

(08/11/13)

Surveyor: Kelvin

REF: NS/INC19017696/K1H352

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: PC5616KPolicy No. 5086876829-02 (16/12/18-15/12/19)Claims No. MT/1066181-002

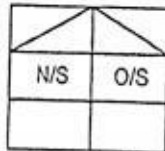
Sum Insured: _____ Excess: _____

(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: SHC 1291 J Yr Regn: 19 Apr 2012

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

Truck / Trailer or

Make: Hyundai Sonata c.c. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 42 6164 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET4VMCA823036

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/Rim or

Tyre Size: F: 215 / 60 R16

R: _____

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

TOYO / YOKO or Washita

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/10/19 D.O.I. 7/10/19Survey held at CDGE (Loyang)

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

N/S Front

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

RECEIVED 1 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1) 1410 Typist

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS \$

Photos

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

2)

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 14 October 2019 11:24 AM
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

 income
made different



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

 in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 14 October 2019 10:14 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 14/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1066181-002	Comfort Delgro	SHC 1291J	PC 5616K	7/10/2019	03:25	TOTAL LOSS	TOTAL LOSS
2	MT/1066242-002	Comfort Delgro	SH 8467S	SJS 1635T	9/10/2019	15:45	2,049.28	1,350
3	MT/1066125-002	Comfort Delgro	SHA 4545T	SMK 5058P	8/10/2019	07:30	TOTAL LOSS	TOTAL LOSS

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086876829-02		JESI TRANSPORT	53339259D	GBS	Comprehensive	PC5616K	PC5616K	16/12/2018	15/12/2019

SHC 1291J

$$\textcircled{1} \text{ cost of Taxi} = 81900.25$$

$$\text{ARR } 6\frac{1}{2}\% = 9504.30$$

$$\begin{aligned} \text{Depreciation} &= (81900.25 - 9504.30) \div 96 \\ &= 754.12 \end{aligned}$$

$$\begin{aligned} \textcircled{2} \text{ Book value} &= (754.12 \times 6) + 9504.30 \\ &= 14029.02 \end{aligned}$$

$$\begin{aligned} \textcircled{3} \text{ net value} &= 14029.02 - 11569 \\ &= \underline{\underline{\$2460.02}} \end{aligned}$$

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	07/10/2019 12:18
Date Of Accident	07/10/2019 03:25
Exact Location Of Accident	TOWNSHEND RD X MAUDE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1291J
Insured/Policyholder	
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	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	LEE ENG SENG
NRIC No	S1150355A
Date Of Birth	04/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993716

Fax Number

Contact Number

Email Address ENGSENGLEE898@YAHOO.COM

Address	BLK 101 POTONG PASIR AVENUE 1 #07-316
Postcode	350101
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191007/2017 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	PC5616K
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHITHIRAVELU JAYAKANNA
NRIC/Passport Number	
Contact Number	84819601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE ENG SENG
Approximate Age	
Injuries Sustain	BACK, HEAD AND BOTH ARMS
Injured person in which vehicle?	SHC1291J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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. 193303521R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07.10.2019 @ 1145HRS

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

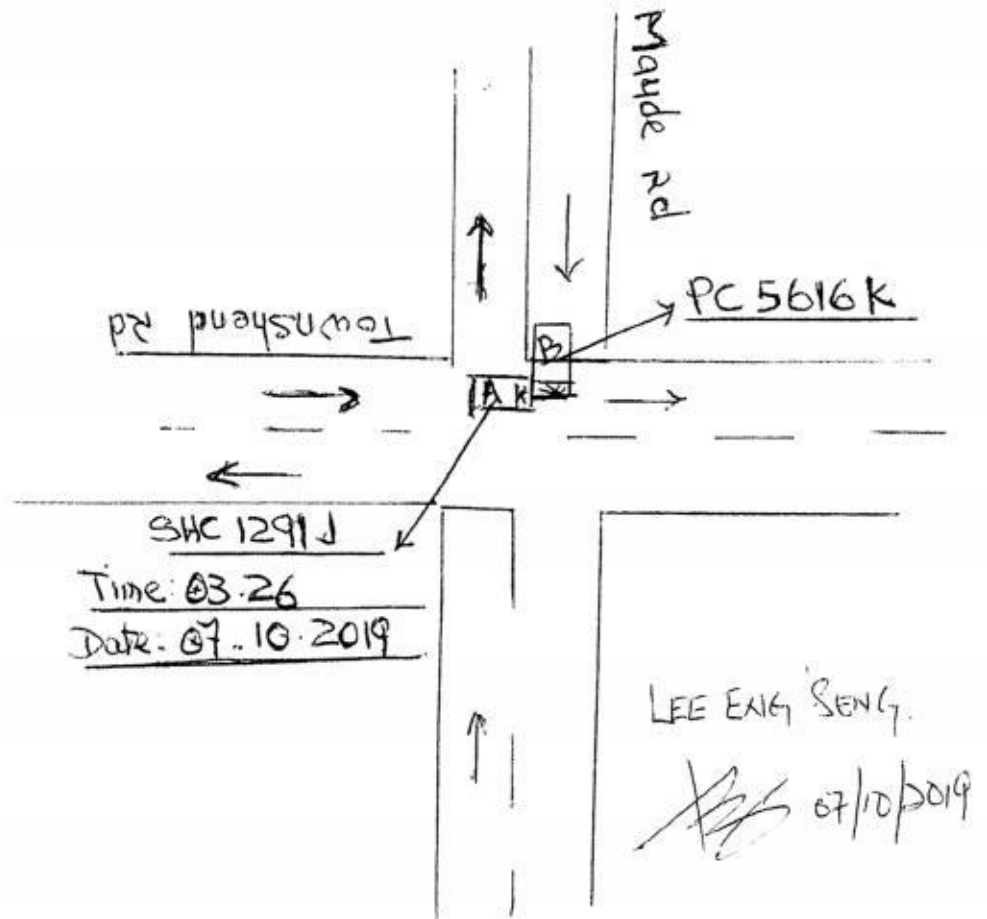
Refer to attachment: T/ 20191007/2017

I was given 5 days MC .

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

Date & Time: 07.10.2019 @ 1145HRS

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





**SINGAPORE
POLICE FORCE**



T/20191007/2017

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191007/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2019 09:54		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: LEE ENG SENG			Address: APT BLK 101 POTONG PASIR AVENUE 1 #07-316 SINGAPORE 350101		
ID Type / ID No.: NRIC NO / S1150355A			Contact No.: Home/Office: Mobile: 91993716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 04/07/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2019 03:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOWNSHEND ROAD MAUDE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5616K	Bus/Coach/Mi nibus	TOYOTA		Silver	Slightly Damaged	5
SHC1291J	Car	HYUNDAI	sonata	Blue	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191007/2017

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

2 of 3

Report No. T/20191007/2017

CONTINUATION OF REPORT

Driver			
Name	LEE ENG SENG	ID No.	S1150355A
Related Vehicle	SHC1291J (Car)	Contact No.	91993716
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	07/10/2019	Date Discharge	07/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHITHIRAVELU JAYAKANNA	ID No.	NIL
Related Vehicle	NIL	Contact No.	84819601
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the mentioned date and time, I was driving along Townshend Road towards Kitchener Road. Upon approaching Maude Road, a motor van suddenly drove through without stopping at the stop line and hit onto my left side of the vehicle. As a result of the accident, the front and left side of my vehicle are damaged and have to be towed away. I also suffer pain on the neck, back and left side of my body.



**SINGAPORE
POLICE FORCE**



T/20191007/2017

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20191007/2017

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 Recording The Report:
G /
SI KAMARUZZAMAN BIN MAHMOOD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/10/2019 09:54

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHRESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

[Signature]

SIGNATURE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHC1291J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Oct 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Primary Colour:	Blue
Manufacturing Year:	2012
Engine No.:	D4EAC071327
Chassis No.:	KMHET41VMCA823036
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,622.00
Original Registration Date:	19 Apr 2012
First Registration Date:	19 Apr 2012
Transfer Count:	0
Actual ARF Paid:	\$14,622.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Apr 2020
PARF Rebate Amount:	\$8,773.00
Intended COE Rebate Details	
COE Expiry Date:	18 Apr 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$42,384.00
COE Rebate Amount:	\$2,796.00
Total Rebate Amount:	\$11,569.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 08 Oct 2019

OK



Team: IN ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3959856

JC NO.: 305339504

OMER

IS COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

DUNT CARD NO.

REGN NO.: SHC1291J

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL SONATA

DATE/TIME IN 07.10.2019 03:25

YR OF MANU 19.04.2012

TARGET DATE

CHASSIS CODE RMHET41VMCA823036

COMPLETION DATE/TIME

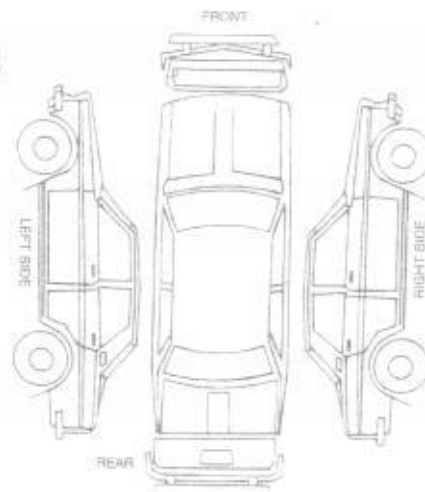
JOB DESCRIPTION

Accident Date: 07.10.2019

NATURE: 3P 07.10.2019

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE - \$60



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Kalvin

No.: SHC1291J

LKE

Vehicle No.:

SHC1291J

Service Advisor

Signature/Date

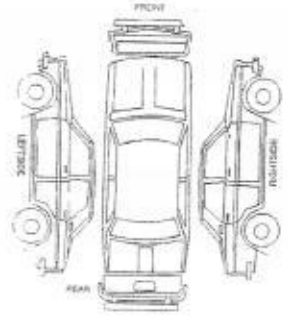
Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition 1. Date: <u>7/10/19</u> Time Received: <u>0349</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>91993716</u> Vehicle No. : <u>SHC1291J</u> Make / Model / Colour : <u>240</u> Email :		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>54 MAUPB RD</u> 9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Others:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery <u>ACC</u>	6. Parts Replaced/Remarks: 8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
10. Odometer Reading : Fuel Level : <u>F</u> <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>E</u>		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing
Job Attended 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Li Junhui</u> Vehicle No. : <u>7L7313</u> Time Dispatch : <u>0349</u> Time of Arrival : <u>0412</u> Time Completed : <u>0429</u>		Signature of Customer	

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

7/10/19 Date 0459 Time
 Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1291J

DATE 7/10/2019 11:51

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,151.80
	Bonnet Hinge (LH/RH)		\$ 87.50	\$ 175.00
	Bonnet Lock			\$ 48.80
	Bonnet Absorber			\$ 70.80
	Bonnet Insulator			\$ 232.80
	Bonnet Insulator Clips			\$ 10.00
	Radiator Grille			\$ 282.10
	Radiator Grille U Moulding			\$ 108.90
	Front Bumper Cover			\$ 538.80
	Front Bumper Sponge			\$ 136.30
	Front Bumper Reinforcement			\$ 504.10
	Front Bumper Grille (LH)			\$ 17.60
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Protector (LH)			\$ 29.20
	Front Bumper Bracket (LH)			\$ 20.10
	Headlamp Support Panel Assy			\$ 1,023.00
	Headlamp (LH/RH)		\$ 797.90	\$ 1,595.80
	Headlamp Halogen Bulb (LH)			\$ 13.80
	Radiator			\$ 814.80
	Radiator Fan Blade,Cowling,Motor Assy			\$ 651.30
	Radiator Bracket , LH			\$ 6.20
	Front Fender (LH)			\$ 593.00
	Front Fender Apron Panel (LH)			\$ 1,120.50
	Front Fender Shield (LH)			\$ 86.00
	Aircon Condenser			\$ 1,089.90
	Battery Tray			\$ 53.00
	Battery Stay			\$ 20.00
	Front Windscreen Glass			\$ 1,015.00
	Front Windscreen Moulding			\$ 60.00
	Wiper Panel Top Garnish			\$ 87.40
	Front Wheel Rim (LH)			\$ 284.70
	Front Wheel Hub Cap (LH)			\$ 145.00
	Front Wheel Bearing			\$ 258.50
	Front Shock Absorber (Assy) (LH)			\$ 203.70
	Front Shock Absorber Mounting (LH)			\$ 72.00
	Front Shock Absorber Fork (LH)			\$ 203.30
	Front Suspension Upper Arm (LH)			\$ 240.00
	Front Drive Shaft (LH)			\$ 1,025.00
	Rack & Pinion Assy			\$ 2,093.00
	STG Tie End			\$ 66.50
	Stabilizer Bar			\$ 213.20
	Stabilizer Bar Bush (LH)			\$ 12.80
	Stabilizer Bar Link			\$ 78.30
	Stabilizer Bracket			\$ 23.00
	Front Suspension Lower Arm (LH)			\$ 685.20
	Knuckle Arm (LH)			\$ 558.60

keep reference
X
extension

Kahn

Like

NTUC
P1

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Engine Under Cover			\$ 328.70
	Engine Crossmember			\$ 2,143.70
	ECU Bracket			\$ 78.30
	ECU Unit			\$ 4,028.30
	Inter Cooler			\$ 771.50
	Inter Cooler Mounting (2 PCS)			\$ 24.80
	Hose B To Inter Cooler			\$ 220.10
	Hose C To Inter Cooler Inlet			\$ 108.50
	Pipe To Inter Cooler			\$ 160.00
	Pipe To Inter Cooler Outlet			\$ 234.30
	Controller (PWN)			\$ 495.80
	Oil Cooles Assy-Gearbox			\$ 272.00
	Wiring-Engine			\$ 3,187.40
	Wiring-Front			\$ 1,879.00
	Wiring-ECM			\$ 3,107.80
	SUB TOTAL			\$ 34,781.40
	LESS 20%			\$ 6,956.28
	DISCOUNTED TOTAL			\$ 27,825.12
	New Battery			\$ 207.00
	Front Windscreen Sealant			\$ 46.00
	Front ERP Sticker			\$ 30.00
	Front Tyre (LH)			\$ 207.00
				\$ 490.00
	Labour Charge			
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Towing Charge			\$ 60.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	Remove/Refix Dashboard			\$ 450.00
	Remove/Refix Fuse Box			\$ 180.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	TOTAL LABOUR			\$ 4,220.00
	ESTIMATE TOTAL			\$ 32,535.12

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.