(08/11/13)	
ameur:	Kalvin

REF: NS/INC/90/4637/ KISf3 52

ASS	IGNMENT
From: Date:	
EstimatedCost:	Veh Nó: SHP 4085M Yr Regn: 2 Feb , 23/2
OD/TP/WS/TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tack / Prime Mover / Truck / Trailer or
To Insped Vehicle No:	11-1-6-1
at Workstop m/s	- 77 - 200 0.0 1.14
of	modect out MITMA
Insured: SHD 24583	Sp.Reading 433 466 T/Radio: Insu€ed / Std / NI / NA Eng/No:
Policy No. 5068043737-04 (09/10/2018)	
Claims No. MT/1059054 - 002	Gen. Cond: Good / Ear / Poor / Burnt
Sum in sured: Excess:	Steering: Inorden/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STØA/Rim or
	Tyre Size: F: 215/60116
(Policy Condition)	R: 223/80276
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / PHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or /arkok
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 PM R/Bal. 2 .
GIA / PR Seen: Consistent? : Yes or No	L/Bal. J mm L/Bal
Est Repairs: days Res.: Yes or No	D.O.A. 19/8/19 D.O.I. 20/8/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE (Lovers)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	- Ols - Front
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction SHD #0.65m - (\$ 3/7014 + 20.5/1.64)	
3/10/19/01/20 1/ 19/01	The stone exploser over the
23/8/19 Che 45880/2/71.	292-1 DOA-29/07/2011 45.
(\$ 413.50 Red - 34%)
	RECEIVED 2 6 AUG 2019
Date/Time, File Pass to? : Preli. Report Da	ys Of Repair: 2
1) Type : Final Report Re	survey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)S+RS,SI
[: Interview (\$.) Photos
Report Format:	: Tech. Invs (\$) Others
amp Sum / I.B.I: (\$ 800/- 45	Weekend (\$
	Security Control of the Control of t

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
2	MT/1058937-002	COMFORT TRANSPORTATION PTE LTD	SHD 7288A	SMI 7075X
3	NOT OI	COMFORT TRANSPORTATION PTE LTD	SHB 2438C	SMM 366Y
4	MT/1058725-002	COMFORT TRANSPORTATION PTE LTD	SHA 9688G	X5097 MMS
2	MT/1055297-002	SMRT TAXIS	SHB 5670C	SILIASOZA
9	MT/1058760-002	COMFORT TRANSPORTATION PTE LTD	SHC 82311	VC5937V
7	MT/1059054-002	COMFORT TRANSPORTATION PTE LTD	SHD 4085M	SHD 24581
8	MT/1058544-002	COMFORT TRANSPORTATION PTE LTD	SHD 3163C	SID 240711

'eBaoTech									(SeneralC	laim
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	THE RESERVE OF THE PARTY OF THE	-	· Change La	anguage	· Change P	assword +	Log Out
My Desktop	Poli	cy Query									
Notice of Lass	Policy N Vehicle	No.(For Motor)	SHD245	8)			ccident e Number	19/08	3/2019 13:19		
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5068045737- 04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	1996062932	GFT	Third Party, Fire & Theft	SHD2458)	SHD2458)	09/10/2018	
					Con	tinue					

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainting + 85 6383 5280 Facsimile + 65 6280 9755

Maintine + to 5303 ozini / resolution
Workshops
Workshops
95 Loyang Drive Singapore 508269
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758156
7 Sunger Kadut Way Singapore 728791
501 Yahut Industrial Park A Singapore 768

Date/Time: 20.08.2019 08:16 Page: 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305325777
COMFORT TRANSPORTATION PT	TP T TPD	REGN NO SHD4085M	MILEAGE
TOMER NO. 383 SIN MING DRIVE	E LID	MAKE: HYUNDAI	FUEL
Singapore SINGAPORE 57571 65508755	.7	MODEL SONATA 1	9.08.2019 14:30
(P) (O)		YR OF MANUZ. 02. 2012	TARGET DATE
OUNT CARD NO.		CHASSIS CODE RMHET41VMCA821287	COMPLETION DATE/TIME

JOB DESCRIPTION

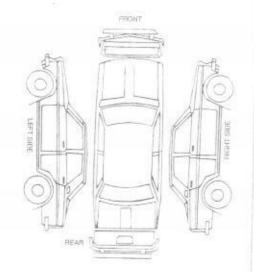
Accident Date: 19.08.2019

NATURE: 3P 19.08.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:	KED	8.	PASSED	OUT	BY:	
----------------------	-----	----	--------	-----	-----	--

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

10.:

SHD4085M

LIMTS

Vehicle No.:

Exit Pass

SHD4085M

Service Advisor

Signature/Date

Name of Service Advisor

Date

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.

Any false reporting may be referred to the Police for investigation.

- 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.
- 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.

ACC	IDEN	T ST	ATEN	IENT

Date Of Report 20/08/2019 07:31
Date Of Accident 19/08/2019 00:40

Exact Location Of Accident TWDS AIRPORT BLVD TO T2

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4085M

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 SONATA

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 CHUA YONG KHNG

 NRIC No
 \$1041476H

 Date Of Birth
 23/10/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/11/1975

Driving Experience 43 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97551362

Fax Number

Contact Number

EMail Address NOEMAIL

Address

458 10-296 TAMPINES STREET 42

Postcode

520458

* 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?

YES

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TAMPINES N NPP

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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

SHD2458J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name,

CHUA YONG KHNG

'Appròximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

66

BACK

SHD4085M

YES

NO

Sketch Plan Pg. 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Report.	PSHAP PASS PRODUCES OF THE ACCIDENT	SKETCH PLAN			
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Report.	Refer to police Report.		Z AB		
Repert.	Repert.	DESCRIBE CIRCUMSTANCES OF THE ACCIDEN	T P T P T T		
	7/20190819/2072		Repert.		

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

Policyholder's Signature

Date & Time:

CIARDAD SherchbaseForm, Vo.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

1 of 3 Report No. T/20190819/2072

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

19/08/2	me Report I 019 12:59	Made:	Vide Report No.: P/20190819/0003	Station Diary No.:		
Informa	nt's Partic	ulars		NAME OF STREET		
CHUA	f Informant ONG KHN		Address: APT BLK 458 TAMPINE 520458	S STREET 42 #10-296 SINGAPORE		
	/ ID No.: O / S10414	76H	Contact No.: Home/Office: Mobile: 97551362			
Nationality: SINGAPORE CITIZEN		ĽEN	Email:			
Sex: Age: Date of Birth: Male 65 23/10/1953		Type of Informant:				
Race: Chinese			Language:	Institution / School Name:		
Occupat Taxi driv			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/08/2019 00:19	Type of Location Straight Road	
Location: Along Road 1 AIRPORT BO		E		3d (3d (3d (3d (3d (3d (3d (3d (3d (3d (
		Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic One Way Not C		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:	

THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	ehicle Involve	The state of the s				ACRES STATE
Vehicle No.	The state of the s	Make	Model	Color	Condition	No of Passenge
SHD2458J	Car					0
SHD4085M	Car			-	Slightly	0
					Slightly Damaged	0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 3





T/20190819/2072

Police Station Of Origin: Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

2 of 3 Report No. T/20190819/2072

Driver	The state of the s	· · · · · · · · · · · · · · · · · · ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Name	CHUA YONG KHNG	ID No.	S1041476H
Related Vehicle	SHD4085M (Car)	Contact No.	97551362
Hospital/Clinic	S. K. TAY CLINIC & SURGERY	Class of Driving Licence &	Class: 2B,2A,2,3 Date of Expiry: NIL

CONTINUATION OF REPORT

Expiry Date Date Treatment 19/08/2019 Date Discharge 19/08/2019 No. of Days granted Medical Leave 03 Degree of Injury NIL

Brief Details.

On 19/08/2019 at about 0015hrs, I was driving my company taxi (Comfortdelgro/SHD4085M) on lane 2 of Airport Boulevard towards Terminal 2 Taxi Queue (2-lane road).

My vehicle was stationary at that point of time. Suddenly, another taxi (SHD2458M) tried to swerved in from lane 1 into lane 2 and hit the right portion of the vehicle.

I immediately alight from the vehicle and noticed some scratches along the right portion of my vehicle. I then took photos of the accident. I was not able to get the other driver's particulars. I then called for police assistance, vide G/20190819/0003. Subsequently, I moved off from the location after police attended to me.

On 19/08/2019, I went to S.K Tay Clinic & Surgery as I felt pain on my back after the accident and was given 3 days of MC

I wish to state that there is an in car camera which was operational and captured the whole accident.

Sketch Plan Pg. 4





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

3 of 3 Report No. T/20190819/2072

Tel No: 1800-7818999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Record G / Sgt 2 MUHAMMAD SYARA SHARIFF		Signature Of	Informant:	
Signature Of Interpreter Not applicable	/	Date/Time: 19/08/2019 1:	2:59	
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN	SINGAPORE POLICE FORCE	Classification	Of Case:	
Contact No.: 65476437 Authentication Stamp		GNATURE		

COMFORTDELGRO ENGINEERING PTE LTD Date: 20.08.2019 Time: 08:45:50 REPAIR ESTIMATE Page: 1 COMPANY: THIRD PARTY'S CLAIMS (CAS) JOB NO : 305325777 REGN NO : SHD4085M : 0000000000 ADDRESS: COMFORT TRANSPORTATION PTE LTD MILEAGE 383 SIN MING DRIVE MAKE : HYUNDAI SINGAPORE SINGAPORE 575717 MODEL : SONATA DATE OF REGN : 02.02.2012 DATE/TIME IN : 19.08.2019 14:30 ACCIDENT DATE : 19.08.2019

JOB / PARTS DESCRIPTION

65508755

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

CUSTOMER: 7010045

0001 28-01-0199-0016-A Frt Door COMFORT RH 1 75.00 10.00 67.50

0002 03-01-0101-0002-U FRT WHEEL CAP RH 1 145.00 20.00 116.00

SUB-TOTAL : 183.50

JOB NATURE

PANEL BEATING

280.00 20

0001 SP

0000 PB

SPRAYPAINT-Frt Bumper&Fender RH

Front Burger (RM) × Agor Front Form (RM) × Agor Front Poor (RM) × Agor

750.00 600

SUB-TOTAL : 1,030.00

TOTAL : 1,213.50 x

knish ence notify

- Pale was of payment portra (BSNITVEY

23 dice 13515

MVA NAME & SIGNATURE DATE:

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

1(ahin 1(10kg)

1 20/8/19 1126

2 8/19 1126

2 8/19 1126

Alle Reported

COMFORTDELGRO ENGINEERING

Our Job Ref No :

305325777

Date

22/08/19

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

FINAL	IZAT	ION	FORM

To :		LKK			Fax:	
Attn :		KALVIN	ANG			
Vehicle	Reg No.	: SHD4085	М		ate of Accident	19-Aug-1
The sur	rvey and est	imates of the re	pairs of the a	bove-mentior	ned vehicle are a	as follows:-
1. 1	The repair jo	b shall bill to:		NTUC		PRIME CAB SHD2458J
2. T	The finalized	amount shall be	e:			
(a) Spare	Parts after List	discount			
(1		r Charges				
	Total	for Part-By-Par	t Repair Cos	it		-
(0	Total f	um Repair (if ap or Lumpsum rep	air cost after	Less: 20%	6	\$800.00
	Final I	umpsum Repa	ir cost		.22.	\$800.00
4. W	e shall trea ithin 7 work	t the above am ting days	ount as Corr	rect and Con	Ve confirm the e	is no reply from yo stimates and
4. W wi	e shall trea ithin 7 work	t the above am sing days	ount as Corr	rect and Con W fir	firmed if there	
4. W wi	e shall trea ithin 7 work nank you for gnature :	t the above am sing days	ount as Corr	rect and Con W fir	ifirmed if there /e confirm the enalized amount	
4. W wi	e shall trea ithin 7 work nank you for gnature : ame : _!	t the above am sing days your assistance	ount as Corr	rect and Con Vi fir	ifirmed if there Ve confirm the enalized amount	stimates and
4. Www.s. Signal Na	e shall trea ithin 7 work nank you for gnature : _ ame : _	t the above among days your assistance	ount as Corr	rect and Con Vi fir	offirmed if there We confirm the enalized amount ignature ame	stimates and KALVIN
4. Www.s. Signary Na	e shall trea ithin 7 work nank you for gnature : _ ame : _	t the above among days your assistance LIM T S 621483	ount as Corr	rect and Con Vi fir	offirmed if there We confirm the enalized amount ignature ame	stimates and KALVIN
4. Www.s. Signary Na	e shall trea ithin 7 work nank you for gnature : _ ame : _ ame : _	t the above among days your assistance LIM T S 621483 654681	ount as Corr	rect and Con Vi fir	offirmed if there We confirm the enalized amount ignature ame	stimates and KALVIN
4. We with the state of the sta	gnature:	t the above among days your assistance LIM T S 621483 654681	398	rect and Con W fin	Ve confirm the enalized amount ignature ame	KALVIN 23/8/19
4. Www. wide Signary Na Te For Offic.	gnature:ame : _lal Use Online Rate P/Day	t the above among days your assistance LIM T S 621483 654681	398	Pocument Attached Yes or No	Ve confirm the enalized amount ignature ame	KALVIN 23/8/19
4. Www. wind state of the state	gnature: ame : I late V/Day fincome Pa	t the above among days your assistance LIM T S 621483 654681	398	Pocument Attached Yes or No	Ve confirm the enalized amount ignature ame	KALVIN 23/8/19
4. Www. winds. Signature For Office 1. Rental 2. Loss of 3. Survey 4. LTA Sec. Medica	gnature :ame : _I lal Use Onl Rate P/Day of Income Pa of Fees earch Fee al Fees (on ber, if applicate	t the above among days your assistance LIM T S 621483 654681	ount as Corrections and State of State	Pocument Attached Yes or No	Ve confirm the enalized amount ignature ame	KALVIN 23/8/19



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 INS	JRANCE CO-OPERATIVE LTD	Ref: NS/INC1901	4637/K1sf3s2
73 BRAS BASAH RC #05-01 NTUC TRAD 189556	OAD E UNION HOUSESINGAPORE	Date: 29-08-2019 Code: INC4	
1.	Policy Particulars	:- THIRD PARTY CLA	AIM.
Insured Veh.	SHD 2458J	Veh. Inspected	SHD 4085M
Policy No.	5068045737-04	Coverage (\$)	0.00
Claim No.	MT/1059054-002	Excess (\$)	0.00
Assign From		Assign Date	20/08/2019
2.	Vehicle Partie	culars & Condition	
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821287	Colour	BLUE
Odometer	433466	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		OTANDARD ALLOT KIM
	Condition	ons of Tyres	Tiglaria in a management
	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm
	Descriptio	n of Damages	A STATE OF THE PARTY OF THE PAR
THE VEHICLE SU DAMAGS SEE DE	STAINED DAMAGES AT THE O/S	FRONT PORTION.	
THE PARTY OF	General	Information	
Accident Date	19/08/2019	Inspection Date	20/08/2019
Survey held at	COMFORTDELGRO ENGINEER		
	59 LOYANG DRIVE SINGAPORE 508969		
		marks	
BJIN ACCORDANG	ON WAS CONDUCTED ON A"WITH CE TO YOUR INSTRUCTIONS, WE	OUT PREJUDICE" BASIS HAVE NOT AUTHORISE	S. ED REPAIRS.
).	Estimate D	ays of Repair	
ESTIMATED NORI	MAL 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4085M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS		(v)	(*)
1	FRT WHEEL CAP RH	GRAZED	145.00	145.00
	FRONT BUMPER (NPA)	TO REPAIR SEE	145.00	145.00
1	FRONT FENDER (RH) (NPA)	TO REPAIR SEE LABOUR	-	
	FRONT DOOR (RH) (NPA)	TO REPAIR SEE LABOUR	8	19
	LESS 20% DISCOUNT		-29.00	-29.00
	NETT ITEMS		116.00	116.00
1	FRT DOOR COMFORT RH (N)	NECESSARY	75.00	75.00
1	LESS 10% DISCOUNT		-7.50	-7.50
			67.50	67.50
Į.	LABOUR			
E	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER, FRONT FENDER (RH) AND FRONT DOOR (RH).		280.00	200.00
\$	SPRAY PAINT - FRT BUMPER & FENDER RH.		750.00	600.00
			1,030.00	800.00
(GRAND TOTAL		1,213.50	983.50
F	RECOMMENDED COST OF LUMP SUM REPAIRS	STUTION SHAPE	900000000000000000000000000000000000000	800.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	800.00

Report Ref No. NS/INC19014637/K1sf3s2

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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No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.