

Surrey: Kelvin

REF: NS/INC19010955 / klvd3n2

# 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: SGJ18113

Policy No. 5107936050 (08/03/2019 - 07/03/2020)

Claims No. MT/1049949-003

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 789Y Yr Regn: 3 Dec 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685

Colour: Yellow A/C: Ins / Std / NI / NA

Sp. Reading: 508705 T/Radio: Ins / Std / NI / NA

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

C/No: KMHCBK16M4Y080739

Gen. Cond: Good / ~~F~~ / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Markk

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 19/6/19 D.O.I. 20/6/19

Survey held at CPHE (Loyang)

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

Rear 1/2

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

Date / Time	Action / Instruction
	SHC 789Y - (S) FC / 16012865 / M / 1st
	SGJ 18113 - NS / INC15014529 / H / 1st
24/6/19	Chk 45 \$ 1200 / 2 Rep. (Red 3826-32, 761)

RECEIVED 26 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 26/6 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ :

Survey Fee:

Transportation:

S + RS, SI

Photos

Other

160

Report Format:

TP

L/S \$1200/h

# TP Claims against NTUC Income: Follow-Through Survey

Date : 25/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	Not our insured	COMFORT TRANSPORTATON PTE LTD	SH 7347L	GZ 6109L	18/6/2019	10:20	\$ 8,696.12
2	MT/1047694-002	COMFORT TRANSPORTATON PTE LTD	SHC 8877Z	SFY 1297B	3/6/2019	21:30	\$ 6,102.34
3	MT/1049949-003	COMFORT TRANSPORTATON PTE LTD	SHC 789Y	SGJ 1811J	19/6/2019	21:00	\$ 4,997.84
4	MT/1050552-001	COMFORT TRANSPORTATON PTE LTD	SHC 848K	GM 3434K	16/6/2019	20:50	\$ 3,116.00

Claim received from LKK

eBaoTech

GeneralClaim

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="19/06/2019 08:38"/>
Vehicle No.(For Motor)	<input type="text" value="SGJ1811J"/>	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 checked="" type="radio"/>	5107836050		LIM DENG YUAN	S8822371C	GPC	drive CLASSIC	SGJ1811J	SGJ1811J	08/03/2019	07/03/2020

## 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	20/06/2019 10:19
Date Of Accident	19/06/2019 21:00
Exact Location Of Accident	UPP, BUKIT TIMAH RD X JUNCTION OF BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC789Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	WONG WAI HOONG
NRIC No	S1135446G
Date Of Birth	15/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1978
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98852688
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 630 YISHUN STREET 61 #05-45
Postcode	760630
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	CHAIN COLLISION
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: : FEMALE

#### 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	SGJ1811J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOHN LIM
NRIC/Passport Number	S8822371C
Contact Number	96924113
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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.

CITYCAR PTE LTD  
CO. REG. NO. 190502839G

Policyholder's Signature  
Date & Time:

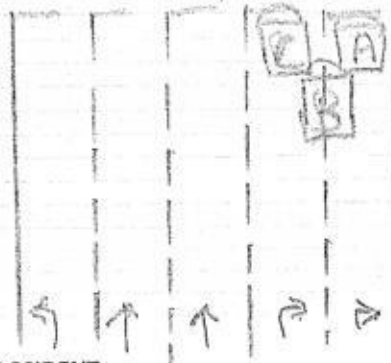
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

20/6/19  
Jackson Heng  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

4 - 4  
6 - 6

SKETCH PLAN

- ① SHC 7894
- ② SGJ 1811J
- ③ unknown.



UPP Bukit Timah  
X Junction of  
Bukit Panjang Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/6/2019 at about 0100hrs, I vehicle A was stationary at UPP Bukit Timah Rd traffic light junction while waiting for traffic to turn green. Vehicle B came from behind and onto vehicle A and vehicle C rear position. No one was injured at that time.

DECLARATION

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

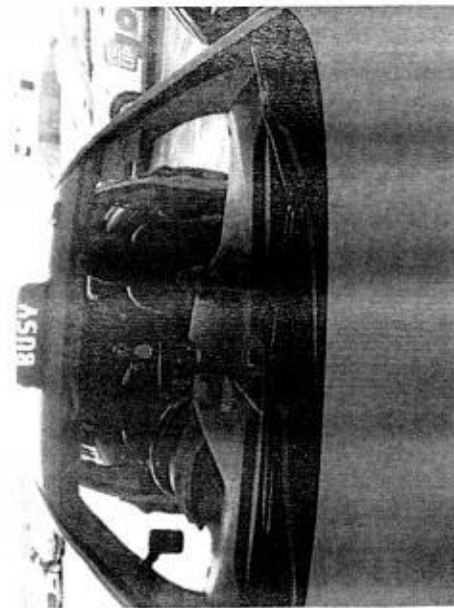
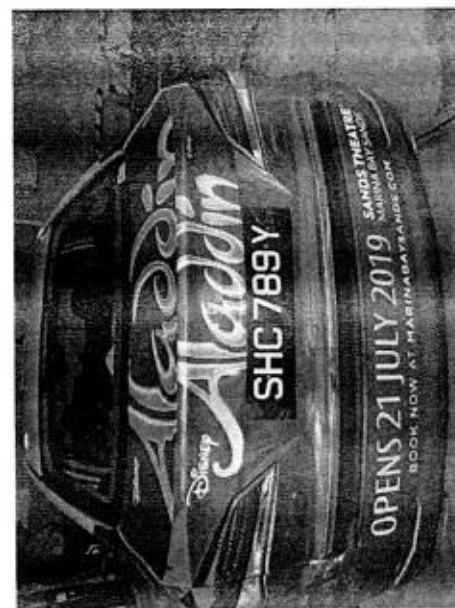
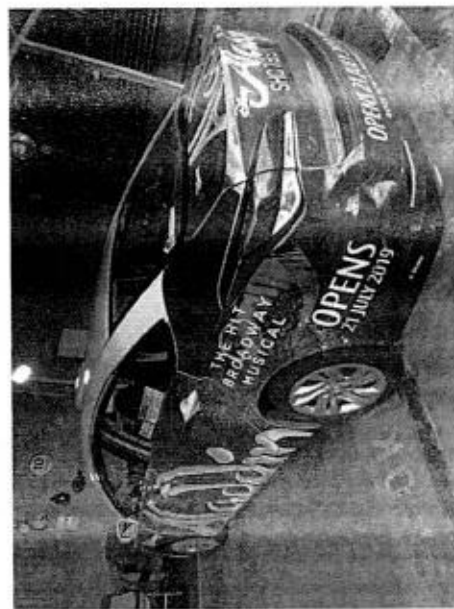
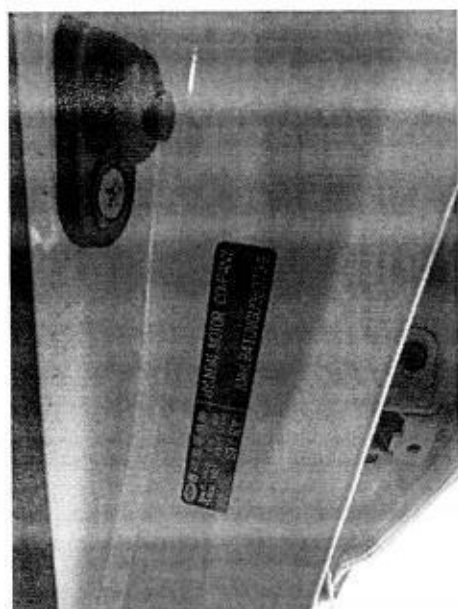
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

20/6/19  
Jackson Heng  
CSG  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





## CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 789Y

DATE 20/6/2019 11:43

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid X <i>sun</i>			\$ 2,174.90	
	Boot Lid Lock Upper X <i>me</i>			\$ 102.60	
	Boot Lid Lock Lower X <i>me</i>			\$ 31.70	
	Boot Lid 'H' Emblem X <i>me</i>			\$ 28.70	
	Boot Lid CRDI Plate X <i>me</i>			\$ 27.90	
	Boot Lid Lamp (LH) X <i>sun</i>			\$ 565.60	
	Rear Bumper <i>Defunct</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00	
	Rear Bumper Reflector Lamp (LH) <i>6071</i>			\$ 30.60	
	Tail Lamp (LH) X <i>sun</i>			\$ 697.80	
	<i>Rear fender (LH) x repair</i>				
	<i>Rear bumper side bracket (LH)</i>				
	<b>SUB TOTAL</b>		<i>\$ 35.60</i>	\$ 4,234.80	
	<b>LESS 20%</b>			\$ 846.96	
	<b>DISCOUNTED TOTAL</b>			\$ 3,387.84	
	Boot Lid Comfort Logo & Tel No. Sticker X <i>me</i>			\$ 30.00	Nett
	Boot Lid Advertisement Logo X <i>me</i>			\$ 100.00	Nett
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00	Nett
				\$ 430.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>400.00</del> <i>300</i>	
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>	
	Wiring Charge			\$ 50.00	X <i>me</i>
	Tuff Kote			\$ 50.00	X <i>me</i>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <i>20</i>	X <i>me</i>
	<b>TOTAL LABOUR</b>			\$ 1,180.00	
	<b>ESTIMATE TOTAL</b>			\$ 4,997.84	
	<i>Kahn 16/6/19</i>				
	<i>20/6/19 14:52</i>				
	<i>2 G's</i>				
	<i>U/S</i>				
	<i>After Repair p/h</i>				
	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.				

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a 'Without Prejudice' basis
- Any legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

5036-32

<b>SUPPLEMENTARY OF PARTS AND LABOUR COSTS</b>			
<b>DESCRIPTION</b>	<b>QTY</b>	<b>ESTIMATE</b>	<b>REMARKS</b>
REAR BUMPER SIDE BRACKET(LH)	1	\$35.60	LIST
CHECK ITEMS			
TOTAL:		\$35.60	JUMANI

# OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579791

Mainline + 65 6383 8280, Faxline + 65 6290 9155

### Workshops

39 Loyang Drive Singapore 508565

383 Sin Ming Drive Singapore 575717

48 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408840

24 Serangoon Road Singapore 758158

7 Sungei Kadut Way Singapore 726791

501 Velux Industrial Park A Singapore 758732

Date/Time: 20.06.2019 11:58

Page : 1

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

JC NO.: 305304784

OMER

IS CITYCAB PTE LTD  
OMER NO 7010070  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65551188 (O)  
(P)

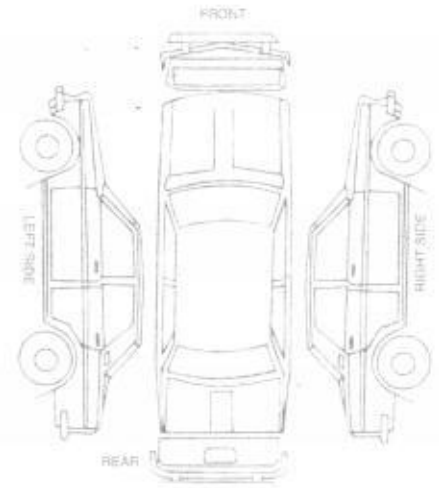
REGN NO:	SHC 789Y	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN 20.06.2019 09:20
YR OF MANU.	03.12.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU080739	COMPLETION DATE/TIME

JOINT CARD NO:

### JOB DESCRIPTION

Accident Date: 19.06.2019  
NATURE: 3P 19.06.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC 789Y JU NTUC LKK

Vehicle No.:

SHC 789Y

Signature/Date

Signature/Date

Name of Service Advisor

Date

Our Job Ref No 305304784  
Date : 24/06/2019

## COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 506969  
Fax: 6546 8156

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHC 789Y

Fax :

Date of Accident : 19/06/2019

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

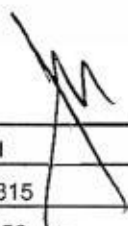
1. The repair job shall bill to: NTUC -- SGJ1811J  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges ### \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c) Lumpsum Repair (if applicable) N  
Total for Lumpsum repair cost after Less: 20% \$1,200.00  
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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 24/6/19

### 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/INC19010955/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 28-06-2019



Code: INC4

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

Insured Veh.	SGJ 1811J	Veh. Inspected	SHC 789Y
Policy No.	5107836050	Coverage (\$)	0.00
Claim No.	MT/1049949-003	Excess (\$)	0.00
Assign From		Assign Date	20/06/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080739	Colour	YELLOW
Odometer	508705	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	19/06/2019	Inspection Date	20/06/2019
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. SHC 789Y**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	SERVICEABLE	2,174.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	28.70	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	27.90	-
1	BOOT LID LAMP (LH)	SERVICEABLE	565.60	-
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	GRAZED	30.60	30.60
1	TAIL LAMP (LH)	SERVICEABLE	697.80	-
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER SIDE BRACKET (LH)	CRACKED	35.60	35.60
	LESS 20% DISCOUNT		-854.08	-128.24
			3,416.32	512.96
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			430.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-

Report Ref No. NS/INC19010955/K1vd3n2





## 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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,180.00	700.00
GRAND TOTAL			5,026.32	1,512.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,200.00

Report Ref No. NS/INC19010955/K1vd3n2

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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