

108/11/13

REF:

NSI INC 19014 504 / K143112

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: SKD 9939GPolicy No. 5083753067-02 (23/02/2019-22/02/2020)Claims No. MT/1058510-002

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 Report: _____ 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:

SHA 9380T

Yr Regn:

21 Aug 2018

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

Truck / Trailer or

Make:

Hyundai Zante

C.O.

1580

Colour:

Yellow

A/C:

Insured / Std / Nil / NA

Sp. Reading

102691

T/Radio:

Insured / Std / Nil / NA

Eng/No:

C/No:

KMH5851 CVK4107280

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

145/65R15

R:

4

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

17/2/19

D.O.I.

19/8/19

Survey held at

CPGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SKD 9939G-X IN
	SHA 9380T : CS/FC1806226/Dths2 D.O.A.: 04/03/2018 PIP
22/8/19	Checked PP \$1842.55 / 2dy. Ured: 648'58'26%
	RECEIVED 23 AUG 2019

Date/Time, File Pass to?



Preli. Report

1) 23/8 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐

Site Insp

\$

Survey Fee:

Transportation:

S + RS \$

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 22 August 2019 4:45 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
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



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 22 August 2019 12:06 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 22/8/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1058378-002	COMFORT DELGRO	SHC 8338M	SMG 4564Y	19/8/2019	09:00	4041.36	2650
2	MT/1058510-002	CITYCAB PTE LTD	SHA 9380T	SKD 9939G	17/8/2019	14:40	2003.26	1842.55
3	MT/1058526-002	COMFORT DELGRO	SHD 4821E	SKH 6105U	19/8/2019	16:30	2045.78	1687.07

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087753067-02		SPEED IS KEY	53352915L	GPC	drive CLASSIC	SKD9939G	SKD9939G	23/02/2019	22/02/2020

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	19/08/2019 08:49
Date Of Accident	17/08/2019 14:40
Exact Location Of Accident	HOLLAND RD EXIT FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9380T
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	HYUNDAI
Model	IONIQ
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	YEO LEE HONG
NRIC No	S1545955G
Date Of Birth	16/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554801
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 57 NEW UPPER CHANGI ROAD #04-1362
Postcode	461057
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	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) 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)	2
Passenger 1	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

PLS REFER TO ATTACHED / Number of Passengers : 1 FEMALE PASSENGER AND 2 DOGS

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	SKD9939G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	C PUVERAASEN
NRIC/Passport Number	S9325391D
Contact Number	85699969
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

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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.
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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. 199502839C

Policyholder's Signature
Date & Time:

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

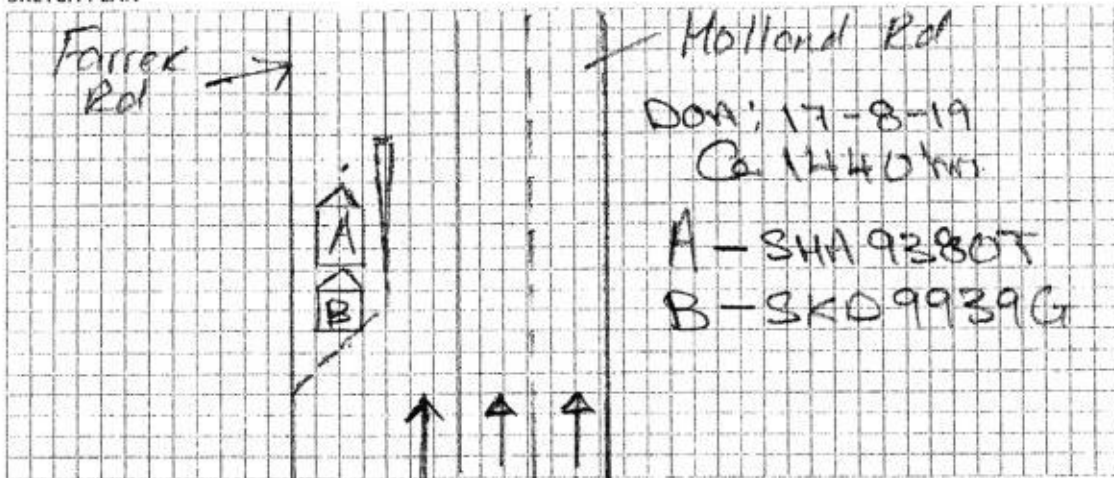
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CLASHAC Vehicle Photo Form_V2



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17-8-19 @ 1440hrs, I was driving along Holland road Exit Farrer rd. Front vehicle slow down stop and I apply to stop.

Suddenly Vehicle (B) SKD 9939G hit my taxi rear portion Cause damaged.

There is Video Footage on the Scene.
There is Pax on board at my taxi
1 Female and 2 dogs.

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:
NRIC/FIN No.:

C:\P\199502F39G\199502F39G_001

Workshops

59 Loyang Drive Singapore 508989
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
350 Ubi Road Singapore 680099

24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 768731

A member of COMFORTDELGRO

Date/Time: 19.08.2019 10:32 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

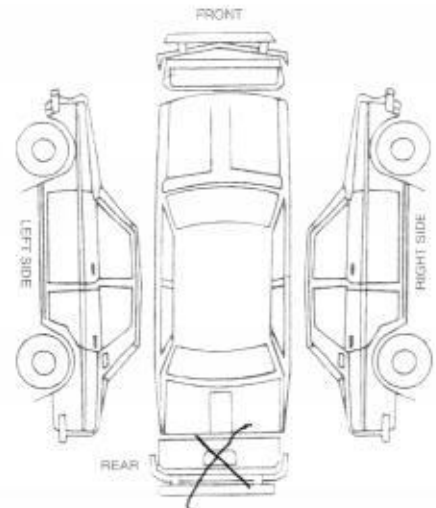
JC NO.: 305325507

STOMER	REGN NO.: SHA9380T	MILEAGE
CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL IONIQ(G2)	DATE/TIME IN 17.08.2019 17:00
DRESS 65551188 (R) (P) (O)	YR OF MANU 21.08.2018	TARGET DATE
COUNT CARD NO.	CHASSIS CODE RMHC851CVKU107280	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 17.08.2019
NATURE: 3P 17.08.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA9380T LIMITS

Vehicle No.: SHA9380T

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9380T

DATE 19/8/2019

MAKE :

MODEL : HYUNDAI IONIQ G2

LKK - Kalvin.

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Detail</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>on</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>on</i>			\$ 47.50
	Rear Bumper Stay (RH) <i>✓</i> <i>Bad</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>✓</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>on</i>			\$ 22.00
			</	

COMFORT DELGRO ENGINEERING

VEHICLE : SHA9380T TYPE OF CLAIM : TP
 MODEL : IONIQ G2 SURVEY BY : KALVIN
 JOB NO : 305325507 DATE : 19.08.19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	NO PLATE(S)W/TRIM COVER <i>to 6</i>	1	55.00	nett <i>/ on</i>
2	REAR BUMPER BEAM	1	294.80	<i>/ Ref</i>
3	REAR BUMPER STAY LH	1	138.10	<i>/ on</i>
	* Last Entry *			

49.50

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

JOB NO : 305325507
 REGN NO : SHA9380T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 21.08.2018
 DATE/TIME IN : 17.08.2019 17:00
 ACCIDENT DATE : 17.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52
0002 04-01-0104-2533-G	R/BUMPER CENTRE MOULDING	1	451.25	20.00	361.00
0003 FNPS	NO PLATE(S)W/TRIM COVER*	1 L	55.00	10.00	49.50
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60
0005 04-01-0104-2288-G	REAR BUMPER BEAM*	1	294.80	20.00	235.84
0006 04-01-0104-3819-G	REAR BUMPER STAY LH*	1	138.10	20.00	110.48
0007 04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48
0008 04-01-0104-2545-G	R/BUMPER LWR CTR MOULDING	1	47.50	20.00	38.00
0009 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13

SUB-TOTAL : 1,412.55

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00

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

JOB NO : 305325507
REGN NO : SHA9380T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 21.08.2018
DATE/TIME IN : 17.08.2019 17:0
ACCIDENT DATE : 17.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L R/I REVERSE SENSOR

30.00

SUB-TOTAL : 430.00

TOTAL : 1,842.55


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305325507

Date : 21/08/19

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

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA9380T

Date of Accident : 17-Aug-19

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

1. The repair job shall bill to: NTUC --- SKD9939G
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,412.55
(b) Labour Charges	\$430.00
Total for Part-By-Part Repair Cost	\$1,842.55
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

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 amountSignature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 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		NO		
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/INC19014504/K1tf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-08-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKD 9939G	Veh. Inspected	SHA 9380T
Policy No.	5087753067-02	Coverage (\$)	0.00
Claim No.	MT/1058510-002	Excess (\$)	0.00
Assign From		Assign Date	19/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107280	Colour	YELLOW
Odometer	102691	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 REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	17/08/2019	Inspection Date	19/08/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHA 9380T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	CRACKED	47.50	47.50
1	REAR BUMPER STAY RH	BENT	138.10	138.10
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER BEAM	BENT	294.80	294.80
1	REAR BUMPER STAY LH	CRACKED	138.10	138.10
	LESS 20% DISCOUNT		-323.47	-310.23
			1,293.88	1,240.92
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	NO PLATE (S) W/TRIM COVER (N)	CRACKED	55.00	55.00
	LESS 10% DISCOUNT		-	-19.07
			190.70	171.63
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			870.00	430.00
GRAND TOTAL			2,404.58	1,842.55



Page No.:2 of 2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,842.55
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Report Ref No. NS/INC19014504/K1tf3n2

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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