odometer	524417	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	31/05/2019	Inspection Date	04/06/2019
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

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. SHC 8665T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
<b><u>NETT ITEMS</u></b>				
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-13.57	-13.57
			122.13	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		280.00	200.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			650.00	430.00
<b>GRAND TOTAL</b>			<b>1,464.53</b>	<b>1,244.53</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,000.00</b>

Report Ref No. NS/INC19009962/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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.