

# ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJN 6551U

Policy No. 5087648909-02 (24/01/2019)

Claims No. MT/1058072-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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 7733E Yr Regn: 2 MAY 2019

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

Truck / Trailer or \_\_\_\_\_

Make: TOYOTA PRIUS HYBRID c.c. 1798

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

Sp. Reading 32, 311 T/Radio: Insured / Std / NI / NA

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

C/No: JTDKB3FU4D3080089

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: 195/65 R15

R: 11

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

TOYO / YOKO or \_\_\_\_\_

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>6</u> mm
D.O.A. <u>15/8/19</u>	D.O.I. <u>16/8/19</u>
Survey held at <u>LDGE LOYANG</u>	

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
	INC PIP
	SJN 6551U : NA/INC14007746/03 D.O.A. 24/01/2014
	SH 7733E : CS3/1111401663/EBU1 D.O.A. 24/01/2014
03/09/19	Confirmed P/P \$ 2,325.72 / 3 days with NA2 ( \$ 2,157.78 Red - 48% )
RECEIVED 03 SEP 2019	
	3/9/2019

Date/Time, File Pass to?

03/09/19

1) Typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 3

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ ) S + RS SI

☐ : Interview (\$ ) Photos

☐ : Tech. Invs (\$ ) Others

☐ : Weekend (\$ )

TOTAL

Report Format :

Lump Sum / I.B.V. (\$ 2,325.72 P/P)

160
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="15/08/2019 15:32"/>
Vehicle No.(For Motor)	<input type="text" value="SJN6551U"/>	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 checked="" type="radio"/>	5087648909-02		PRO SELECT LEASING PTE LTD	201701495M	GFT	drivo CLASSIC	SJN6551U	SJN6551U	24/01/2019	

TP Claims against NTUC Income: Follow-Through Survey

Date : 03/09/2019

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/1058072-002	COMFORT TRANSPORTATION PTE LTD	SH 7733E	SJN 6551U	15/08/2019	14:20	\$ 4,483.50	\$ 2,325.72
2	MT/1060197-002	CITYCAB PTE LTD	SHC 493A	GBE 6923Y	27/08/2019	08:55	\$ 2,957.20	\$ 1,750.00
3	MT/1060188-002	COMFORT TRANSPORTATION PTE LTD	SHA 6045G	SKS 3755E	30/08/2019	08:00	\$ 1,590.00	\$ 1,200.00

Claim received from LKK Auto

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305325195

COMER  
3 COMFORT TRANSPORTATION PTE LTD  
7010045  
COMER NO. 383 SIN MING DRIVE  
ESS Singapore SINGAPORE 575717  
65508755  
(R) (O)  
(P)

UNT CARD NO.

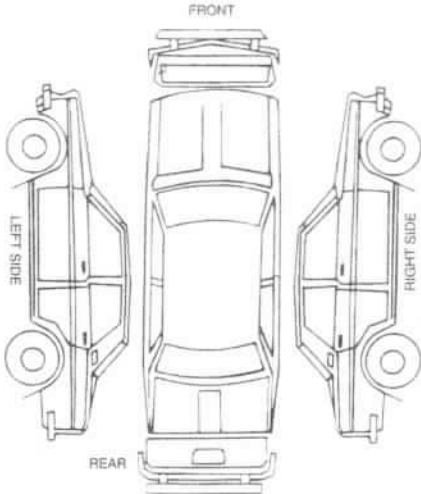
REGN NO.	SH 7733E	MILEAGE
MAKE :	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 15.08.2019 16:00
YR OF MANU	02.05.2019	TARGET DATE
CHASSIS CODE	JTDKB3FU403080089	COMPLETION DATE/TIME:

NTUC

Accident Date: 15.08.2019  
NATURE: 3P 15.08.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

Vehicle No.: SH 7733E

LKE

Exit Pass

Vehicle No.:

SH 7733E

Service Advisor

Signature/Date

Name of Service Advisor

Date

rned 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	15/08/2019 16:57
Date Of Accident	15/08/2019 14:20
Exact Location Of Accident	GRANGE RD TWDS HOLLAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7733E
<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	LOH KOK HO
NRIC No	S0122684C
Date Of Birth	15/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90109061
Fax Number	
Contact Number	
Email Address	LOHKOKHO@GMAIL.COM

Address	BLK 308 JURONG EAST STREET 32 #05-242
Postcode	600308
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)	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

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	SJN6551U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GUI HAO
NRIC/Passport Number	S9044156F
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

# **IMPORTANT NOTICE**

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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  
CO. REG. NO. 19930382113

Policyholder's Signature  
Date & Time:

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

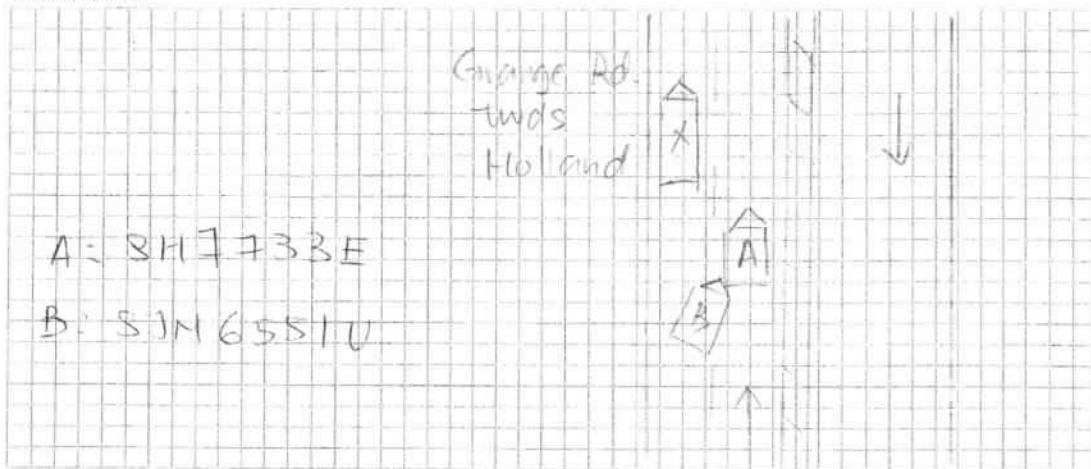
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: **Loke Wei Yiang**

GIA/NTC/Police/Insurance Co.



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/8/19 at about 14:20 hrs, I was driving straight at above said location without pax. Suddenly veh B cut into my lane from left hand side. Due to this course, veh B front portion hit & grazed onto the left rear portion of my taxi. Both of us then alighted to take photo. No injury at the point of accident.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 1993038238

Policyholder's Signature  
Date & Time:

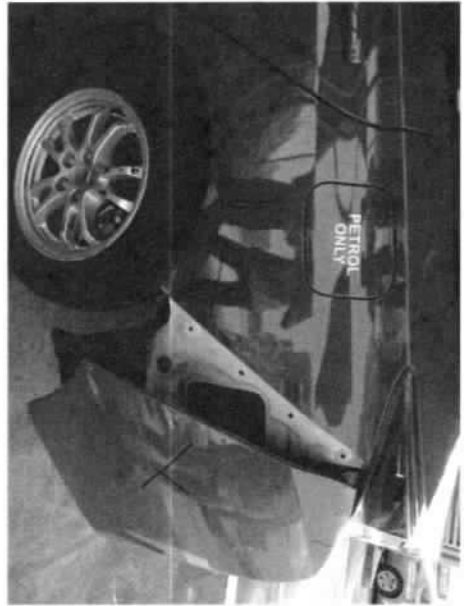
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

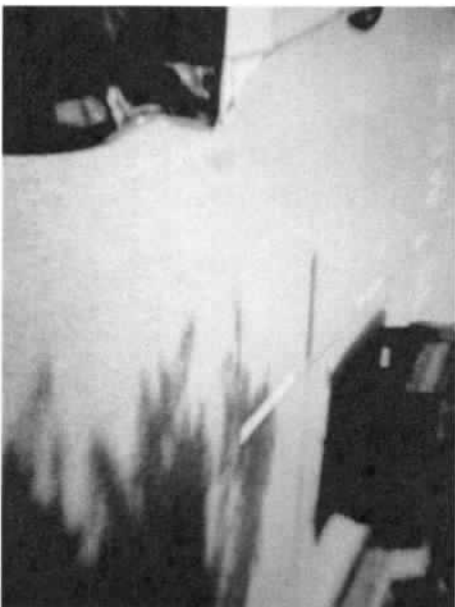
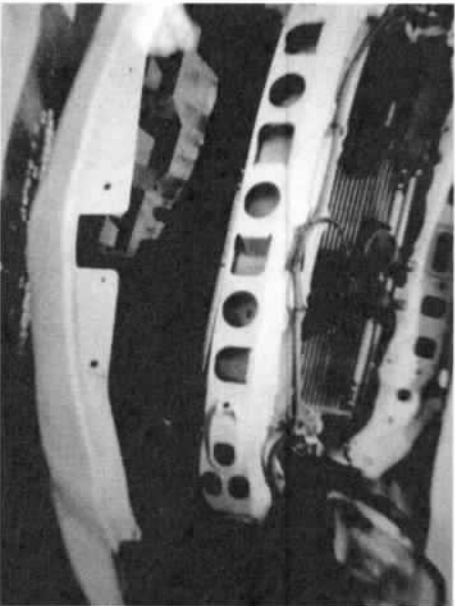
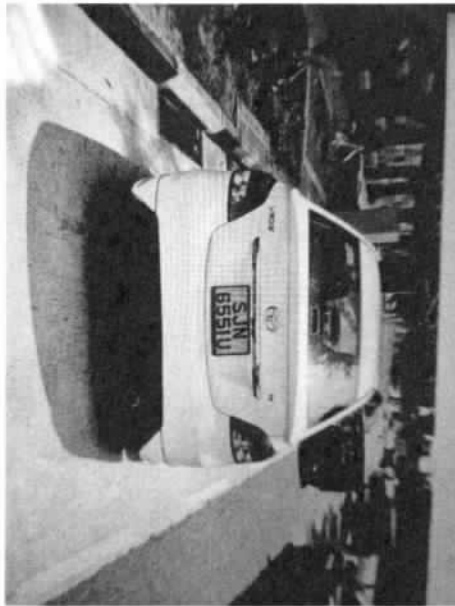
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

15/8/19  
Loke Wei Yieng

COMFORT SketchPlanForm\_23







## REPAIR ESTIMATE

16/8/2019 9:30

Lee

NTUC

/ CLK  
 - CLK  
~~many~~ ?  
 / NEL  
 ?  
 ?  
 / CLK  
 XSVL  
 xR

NETT *XSVC*

NETT/NEE

\_\_\_\_\_

400  
30  
40  
30  
700

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.

## REPAIR ESTIMATE

**MAKE :**

**MODEL : TOYOTA PRIUS**

16/8/2019 9:30

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER SIDE RETAINER		XSVL	\$ 112.70
REAR BUMPER CLIPS			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH		✓ DEF	\$ ✓ 94.80
SEAL, REAR BUMPER SIDE, LH		✓ M/S	\$ ✓ 148.40
TAIL LAMP ASSY (UPPER) (LH)			\$ 557.90
TAIL LAMP ASSY (LOWER) (LH)			\$ 548.40
REAR TYRE RIM ,LH			\$ 1,555.00
SUB TOTAL		1,834.30	\$ 4,050.40
LESS 25%			\$ 1,012.60
DISCOUNTED TOTAL		1,375.72	\$ 3,037.80
REAR BUMPER REVERSE SENSOR			\$ 135.70
REAR BUMPER RUBBER MAT			\$ 50.00
			\$ 185.70
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
Rear Wheel Alignment			\$ 80.00
N/A 2 LK			\$ 1,260.00
161814 1600			
3 DAYS PK			\$ 4,483.50
CHECK ITEMS PHOTO			\$ 2,325.72
BY PAINT PHOTO			

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 : 305325195  
Date : 29.08.19

## COMFORTDELGRO ENGINEERING

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



### FINALIZATION FORM

To : LKK  
Attn : Mr NAZ  
Vehicle Reg No. : SH7733E CTPL

Fax :

15.08.19

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

1. The repair job shall bill to: NTUC --- SJN6551U
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount \$1,425.72
    - (b) Labour Charges \$900.00
    - Total for Part-By-Part Repair Cost \$2,325.72**
    - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**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 : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156
- Signature :   
Name : NAZ LKK  
Date : 2/9/19

### 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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 29.08.2019  
Time: 14:27:49  
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 : 305325195  
REGN NO : SH 7733E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 02.05.2019  
DATE/TIME IN : 15.08.2019 16:00  
ACCIDENT DATE : 15.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0003 04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1 L	148.40	25.00	111.30
0004 04-01-0302-0581-G	PRIG4 LENS & BODY RR COMB	1 L	557.90	25.00	418.42
0005 04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	2.50-	50.00
0006 04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0007 04-01-0302-2473-G	PRIG4 SEAL REAR BUMPER SI	1 L	94.80	25.00	71.10

SUB-TOTAL : 1,425.72

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	30.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.08.2019

## REPAIR ESTIMATE

Time: 14:27:49

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 : 305325195  
REGN NO : SH 7733E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 02.05.2019  
DATE/TIME IN : 15.08.2019 16:0  
ACCIDENT DATE : 15.08.2019

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

0004 20-22 REMOVE/REFIX REVERSE SENSOR

30.00

SUB-TOTAL : 900.00

TOTAL : 2,325.72

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :





## 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/INC19014433/Nsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 09-09-2019	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 6551U	Veh. Inspected	SH 7733E	
Policy No.	5087648909-02	Coverage (\$)	0.00	
Claim No.	MT/1058072-002	Excess (\$)	0.00	
Assign From		Assign Date	16/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU403080089	Colour	BLUE	
Odometer	32311	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
L/H Front Tyre	195/65 R15	YOKOHAMA	5 mm	
R/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
L/H Rear Tyre	195/65 R15	YOKOHAMA	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	15/08/2019	Inspection Date	16/08/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<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. SH 7733E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	CRACKED	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	DEFORMED	94.80	94.80
1	SEAL, REAR BUMPER SIDE, LH	MISSING	148.40	148.40
1	TAIL LAMP ASSY (UPPER) (LH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (LH)	SERVICEABLE	548.40	-
1	REAR TYRE RIM, LH	TO REPAIR SEE LABOUR	1,555.00	-
	LESS 25% DISCOUNT		-1,012.60	-458.58
			3,037.80	1,375.72
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR TYRE RIM, LH.		400.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	40.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			1,260.00	900.00
<b>GRAND TOTAL</b>			<b>4,483.50</b>	<b>2,325.72</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,325.72</b>

Report Ref No. NS/INC19014433/Nsf3e2

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MUHAMMAD NAZRIL BIN ABDULLAH

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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