

SS. REC. BY: SteveREF: N/TUC

NS/INC19012172/E+P302

## ASSIGNMENT

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

Date: 9/7/19

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SHB 941Dat Workshop m/s SMRTof woodlands DepotInsured: GBF 8406EPolicy No. 508870626802 (23/03/2019 - 22/03/2020)Claims No. MT/1052532-002

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 up

Vehicle: IN / OUT

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

Veh No: SHB 941DYr Regn: 7/2/14

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

Truck / Trailer or

Make: Toyota Priusc.c. 1798Colour: Maroon

A/C: Insured / Std / NI / NA

Sp. Reading: 605311

T/Radio: Insured / Std / NI / NA

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

C/No: JTOKN364X05722908

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS!!

TOYO / YOKO or Went like

Front

Rear

R/Bal. 5 mmR/Bal. 5 mmL/Bal. 5 mmL/Bal. 5 mmD.O.A. 7/7/19D.O.I. 9/7/19Survey held at SMRTDes. 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

GBF 8406E :XSHB 941D - CC3/MSG18006794/R1thn2 DoA 07/04/201824/7/19 Finalize (confirm) \$2350, 3 days (Red: 5339.65 :69%)


Date/Time, File Pass to?

☐ : Preli. Report1) 29/7/19 Typst☒ : Final Report

Date/Time, File Return to?

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

Report Format: TPLump Sum / L.B. (\$) 2350Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee: 160

Transportation: \_\_\_\_\_

S + RS. \$I

Photos

Others

TOTAL

160

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="07/07/2019 09:44"/>
Vehicle No.(For Motor)	<input type="text" value="GBF8406E"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088706268-02		KIM KOON GAS SERVICES	20332300M	GCV	Comprehensive	GBF8406E	GBF8406E	23/03/2019	22/03/2020

Continue

## Denise Tay (LKKAuto)

**From:** MTCL@income.com.sg  
**Sent:** Monday, 29 July 2019 12:04 PM  
**To:** Denise Tay (LKKAuto)  
**Subject:** FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
**Find out more at [Income.com.sg/careers](http://Income.com.sg/careers)**



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**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, 29 July 2019 10:47 AM  
**To:** MTCL@income.com.sg  
**Subject:** RE: REQUEST CLAIM NUMBER

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1052532-002	SMRT	SHB 941D	<u>GBF</u> <u>8406E</u>	7/7/2019	23:55	7,709.65	2350

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

### Vehicle Owner Particulars

The information contained herein is correct as at 10 Jul 2019

OK

## 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	08/07/2019 14:41
Date Of Accident	07/07/2019 23:55
Exact Location Of Accident	KJE TOWARDS PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB941D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-19093197MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	QUANG KOK KIONG
NRIC No	S7410743E
Date Of Birth	03/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	11
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING STRAIGHT ON THE EXTREME RIGHT LANE ALONG KJE TOWARDS PIE (TUAS) WITH 2 PASSENGERS (MALE INDIAN) ON BOARD. SUDDENLY A VEHICLE GBF8406E WHICH WAS TRAVELLING ON MY LEFT CUT TOWARDS MY LANE ABRUPTLY, I SOUNDED MY HORN TO ALERT THIRD PARTY BUT THIRD CONTINUED AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

#### 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	GBF8406E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHAO LINGXIAO
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

A-SHB941D  
B-GBF8406E


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/7/19


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



SKETCH PLAN

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.



Policyholder's Signature  
Date & Time:

*CA*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/7/2019

*[Signature]* 8/7/2019

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



		42611-- 47140 (Frt)	WHEEL DISC. FRONT	0.00	\$1,484.20	0.00	\$0.00	Replace	Not Given X
		81170- 47500	HEAD LAMP LH	1.00	\$945.20	10.00	\$850.68	Replace	Replace
Total					\$5,602.21		\$1,958.22		

nm  
cut

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

1958.22  
+ 300.00  
+ 688.44

2946.66

-202

2357.33

4/5 \$2350/-

7724.14

## Case Details

Case Reference Number : TAX/07/19/2028

Type of Repair : Accident Repair

Vehicle Registration Number : SHB941D

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-7610-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income

Insurance Co-operative Ltd

Accident Date and Time : 07/07/2019 03:55 PM

Vehicle Age(In Months) : 65

## Documents / Photographs

View Documents / Photographs

Total Documents: 1

## Estimation Details

## Spare Part's Cost Detail

SMRT Recommendation											Surveyor Approval			
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, OUTER MIRROR, LH	1	107.40	107.40	25.00	80.55	Replace	1	80.55	Replace	MIS /
One Time Key In	Main			MIRROR ASSY, LH	1	1,224.90	1,224.90	25.00	918.68	Replace	1	918.68	Replace	BR /
One Time Key In	Main			MIRROR LAMP LH	1	65.30	65.30	10.00	58.77	Replace	0	0.00	Not Give	X MII
One Time Key In	Main			MIRROR GLASS LH	1	142.50	142.50	25.00	106.88	Replace	0	0.00	Not Give	X MII
One Time Key In	Main			BUMPER FRT	1	482.00	482.00	25.00	361.50	Replace	1	0.00	Repair	R X
One Time Key In	Main			BUMPER SUPPORT F/RH	1	76.40	76.40	25.00	57.30	Replace	0	0.00	Not Give	X MII
One Time Key In	Main			FENDER LINER FRT/LH	1	171.70	171.70	25.00	128.77	Replace	0	0.00	Not Give	X MII
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	/ APC
One Time Key In	Main			BUMPER SUPPORT F/LH	1	76.40	76.40	25.00	57.30	Replace	1	57.30	Replace	/ BR
One Time Key In	Main			FENDER LINER PAD, FR WHEEL, LH	1	49.30	49.30	25.00	36.97	Replace	0	0.00	Not Give	X MII
One Time Key In	Main			FENDER FRT/LH	1	723.40	723.40	25.00	542.55	Replace	1	0.00	Repair	R X
One Time Key In	Main			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace	/ APC
One Time Key In	Main			WHEEL DISC, FRONT	1	1,484.20	1,484.20	25.00	1,113.15	Replace	0	0.00	Not Give	X MII
Total Spare Part Cost									4,364.10	Surveyor Total				
Lump Sum Discount (%)									20.00	Lump Sum Dis (%)				
										20.00				

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			HEAD LAMP LH	1	945.20	945.20	10.00	850.68	Replace	1	0.00	Replace	✓ CUT
Total Spare Part Cost							4,364.10	Surveyor Total						
Lump Sum Discount (%)							20.00	Lump Sum Dis (%)						
Final Spare Part Cost							3,491.28	Final Sur Total						

#### Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR FRONT LH PORTION	507.00	300.00 ✓	
Total:			507.00	300.00	

#### Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY FRONT FENDER RH	378.00	200.00 ✓	
2	Main	TO RESPRAY RIM	180.00	0.00	
3	Main	TO REPSRAY FRONT BUMPER	378.00	200.00 ✓	
4	Main	RESPRAY MIRROR COVER LH	180.00	80.00 ✓	
Total:			1,116.00	480.00	

#### Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	148.44	148.44 n/c	
2	Main	TOWING CHARGE	56.00	0.00	
3	Main	TO REMOVE AND REFIX WING MIRROR	120.00	60.00 Labour	
4	Main	TO WASH AND VACUUM	60.00	0.00	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0.00	
Total:			484.44	208.44	

## Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,491.28	854.89
Total Labour Cost	507.00	300.00
Total Spray Painting	1,116.00	480.00
Other	484.44	208.44
Overall Total	5,598.72	1,843.33

Lump Sum Repair Option

Lump Sum Total

5,600.00

1,850.00

Surveyor Approved Amount

1,850.00

No of Repair Days\*

4

3

Remarks

L/S repair, take after spray. Finalize sent to  
stevechen@lkkauto.com.

Surveyor Name

STEVE CHEN

Signature



Survey Date

09/07/2019

**LKK Auto Consultants** hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
subject to final approval from Insurance Company

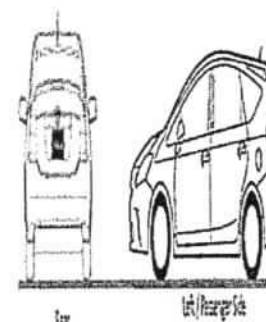
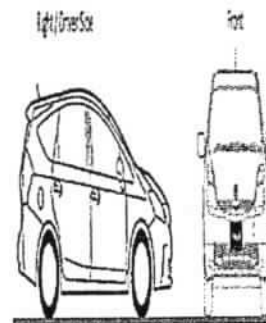
acknowledged by Repairer

Signature:

1:

Section A - Accident Details

Registration Number	SHB941D
Case Reference Number	TAX/07/19/2028
Registration Date	7/2/2014
Company Type	SMRT Taxis Pte Ltd
Make	TOYOTA
Model	PRIUS
Name of Driver	QUANG KOK KIONG
Type of Accident	Side Swipe
Accident Date and Time	7/7/2019 11:55 PM
Accident Reported Date and Time	8/7/2019 2:51 PM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	Yes
Towed Back Date and Time	8/7/2019 2:50 AM
Replacement Vehicle Issued?	No
Job Card Number	24102320
Special Instruction to ARC, if any	TOWED \$40 / TP
Prepared Date and Time	8/7/2019 7:15 PM
Chassis Number	
Mileage	
Work Shop	
Repair Completion Date and Time	



Toyota

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$507.00	\$300.00
Total Spray Cost	\$1,116.00	\$480.00
Total Spare Part Cost	\$4,364.10	\$1,958.22
Total Other Cost	\$484.44	(\$388.22)
TOTAL COST	\$6,471.54 7709.65	\$2,350.00 (L/S)
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	4.0	3.0
Prepared / Adjusted By	Ang Bang Kien	STEVE CHEN (LKK) / NTUC
ARC / Surveyor Sign Off Date	09/07/2019 4:14 PM	09/07/2019 3:10 PM
Signature		
Remarks	L/S repair, take after spray. Finalize sent to stevechen@lkkauto.com.	



## 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/INC19012172/Etf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 05-08-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GBF 8406E	Veh. Inspected	SHB 941D	
Policy No.	5088706268-02	Coverage (\$)	0.00	
Claim No.	MT/1052532-002	Excess (\$)	0.00	
Assign From		Assign Date	09/07/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	JTDKN36UX05722908	Colour	MAROON	
Odometer	605311	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	07/07/2019	Inspection Date	09/07/2019	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<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:		3 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. SHB 941D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	COVER, OUTER MIRROR, LH (DISC 25%)	MISSING	107.40	80.55
1	MIRROR ASSY, LH (DISC 25%)	BROKEN	1,224.90	918.68
10	BUMPER CLIPS @\$1.61 (DISC 25%)	NECESSARY	16.10	12.08
1	BUMPER SUPPORT F/LH (DISC 25%)	BROKEN	76.40	57.30
1	NAME PLATE (HYBRID) (DISC 25%)	NECESSARY	51.90	38.93
1	HEAD LAMP LH (DISC 10%)	CUT	945.20	850.68
1	MIRROR LAMP LH	NOT NECESSARY	65.30	-
1	MIRROR GLASS LH	NOT NECESSARY	142.50	-
1	BUMPER SUPPORT F/RH	NOT NECESSARY	76.40	-
1	FENDER LINER FRT/LH	NOT NECESSARY	171.70	-
1	FENDER LINER PAD, FR WHEEL.LH	NOT NECESSARY	49.30	-
1	WHEEL DISC.FRONT	NOT NECESSARY	1,484.20	-
1	BUMPER FRT	TO REPAIR SEE LABOUR	482.00	-
1	FENDER FRT / LH	TO REPAIR SEE LABOUR	723.40	-
			5,616.70	1,958.22
	<b><u>LABOUR</u></b>			
	PANEL BEATING & BODY WORK. INCLUSIVE OF THE REPAIR OF BUMPER FRT AND FENDER FRT / LH.		507.00	300.00
	SPRAY PAINT.		1,116.00	480.00
	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER.		148.44	148.44
	TOWING CHARGE.		56.00	-
	TO REMOVE AND REFIX WING MIRROR.		120.00	60.00
	TO WASH AND VACUUM.	NOT NECESSARY	60.00	-
	TO REPLACE SUNDRY PARTS.	NOT NECESSARY	100.00	-
			2,107.44	988.44
	<b>GRAND TOTAL</b>		<b>7,724.14</b>	<b>2,946.66</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,350.00</b>

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CHEN TSUE YEE

Automotive Assessor

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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