

108/11/13

Name: KalvinREF: NS/INC 190107301 K1+d3n2

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: SGW 9023XPolicy No. 5106269662 (20/12/2018 - 19/12/2019)Claims No. MT/1049066-002

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: _____ 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 8977 L Yr Regn: 19 May 2016

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

Truck / Trailer or

Make: Hyundai C.O. 1682Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 3827.9 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1841444089688

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 / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Compass

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/6/19 D.O.I. 14/6/19Survey 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

18/6/19 Chk 418 \$550 / 2h - (Red: 1737.92: 75%) INCSH 8977 L - CS/PCI 17012902 / kg432 ROA - 01/07/2017 42SGW 9023X - CC4 / ASX 18005473 / Nu0352 Don - 15/03/2018

RECEIVED 19 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1) 13/6 Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

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

Survey Fee:

Transportation:

S+RS, SI

Photos

Other

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Test Insp (\$ _____)

160

Reason For:

5501-

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/6/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|
| 1 | MT/1048918-002 | COMFORT TRANSPORTATION PTE LTD | SHC 2398D | FBD 5893L | 12/6/2019 |
| 2 | MT/1049501-001 | COMFORT TRANSPORTATION PTE LTD | SHD 6741P | SLP 8670L | 12/6/2019 |
| 3 | MT/1048784-002 | CITYCAB PTE LTD | SHB 2235X | FBK 1729T | 11/6/2019 |
| 4 | MT/1049066-002 | COMFORT TRANSPORTATION PTE LTD | SH 8977L | SGW 9023X | 12/6/2019 |

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

12/06/2019 08:47

Vehicle No. (For Motor)

SGW9023X

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"/> | 5106269662 | | TEO LIYING | S8221709F | GPC | Third Party | SGW9023X | SGW9023X | 20/12/2018 | 19/12/2019 |

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305303286

CUSTOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

VARS

REGN NO: SH 8977L

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL: I-40

DATE/TIME IN
13.06.2019 16:30

YR OF MANU: 19.05.2016

TARGET DATE

CHASSIS CODE: KMHLB41UMGU089688

COMPLETION DATE/TIME:

(B)

SCOUT CARD NO.

JOB DESCRIPTION

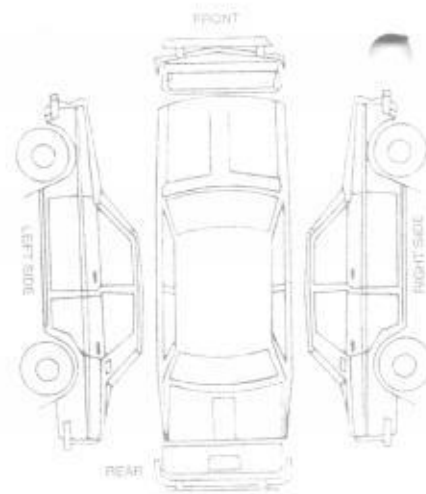
Accident Date: 12.06.2019
NATURE: 3P 12.06.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear
Lkic / Kabin -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

BY:

JOB:

File No:

SH 8977L

LARRY

Vehicle No:

SH 8977L

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

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 | 14/06/2019 08:18 |
| Date Of Accident | 12/06/2019 19:10 |
| Exact Location Of Accident | UPP, EAST COAST RD TWDS BEDOK CAMP. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH8977L |
| Insured/Policyholder | |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE GHEE TIONG |
| NRIC No | S1230672E |
| Date Of Birth | 18/04/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/04/1977 |
| Driving Experience | 42 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91183308 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 136 BUKIT BATOK WEST AVENUE 6 #11-503 |
| Postcode | 650136 |
| 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 | 3 |
| 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? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SGW9023X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MOHD FAILQBIN N/N AHMAD |
| NRIC/Passport Number | S9332082D |
| Contact Number | 96559552 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGW811Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

OOI TZU YAIHP JULIAN

NRIC/Passport Number

Contact Number

92366211

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

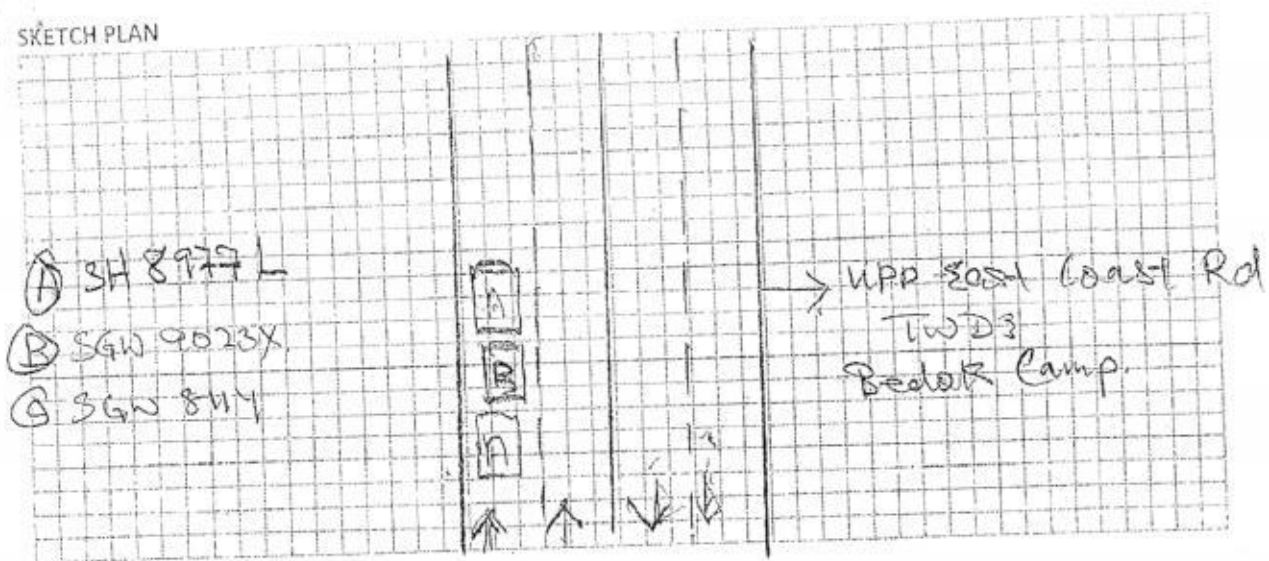
13/6/19
Jackson Heng
CSO

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 12/6/2019 at about 1810 hrs, I vehicle A was alighting my passenger at UPP East Coast road toward bedok Camp. Because he alighted, vehicle C and vehicle B was collided onto each other and bang onto vehicle A rear portion. No one was injured at that time.

DECLARATION

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

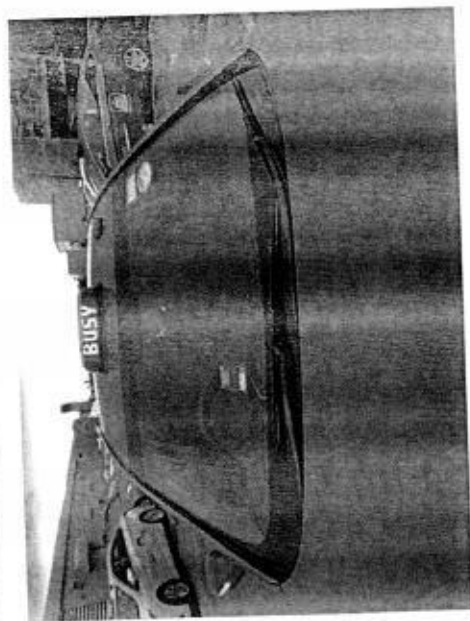
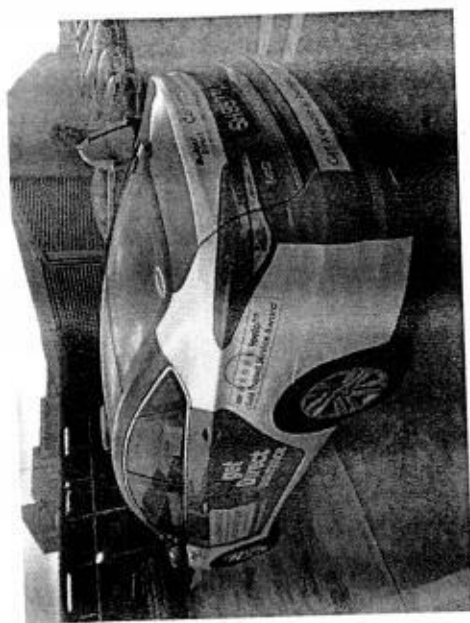
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

13/6/19 *Jackson Heng*
Jackson Heng
CSO

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



COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

DATE 14/6/2019 9:09

VEHICLE NO : SH 8977L

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|---|------|------------|----------------------|--|
| | Boot Lid 'H' Emblem X ^{an} | | | \$ 28.70 | |
| | Boot Lid CRDI Plate - ^{an} | | | \$ 27.90 | |
| | Bootlid Moulding X ^{an} | | | \$ 85.00 | |
| | Bootlid i40 Emblem - ^{an} | | | \$ 27.90 | |
| | Bootlid Lower Garnish X ^{repair} | | | \$ 227.90 | |
| | Rear Bumper X ^{repair} | | | \$ 553.00 | |
| | Rear Bumper Clip 10 pcs X ^{an} | | | \$ 22.00 | |
| | SUB TOTAL | | | \$ 972.40 | |
| | LESS 20% | | | \$ 194.48 | |
| | DISCOUNTED TOTAL | | | \$ 777.92 | |
| | Boot Lid Comfort Logo & Tel No. Sticker X ^{an} | | | \$ 30.00 | Nett |
| | Rear Bumper Rubber Mat X ^{an} | | | \$ 50.00 | Nett |
| | Rear Bumper Advertisement Logo - ^{an} | | | \$ 50.00 | Nett |
| | Rear Fender Advertisement Logo (LH/RH) + ^{an} | | \$ 100.00 | \$ 200.00 | Nett |
| | | | | \$ 330.00 | |
| | Labour Charge | | | 200 | |
| | Panel Beating | | | \$ 400.00 | |
| | Spray Painting Charge | | | \$ 600.00 | ⁴⁰⁰ |
| | Wiring Charge | | | \$ 50.00 | X ^{an} |
| | Tuff Kote | | | \$ 50.00 | X ^{an} |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 | X ^{an} |
| | TOTAL LABOUR | | | \$ 1,180.00 | |
| | ESTIMATE TOTAL | | | \$ 2,287.92 | |
| <p>16/6/19</p> <p><i>[Signature]</i> 14/6/19 1035h</p> <p>207,</p> <p>45</p> <p>Alfa Rep'r pht</p> <p>Larry Ng</p> | | | | | <p>Let Auto Consult to hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before spray painting • To display damaged partial during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary work(s) must be resurveyed and be subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> |
| <p>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.</p> | | | | | |

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305303286
Date : 15. Jun. 2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 8977L

Fax :

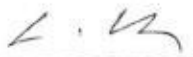
Date of Accident: 12. Jun. 2019


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

1. The repair job shall bill to: NTUC SGW9023X
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: _____ \$ 550.00
Final Lumpsum Repair cost _____

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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kahr
Date : 18/6/19

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 | | | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | | | | |
| 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/INC19010730/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SGW 9023X | Veh. Inspected | SH 8977L |
| Policy No. | 5106269662 | Coverage (\$) | 0.00 |
| Claim No. | MT/1049066-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 14/06/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU089688 | Colour | BLUE |
| Odometer | 382309 | 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 | CAMPEON | 7 mm |
| L/H Front Tyre | 205/60 R16 | CAMPEON | 7 mm |
| R/H Rear Tyre | 205/60 R16 | CAMPEON | 7 mm |
| L/H Rear Tyre | 205/60 R16 | CAMPEON | 7 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 12/06/2019 | Inspection Date | 14/06/2019 |
| 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8977L

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BOOT LID 'H' EMBLEM | NOT NECESSARY | 28.70 | - |
| 1 | BOOT LID CRDI PLATE | NECESSARY | 27.90 | 27.90 |
| 1 | BOOTLID MOULDING | SERVICEABLE | 85.00 | - |
| 1 | BOOTLID I40 EMBLEM | NECESSARY | 27.90 | 27.90 |
| 1 | BOOTLID LOWER GARNISH | TO REPAIR SEE LABOUR | 227.90 | - |
| 1 | REAR BUMPER | TO REPAIR SEE LABOUR | 553.00 | - |
| 10 | REAR BUMPER CLIP | NOT NECESSARY | 22.00 | - |
| | LESS 20% DISCOUNT | | -194.48 | -11.16 |
| | | | 777.92 | 44.64 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | BOOT LID COMFORT LOGO & TEL NO. STICKER (SN) | NOT NECESSARY | 30.00 | - |
| 1 | REAR BUMPER RUBBER MAT (SN) | NOT NECESSARY | 50.00 | - |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NECESSARY | 50.00 | 50.00 |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) | NOT NECESSARY | 200.00 | - |
| | | | 330.00 | 50.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH AND REAR BUMPER. | | 400.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | NOT NECESSARY | 80.00 | - |
| | - | | - | - |
| | - | | - | - |
| | - | | - | - |
| | | | 1,180.00 | 600.00 |
| GRAND TOTAL | | | 2,287.92 | 694.64 |

Report Ref No. NS/INC19010730/K1td3n2

| | | | |
|--|--|--|--------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)(CONFIRMED) | | | 550.00 |
|--|--|--|--------|

Report Ref No. NS/INC19010730/K1td3n2

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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