(08/11/18)		
0	1/01.00	

REF: NS/INC 19013739/ KIY 5302

ASS	IGNMENT
From: Date:	Veh No: SHD33676 Yr Regn: 18 Am 126
Estimatel Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tar Prime Mover /
OD ITP IWS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Man Lot 240 0.0 / 685
at Workshop m/s	Colour B/me A/C: Insur / Std / NI / NA
of	Sp.Reading 50 3324 T/Radio: Insuad / Std / NI / NA
Insured: SMM 7300R	Eng/No:
Policy No.	C/No: 1CM 41B414A6409720
Claims No. MT/1056993-001	Gen. Cond: Good / 560 / Poor / Burnt
Sum Insured: Excess:	Steering: Inor / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino Ger / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / St A/Rim or
	Tyre Size; F: 205/60R16
(Policy Condition)	, R:
Remark: The veh had commenced its N/S O/S	1 1. 114
repair at the time of inspection.	TOYO/YOKO or W4/14
Bal, or Market Value:	Front 2 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or Nov	L/Bal. 1 mm L/Bal. 1 mm
Est Repairs:days Res.: Yes or No	D.O.A. $3/8/19$ D.O.I. $5/8/19$, Survey held at $CDGE(48 \times 998)$
Lum Sum: % 3 Val.: Yes or No	Out voy motor
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear DIS / N/S / U/C / Rooftop or
Vehicle: IN / C Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
no Policy Found	Zne
SHID 33676 - NA/LIP 140/6931/1	4 DeA-03/04/2014 45
SMM TOOR - x	1920 21/1/24 420/
3/8/11 Color 4/5 \$ 290/ 3 82.	(Red 2164-34 43%)
	2010
RECE	EIVED 1 5 AUG 2019
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
T. Frein Report	Resurvey No. of Trip: Survey Fee: 160
1): Final Report DateTime, File Return to?	Transportation:
a 8/8 Typist 4dd	Past 15te 750 %

TP Claims against NTUC Income: Follow-Through Survey

Date 08/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1056558-002	CITYCAB PTE LTD	SHB 3939S	SLT 7212L
2	MT/1056989-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FBB 8114T
3	MT/1055818-002	COMFORT TRANSPORTATION PTE LTD	SHB 6163T	SJZ 1362T
4	MT/1056469-002	COMFORT TRANSPORTATION PTE LTD	SHC 8595L	SLT 223B
2	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
9	MT/1056993-001	COMFORT TRANSPORTATION PTE LTD	SHD 3367G	SMM7300R
7	MT/1056333-002	COMFORT TRANSPORTATION PTE LTD	SH8377T	SJN 9635S

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 witholding 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.

ACCI	DEM	T STA	a - a	1-133	18
ACC			- W		ш

 Date Of Report
 03/08/2019 12:02

 Date Of Accident
 03/08/2019 07:05

Exact Location Of Accident AIRPORT BLVD TWDS CITY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3367G

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 140

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 YAP KIN SIANG

 NRIC No
 \$1212149J

 Date Of Birth
 02/06/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/06/1977

Driving Experience 42 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-85898466

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 355A SEMBAWANG WAY

#11-100

Postcode

751355

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

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)

2

involved in the accident

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:

. .

: MALE

GENDER:

Passenger 2

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

Remarks/ Reasons:

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMM7300R

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

81527952

Address

Page 2 of 15

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

REAR

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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:
 - 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:
 - 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.:

Loke Wai Yieng

SKETCH PLAN		1.7	Section 1	
			HHHHIM	
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	after a fer a v es		1 -11
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Stationary Ta	xi. No in	um at	the poin	of all
	(4)	ary al	THE POINT	1 0+
			7/	
accident.				
ECLARATION				
We declare the foregoing particul	ars are true in every respect.)
FORT TRANSPORTATION I		_		gK
CO. REG. NO. 199303821	1 /2 /	_		3/8
licyholder's Signature	Driver's Signature		Poporting Courts D	
ste & Time:	(If driver is not the policyho	older)	Reporting Centre Perso Name:	
	Date & Time:		NRIC/FIN No.:	Loke Wei Yieng













turned to Service Reception upon collection

LONBOR		Date T	ime: 05.08 2019 09:	27 Page 1
Team: ARC Repair	TP(CLSO)1	JOB CARD	Sales Order: 3943034	JO NO.: 305322295
OMER		Ť	REGN NO.: SHD3367G	MILEAGE
OMER NO. 701004		LTD	MAKE: HYUNDAI	FUEL EF
ESS 383 SIN MIN Singapore S	G DRIVE SINGAPORE 575717		MODEL I-40	03.08.2019 09:35
(R) 65508755	(O)		YR OF MANU. 18.08.2016	TARGET DATE
OUNT CARD NO.			CHASSIS CODE KMHLB41UMGU0933	301 COMPLETION DATE/TIME:
Accident Date: 0		JOB DESCRIPTION		
S/NO LA 000010 23-	ABOR CODE -01	DESC TOWING FEE	RIPTION	FRONT
			EFT SIDE	Pucht Si
			REAR (V	
		X		
			(4)	
KED & PASSED OUT BY:				
SERVICE ADVISOR	3		CUSTOMER	'S SIGNATURE
ledgement Slip		Exit Pass		
No.: SHD3367G	JU NTUC LKK	Vehicle No.:	SHD3367G	
f Service Advisor	Signature/Date	Name of Service A	dvisor Date	

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHD 3367G

MAKE :

MODEL : HYUNDAI i40

DATE 5/8/2019 11:13

bot Lid Lock Upper X or bot Lid Lock Lower X or bot Lid CRDI Plate bot Lid CRDI Plate botlid Moulding X botlid i40 Emblem botlid Lower Garnish bear Bumper Reinforcement Bracket (LH/RH) are Bumper Clip 10 pcs bear Bumper Bracket X bear Bumper Sponge X bear Bumper Under Cover A SUB TOTAL LESS 20% DISCOUNTED TOTAL		\$ 80.30 \$ 35.60 \$ 2062.40 -20% \$ 612-48 -20% \$ 2449-95	\$ \$	2,174.90 102.60 31.70 28.70 27.90 85.00 27.90 553.00 428.40 160.60 22.00 71.20 103.50 228.00 4,273.30 854.66 3,418.64	
boot Lid Lock Lower And the boot Lid 'H' Emblem boot Lid CRDI Plate bootlid Moulding A bootlid i40 Emblem bootlid Lower Garnish bear Bumper Reinforcement Bracket (LH/RH) are Bumper Reinforcement Bracket (LH/RH) are Bumper Bracket And Bumper Bracket And Bumper Sponge And Bumper Under Cover A SUB TOTAL LESS 20%		\$ 35.60	\$ \$ \$ \$ \$ \$ \$ \$ \$	31.70 28.70 27.90 85.00 27.90 227.90 553.00 428.40 160.60 22.00 71.20	
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oot Lid 'H' Emblem oot Lid CRDI Plate ootlid Moulding ootlid i40 Emblem ootlid Lower Garnish ear Bumper ear Bumper Reinforcement ear Bumper Reinforcement Bracket (LH/RH) ear Bumper Bracket ear Bumper Sponge ear Bumper Sponge ear Bumper Under Cover		\$ 35.60	\$ \$ \$ \$ \$ \$ \$	27.90 85.00 27.90 227.90 553.00 428.40 160.60 22.00 71.20	
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iring Charge 7	C Date	MIL	\$,	20
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emove/Refix Reverse Sensor	0	0/0	8		70
Aller	Reper	/~~			
TOTAL LABOUR			\$	1,180.00	1
ESTIMATE TOTAL			\$	5,064.34	
his is an initial estimate based on a visual inspection of th	e above ve	hicle. The final renair	quan	tum will	1
	ear Bumper Reverse Sensor ear Bumper Rubber Mat ear Bumper Advertisement Logo ear Fender Advertisement Logo (LH/RH) abour Charge anel Beating bray Painting Charge firing Charge aff Kote emove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL and the serious description of the serious description of the serious description.	abour Charge anel Beating bray Painting Charge aff Kote emove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL as a support of the above verse sensor of the above verse se	ear Bumper Reverse Sensor ear Bumper Rubber Mat ear Bumper Advertisement Logo ear Fender Advertisement Logo (LH/RH) ear Fender Advertisement Logo (LH/RH) abour Charge enel Beating oray Painting Charge eff Kote emove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL ear Bumper Reverse Sensor for a Bumper Rubber Mat for a Bumper Rubb	ear Bumper Advertisement Logo ear Fender Advertisement Logo (LH/RH) abour Charge mel Beating oray Painting Charge firing Charge aff Kote emove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL S S S S S S S S S S S S S	the Bumper Advertisement Logo (LH/RH) The Repair of Party Survey

COMFORTDELGRO FNGINERING

Our J	lob Ref	No 305	322295			ENGINEERING
Date		: 06	5/08/19		59 Loy	ntDelGro Engineering Pte Ltd ang Drive Singapore 508969
FINA	LIZATI	ON FORM			Fax: 65	546 8156
То	: _		LKK		Fax:	
Attn	:		KALVIN			
		: SHD3	3367G	Dat	e of Accident :	03/08/19
The s	survey	and estimates of	the repairs of the	above-mentione	d vehicle are as	follows:-
1.		epair job shall bil		NTUC		SMM7300R
2.		inalized amount s			###	Cimin Court
76.7	(a)	Spare Parts after				
	(b)	Labour Charges		##	u	
	(5)	170	3y-Part Repair Co	0.000	+	
		rotal for Part-1	sy-Part Repair Co	ost		8
	(c.)	Lumpsum Repa	ir (if applicable)		N	
		Total for Lumps Final Lumpsun	um repair cost aft	er Less: 20%	_	\$2,900 00
,	Fation	alad assess lass its				
3.	Estim	ated normal perio	od for repairs:	3 w	orking days	
i.	We s withi	hall treat the abo n 7 working day	ove amount as C	orrect and Conf	irmed if there is	s no reply from you
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or C	Signa Name Tel Fax	ture: : 6214 83' : 6546815	sistance.	W fin	e confirm the estalized amount gnature: ame: ate: Confirm By	Lalin 7/8/19
. Re	Signa Name Tel Fax Official	Norking days k you for your ass sture: : JUMANI : 6214 83' : 6546815	sistance.	Document Attached Yes or No	e confirm the estalized amount gnature: ame: ate: Confirm By	Kalina 7/8/19
55.	Signa Name Tel Fax Official	n 7 working days k you for your ass sture: : JUMANI : 6214 837 : 6546815 Use Only Item ate P/Day ncome Paid	sistance.	Document Attached Yes or No	e confirm the estalized amount gnature: ame: ate: Confirm By	Kalina 7/8/19
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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref.

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

NS/INC19013739/K1yf3e2



NIU	C INCOME INSUR	RANCE CO-OPERATIVE LTD	Noi.	NS/INC 190 1373	/KTylSe2	
		D UNION HOUSESINGAPORE	Date:	15-08-2019		
			Code:	INC4		
1.		Policy Particulars	1			
	Insured Veh.	SMM 7300R	_	nspected	SHD 3367G	
	Policy No.		_	age (\$)	0.00	
	Claim No.	MT/1056993-001	Exces		0.00	
	Assign From			n Date	05/08/2019	
2.		Vehicle Parti	culars 8	& Condition		
	Make & Model	HYUNDAI 140	c.c		1685	
	Engine No.	HIDDEN	Year o	of Reg.	2016	
	Chassis No.	KMHLB41UMGU093301	Colou	r	BLUE	
	Odometer	503324	Steering Modification		IN ORDER	
	Brakes	IN ORDER			STANDARD ALLOY RIM	
	General	FAIR				
3.		Conditi	ions 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.		Descripti	on of Da	amages		
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR O/S	PORTION.		
	DAMAGES SEE D	ETAILS.				
5.	A CONTRACTOR OF THE PARTY OF TH	Genera	Inform	ation		
	Accident Date	03/08/2019	Inspec	ction Date	05/08/2019	
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.		R	emarks	(4) 表 (4) [1] [2]		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W				
5b.		Estimate	Days of	f Repair		
	ESTIMATED NOR	MAL 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3367G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	BUCKLED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	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	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-854.66	-612.48
			3,418.64	2,449.92
	NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT			-16.57
			165.70	149.13
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00

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2,900.00

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,180.00	770.00
	GRAND TOTAL		5,064.34	3,669.05

RECOMMENDED COST OF LUMP SUM REPAIRS

(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)

Report Ref No. NS/INC19013739/K1yf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

M

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser