

# 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: SIN 6673B

Policy No. 5107776611 (26/02/2019 - 25/04/2020)

Claims No. MT11060833-002

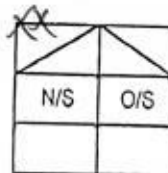
Sum Insured: Excess:

(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: 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:

TIB 1241Y

Yr Regn:

14/11/08

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

Truck / Trailer or

Make:

TIB 1241Y MERCE 04059 11967

Colour:

Multi Col

A/C: Insured / Std / NI / NA

Sp. Reading

963878

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WEB 61232 32199676

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: 275/70R22.5

R: 1 (0)

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

TOYO / YOKO or

Fumza

Front

Rear

R/Bal.

5

mm

R/Bal.

5/5

mm

L/Bal.

5

mm

L/Bal.

5/5

mm

D.O.A.

2/9/19

D.O.I.

3/9/19

Survey held at

SMRT

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

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

Date / Time

Action / Instruction

SIN 6673B - X

TIB 1241Y NS/INC16022926/4thm2 D.O.A. 11/11/2016

Lump Sum \$550 (Red: 1091.15; 66%)

RECEIVED 12 SEP 2019

Date/Time, File Pass to?



Prell. Report



Final Report

1) 16/9/2019

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Form:

TP

Lump Sum / L.E.R.:

550

## Denise Tay (LKKAuto)

**From:** MTCL@income.com.sg  
**Sent:** Thursday, 12 September 2019 2:58 PM  
**To:** Denise Tay (LKKAuto)  
**Subject:** FW: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1060833-002  
Claim Officer: Chryllis Quah

Please allow the claim officer 2-3 working days to respond to your case.

We appreciate if you do not respond to this email. Thank you

Best regards

**Diana Tay**  
Senior Admin Assistant  
[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)

**in** with you

**From:** Denise Tay (LKKAuto) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Thursday, 12 September 2019 8:44 AM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 12/09/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
		COMFORT DELGRO	<b>TIB 1241Y</b>	<b>SJN 6673B</b>	2/9/2019	19:20	\$1057	\$550

eBaoTech

General Claim

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="02/09/2019 14:02"/>							
Vehicle No. (For Motor)	<input type="text" value="SJN6673B"/>	Certificate Number	<input type="text"/>							
<input type="button" value="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"/>	S107776611		HE ZIXIANG, JAMIE	S8305994Z	GPC	drivo CLASSIC	SJN6673B	SJN6673B	26/02/2019	25/02/2020
<input type="button" value="Continue"/>										



## SMRT Accident Vehicle Repair Estimates

NTUC

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672


Date Generated : 03/09/2019

User ID : GohKK2

### Section A - Accident Details

Registration Number	TIB1241Y
Case Reference Number	BUS09/19/1005
Registration Date	14/11/2003
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES D405G
Name of Driver	Zhang Gen She
Type of Accident	Side Swipe
Accident Date and Time	2/9/2019 7:20 PM
Accident Reported Date and Time	3/9/2019 10:11 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle issued?	No
Job Card Number	
Special Instruction to ARC if any	TIB1241Y - LEFT FRONT PORTION S/N6673B (TP) - INSURED WITH NTUC
Prepared Date and Time	3/9/2019 2:17 PM
Chassis Number	WEB61232321099676
Mileage	
Work Shop	
Repair Completion Date and Time	

### Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$795.00	\$0.00
Total Spray Cost	\$262.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,057.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	1.0
Prepared / Adjusted By	Kok Khoo Goh	
ARC / Surveyor Sign Off Date	03/09/2019 2:19 PM	
Signature		
Remarks		

### Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

Steve (LKK)  
W/L Repair  
3/9/19, 3:04 pm  
1 days  
LTS P/P  
Ry AL

## 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	04/09/2019 09:37
Date Of Accident	02/09/2019 19:20
Exact Location Of Accident	YISHUN AVENUE 2 - AFT BS: 59041 (BEF KHATIB STN)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	TIB1241Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-800000000

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERCEDES 0405G

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 BUS

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093203MFBP
Cover Note Number	

### Driver

Name of Driver	ZHANG GEN SHE
Passport No/FIN	G6976486Q
Date Of Birth	26/05/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-800000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO ADDRESS
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	16

#### 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

WHILE TRAVELLING ON THE CENTRE LANE OF YISHUN AVE 2, A PTE CAR (SJN6673B) ON MY LEFT SUDDENLY ENCROACHED INTO MY LANE. SEEING THIS I SWERVED A SLIGHT RIGHT TO AVOID COLLISION HOWEVER THE PTE CAR CONTINUED AND COLLIDED INTO THE LEFT FRONT PORTION OF MY BUS. MY BUS SUSTAINED SCRATCHES ON THE LEFT FRONT PORTION. THE PTE CAR HAD MINOR SCRATCHES ON THE RIGHT FRONT PORTION. THE PTE CAR DRIVER REFUSED TO PROVIDE HIS PARTICULARS. THERE WERE ABOUT 16 PAX IN MY BUS. A MALE CHINESE PAX IN HIS 20'S APPROACHED ME TO INFORM THAT HE WAS INJURED DUE TO THE SUDDEN BRAKE. HE COMPLAINED THAT HE FELT PAIN ON HIS LEFT ARM. I OFFERED TO CALL FOR MEDICAL ASSISTANCE HOWEVER THE MALE PAX DECLINED. SUBSEQUENTLY, I CONTINUED TO REVENUE SERVICE.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING DOWNLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN6673B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name • NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LAY GUAN FENG  
Approximate Age 20  
Injuries Sustain  
Injured person in which vehicle? TIB1241Y  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

### SKETCH PLAN

1. **Report promptly.** Notify the insurer as soon as possible after the claim occurs.
2. **Provide information.** Provide the insurer with all the information requested.
3. **Follow instructions.** Follow the insurer's instructions.
4. **Keep records.** Keep records of all communications with the insurer.
5. **Be honest.** Be honest and truthful in all communications with the insurer.
6. **Do not delay.** Do not delay in providing information or following instructions.
7. **Do not argue.** Do not argue with the insurer.
8. **Do not threaten.** Do not threaten the insurer.
9. **Do not sue.** Do not sue the insurer.
10. **Do not refuse.** Do not refuse to provide information or follow instructions.

The report was developed by the insurers of the SIA South Management Centre established by the General Insurance Association of Singapore (GIA) for addressing the needs of the industry. The report will for a time be made available upon application by interested parties.

- (4) My online, web-based and the General Insurance Corporation of Singapore (GIC) may be permitted to collect, store, disclose and/or process my personal data/personal information as set in this *Guidelines* and any other personal information provided by me as processed by the insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to its affiliates, which have insured or which is involved in the accident (as mentioned above) and/or vehicles involved in this accident, shall be collectively referred to as the "Insurers". The insurers, Singapore GIC, the Motor Vehicle Authority of Singapore and any relevant Government agency/authorities (such as the police), the third parties

- (f) investigating and/or dealing with my claim, including the settlement of the claim, and any necessary correspondence relating to the claim;
  - (g) settling the accident and/or my claim;
  - (h) dealing with and/or dealing with my instructions or responding to any requests by me;
  - (i) administering my claim, including the making of appointments, assignments, referrals or referrals to me, which could involve disclosure of certain personal data about me to the right of privacy of the same as well as the relevant laws of personal data and/or
  - (j) complying with applicable law in administering, processing, handling and/or dealing with my claim, collectively the **Purposes**;
- all services that have caused or which will be caused in this accident and the injury, damage, loss, expense, expense, cost, time, effort and/or process my personal information for one or more of the above Purposes; and
- my personal information may be collected by any of the sources and/or data in their third party service providers or agents, including those listed below, which may be located outside of Singapore, for one or more of the above Purposes.
- My personal information will also be collected and used to comply with the purpose of legal obligation, investigation and management in present and at future claims.
- The information so collected must also may be shared or received:
- (i) to an insurer and/or any other third party that is involved in evaluating, investigating, handling or managing third-party claims, or
  - (ii) to an insurer and/or any other third party that is involved in evaluating, investigating, handling or managing third-party claims, or
  - (iii) to an insurer and/or any other third party that is involved in evaluating, investigating, handling or managing third-party claims, or
  - (iv) to a company with requirements under any regulations, law or court orders.

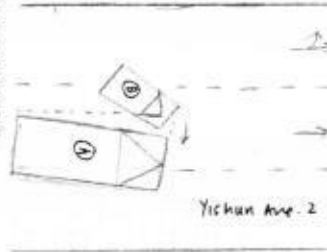
Driver's Signature \_\_\_\_\_  
(If driver is not the probefunctionary)  
Date & Time \_\_\_\_\_

Registration Certificate Pending a Signature  
Name: BALQISH  
MR/MS/Ms: SB340325Z



# Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

for 1244  
by 6000 from for 1244, 1244.

## DECLARATION

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

Police Officer's Signature  
Date & Time



Driver's Signature  
(If driver is not the police officer)  
Date & Time

*[Signature]*

Inspector's Signature  
Name: BALDISH  
Incentive No. SB1401252



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	292D

### Vehicle Details

Vehicle No.:	TIB1241Y
Vehicle to be Exported:	No
Intended Deregistration Date:	09 Sep 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	O4O5G AUTO
Primary Colour:	Multicolor
Manufacturing Year:	2002
Engine No.:	44797720081380
Chassis No.:	WEB61232321099676
Maximum Power Output:	-
Open Market Value:	\$370,814.00
Original Registration Date:	14 Nov 2003
First Registration Date:	14 Nov 2003
Transfer Count:	0
Actual ARF Paid:	\$18,541.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 09 Sep 2019

OK



# SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
90 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685582
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 03/09/2019

User ID : GohKK2

## Section A - Accident Details

Registration Number	TIB1241Y
Case Reference Number	BU3/09/19/1005
Registration Date	14/11/2003
Company Type	SMRT Buses Ltd
Make	MERCEDES
Model	MERCEDES 0405G
Name of Driver	Zhang Gen She
Type of Accident	Side Swipe
Accident Date and Time	2/9/2019 7:20 PM
Accident Reported Date and Time	3/9/2019 10:11 AM
Is Surveyor Required?	No
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	
Special Instruction to ARC, if any	TIB1241Y - LEFT FRONT PORTION SUN6573B (TP) - INSURED WITH NTUC
Prepared Date and Time	3/9/2019 2:17 PM
Chassis Number	WEB61232321089676
Mileage	
Work Shop	
Repair Completion Date and Time	

## Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$795.00	\$0.00
Total Spray Cost	\$262.00	\$0.00
Total Spare Part Cost	\$0.00	\$0.00
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$1,057.00	\$0.00
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	1.0
Prepared / Adjusted By	Kok Khuen Goh	
ARC / Surveyor Sign Off Date	03/09/2019 2:19 PM	
Signature		
Remarks		

## Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	

Steve (LKK)  
W/L Rejndk  
3/9/19, 3:04 pm  
1 days  
LTS P/P  
Ry AL Ry



## SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 03/09/2019

User ID : GohKK2

### Section D - Details of Repair Estimates

#### Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$795.00	530
Total Labour	\$795.00	

#### Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	\$262.00	170
Total Spray Painting & Panel Beating	\$262.00	

#### Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

#### Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6008196	BODY LH	4015751000	BUMPER,END.FRONT LH.FOR MB O405G HABIT	1.00	\$594.15	100.00	\$0.00	Repair	XR
Total					\$594.15		\$0.00		

#### Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									

1651.15

$$\begin{array}{r} 530 \\ 170 \\ \hline 700 \\ 1651.15 - 560 \\ \hline = 550 \end{array}$$

Finalize Confirm



## 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/INC19016011/Etf3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 16-09-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJN 6673B	Veh. Inspected	TIB 1241Y	
Policy No.	5107776611	Coverage (\$)	0.00	
Claim No.	MT/1060833-002	Excess (\$)	0.00	
Assign From		Assign Date	03/09/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	MERCEDES BENZ O4O5G	c.c	11967	
Engine No.	HIDDEN	Year of Reg.	2003	
Chassis No.	WEB61232321099676	Colour	MULTI COLOUR	
Odometer	963878	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	275/70 R22.5	FIRENZA	5 mm	
L/H Front Tyre	275/70 R22.5	FIRENZA	5 mm	
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm	
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	5/5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	02/09/2019	Inspection Date	03/09/2019	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705			
<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:		1 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. TIB 1241Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	TO REPAIR SEE LABOUR		
	BUMPER END: FRONT LH, FOR MB O405G HABIT		594.15	-
			594.15	-
	<b>LABOUR</b>			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF BUMPER END: FRONT LH, FOR MB O405G HABIT.		795.00	530.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		262.00	170.00
			1,057.00	700.00
<b>GRAND TOTAL</b>			<b>1,651.15</b>	<b>700.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>550.00</b>

Report Ref No. NS/INC19016011/Etf3s2

CHEN TSUE YEE

Automotive Assessor

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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