

08/11/13

REF

NC/INC19010088/K19d3 n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SKA 8635EPolicy No: 5108070869Claims No: MT/1047862-002

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: 2 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: SH 6102 HYr Regn: 28 Sep 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798Colour: Blue A/C: Ins 6 Std / NI / NASp. Reading: 219014 T/Radio: Ins 0 Std / NI / NA

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

C/No: 5701KBJF47035 6x323Gen. Cond: Good / 6 Poor / BurntSteering: In order / 6 Jammed / Leaked / Burnt orBrake: In order / 6 Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 Rim orTyre Size: F: 195/65 R15

R: \_\_\_\_\_

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

TOYO / YOKO or Davanti

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 5/6/19D.O.I. 6/6/19Survey held at CPGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	<u>SH6102H-X</u>
	<u>SKA 8635E-X</u>
<u>10/6/19</u>	<u>Chassis PIP \$1248.61 / 2hrs.</u>
	<u>Used \$1472.24, 54%.</u>

RECEIVED 13 JUN 2019

Date/Time, File Pass to?

☐

Prel. Report

1) 13/6 train☐

Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, St

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: TPLump Sum / I.B.I: (\$ 1248.61)

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.	<input type="text"/>	Date of Accident	<input type="text" value="05/06/2019 15:54"/>
Vehicle No.(For Motor)	<input type="text" value="SKA8635E"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5108070869		LEE BOON KENG (LI WENQING)	S8724188B	GPC	drive CLASSIC	SKA8635E	SKA8635E	11/03/2019	07/04/2020

## 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	06/06/2019 10:20
Date Of Accident	05/06/2019 21:45
Exact Location Of Accident	CTE(SLE) YIO CHO KANG RD EXIT - SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6102H
<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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TAN KIAH TENG
NRIC No	S1295496D
Date Of Birth	04/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86669751
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 963 HOUGANG AVENUE 9 #13-550
Postcode	530963
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

REFER ATTACHED

#### 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	SKA8635E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE BOON KENG
NRIC/Passport Number	S8724188B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

# **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.

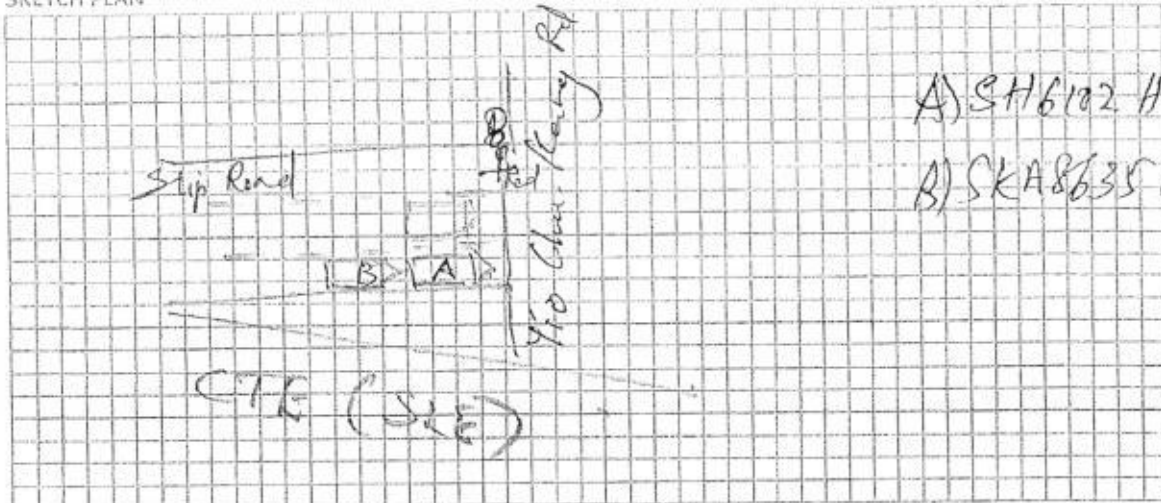
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/19 at about 2145hrs when I Car A was stopped at the traffic junction along the Slip Road toward Yio Choo Keng Road, Car B collided onto the rear of my stationary vehicle.

DECLARATION

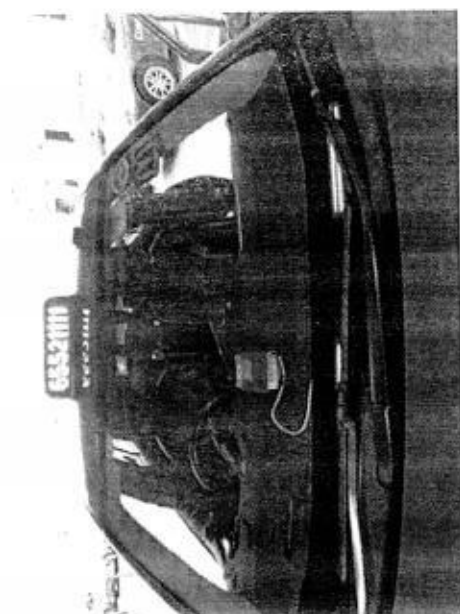
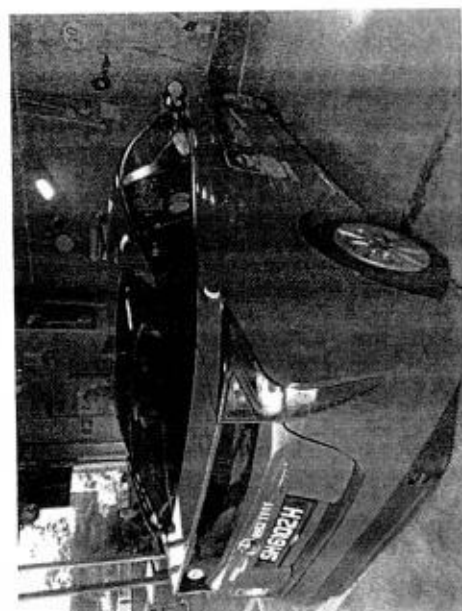
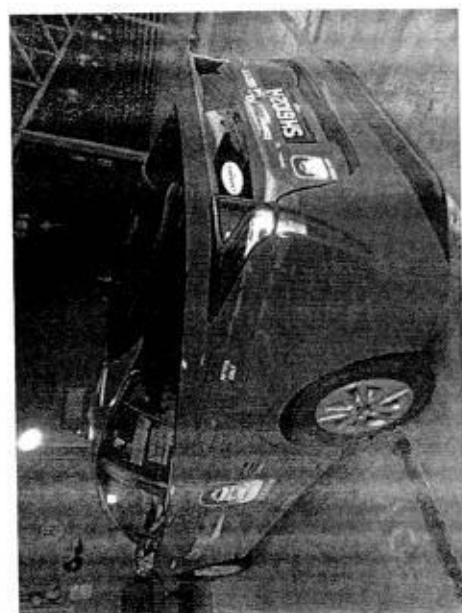
I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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





COMFORT

Date: 05.06.2019

Page 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO: 305301095

CUSTOMER

REGN NO:

SH 6102H

MILEAGE

3/MS COMFORT TRANSPORTATION PTE LTD

MAKE:

TOYOTA

FUEL

CUSTOMER NO: 7010045

E 1/2 F

ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

PRIUS HYBRID(G4) 06.06.2019 09:30

L (R) 65508755 (O)

YR OF MANU:

28.09.2017

TARGET DATE

(P)

CHASSIS CODE

JTDKKB3FU703564323

COMPLETION DATE/TIME

SCOUNT CARD NO.

## JOB DESCRIPTION

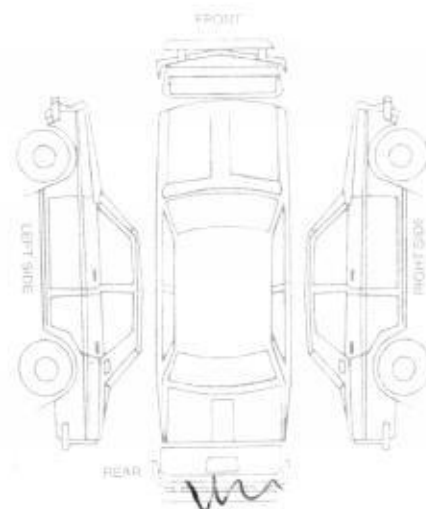
Accident Date: 05.06.2019

NATURE: 3P 05.06.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

to: SH 6102H CHIANG

Vehicle No.: SH 6102H

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

## REPAIR ESTIMATE

VEHICLE NO: SH 6102H

6/6/2019 10:35

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) X 1			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) X 1			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) X 1			\$ 47.00
REAR BUMPER X 1			\$ 458.60
REAR BUMPER RE-INFORCEMENT X 1			\$ 318.80
REAR BUMPER UNDER COVER - 1			\$ 552.60
REAR BUMPER SIDE RETAINER X 1			\$ 112.70
REAR BUMPER TOWING COVER - 1			\$ 82.70
REAR BUMPER CLIPS X 1			\$ 22.00
SUB TOTAL			\$ 1,700.20
LESS 25%			\$ 425.05
DISCOUNTED TOTAL			\$ 1,275.15
REAR TRUNK LID APPS STICKER X 1			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER X 1			\$ 60.00
REAR BUMPER REVERSE SENSOR - 1			\$ 135.70
REAR BUMPER RUBBER MAT - 1			\$ 50.00
			\$ 285.70
LABOUR CHARGE			200
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 600.00
Wiring Charge			\$ 30.00
Tuff Kote			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,160.00
ESTIMATE TOTAL			\$ 2,720.85

NETT

NETT

NETT 121.3

NETT

TOTAL LABOUR

ESTIMATE TOTAL

Ka Loo (UIC)

6/6/19 1150h

2 P3

P1P

After Repair photo

Look at the Repairer's Signature and Date

The Repairer's Signature and Date

To do a survey of the damaged part, the repairer must be approved by the insurance company.

Parts prices are subject to the insurance company's survey.

No modification (or modification) is allowed.

Supplementary items must be resurveyed and approved by the insurance company.

is subject to final approval from insurance company.

Acknowledged by Repairer

Signature:

Date:

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.

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

JOB NO : 305301095  
REGN NO : SH 6102H  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 28.09.2017  
DATE/TIME IN : 06.06.2019 09:30  
ACCIDENT DATE : 05.06.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0002 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0003 04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00	2.50-	50.00
0004 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	10.00	122.13

SUB-TOTAL : 648.60

## JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	400.00

SUB-TOTAL : 600.00

TOTAL : 1,248.60

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No : 305301095  
Date : 06/07/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SH6102H

Fax :

05/06/19

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

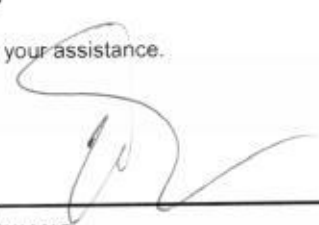
1. The repair job shall bill to: NTUC SKA8635E
2. The finalized amount shall be:
- |   |                    |
|---|--------------------|
| (a) Spare Parts after List discount       | \$648.6 /          |
| (b) Labour Charges                        | \$600.00           |
| <b>Total for Part-By-Part Repair Cost</b> | <b>\$1,248.6 /</b> |
| (c.) Lumpsum Repair (if applicable)       |                    |
| Total for Lumpsum repair cost after Less: |                    |
| <b>Final Lumpsum Repair cost</b>          |                    |

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 10/6/19

### 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		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/INC19010088/K1qd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 19-06-2019



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 8635E	Veh. Inspected	SH 6102H
Policy No.	5108070869	Coverage (\$)	0.00
Claim No.	MT/1047862-002	Excess (\$)	0.00
Assign From		Assign Date	06/06/2019

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703564323	Colour	BLUE
Odometer	219014	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	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	05/06/2019	Inspection Date	06/06/2019
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
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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. SH 6102H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR TRUNK LID LOGO (PRIUS)	NOT NECESSARY	52.90	-
1	REAR TRUNK LID LOGO (HYBRID)	NOT NECESSARY	52.90	-
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NOT NECESSARY	47.00	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER TOWING COVER	CRACKED	82.70	82.70
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-425.05	-158.82
			1,275.15	476.48
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR TRUNK LID APPS STICKER (SN)	NOT NECESSARY	40.00	-
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN)	NOT NECESSARY	60.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			150.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,160.00	600.00

Report Ref No. NS/INC19010088/K1qd3n2

GRAND TOTAL		2,720.85	1,248.61
RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,248.61

Report Ref No. NS/INC19010088/K1qd3n2

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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