

08/11/13

Signature: Kolvin

REF: NSIINC19013750/K14F302

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: SJS 35935

Policy No. 5106305592 (14/12/2018-12/08/2019)

Claims No. MT/1056721-002

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 Rport: \_\_\_\_\_ 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: SHC17914 (r Regn: 20 Sep 2017)

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

Truck / Trailer or

Make: Toyota Proace c.c. 1700

Colour: Blk A/C: Insured / Std / NI / NA

Sp. Reading: 183335 T/Radio: Insured / Std / NI / NA

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

C/No: JTOKB3F46035642.6

Gen. Cond: Good / Fair / 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: 195/65R15

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

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

TOYO / YOKO or Wipac

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

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

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

D.O.A. 2/8/19 D.O.I. 5/8/19

Survey held at CPGE (Loyang)

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

Rear of

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

Date / Time Action / Instruction

SHC 17914 - X INC

SJS 35935 - X PI

14/8/19 Contact PIP#892-98 / 20yr.

(Prod: 1474.57; 62%)

RECEIVED 15 AUG 2019

Date/Time, File Pass to? : Prell. Report

1) 15/8 Typist : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

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

Add Fee:  Site no: \_\_\_\_\_ 160

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident   
 Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106305592		AUTOGRAND PTE LTD	201621171M	GPC	Third Party	SJ535935	SJ535935	14/12/2018	12/08/2019

Continue

## Denise Tay (LKKAuto)

---

**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 14 August 2019 4:51 PM  
**To:** Denise Tay (LKKAuto)  
**Subject:** RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

Thank you.

With Regards

*Junainah*  
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:** Wednesday, 14 August 2019 12:36 PM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 14/8/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1056721- 002	COMFORT DELGRO	SHC 1791H	SJS 3593S	2/8/2019	19:00	2452.34	892.98

## 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 willful 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	05/08/2019 08:15
Date Of Accident	02/08/2019 19:00
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1791H
<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

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	CHOO BOCK CHYE
NRIC No	S1125380F
Date Of Birth	30/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96566509
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	985A 12-06 BUANGKOK CRESCENT
Postcode	531985
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

SEE POLICE REPORT.

### 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	SJS3593S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S6912697I
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMJ7798D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHOW EN YI, CHRISTIAN  
NRIC/Passport Number S9129184C  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHOO BOCK CHYE  
Approximate Age 64  
Injuries Sustain NECK, BACK  
Injured person in which vehicle? SHC1791H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report NO : T/20190803/2054.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 189303821R

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. *Fern*



SINGAPORE  
POLICE FORCE



T/20190803/2054

1 of 4

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190803/2054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2019 11:59		Vide Report No.:		Station Diary No.: 49	
<b>Informant's Particulars</b>					
Name of Informant: CHOO BOCK CHYE			Address: APT BLK 985A BUANGKOK CRESCENT #12-06 SINGAPORE 531985		
ID Type / ID No.: NRIC NO / S1125380F			Contact No.:		Mobile: 96566509
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 30/08/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/08/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA ROAD  Before Depot Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1791H	Car A	TOYOTA	PRIUS	Blue	Slightly Damaged	1
SJS3593S	Car B	HYUNDAI	AVANTE	Brown	Slightly Damaged	0
SMJ7798D	Car C	KIA	CERATO	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190803/2054

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 4

Report No. T/20190803/2054

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO BOCK CHYE	ID No.	S1125380F
Related Vehicle	SHC1791H (Car)	Contact No.	96566509
Hospital/Clinic	MY FAMILY CLINIC (PUNGGOL CENTRAL)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/08/2019	Date Discharge	03/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA KAK LEE	ID No.	S69126971
Related Vehicle	SJS3593S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHOW EN YI, CHRISTIAN	ID No.	S9129184C
Related Vehicle	SMJ7798D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/08/2019 at about 1900hrs, I was driving my taxi Reg No: SHC1791H Toyota Blue in colour along Alexandra Road to wards Pasir Panjang. The traffic was heavy and slow moving. I was observing the traffic in front of me and when I saw the vehicles in front of me make a stop, I also slowed down and stopped when I felt an impact from the rear and my car moved forward. I then checked if my passenger is injured however she informed that she does not require any immediate medical attention, I then went out and saw that my vehicle was hit by a car Reg No: SJS9593S Hyundai brown in colour and there was another car Reg No: SMJ7798D Kia black in colour that had hit the rear of the brown car.



**SINGAPORE  
POLICE FORCE**



T/20190803/2054

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 4

Report No. T/20190803/2054

CONTINUATION OF REPORT

My taxi rear bumper was damaged. The car behind me has its front and rear damaged. The last car front bumper was damaged. We exchange particulars and left after that. On 03/08/2019, I woke up feeling pain on my back and neck. I went to the clinic and was given 3 days medical leave.



SINGAPORE  
POLICE FORCE



T/20190803/2054

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20190803/2054

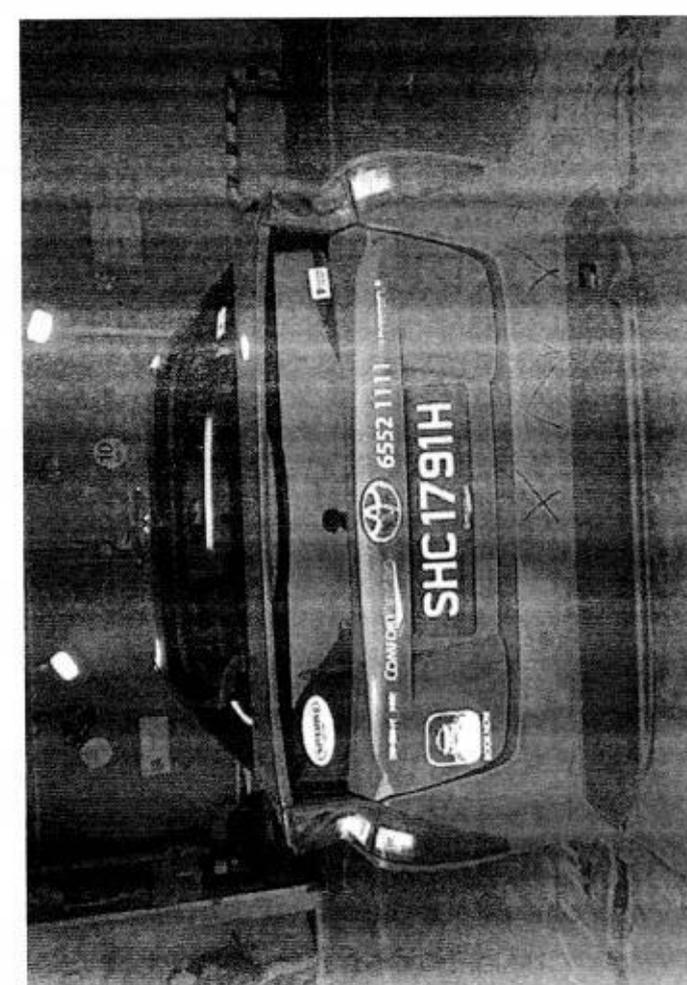
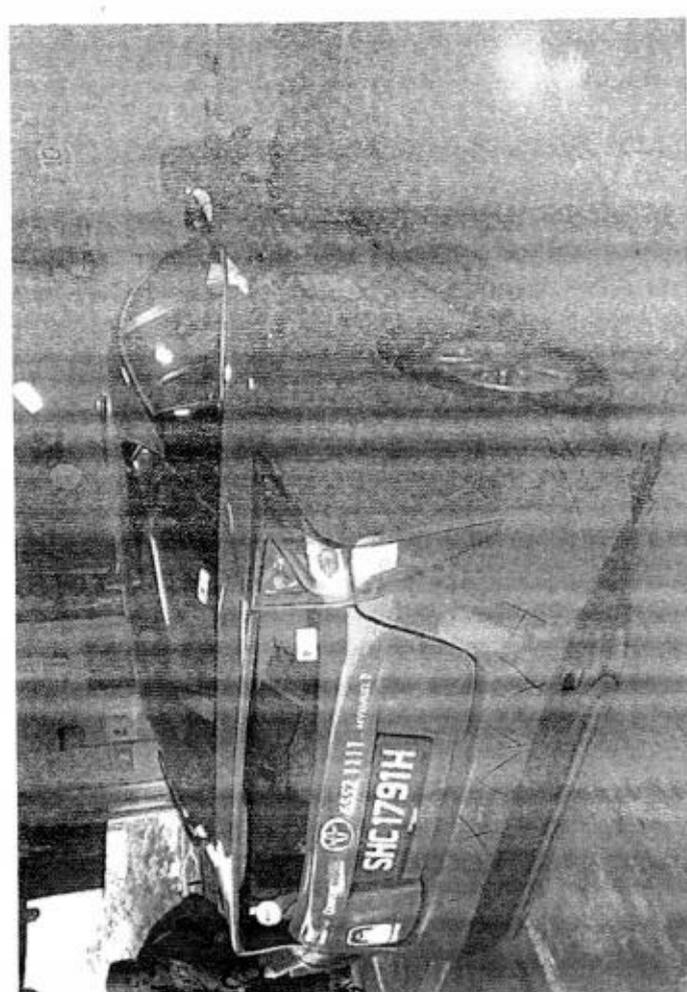
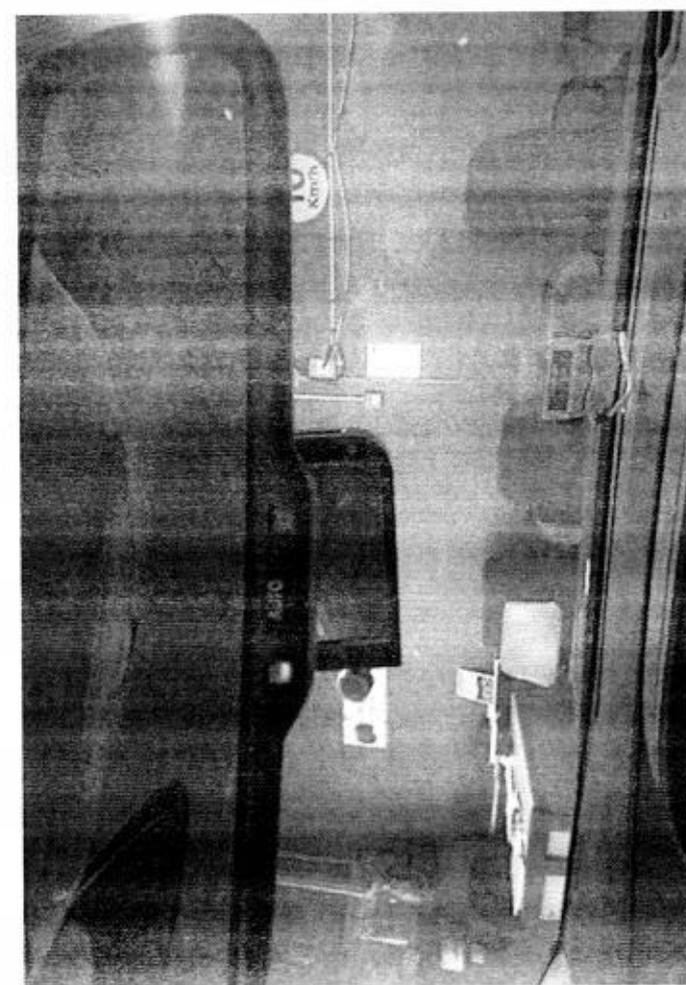
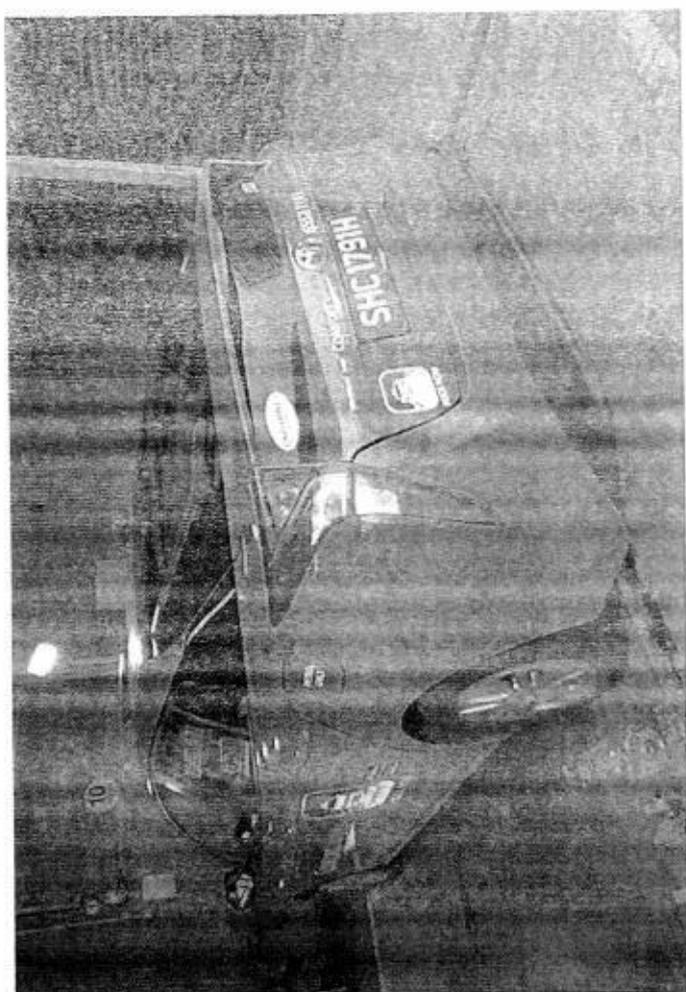
CONTINUATION OF REPORT

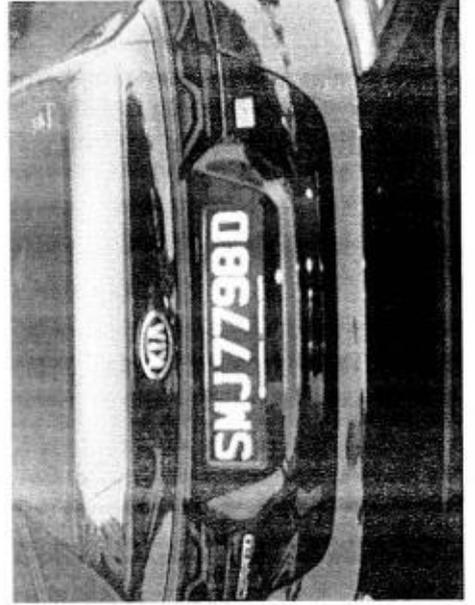
**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/08/2019 11:59
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOOK Contact No.: 65476436	Classification Of Case: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Authentication Stamp NP168	





**GOMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC1791H  
 MAKE : TOYOTA  
 MODEL : PRIUS

DATE: 5. Aug. 2019

DOA: 2. Aug. 2019 **NTUC**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>X 100%</i>			\$458.60
1	Rear Bumper Beam <i>X 100%</i>			\$318.80
10	Rear Bumper Clips <i>- ne</i>		\$2.20	\$22.00
1	Rear Bumper Undercover <i>- Detail</i>			\$552.60
1	Rear Bumper Side Retainer - RH <i>X 100%</i>			\$112.70
1	Rear Bumper Tow Cover <i>- cut</i>			\$82.70
1	Rear Bumper Underside - RH <i>X 100%</i>			\$148.40
<b>SUB TOTAL</b>				<b>\$1,695.80</b>
<b>LESS 20% <i>25%</i></b>				<b>\$339.16</b>
<b>DISCOUNTED TOTAL</b>				<b>\$1,356.64</b>
1	Reverse Sensor <i>X 100%</i>			\$135.70 <b>Nett</b>
<b>Labour Charge</b>				
1	Panel Beating			\$500.00 <i>200</i>
1	Spray Painting Charge			\$300.00 <i>200</i>
1	Remove/refix reverse sensor			\$80.00 <i>X 100%</i>
1	Tuff Kote			\$80.00 <i>X 100%</i>
<b>TOTAL LABOUR</b>				<b>\$960.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$2,452.34</b>

Larry Ng

*Kalvin 16/10/19*  
*M 5/8/19 10306*  
*200*  
*PIP*  
*Atta Repair photo*

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.



COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.08.2019

REPAIR ESTIMATE

Time: 14:11:36

Page: 1

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

JOB NO : 305322294  
REGN NO : SHC1791H  
MILEAGE : 000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 20.09.2017  
DATE/TIME IN : 03.08.2019 12:50  
ACCIDENT DATE : 02.08.2019

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	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

SUB-TOTAL : 492.97

JOB NATURE

0000	PB	PANEL BEATING				200.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA				200.00

SUB-TOTAL : 400.00

TOTAL : 892.97

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305322294

Date : 13. Aug. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1791H

Date of Accident: 2. Aug. 2019

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

1. The repair job shall bill to: NTUC SJS3593S
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$492. <sup>98</sup>
(b) Labour Charges	\$400.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$892.98</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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 14/8/19

### 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	\$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/INC19013750/K1tf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 16-08-2019
	Code: INC4



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

Insured Veh.	SJS 3593S	Veh. Inspected	SHC 1791H
Policy No.	5106305592	Coverage (\$)	0.00
Claim No.	MT/1056721-002	Excess (\$)	0.00
Assign From		Assign Date	05/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603564216	Colour	BLUE
Odometer	183335	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	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	02/08/2019	Inspection Date	05/08/2019
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:	<b>2 Working Days</b>
-------------------------------------	-----------------------



# 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1791H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.80	-
1	REAR BUMPER BEAM	SERVICEABLE	318.80	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER-RH	SERVICEABLE	112.70	-
1	REAR BUMPER TOW COVER	CUT	82.70	82.70
1	REAR BUMPER UNDERSIDE-RH	SERVICEABLE	148.40	-
	LESS 20% DISCOUNT		-339.16	-
	LESS 25% DISCOUNT		-	-164.32
			<b>1,356.64</b>	<b>492.98</b>
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		500.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
			<b>960.00</b>	<b>400.00</b>
<b>GRAND TOTAL</b>			<b>2,452.34</b>	<b>892.98</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>892.98</b>

Report Ref No. NS/INC19013750/K1f3n2

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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