

(08/11/13)

REF: NSI INC 19014632/CHL 302

Surveyor: Kelvin

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: SKH 6105U

Policy No. 5099771504-01 (29/05/2019 - 28/05/2020)

Claims No. WT/1057526-002

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: SHD 4821 E Yr Regn: 624, 2019

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

Truck / Trailer or

Make: Hyundai Tucson C.C. 1580

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

Sp. Reading: 19002 T/Radio: Insured / Std / NI / NA

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

C/No: KM HC851CVK4164632

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 / Rrim or

Tyre Size: F: 195/65 R15

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

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

TOYO / YOKO or

Front Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 19/8/19 D.O.I. 20/8/19

Survey held at C/DHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	SHD 4821 E - X INC
	SKH 6105 U - X P/P
22/8/19	Vehicle 193187-07 / 2019. (Red: 594.55; 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

Survey Fee:

Transportation:

\_\_\_\_ \$ + RS \_\_\_\_ \$

Photos

Others

TOTAL 160

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: TP  
Lump Sum / (B): (\$ 1687.07)

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 checked="" type="radio"/>	5099777504-01		TAY LI MIN, JOSHUA	S8429570A	GPC	drivo CLASSIC	SKH6105U	SKH6105U	29/05/2019	28/05/2020

Continue

## 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](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)



**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

## 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	20/08/2019 10:14
Date Of Accident	19/08/2019 16:30
Exact Location Of Accident	ANG MO KIO AVE 5 TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4821E
<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	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	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	TANG KIAN SIN
NRIC No	S0143693G
Date Of Birth	12/02/1951
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81266506
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 506 SERANGOON NORTH AVE 4 #11-440  
 Postcode 550506  
 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: : 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 SKH6105U  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Nature Of Damage FRT LEFT

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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)**

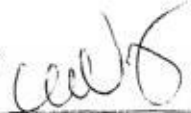
I understand, acknowledge, agree and consent that:

- (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.  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

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

20 AUG 2019

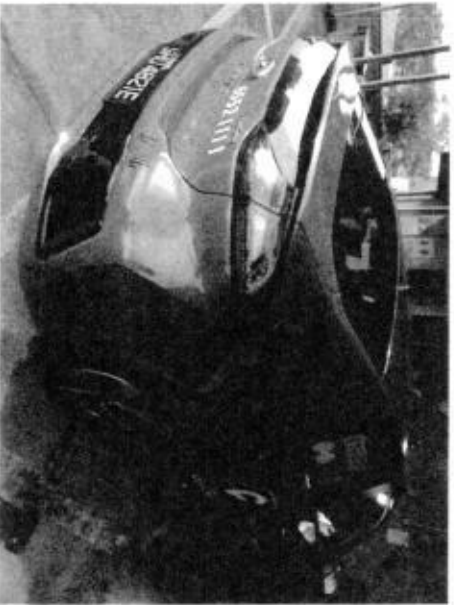
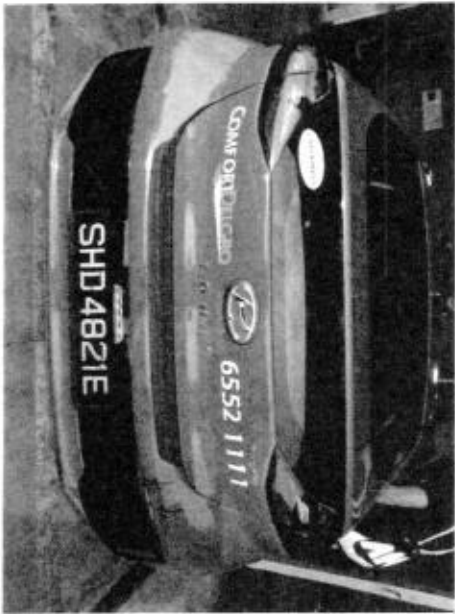
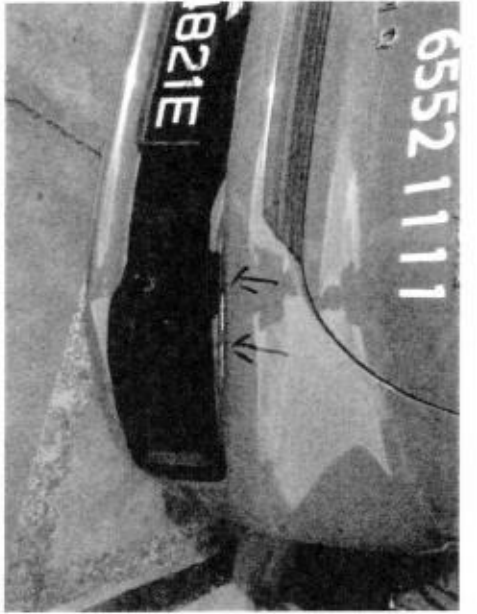
SIARMC Sketch Plan Form\_V3

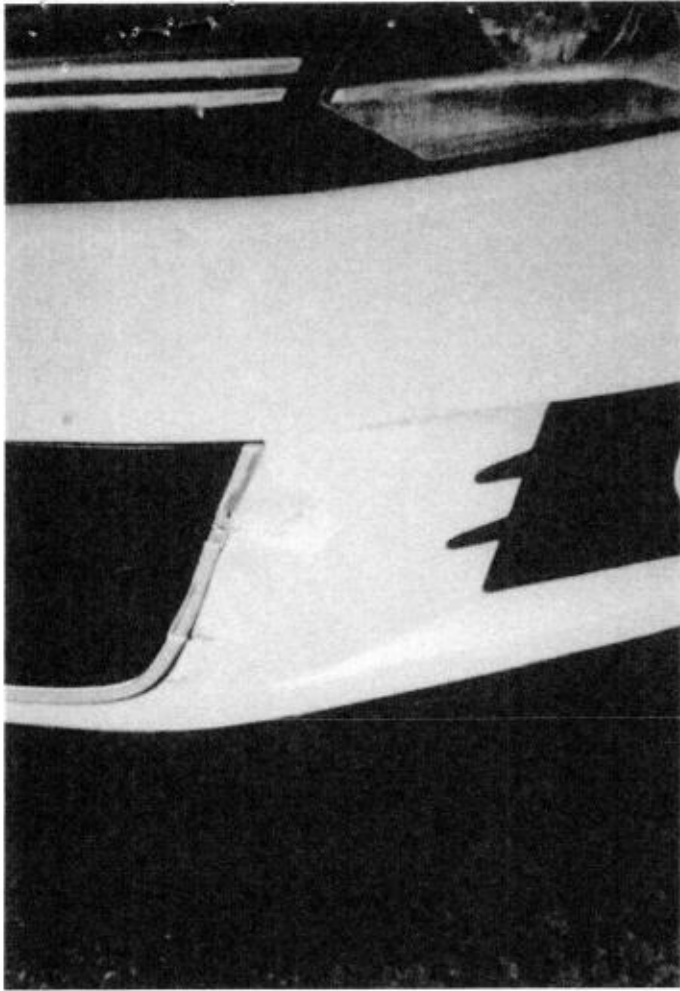












Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

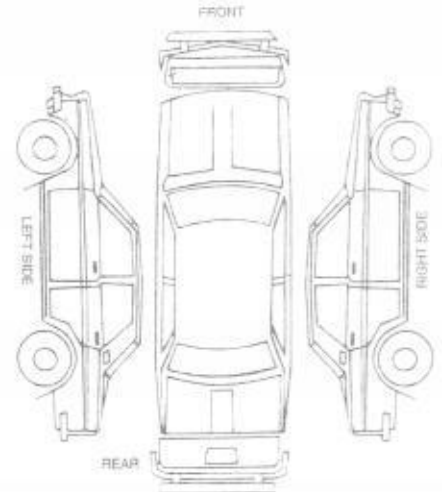
JC NO: 305325829

TOMER AS TOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SHD4821E	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G2)	DATE/TIME IN 19.08.2019 18:20
		YR OF MANU 10.07.2019	TARGET DATE
		CHASSIS CODE RMHC851CVKU164632	COMPLETION DATE/TIME:
	QUANTITY CARD NO.		

### JOB DESCRIPTION

Accident Date: 19.08.2019  
 NATURE: 3P 19.08.19

S/NO      LABOR CODE      DESCRIPTION



BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Exit Pass  
 Vehicle No.: SHD4821E  
 No.: SHD4821E      JU NTUC LKK  
 Signature/Date  
 returned to Service Reception upon collection

Name of Service Advisor  
 Date  
 To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

*Handwritten:* NPL - JM  
PIP

VEHICLE NO : SHD 4821E

DATE 20/8/2019 11:19

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Painted</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>ca</i>			\$ 451.25
	Rear Bumper Stay <i>ca</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>ca</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>ca</i>			\$ 22.00
	Rear Bumper Reflector Lamp (RH) <i>ca</i>			\$ 31.90
	<b>SUB TOTAL</b>			<b>\$ 1,168.85</b>
	<b>LESS 20%</b>			<b>\$ 233.77</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 935.08</b>
	Rear No.Plane <i>ca</i>		<i>-10%</i>	\$ 25.00 <i>Nett</i>
	Rear No.Plane Trim Cover <i>ca</i>			\$ 30.00 <i>Nett</i>
	Rear Bumper Reverse Sensor <i>ca</i>		<i>-10%</i>	\$ 135.70 <i>Nett</i>
	Rear Bumper Rubber Mat <i>ca</i>			\$ 50.00 <i>Nett</i>
				<b>\$ 240.70</b>
	<b>Labour Charge</b>			<i>200</i>
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 2</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 2</i>
	<b>TOTAL LABOUR</b>			<b>\$ 870.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,045.78</b>
	<i>Ka Lwin 16/11/19</i>			
	<i>20/8/19 1725 L</i>			
	<i>2 by,</i>			
	<i>PIP</i>			
	<i>Repair p/h</i>			
				<b>2281.62</b>

*Watermark:* LKK Auto Consultants hence notify repairer of the following: resurvey before spray painting possibly damaged parts during resurvey. 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.



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

JOB NO : 305325829  
 REGN NO : SHD4821E  
 MILEAGE : 000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 10.07.2019  
 DATE/TIME IN : 19.08.2019 18:20  
 ACCIDENT DATE : 19.08.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25 <sup>20.00</sup> 338.44
0002	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70 10.00 122.13
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00 20.00 17.60
0004	FNPS	NO PLATE(S)	1 N	25.00 10.00 22.50
0005	04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1	294.80 20.00 235.84
0006	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40 20.00 367.52
0007	04-01-0104-3919-G	IONIQ STAY-RR BUMPER RH	1	138.10 20.00 110.48
0008	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00 2.00- 50.00

SUB-TOTAL : 1,264.51

## JOB NATURE

0000	PB	PANEL BEATING	200.00
0001	SP	SPRAYPAINT CHARGE	200.00

SUB-TOTAL : 400.00

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

JOB NO : 305325829  
REGN NO : SHD4821E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 10.07.2019  
DATE/TIME IN : 19.08.2019 18:2  
ACCIDENT DATE : 19.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,664.51

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

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

AUTHORISED : YES / NO



# COMFORTDELGRO ENGINEERING

Our Job Ref No 305325829  
Date : 21/08/2019

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


## FINALIZATION FORM


To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
: SHD4821E Date of Accident : 19/08/2019

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

- The repair job shall bill to: NTUC --- SKH6105U  
###
- The finalized amount shall be:
 

(a) Spare Parts after List discount		<u>\$ 1287.07</u>
(b) Labour Charges	###	<u>\$400.00</u>
<b>Total for Part-By-Part Repair Cost</b>		<u>\$ 1687.07</u>
(c) Lumpsum Repair (if applicable)	N	
Total for Lumpsum repair cost after Less: <u>20%</u>		
<b>Final Lumpsum Repair cost</b>		
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance. We confirm the estimates and finalized amount

Signature :   
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : Kelvin  
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		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/INC19014632/K1tf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 27-08-2019
	Code: INC4



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

Insured Veh.	SKH 6105U	Veh. Inspected	SHD 4821E
Policy No.	5099777504-01	Coverage (\$)	0.00
Claim No.	MT/1058526-002	Excess (\$)	0.00
Assign From		Assign Date	20/08/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164632	Colour	BLUE
Odometer	19002	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	MICHELIN	9 mm
L/H Front Tyre	195/65 R15	MICHELIN	9 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	19/08/2019	Inspection Date	20/08/2019
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: **2 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. SHD 4821E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER STAY	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 REFLECTOR LAMP (RH)	SERVICEABLE	31.90	-
1	REAR BUMPER REINFORCEMENT	CRACKED	294.80	294.80
	LESS 20% DISCOUNT		-292.73	-273.11
			1,170.92	1,092.44
<b><u>NETT ITEMS</u></b>				
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.07
			160.70	144.63
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			80.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			870.00	400.00
<b>GRAND TOTAL</b>			<b>2,281.62</b>	<b>1,687.07</b>

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,687.07
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Report Ref No. NS/INC19014632/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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