

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC/014198/Klsd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SKC 6103B

Policy No. 5109790833 27/5/19 - 13/9/2020

Claims No. MT/1057544-002

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: SHC 505 A Yr Regn: 15 May 2019

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

Truck / Trailer or

Make: Toyota Prius C.C. 1798

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

Sp. Reading: 3670 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70KB3F4203080317

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 13/8/19 D.O.I. 14/8/19

Survey held at CPGE (Loyang) 14/8/19

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

Rear n/s.

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

Date / Time

Action / Instruction

SHC 505A - C8/FCI/5007359/Ray3k3

200: 16/9/15 INK

SKC 6103B-X

P/P

19/8/19 1st P/P \$2202.10 / 30%.

(\$1,488.85 Red - 40%)

RECEIVED 19 AUG 2019

Date/Time, File Pass to?

19/08/19

☐

Preli. Report

1)

Typist

☒

Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

Site Insp

2 + 25 =

160

1/p \$ 2,202.10

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="13/08/2019 12:50"/>
Vehicle No.(For Motor)	<input type="text" value="SKC6103B"/>	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 type="radio"/>	5109790833		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SKC6103B	SKC6103B	27/05/2019	13/09/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1057403-002	COMFORT TRANSPORTATION PTE LTD	SHC 1325X	SML 9534A	08/08/2019	22:30	\$ 1,126.80	\$ 777.12
2	MT/1057496-002	CITYCAB PTE LTD	SHC 7823K	SDT 1809A	11/08/2019	22:45	\$ 4,593.60	\$ 1,400.00
3	MT/1057164-002	CITYCAB PTE LTD	SHC 455K	SJX 4991T	08/08/2019	11:30	\$ 2,190.26	\$ 1,443.03
4	MT/1057544-002	CITYCAB PTE LTD	SHC 505A	SKC 61038	13/08/2019	10:55	\$ 3,690.95	\$ 2,202.10

Claim received from LKK Auto

COMFORTDELGRO

Date/Time: 13.08.2019 17:43

Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305324330

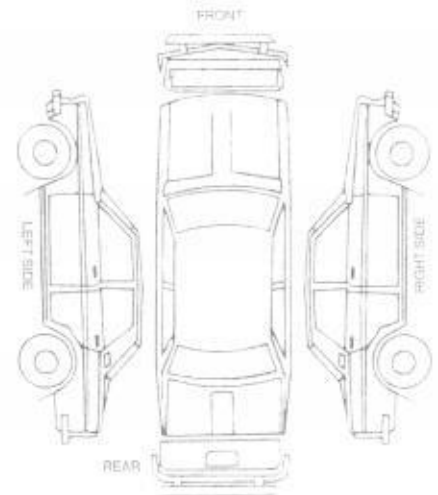
CUSTOMER	REGN NO.: SHC 505A	MILEAGE
IR/MS CITYCAB PTE LTD	MAKE: TOYOTA	FUEL
CUSTOMER NO. 7010070	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 13.08.2019 11:50
ADDRESS 383 SIN MING DRIVE	YR OF MANU 15.05.2019	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU203080317	COMPLETION DATE/TIME
65551188 (R) (P) (O)		
DISCOUNT CARD NO.		

Accident Date: 13.08.2019

NATURE: 3P 13.08.2019

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ime:
No.: SHC 505A CHIANG
icle No.:

Vehicle No.: SHC 505A

ime of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

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	13/08/2019 15:12
Date Of Accident	13/08/2019 10:55
Exact Location Of Accident	MIDDLE ROAD X QUEEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC505A
Insured/Policyholder	
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	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	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	LEE CHOON MENG
NRIC No	S1408786I
Date Of Birth	27/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82866690
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 2C UPPER BOON KENG ROAD #26-678
Postcode	383002
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	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: : - GENDER: : MALE
Passenger 2	NAME: : - 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

PLS REFER TO 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	SKC6103B
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

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT RIGHT

IMPORTANT NOTICE

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502F39G

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/8/19 at about 10:55 hrs, I was turning right at above said location. I applied brake to stop when I noticed got traffic oncoming. Suddenly I felt an impact from behind. Ven B came from behind it front right portion. collided onto the rear left portion of my taxi. 02 male passenger in my taxi. No injury reported in this accident.

DECLARATION

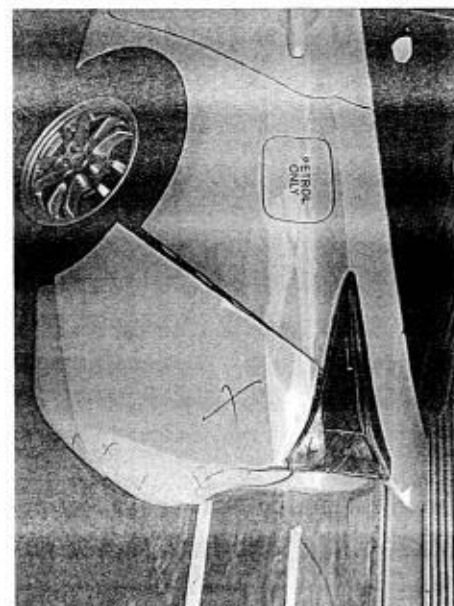
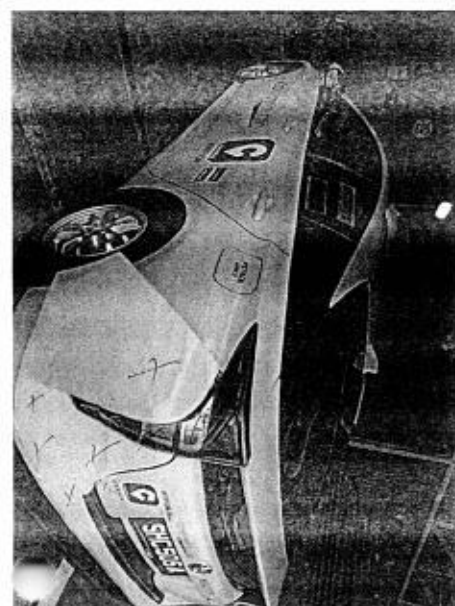
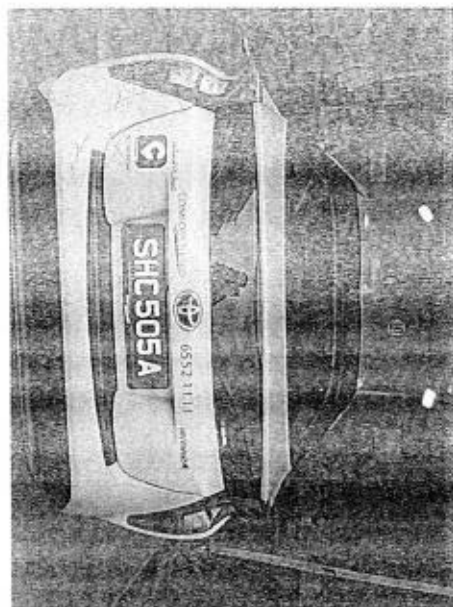
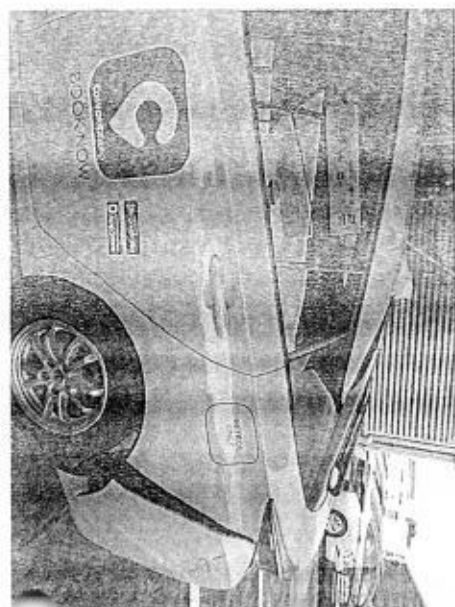
I/We declare the foregoing particulars are true in every respect.

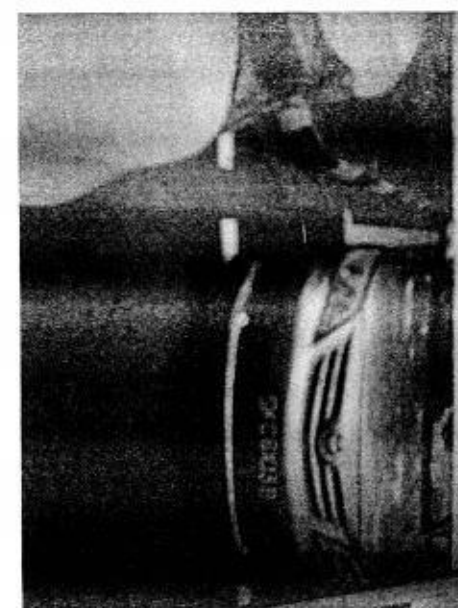
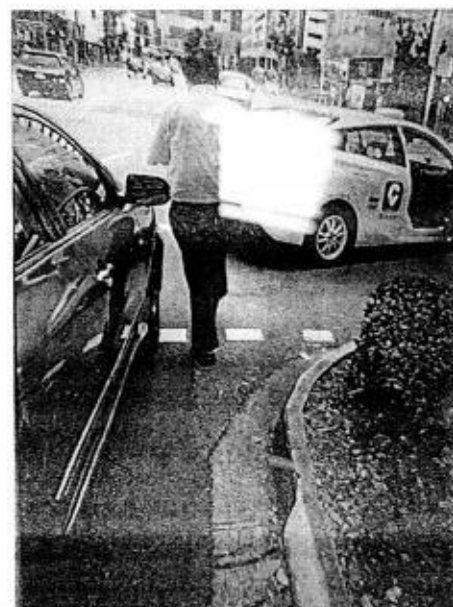
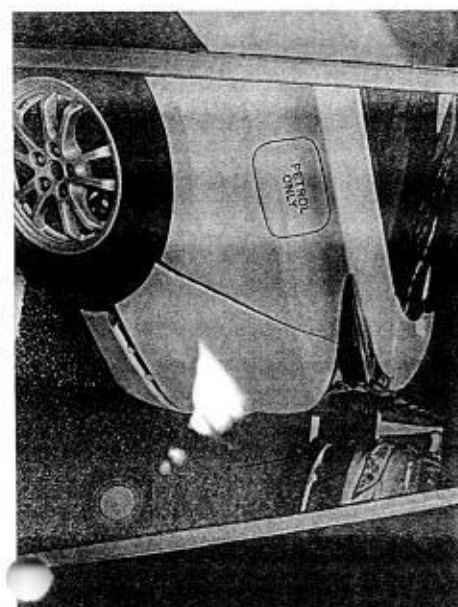
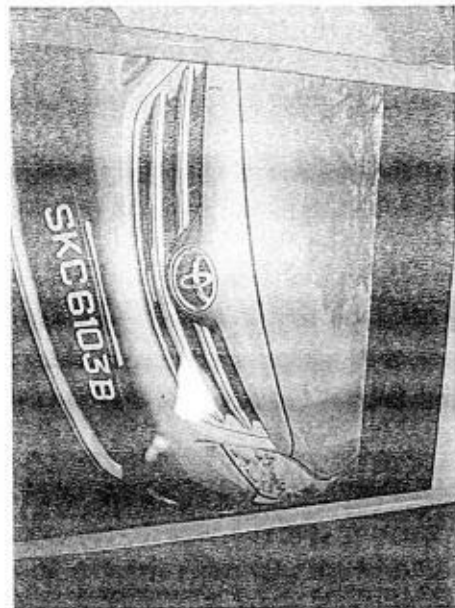
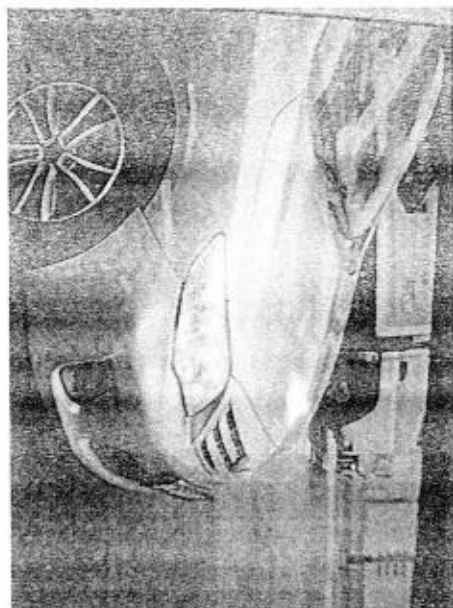
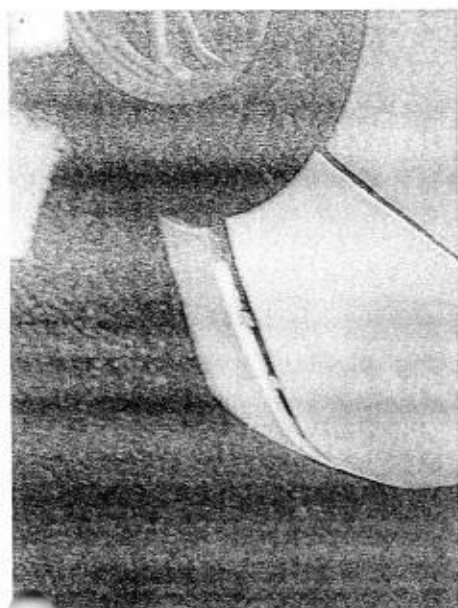
CITYCAB PTE LTD
CO. REG. NO. 199502F39G

Policyholder's Signature
Date & Time:

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

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





CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHC 505A

13/8/2019 15:51

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) <i>nc</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>nc</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>nc</i>			\$ 47.00
REAR BUMPER <i>nc</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>nc</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>nc</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>nc</i>			\$ 112.70
REAR BUMPER CLIPS <i>nc</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH <i>nc</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>nc</i>			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH) <i>nc</i>			\$ 557.90
TAIL LAMP ASSY (LOWER) (LH) <i>nc</i>			\$ 548.40
SUB TOTAL			\$ 2,967.00
LESS 25%			\$ 741.75
DISCOUNTED TOTAL			\$ 2,225.25
REAR TRUNK LID APPS STICKER <i>nc</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>nc</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>nc</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>nc</i>			\$ 50.00
			\$ 285.70
LABOUR CHARGE			
Panel Beating			\$ 400.00
Spray Painting Charge			\$ 600.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,180.00
ESTIMATE TOTAL			\$ 3,690.95

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.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305324330
 REGN NO : SHC 505A
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.05.2019
 DATE/TIME IN : 13.08.2019 11:50
 ACCIDENT DATE : 13.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0002	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0004	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0005	28-01-0302-2014-A	PRIVC REAR BONNET APP TAX	1	40.00	10.00	36.00
0006	28-01-0302-2016-A	PRIVC REAR BONNET COMFORT	1	30.00	10.00	27.00
0007	28-01-0302-0010-A	PRIVC REAR BOOT 65521111	1	30.00	10.00	27.00
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0009	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0010	04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30
0011	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0012	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00	2.50	50.00

SUB-TOTAL : 1,552.09

JOB NATURE

Our Job Ref No : 305324330

Date : 15/08/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 505A

13/08/2019

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

2 The repair job shall bill to: NTUC SKC6103B

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,552.10

(b) Labour Charges \$650.00

Total for Part-By-Part Repair Cost \$2,202.10

2,202.10

(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 19/8/19

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		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/INC19014198/K1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-08-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 6103B	Veh. Inspected	SHC 505A
Policy No.	5109790833	Coverage (\$)	0.00
Claim No.	MT/1057544-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU203080317	Colour	YELLOW
Odometer	36730	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	GOODYEAR	8 mm
L/H Front Tyre	195/65 R15	GOODYEAR	8 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	8 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	8 mm

4. Description of Damages

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

5. General Information

Accident Date	13/08/2019	Inspection Date	14/08/2019
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:	3 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 505A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER,REAR BUMPER,SIDE,LH	SERVICEABLE	94.80	-
1	SEAL,REAR BUMPER SIDE,LH	CRACKED	148.40	148.40
1	TAIL LAMP ASSY (UPPER)(LH)	SERVICEABLE	557.90	-
1	TAIL LAMP ASSY (LOWER)(LH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-741.75	-470.70
			2,225.25	1,412.10
<u>NETT ITEMS</u>				
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO STICKER (N)	NECESSARY	60.00	60.00
	LESS 10% DISCOUNT		-	-10.00
			100.00	90.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-

Report Ref No. NS/INC19014198/K1sd3n2



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.		80.00	30.00
			1,180.00	650.00
	GRAND TOTAL		3,690.95	2,202.10
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,202.10

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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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