

(08/11/13)

Surveyor: Kelvin

REF: NSI INC 013896/kiy f352

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: XD 6365CPolicy No: 5094305615-01 (23/10/2018-22/10/2019)Claims No: MT/1056824-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SH 9647H Yr Regn: 8 Nov 2018
Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /

Truck / Trailer or

Make: Hyundai Jonig c/o 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 106770 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC 851 CV/KY115183

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / SD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Avanti

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 6/8/19 D.O.I. 7/8/19Survey held at CPGE (Loyang)

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

o/s front / n/s Body

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

Date / Time Action / Instruction

SH 647H - X

XD 6365C - X

22/8/19 Liberal P/P \$4915-88 / 4 days. (Red \$2693-44, 35%)

RECEIVED 27 AUG 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

21/8 Typist

P/P = \$4915-88

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S+R+R+R

Add Fee:



S+R+R+R

TP Claims against NTUC Income: Follow-Through Survey

Date : 23/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1056824-002	COMFORT TRANSPORTATION PTE LTD	SH 9647H	XD 6365C
2	MT/1058937-002	COMFORT TRANSPORTATION PTE LTD	SHD 7288A	SML 7075X
3	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHB 2438C	SMM 366Y
4	MT/1058725-002	COMFORT TRANSPORTATION PTE LTD	SHA 9688G	SMM 7905X
5	MT/1055297-002	SMRT TAXIS	SHB 5670C	SIU 4507A
6	MT/1058760-002	COMFORT TRANSPORTATION PTE LTD	SHC 8231L	SJT 6932Y
7	MT/1059054-002	COMFORT TRANSPORTATION PTE LTD	SHD 4085M	SHD 2458J
8	MT/1058544-002	COMFORT TRANSPORTATION PTE LTD	SHD 3163C	SJP 2407U

eBaoTech

General Claim

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="06/08/2019 09:07"/>							
Vehicle No.(For Motor)	<input type="text" value="XD6365C"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094305615-01		YUAN JI ENTERPRISES PTE LTD	199404390C	GCV	Preferred Workshop Plan	XD6365C	XD6365C	23/10/2018	22/10/2019
<input type="button" value="Continue"/>										

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	06/08/2019 16:24
Date Of Accident	06/08/2019 13:00
Exact Location Of Accident	PIE(AIRPORT) BF TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9647H
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	IONIQ HYBRID

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	CHIO ENG JONG
NRIC No	S0686440F
Date Of Birth	26/06/1948
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1968
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98786588
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	64 11-136 MARINE DRIVE
Postcode	440064
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	4
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)	1

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

SEE ATTACH.

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	XD6365C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBC7377C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

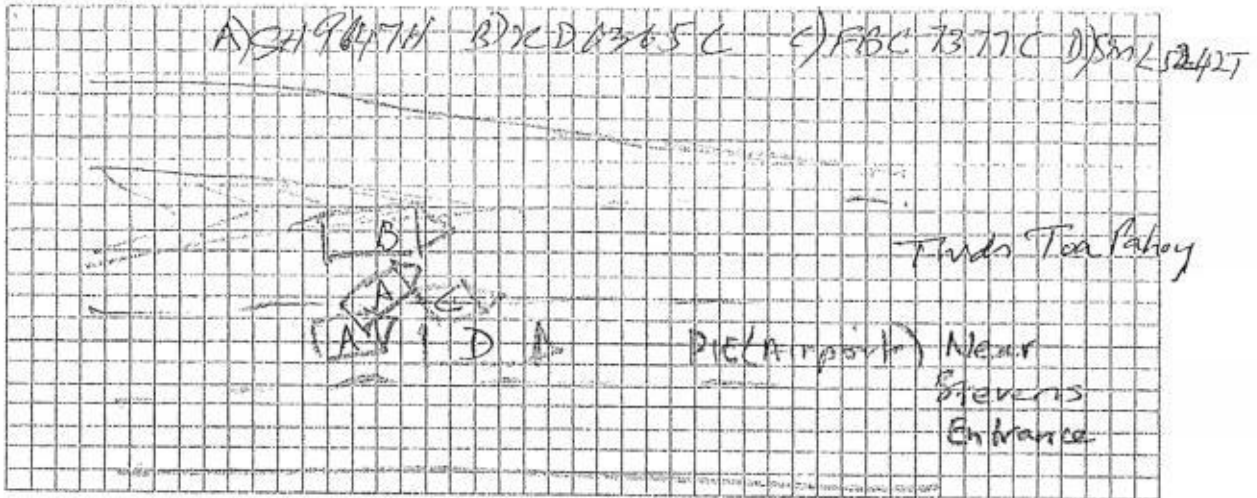
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SML5242T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	FBC7377C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

• SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/19 at about 1300hrs while I Veh A was travelling along lane 2 noticed Veh C colliding with Veh D. I immediately swayed left to avoid a frontal contact and collision. However, Veh B fell onto the side and contacted the right front portion of my vehicle. Shortly after, Veh B collided onto the left whole side of my vehicle. My vehicle ^{also} sustained damage on the right front.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD.
CO REG NO. 189303612R

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.:

CIADMC SketchPlanForm_V3

IMPORTANT NOTICE

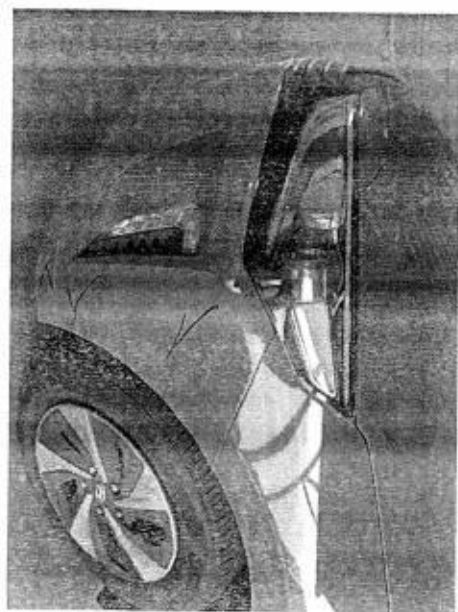
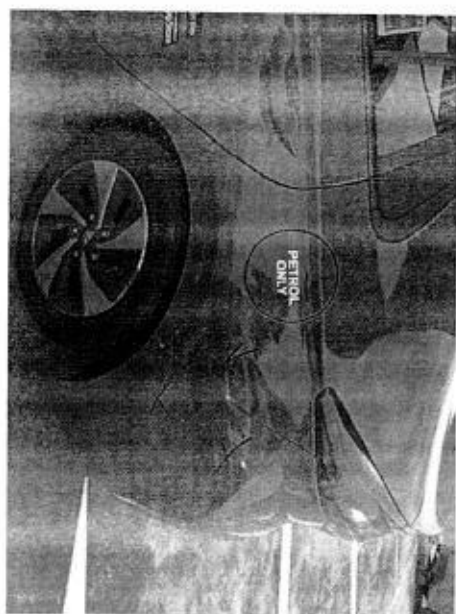
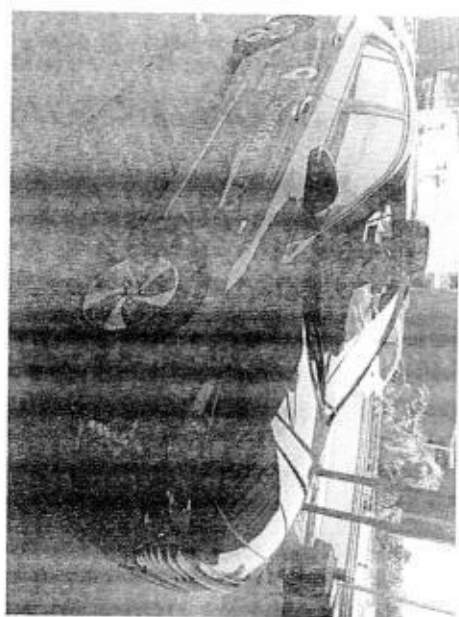
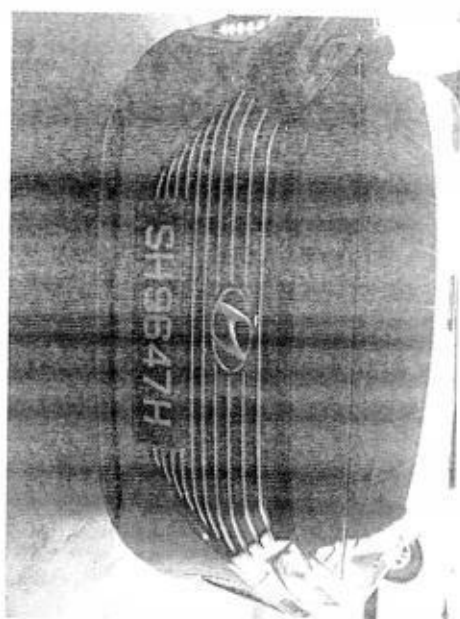
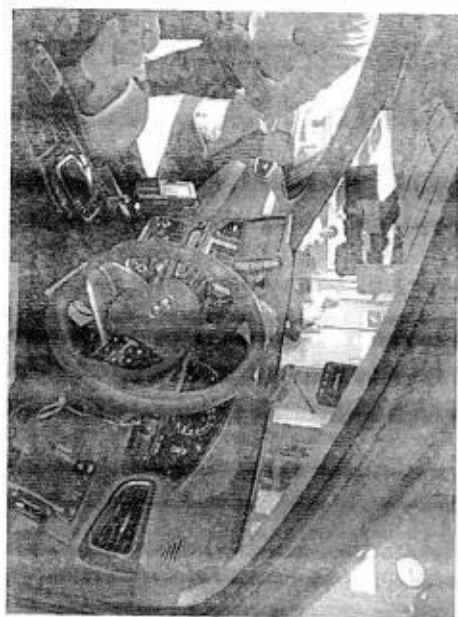
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

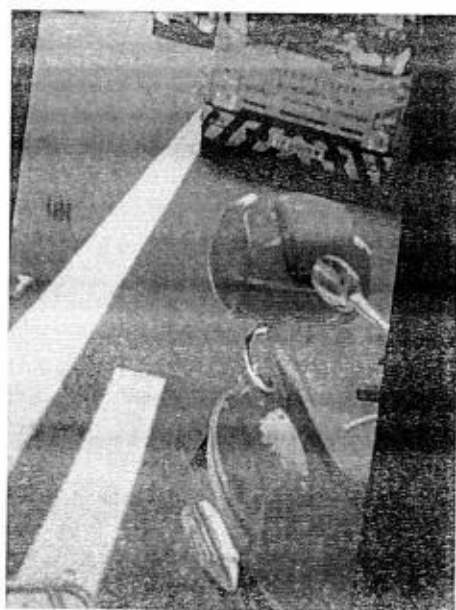
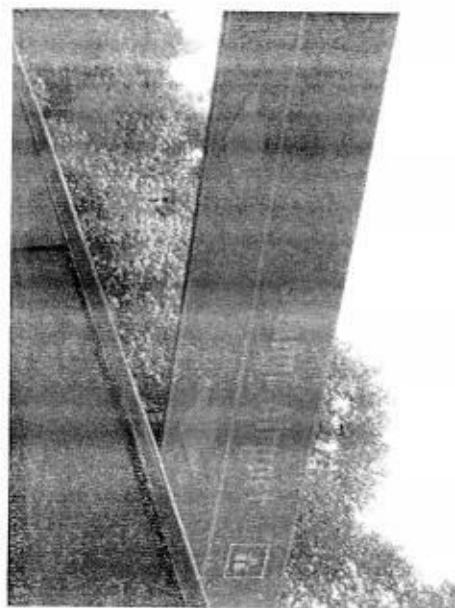
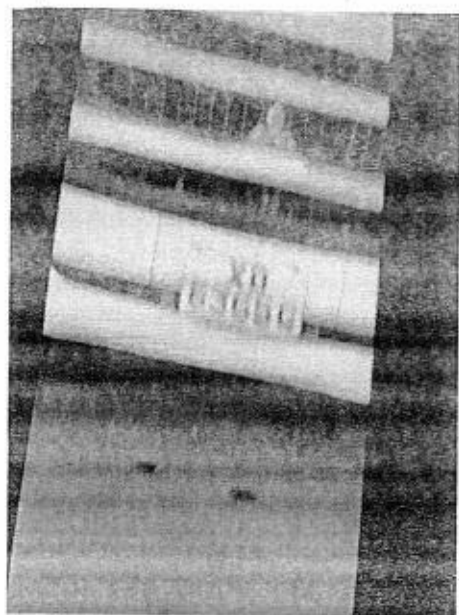
I understand, acknowledge, agree and consent that:

- (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
 Policyholder's Signature: *[Signature]*
 Date & Time: _____
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____

[Signature]
 Reporting Centre Person's Signature
 Name: *[Signature]*
 NRIC/FIN No.: *678619*





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JG NO.: 305323058

CUSTOMER

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

VARS

REGN NO. SH 9647H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 06.08.2019 14:30
YR OF MANU. 08.11.2018	TARGET DATE
CHASSIS CODE RMHC851CVKU115143	COMPLETION DATE/TIME:

SCOUNT CARD NO.

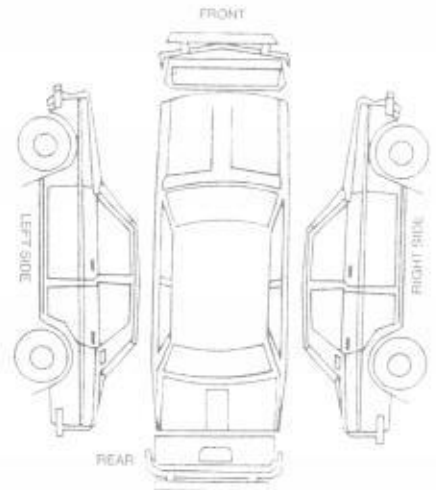
JOB DESCRIPTION

Accident Date: 06.08.2019

NATURE: 3P 06.08.2019 (C)

S/NO LABOR CODE DESCRIPTION

REPAIR - whole Left, Right Front
LRR/K-dm



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

e:

Jo:

gle No.:

SH 9647H

LARRY

Vehicle No.:

SH 9647H

Larry Ng

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 9647H

DATE 6/8/2019 16:52

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>cut</i>			\$ 418.30
	Front Bumper Grille (RH) — <i>cut</i>			\$ 186.90
	Day Light, RH — <i>cut</i>			\$ 642.50
	Emblem-Blue Drive (LH) — <i>cut</i>			\$ 26.60
	Front Door (LH) — <i>cut</i>			\$ 1,797.20
	Front Door Outer Moulding (LH) <i>x repair</i>			\$ 110.10
	Front Door Mirror (LH) — <i>Broken</i>			\$ 1,054.60
	Front Door Mirror Holder (LH) <i>x su</i>			\$ 175.90
	Front Door Mirror Lamp (LH) <i>x su</i>			\$ 97.10
	Front Door Mirror Puddle (LH) <i>x su</i>			\$ 64.10
	Rear Wheel Rim (RH) <i>x su</i>			\$ 1,124.20
	Rear Wheel Hub Cap (RH) <i>x su</i>			\$ 346.40
	Rear Wheel Bearing (RH) <i>x su</i>			\$ 454.00
	Front Fender (LH) <i>x repair</i>			
	Rear Fender (LH) <i>x repair</i>			
	Sub Total			\$ 6,497.90
	Less 20%			\$ 1,299.58
	Discounted Total			\$ 5,198.32
	Front Door Comfort Logo (LH) — <i>cut</i>			\$ 75.00
	Rear Tyre (RH) <i>x su</i>			\$ 216.00
	Total			\$ 291.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 30.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 120.00
	Transfer of Door			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	Total Labour			\$ 2,120.00
	Estimate Total			\$ 7,609.32
				7804.32

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.

Our Job Ref No : 305323058

Date : 21. Aug. 2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : KALVINVehicle Reg No. : SH 9647HDate of Accident: 6. 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 XD6365C
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$3,375.88
 - (b) Labour Charges \$1,540.00
 - Total for Part-By-Part Repair Cost** \$4,915.88
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 4 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 amountSignature : Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : Name : CalvinDate : 22/8/19**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:

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

JOB NO : 305323058
 REGN NO : SH 9647H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 08.11.2018
 DATE/TIME IN : 06.08.2019 14:30
 ACCIDENT DATE : 06.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1	418.30	20.00	334.64
0002 04-01-0104-0633-G	IONIQ MOULDING-FRONT BUMP	1	186.90	20.00	149.52
0003 04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L	1	26.60	20.00	21.28
0004 04-01-0104-0593-G	IONIQ PANEL ASSY-FRONT DO	1	1,797.20	20.00	1,437.76
0005 04-01-0104-2537-G	IONIQV2 MIRROR ASSY-OUTSI	1	1,054.60	20.00	843.68
0006 04-01-0104-4991-G	IONIQ LAMP ASSY-DAY RUNNI	1	642.50	20.00	514.00
0007 28-01-0103-0003-A	(140)FRT DOOR LOGO CTPL	1	75.00		75.00

SUB-TOTAL : 3,375.88

JOB NATURE

0000 PB	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1050.00
0002 17-01	WIRING CHARGE	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.08.2019

REPAIR ESTIMATE

Time: 09:07:22

Page: 2

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

JOB NO : 305323058
REGN NO : SH 9647H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 08.11.2018
DATE/TIME IN : 06.08.2019 14:3
ACCIDENT DATE : 06.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 L	TRANSFER OF DOOR	50.00
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SUB-TOTAL : 1,540.00

TOTAL : 4,915.88

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : _____

AUTHORISED : YES / NO



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/INC19013896/K1yf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 30-08-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	XD 6365C	Veh. Inspected	SH 9647H
Policy No.	5094305615-01	Coverage (\$)	0.00
Claim No.	MT/1056824-002	Excess (\$)	0.00
Assign From		Assign Date	07/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU115143	Colour	BLUE
Odometer	106770	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	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION AND O/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/08/2019	Inspection Date	07/08/2019
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:	4 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. SH 9647H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CUT	418.30	418.30
1	FRONT BUMPER GRILLE (RH)	CUT	186.90	186.90
1	DAY LIGHT, RH	CRACKED	642.50	642.50
1	EMBLEM-BLUE DRIVE (LH)	NECESSARY	26.60	26.60
1	FRONT DOOR (LH)	CUT	1,797.20	1,797.20
1	FRONT DOOR OUTER MOULDING (LH)	TO REPAIR SEE LABOUR	110.10	-
1	FRONT DOOR MIRROR (LH)	BROKEN	1,054.60	1,054.60
1	FRONT DOOR MIRROR HOLDER (LH)	SERVICEABLE	175.90	-
1	FRONT DOOR MIRROR LAMP (LH)	SERVICEABLE	97.10	-
1	FRONT DOOR MIRROR PUDDLE (LH)	SERVICEABLE	64.10	-
1	REAR WHEEL RIM (RH)	SERVICEABLE	1,124.20	-
1	REAR WHEEL HUB CAP (RH)	SERVICEABLE	346.40	-
1	REAR WHEEL BEARING (RH)	SERVICEABLE	454.00	-
1	FRONT FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT LH WINDSCREEN PILLAR (NPA)	TO REPAIR SEE LABOUR	-	-
LESS 20% DISCOUNT			-1,299.58	-825.22
			5,198.32	3,300.88
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
1	REAR TYRE (RH) (SN)	SERVICEABLE	216.00	-
			291.00	75.00

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National Assessment Centre Services

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR OUTER MOULDING (LH), FRONT FENDER (LH), REAR FENDER (LH), REAR BUMPER AND FRONT LH WINDSCREEN PILLAR.		800.00	400.00
	SPRAY PAINTING CHARGE.		1,200.00	1,050.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		120.00	50.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			2,320.00	1,540.00
	GRAND TOTAL		7,809.32	4,915.88

RECOMMENDED COST OF REPAIRS (CONFIRMED)			4,915.88
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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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