

Signature: NAZ

REF: NSINC19017997/ Nyl302  
INC

Ju

# ASSIGNMENT

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

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

ODI / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SIN 3299T

Policy No: 5095906901-01(01/01/2019 - )

Claims No: MT/1066221-002

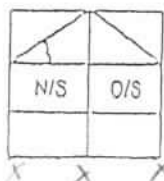
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: \_\_\_\_\_

UDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

Giz / PR Sec: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SIA 7707 Z Yr Regn: 30 MA, Y 2015

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

Truck / Troller or

Make: HYUNDAI 140 cc. 1,685

Colour: BLUE A/C: Insured / Std / NI / NA

Sp. Reading: 730, 277 T/Radio: Insured / Std / NI / NA

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

C/N: KMHLB41W.MFU069416

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: H / S / Rim / STD / A / Rim or

Tyre Size: F: 205 / 60 R16

R: 11

BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OITSU / PIR / SUMI /

TOYO / YOKO or HANKOOK

Front

R/Bol. 6 mm R/Bol. 5 mm

L/Bol. 6 mm L/Bol. 5 mm

D.O.A. 8/10/19 U.O.I. 9/10/19

Survey held at EDGE LOYANG

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roodtop or

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

INC 4/5

Date / Time Action / Instruction

SIN 3299T : X

SIA 7707Z : CSIFC-1800198/1201302 DIA 25/01/2018

16/10/19 FINALIZED LUMP SUM REPAIR \$950.00 / 2 DAYS

(Red \$689-54, 42%)

RECEIVED 24 OCT 2019

22/10/2019

Date/Time, File Pass to?

☐ : Prelim Report

☐ : Final Report

Date/Time, File Return to?

22/10/19 Typist

Report Format:

Lump Sum I.B.I. (\$) \$950k

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + WS

Photos

Other

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inv (\$

☐ : Weekend (\$

160

eBaoTech

GeneralClaim

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="08/10/2019 17:35"/>
Vehicle No.(For Motor)	<input type="text" value="SJN3299T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095906901-01		GOLDEN CHARTER PTE. LTD.	201529252Z	GFT	Third Party	SJN3299T	SJN3299T	01/01/2019	

**TP Claims against NTUC Income: Follow-Through Survey**

Date: 22/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1066221-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA7707Z	SIN3299T	08/10/2019	13:15	\$ 1,639.54
2	MT/1066952-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA5407C	SLJ6884G	11/10/2019	18:50	\$ 5,316.72
3							

## 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	09/10/2019 14:07
Date Of Accident	08/10/2019 13:15
Exact Location Of Accident	ALONG CTE SLIP RD TOWARDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7707Z
-----------------------------	----------

### 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	I40

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	SU THIAM HOCK
NRIC No	S6843306A
Date Of Birth	28/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1990
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96387799
Fax Number	
Contact Number	
Email Address	TERRIFIC@LIVE.COM.SG

Address	489A #09-161 TAMPINES STREET 45
Postcode	520489
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SJN3299T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP3057L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SU THIAM HOCK

Approximate Age 51

Injuries Sustain NECK,BACK

Injured person in which vehicle? SHA7707Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name DRIVER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? SJN3299T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN

A = CHA 7707Z

B = SIN 3299T

C = YP 3057L  
(LORRY)

YIO CHU  
ICANG RD

Co

CTC SLIP RD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

① T12019100812109.

## DECLARATION

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

OMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wee

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20191008/2109

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20191008/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/10/2019 16:27	Vide Report No.: F/20191008/0094	Station Diary No.: 29
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: SU THIAM HOCK			Address: APT BLK 489A TAMPINES STREET 45 #09-161 SINGAPORE 520489		
ID Type / ID No.: NRIC NO / S6843306A			Contact No.: Home/Office: Mobile: 96387799		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 28/10/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/10/2019 13:15	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE Slip road to Yio Chu Kang road				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7707Z	TAXI					1
SJN3299T	Car					0
YP3057L	Lorry					1





**SINGAPORE  
POLICE FORCE**



T/20191008/2109

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

2 of 3

Report No. T/20191008/2109

520461

## CONTINUATION OF REPORT

Tel No: 1800-7818999

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SU THIAM HOCK	ID No.	S6843306A
Related Vehicle	SHA7707Z (TAXI)	Contact No.	96387799
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	CHUA SIM THONG	ID No.	S1145251E
Related Vehicle	YP3057L (Lorry)	Contact No.	NIL
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 08/10/2019 at about 1315hrs, I was driving my taxi with a passenger in my taxi and was travelling along CTE and was at the slip road of CTE towards Yio Chu Kang which happens to stop at the traffic light as it was red when suddenly I felt an impact from the rear and realized that there was an accident involving my taxi as the first vehicle. I then went down to make a check and found out that a lorry, YP3057L, had collided onto a private car SJN3299T which then surge forward and collided onto my taxi. I then took some pictures and left the scene first as my passenger urgently needs to go to his destination however after sending my passenger, I came back to the scene and notice there's police at scene as well as the ambulance.

Police then interviewed me and gave me a case card vide F/20191008/0094 and advice me to lodge a report, I then went to seek medical attention at W Y Teh Family clinic located at Blk 462 Tampines st 44 and received a total of 3 days MC in regards to the pains I sustain from the accident.



**SINGAPORE  
POLICE FORCE**



T/20191008/2109

3 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20191008/2109

## 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 /

Sgt 2 NG JUNJIE, EDWIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2019 16:27

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

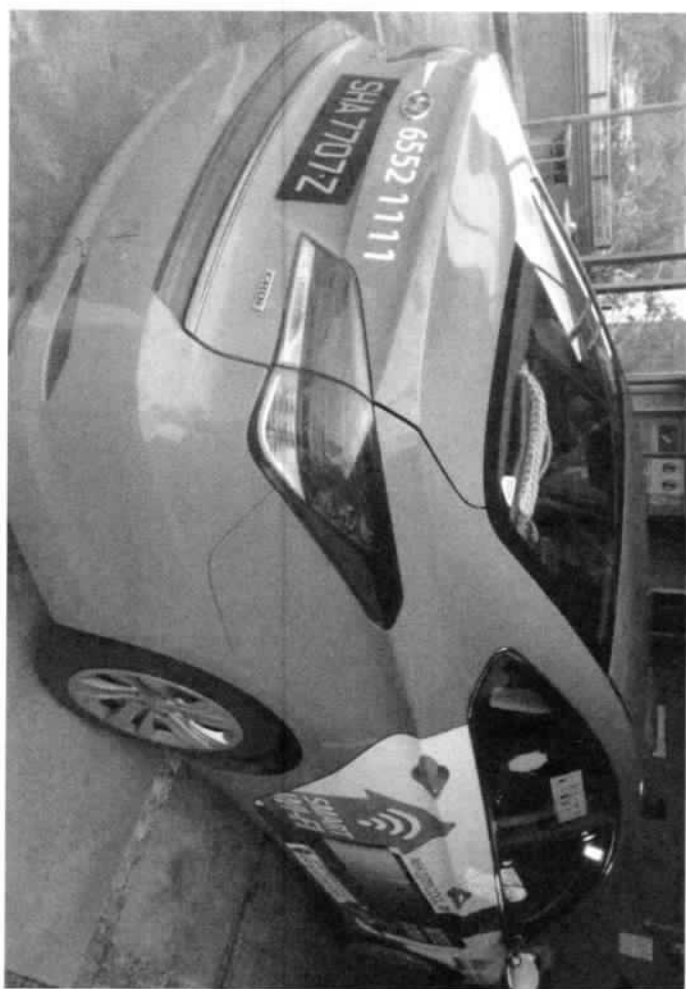
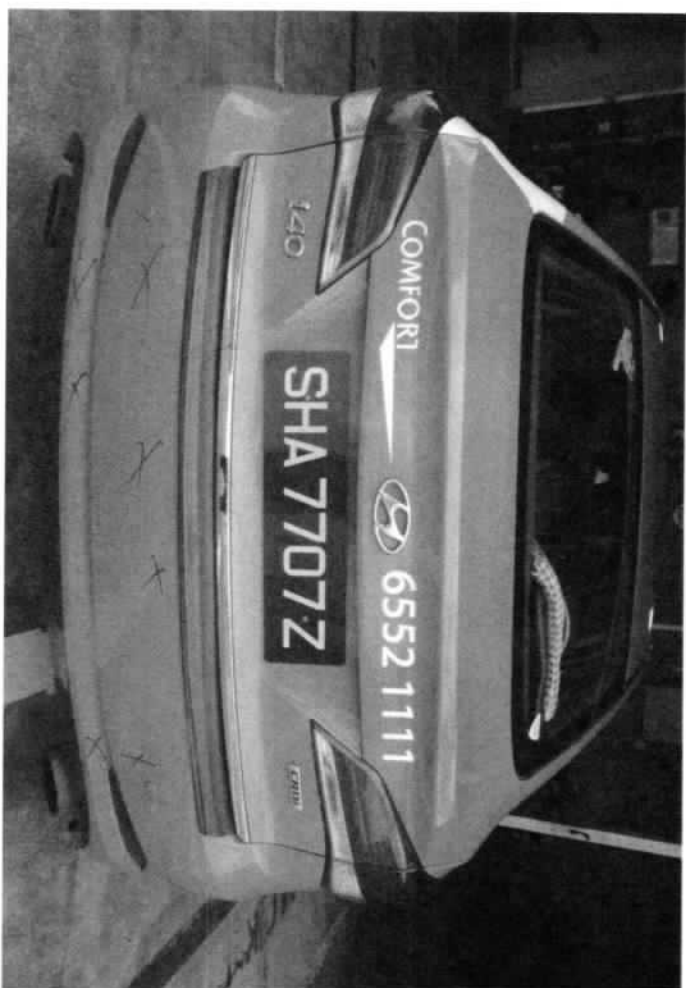
Classification Of Case:

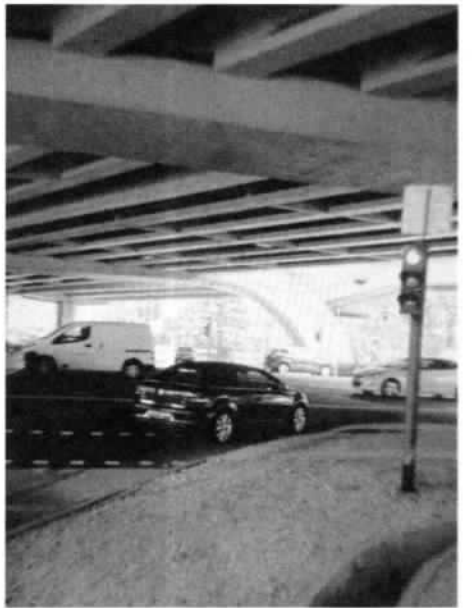
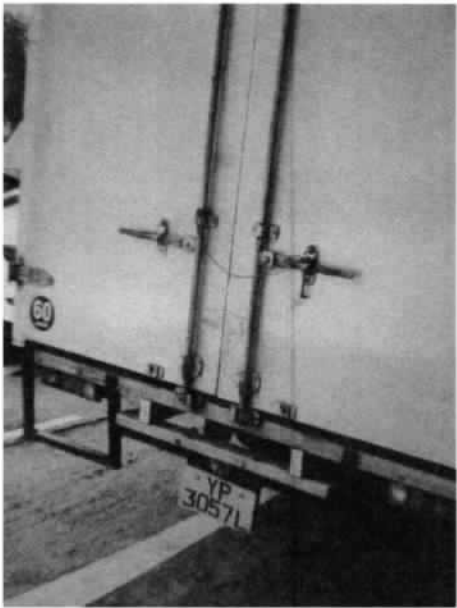
Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE





# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 8280 Facsimile + 65 6280 8755

### Workshops

55 Loyang Drive Singapore 508669  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
528 Ubi Road 3 Singapore 408699

24 Serangoon Loop Singapore 758158  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 768792

Date/Time: 09.10.2019 15:03

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305340127

MEMBER  
COMFORT TRANSPORTATION PTE LTD  
7010045  
MEMBER NO.  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755  
(R)  
(P)

UNT CARD NO.

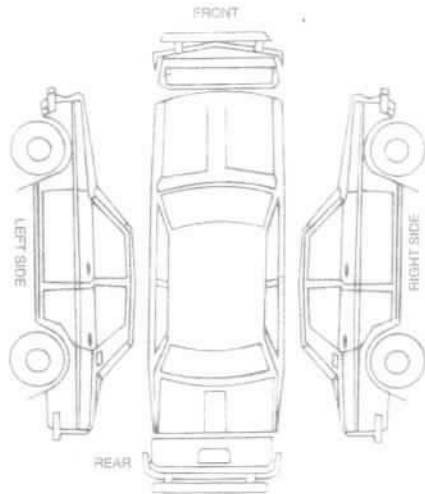
REGN NO.	SHA7707Z	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 09.10.2019 12:55
YR OF MANUF	30.05.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMFU069416	COMPLETION DATE/TIME

### JOB DESCRIPTION

Accident Date: 08.10.2019

NATURE: 3P 08.10.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

SERVICE ADVISOR

encourage you to print this only if necessary.

ComfortDelGro - a Green Office certified by the Singapore Environment Council. It is committed to preserving the environment. We

agreement Slip  
Exit Pass  
to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.  
are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way  
by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and  
disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business and not to be taken as endorsed  
kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or  
This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient,

Service Advisor

Signature/Date

Name of Service Advisor

Date

igned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 7707Z

DATE 9/10/2019 14:39

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover			\$ 228.00
	Rear Bumper Reflector Lamp (RH)			\$ 30.60
	<b>SUB TOTAL</b>		803	\$ 904.80
	<b>LESS 20%</b>			\$ 180.96
	<b>DISCOUNTED TOTAL</b>		612.40	\$ 723.84
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	<b>Labour Charge</b>			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<b>TOTAL LABOUR</b>		1,202.40	\$ 730.00
	<b>ESTIMATE TOTAL</b>		961.96	\$ 1,639.54
	NA 2 LKK		950	
	9/10/19 1630			
	L/S			
	2 DAYS			
	CHECK ITEM PHOTO			
	AFTER REPAIR PHOTO			
<div> <p><b>LKK Auto Consultants hence notify the Repairer of the following:</b></p> <ul style="list-style-type: none"> <li>• To survey before/after spray painting</li> <li>• To display damaged part(s) during survey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be surveyed and is subject to final approval from insurance Company</li> </ul> <p>_____edged by Repairer</p> </div>				
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.				

NAME - JH  
JH

LEX  
NFC  
XSVL  
DEF  
XSVL

Nett XSVL  
Nett NFC

280  
200  
XNN  
30



# COMFORTDELGRO ENGINEERING

Our Job Ref No 305340127

Date : 11/10/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

: SHA7707Z

305333809 08/10/19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJN3299T  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

###

**Total for Part-By-Part Repair Cost**

###

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

\$950.00

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 16/10/19

### For Official Use Only

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

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/INC19017997/Nyf3e2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 29-10-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJN 3299T	Veh. Inspected	SHA 7707Z
Policy No.	5095906901-01	Coverage (\$)	0.00
Claim No.	MT/1066221-002	Excess (\$)	0.00
Assign From		Assign Date	09/10/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069416	Colour	BLUE
Odometer	730277	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	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	08/10/2019	Inspection Date	09/10/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<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:		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. SHA 7707Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER	DEFORMED	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	30.60	-
	LESS 20% DISCOUNT		-180.96	-160.60
			723.84	642.40
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			730.00	510.00
<b>GRAND TOTAL</b>			<b>1,639.54</b>	<b>1,202.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>950.00</b>

Report Ref No. NS/INC19017997/Nyf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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