(08/11/13)	
10011111011	
and the	1/1

08/11/13)	DEE. A.C W.	10	ĵ.
ameur: Kalvin	KEP: N S/ NV	1904633/KIVf3m	
4. 3		ASSIGNMENT	
From;	Date:	Veh No:	SHD 7288 A

From: Date:	Veh Nó: SHD 7288 A Yr Regn: 4 Rec, 2518
EstimatedCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T / Prime Mover /
OD TP WS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No:	Make: Mun 1. Ion'z c.c 1580
at Workshop m/s	Colour Ble A/C: Insuga/Std/NI/NA
of	Sp.Reading 730 4 T/Radio: Insured / Std / NI / NA
Insured: SML7045×	Eng/No:
Policy Na. 508 492639 02 (30/05) 2019)	C/No: KAH(85/CVK4/2/474
Claims No. MT 1058937 - 002	Gen. Cond: Good / Fair / Poor / Burnt
Sum In sured: Excess:	Steering: Inoreer / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD 6/Rim or
¥	Tyre Size; F: 195/65-105-
(Policy Condition)	R: ~ (
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / ME / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. & mm R/Bal. & mm.
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 18/8/19 D.O.I. 20/8/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CPRE (Loyans)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	Ren Als.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	INC
SHD 72867 - X	PIP
23/8/11 Well 1/9 \$ 152 6.74/ 2	
11 2132017	-71. UKO 560.16 -17
<u> </u>	CEIVED 2 6 AUG 2019
RE	RELACT S MOD TORN
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:
Y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	real'
2) Jale - typist Add Fee	: Interview (\$) Photos
Report Format:	: Tech: Invs (\$) Others
(1000 W (1000) W (1000 W (1000) W (1000 W (100	Weekend (\$)
Lump Sum / I.B.I: (S 15>6 - 34	
	TOTAL

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
, ,	MT/1058937-002	COMFORT TRANSPORTATION PTE LTD	SHD 7288A	SML 7075X
1 "	NOTOI	COMFORT TRANSPORTATION PTE LTD	SHB 2438C	SMM 366Y
, <	MT/1058775-007	COMFORT TRANSPORTATION PTE LTD	SHA 9688G	X5067 MMS
1 4	MAT/1055207-002	SMRTTAXIS	SHB 5670C	SJU 4507A
0	MAT/1058750-002	COMEORT TRANSPORTATION PTE LTD	SHC 8231L	SJT 6932Y
0 1	MT/1059054-002	COMFORT TRANSPORTATION PTE LTD	SHD 4085M	SHD 2458J
× «	MT/1058544-002	COMFORT TRANSPORTATION PTE LTD	SHD 3163C	SJP 2407U

eBaoTech			1000						G	eneralCl	aim
Hello, NAC_PAYA_UBI_80	0601	The Fill of the	230000	NAME OF THE PARTY	OCCUPANT NAME OF THE OWNER, OF THE OWNER,		→ Change Li	anguage	· Change Pa	ssword •	Log Out
My Desktop	Polic	y Query					Common o	F-W/45			
Notice of Loss	Policy N	io.				Date of A	Accident	18/08	3/2019 13:19		
	Vehicle	No.(For Motor)	SML7075	ix .		Certificat	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084926639+ 02		SONG AUTO PTE LTD	201610577C	GFT	drivo CLASSIC	SML7075X	SML7075X	30/05/2019	
					Co	ntinue					

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 witholding 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.

	•	DE	131	ГSI	 4 - 1.0	HE N	т
AL	J	ш	- 1		1		

Date Of Report 19/08/2019 17:29
Date Of Accident 18/08/2019 12:30

Exact Location Of Accident PIE(TUAS) NEAR KALLANG

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7288A

Insured/Policyholder

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Co Reg No 199303821R

Email Address FLEETSAFTY@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-18088936MFSH

Cover Note Number

Driver

 Name of Driver
 NEO SAY SIN

 NRIC No
 \$1492419A

 Date Of Birth
 07/10/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/02/1985

Driving Experience 34 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98304689

Fax Number

Contact Number

EMail Address NOEMAIL

Address

343 #07-210 CLEMENTI AVENUE 5

Postcode

120343

NO

Was driver an employee of the Insured's Company

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

. -

GENDER:

: MALE

Passenger 3

NAME:

š -

GENDER:

: FEMALE

Passenger 4

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

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML7075X

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 15

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT & REAR

PRIVATE CAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLX1150A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN		
		A)S/D7288A B)SML7075X C)SLX/150A
DESCRIBE CIRCUMSTANCE	SOFTHE ACCIDENT 9 at about 1230 hr.	Ralang /
Veh B o	Mided onto the	
WHITE THE TRANSPORT		1578/15
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

CODING Stretch for Form, VI

Page 4 of 15

Sketch Plan Pg. 2

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 narties
- 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)
 - (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
- 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.

Policyholder's Signature Date & Time:

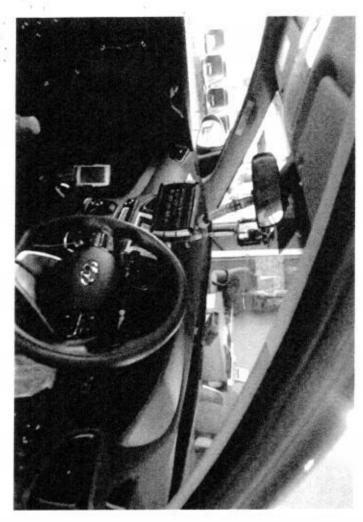
Driver's Signature (If driver is not the policyholder)

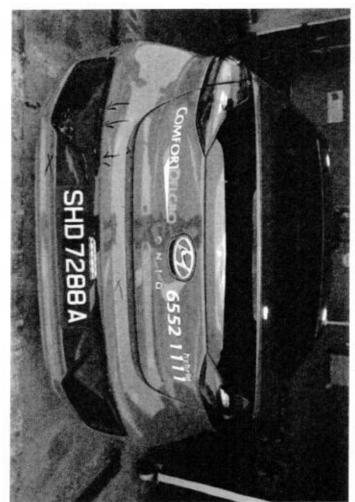
Date & Time:

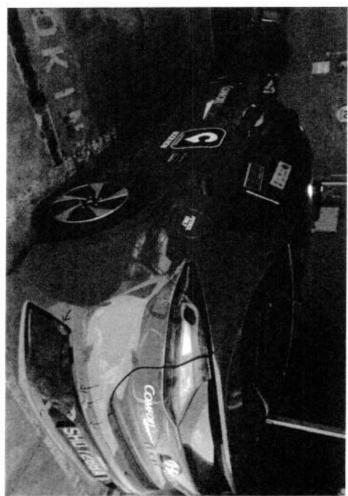
Reporting Centre Personnel's Signature

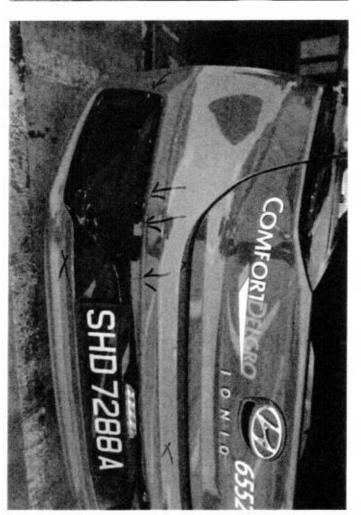
NRIC/FIN No ::

SIARRAC SEER DESIGNATIONS VS.



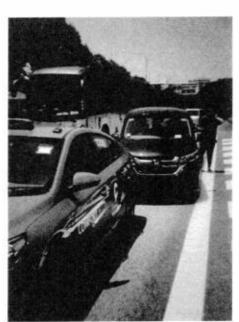


















COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Mainline + 65 6383 6280 Facsimile + 65 6280 9755

24 Senoko Loop Singapore 758156 7 Sunnei Karlui Way Singapore 728

Date/Time: 20.08.2019 08:39

Park A Singapor Page :

Team: ARC Repair TP(CLSO)1 JOB CARD JC NO.: 305325779 Sales Order: REGN NO. SHD7288A STOMER MILEAGE COMFORT TRANSPORTATION PTE LTD FUEL I/MS MAKE: 7010045 HYUNDAI STOMER NO. 383 SIN MING DRIVE E.....F DRESS MODEL Singapore SINGAPORE 575717 19.08.2019 12:10 IONIQ(G2) 65508755 YR OF MANUA. 12. 2018 (R) TARGET DATE (P) CHASSIS CODEC851CVKU121974 COMPLETION DATE/TIME: SCOUNT CARD NO.

JOB DESCRIPTION

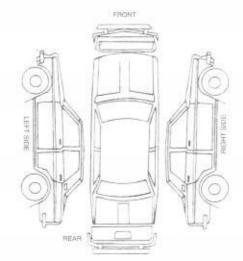
Accident Date: 18.08.2019

NATURE: 3P 18.08.2019

S/NO

LABOR CODE

DESCRIPTION



NITUC- Rear Left LKK/Kolmi-

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

swiedgement Slip

e No.:

SHD7288A

LARRY

Vehicle No.:

Exit Pass

SHD7288A

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

10/00/0010

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHD 7288A

Note C

DATE 20/8/2019 9:50

MAKE

MODEL · HVUNDALIONIO

ODEL Qty	: HYUNDAI IONIQ Parts Description/ Labour	Type	Unit Price	Amount	
Qiy	Rear Bumper / C^	Type		\$ 459.40	-
	Rear Bumper Centre Moulding Assy			\$ 451.25	1
	Boar Dumper Lower Centre Moulding Assy			s 47.50	
	Rear Bumper Lower Centre Moulding Assy Str Rear Bumper Stay Rear Bumper Side Bracket (LH/RH)			\$ 138.10	
	Rear Bumper Side Preselvet (LU/DU)		\$ 33.10	\$ 66.20	91
	Rear Bumper Side Bracket (LF/KH)			\$ 22.00	
	Rear Bumper Cover Clips		\$98.85	3 22.00	
	SUB TOTAL		100	\$ 1,184.45	1
	LESS 20%			\$ 236.89	
	DISCOUNTED TOTAL			s 947.56	_
	Rear No.Plate / 🖈			\$ 25.00	Ne
				\$ 30.00	Net
	Rear No.Plate Trim Cover > still Rear Bumper Reverse Sensor > still			\$ 135.70	2.337
	The second decreases and the second control of the second control			1100	
				\$ 190.70	
	Panel Beating Spray Painting Charge Wiring Charge	sultants he trise follow trise follow rants	to a notify	\$ 400.00 \$ 300.00 \$ 50.00 \$ 120.00	TX
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	TOTAL LABOUR		OLIVE .	\$ 870.00	
	Kalch /UCA ESTIMATE TOTAL	Medged by Tox			
	ESTIMATE TOTAL	me.		\$ 2,008.20	
3171 119	1 20/8/17 1200h			2087.30	
	Remove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL 2-/8/17 /2-66 Period plate This is an initial estimate based on a visual inspection of the be prepared after the vehicle is surveyed by a motor Surveyed.			528	
	This is an initial estimate based on a visual inspection of the	ne above v	ehicle. The final repair q	uantum will	-
	be prepared after the vehicle is surveyed by a motor Survey				

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.08.2019 Time: 10:35:32

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : SHD7288A

: 305325779

MILEAGE

: 0000000000

MAKE

: HYUNDAI

MODEL : IONIQ(G2)

DATE OF REGN : 04.12.2018 DATE/TIME IN : 19.08.2019 12:10

ACCIDENT DATE : 18.08.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G IONIQVC COVER-RR BUMPER# 1 459.40 20.00 367.52

0002 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00

0003 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0004 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS 1 135.70 135.70

0005 04-01-0104-2544-G IONIQVC CAP-RR HOOK 1 98.80 20.00 79.04

0006 04-01-0104-3819-G IONIQ STAY-RR BUMPER LH 1 138.10 20.00 110.48

0007 FNPS

NO PLATE(S)

1 N 25.00 2.00- 25.00

SUB-TOTAL : 1,096.34

JOB NATURE

0000 PB

PANEL BEATING

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

0002 L

REMOVE/REFIX REVERSE SENSOR

30.00

SUB-TOTAL: 430.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.08.2019 Time: 10:35:32

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305325779

REGN NO

: SHD7288A

MILEAGE MAKE

: 0000000000

: HYUNDAI MAKE : HYUNDAI MODEL : IONIQ(G2) DATE OF REGN : 04.12.2018 DATE/TIME IN : 19.08.2019 12:1 ACCIDENT DATE : 18.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,526.34

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

VEHICLE NO.:	SHD7288A	TYPE OF CLAIM :	3P / NTUC

MODEL : IONIQ SURVEYED BY : LKK / KALVIN

JOB NO : 305325779 DATE : 22.08.2019

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE	REMARKS
	Rear Bumper Tow Hook Cover	1	\$98.80	100
		+		
		\perp		
		+++	-	
		+		
		+		
			-	
		TOTAL:		



COMFORTDELGRO ENGINEERING Our Job Ref No . 305325779 ComfortDelGro Engineering Pte Ltd : 22. Aug. 2019 59 Loyang Drive Singapore 508969 Fax: 6546 8156 **FINALIZATION FORM** Fax: LKK KALVIN Attn : Vehicle Reg No. : SHD7288A Date of Accident: 18. Aug. 2019 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SML7075X NTUC The repair job shall bill to: 2. The finalized amount shall be: \$1,096.34 (a) Spare Parts after List discount \$430.00 Labour Charges (b) \$1,526.34 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost working days. Estimated normal period for repairs: 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature: Name : 6214 8316 Date Tel 6546 8156 Fax

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
Rental Rate P/Day		YES		
Loss of Income Paid				
Survey Fees				
4. LTA Search Fee	\$7.49			
Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

110			



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 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Ref: NS/INC19014633		33/K1vf3n2		
		Date:	28-08-2019 INC4			
1.	Policy Particulars					
Insured Veh.	SML 7075X	Veh. Inspected		SHD 7288A		
Policy No.	5084926639-02	Coverage (\$)		0.00		
Claim No.	MT/1058937-002	Excess (\$)		0.00		
Assign From		Assign Date		20/08/2019		
2.	Vehicle Parti	culars &	& Condition			
Make & Model	HYUNDAI IONIQ	c.c		1580		
Engine No.	HIDDEN	Year of Reg.		2018		
Chassis No.	KMHC851CVKU121974	Colour		BLUE		
Odometer	73045	Steering		IN ORDER		
Brakes	IN ORDER	Modification		STANDARD ALLOY RIM		
General	FAIR					
3.	Condit	ions of	Tyres	ASSESSMENT OF THE PARTY OF THE		
	Size	Make	M	Balance		
R/H Front Tyre	195/65 R15	MICHELIN		8 mm		
L/H Front Tyre	195/65 R15	MICHELIN		8 mm		
R/H Rear Tyre	195/65 R15	MICHELIN		8 mm		
L/H Rear Tyre	195/65 R15	MICHELIN		8 mm		
4.	Descript	ion of D	amages	OF THE SECOND		
THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR N/S	PORTION.			
5.		al Inform	nation	Management of the pass		
Accident Date	18/08/2019	Inspe	ection Date	20/08/2019		
Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD			
	59 LOYANG DRIVE SINGAPORE 508969					
5a.		Remarks		美国中国共享		
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, \	THOUT WE HAV	PREJUDICE" BASIS E NOT AUTHORISE	S. ED REPAIRS.		
5b.	Estimate	Days o	of Repair			
ESTIMATED NOR	RMAL 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7288A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
- 3	REPLACEMENT OF PARTS			
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	
1	REAR BUMPER STAY	BENT	138.10	138.10
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	62
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER TOW HOOK COVER	CRACKED	98.80	98.80
	LESS 20% DISCOUNT		-256.65	-233.91
			1,026.60	935.64
	SPECIAL NETT ITEMS			
1	REAR NO PLATE (SN)	CUT	25.00	25.00
1	REAR NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	(%
	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
	8 52		190.70	160.70
	LABOUR			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	1
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	The state of the s		870.00	430.00
	GRAND TOTAL		2,087.30	1,526.34

RECOMMENDED COST OF REPAIRS (CONFIRMED)	1,526.34

Report Ref No. NS/INC19014633/K1vf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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