

Surveyor: Kelvin

REF: NS/INC19017692/Klv3n2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD TP WS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: GY 6241SPolicy No. 5096125526-01 (13/12/18-12/12/2019)Claims No. MT 1065680-002

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: SHC 1109D Yr Regn: 5 Apr 2012  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Kyushu Santa c.c. 1.99Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 975613 T/Radio: Insured / Std / NI / NA

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

C/No: KA HET410MCA 822252

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 A/Rim or

Tyre Size: F: 215/60R16

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Westlake

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 4/10/19 D.O.I. 7/10/19Survey held at CDHE (Loyang)Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC1109D - NS/INC19006771 / Klv3n2 DUA: 10/4/19 INC
	GY 6241S - NA/INC19008206/24 DUA: 5/5/2019 41
10/4/19	LLH 45 \$1050 / 3 hrs. (Red 3339.60, 7690)

RECEIVED 16 OCT 2019

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 3

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 16/10 - typistAdd Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

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

Photos

160

# TP Claims against NTUC Income: Follow-Through Survey

Date : 10/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1065708-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 3754C	SMG 6777L	6/10/2019	17:35	\$ 2,281.92
2	MT/1065379-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7102B	PC 1120A	03/10/2019	20:30	\$ 5,860.26
3	MT/1065680-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 1109D	GY 6241S	3/10/2019	9:45	\$ 4,389.62
4	MT/1065208-002	COMFORTDELGRO ENGINEERING PTE LTD	SH 7639U	SKA 2845E	2/10/2019	20:00	\$ 13,443.33
5	MT/1065969-002	COMFORTDELGRO ENGINEERING PTE LTD	SHC 7670J	SLF 1734K	5/10/2019	19:50	\$ 7,235.00
6	MT/1066450 -001	COMFORTDELGRO ENGINEERING PTE LTD	SH 8891A	SJC 5888M	5/10/2019	14:15	\$ 1,242.40

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="03/10/2019 13:53"/>
Vehicle No.(For Motor)	<input type="text" value="GY6241S"/>	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 type="radio"/>	5096125526-01		YICK HAI TRADING	53230966M	GCV	Third Party	GY6241S	GY6241S	13/12/2018	12/12/2019

## 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	05/10/2019 08:22
Date Of Accident	04/10/2019 09:45
Exact Location Of Accident	BKE TWDS PIE.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1109D
<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	SONATA-2.0 (A)

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	TAN KIAT SAN ANDREW
NRIC No	S7022578F
Date Of Birth	11/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96772836
Fax Number	
Contact Number	
Email Address	ANDREWALOYSIUS@YAHOO.COM

Address	BLK 523 SERANGOON NORTH AVENUE 4 #02-30
Postcode	550523
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER 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	GY6241S
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAMSUDDIN BIN DALIMAH
NRIC/Passport Number	S1630948F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

TAN KIAT SAN ANDREW

Approximate Age

Injuries Sustain

LOWER BACK

Injured person in which vehicle?

SHC1109D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**IMPORTANT NOTICE**

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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:

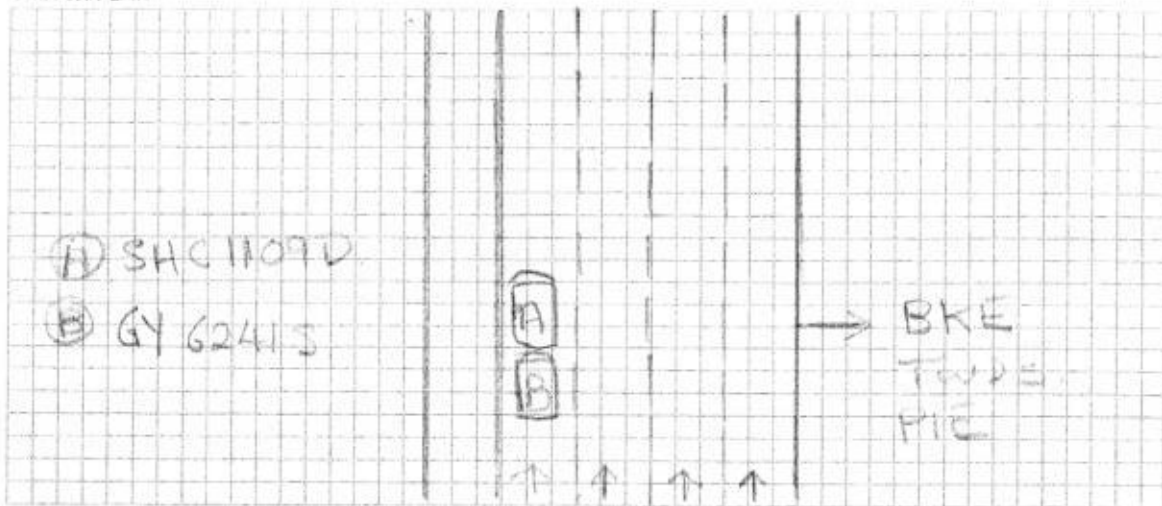
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SIABMC SketchPlanForm\_V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/9/2019 at about 0945 hrs, I vehicle A was driving my taxi along BKE toward P12 on the extreme left lane. There was heavy traffic at that time. Out of sudden the front vehicle slow down and stop. I also stop in time. A few second later vehicle B came from behind and bang onto my vehicle A rear portion.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303021R

Policyholder's Signature  
Date & Time:

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

4/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD619131795 Vehicle Registration No: SHC1109D  
Name (as shown in NRIC) : TAN KIAT SAN ANDREW NRIC/FIN/Passport No :  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Singapore ( )  
Contact (Tel) : Mobile No. :  
Email Address :  
Date of Accident : 04/10/2019 Time of Accident : 09:45  
Place of Accident : BKE TWDS PIE.  
Insurance Company: MS First Capital Insurance Ltd


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD READ AS 04.10.2019

RE-AMEND STATEMENT

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: JANET  
NRIC/FIN No.:  
Date: 14.10.19

# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 8280 Facsimile + 65 6290 9755

### Workshops

58 Loyang Drive Singapore 508889  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 805086

24 Serangoon Loop Singapore 758156  
7 Sengul Kadul Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768731

Date/Time: 05.10.2019 10:06

Page : 1

Team: IN ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305338914

STOMER

COMFORT TRANSPORTATION PTE LTD

VARPS

VMS

7010045

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

SCOUNT CARD NO.

REGN NO.: SHC1109D

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL SONATA

DATE/TIME IN 04.10.2019 15:50

YR OF MANU 05.04.2012

TARGET DATE

CHASSIS CODE KMHET41VMCA822252

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 03.10.2019

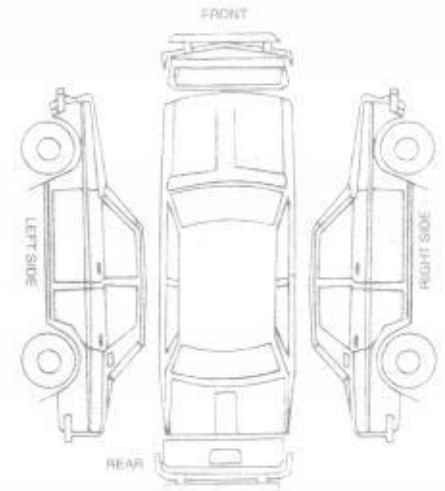
NATURE: 3P 03.10.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear  
LKE/Kdm -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Q:

Q:

le No.:

SHC1109D

LARRY

Vehicle No.:

SHC1109D

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

VEHICLE NO : SHC 1109D

DATE 5/10/2019 9:11

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repair</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30
	Boot Lid Hyundai Plate <i>X n</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>X n</i>			\$ 26.10
	Boot Lid CRDI Plate <i>X n</i>			\$ 22.70
	Rear Bumper <i>Painted</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X su</i>			\$ 483.30
	Rear Bumper Clip <i>- nee</i>			\$ 22.00
	Rear Bumper Sponge <i>X su</i>			\$ 137.40
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80
	Rear Bumper Protector (RH) <i>X repair</i>			\$ 38.00
	Rear Panel <i>X repair</i>			\$ 391.80
	Rear Panel Garnish <i>X su</i>			\$ 95.80
SUB TOTAL				\$ 3,517.40
LESS 20%				\$ 703.48
DISCOUNTED TOTAL				\$ 2,813.92
	Boot Lid Comfort Logo & Tel No. Sticker <i>X n</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>X n</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>- nee</i>			\$ 50.00
TOTAL				\$ 215.70
Labour Charge				
	Panel Beating			\$ <del>560.00</del> <i>260</i>
	Spray Painting Charge			\$ <del>600.00</del>
	Wiring Charge			\$ <del>30.00</del> <i>33</i>
	Tuff Kote			\$ <del>50.00</del> <i>33</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del>
TOTAL LABOUR				\$ 1,360.00
ESTIMATE TOTAL				\$ 4,389.62
<p><i>Kaluh 16/10/19</i></p> <p><i>7/10/19 1045 hrs</i></p> <p><i>3 Pys 4s After Repair p 46</i></p> <p>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.</p>				

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/INC19017692/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 18-10-2019



Code: INC4

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

Insured Veh.	GY 6241S	Veh. Inspected	SHC 1109D
Policy No.	5096125526-01	Coverage (\$)	0.00
Claim No.	MT/1065680-002	Excess (\$)	0.00
Assign From		Assign Date	07/10/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822252	Colour	BLUE
Odometer	975613	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	04/10/2019	Inspection Date	07/10/2019
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:	3 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. SHC 1109D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	TO REPAIR SEE LABOUR	1,349.50	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID HYUNDAI PLATE	NOT NECESSARY	24.20	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	26.10	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	22.70	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-703.48	-120.08
			2,813.92	480.32
<b>SPECIAL NETT ITEMS</b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	50.00
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOT LID,REAR BUMPER PROTECTOR (RH) AND REAR PANEL.		560.00	360.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-



## 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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,360.00	790.00
GRAND TOTAL			4,389.62	1,320.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC19017692/K1vd3n2

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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