

ASS. REC. BY: Ram

REF

NS/INC19018029/Fsd302

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:

SJD 6389A

Policy No. #

Claims No.

MT/1066542-002

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: SHA1293P

Yr Regn: AUG / 2017

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

Truck / Trailer or

Make: Toyota Prius Hybrid

c.c 1798

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 359400

T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: JTDKB3FV003562106

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: 195/65 R15

R: -

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

TOYO / YOKO or DAVANTI

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 11/10/2019 06:10

D.O.I. 11/10/2019

Survey held at Comfort delgro (Loyang)

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

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

Date / Time

Action / Instruction

SHA 1293P-CC3/AXA/10-20311/H/edcl

SJD 6389A-X

DOR: 31010101

L/S: \$2400 2 repair days

C\$ 2061.58 Red - 46%

RECEIVED 17 OCT 2019

Date/Time, File Pass to?

17/10/19

1) Typ 4

Date/Time, File Return to?

☐

Preli. Report

☒

Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

160

Transportation:

3 + RS, 31

Photos

Others

TOTAL

160

Report Format:

Lump Sum / I.B.I. (\$) 2,400/- 45,

**Enquire Vehicle Insurance Details**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJD6389A	11 Oct 2019 / 06:10:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)[OK](#)

TP Claims against NTUC Income: Follow-Through Survey

Date : 17/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1066542-002	COMFORT TRANSPORTATION PTE LTD	SHA 1293P	SJD 6389A	11/10/2019	\$ 4,461.58	\$ 2,400.00
2	MT/1067289-001	COMFORT TRANSPORTATION PTE LTD	SHD 7193P	GBE 3280M	12/10/2019	\$ 2,354.64	\$ 1,800.00
3	MT/1063880-002	SMRT TAXIS PTE LTD	SHB 5830H	SKM 8555P	25/09/2019	\$ 13,558.41	\$ 4,317.73

Claim received from LKK Auto

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA1293P
Vehicle to be Exported:	No
Intended Deregistration Date:	14 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS057934
Chassis No.:	JTDKB3FU003562106
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,008.00
Original Registration Date:	30 Aug 2017
First Registration Date:	30 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2025
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	29 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$26,666.00
Total Rebate Amount:	\$30,416.00
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 14 Oct 2019

OK

Date/Time: 11.10.2019 11:24

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3961037

JC NO.: 305340535

TOMER

AS

TOMER NO.

RESS

(R)

(P)

OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHA1293P

MILEAGE

MAKE :

TOYOTA

FUEL

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

MODEL

PRIUS HYBRID(G4)11.10.2019 06:10

DATE/TIME IN

YR OF MANU

30.08.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU003562106

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.10.2019

NATURE: 3P 11.10.19

S/NO

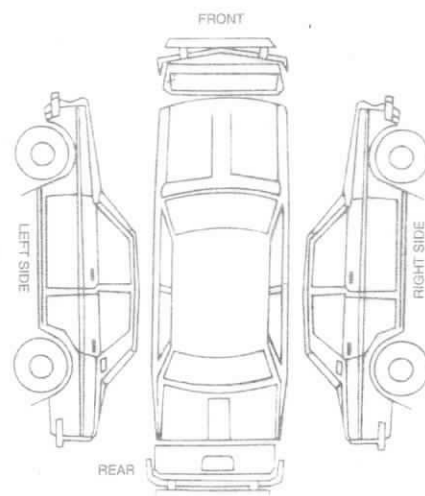
000010

LABOR CODE

23-01

DESCRIPTION

TOWING FEE



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SHA1293P

JU NTUC LKK

Vehicle No.:

SHA1293P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	11/10/2019 10:20
Date Of Accident	11/10/2019 06:10
Exact Location Of Accident	BUKIT BATOK WEST AVE 5 TWDS BRICKLAND RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1293P
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	TOYOTA
Model	PRIUS HYBRID 4G
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	MOHD SHAH B MOHD
NRIC No	S7506209E
Date Of Birth	17/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1999
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96959723
Fax Number	
Contact Number	
Email Address	SPEAR75@YAHOO.COM

Address	BLK 172 BUKIT BATOK WEST AVENUE 8 #16-339
Postcode	650172
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?	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	SJD6389A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN WENG HEI
NRIC/Passport Number	S8613180C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD SHAH B MOHD
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHA1293P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 199303821R

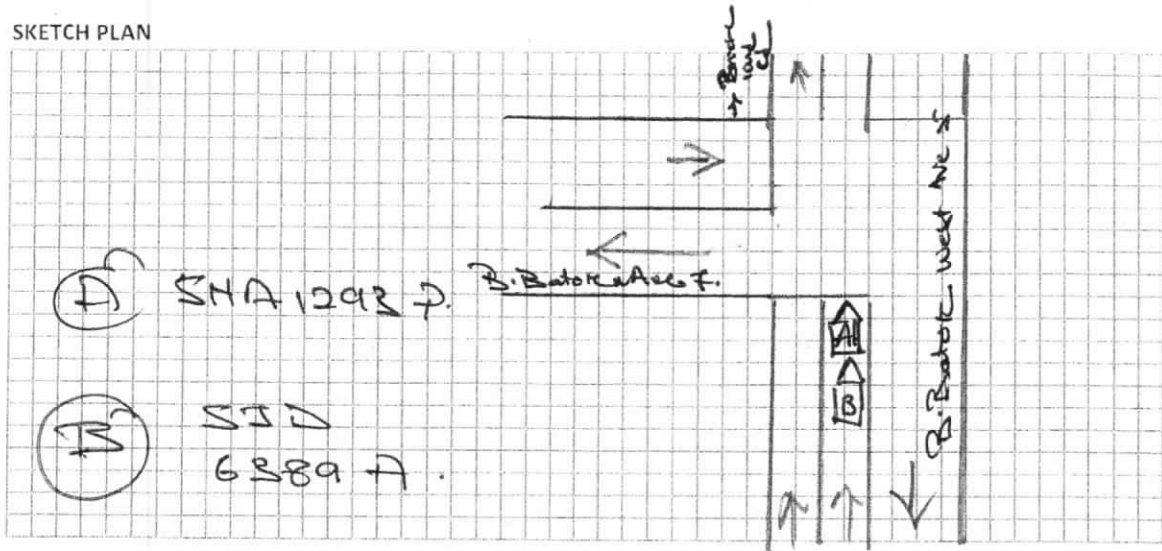
Policyholder's Signature
Date & Time:

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

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

GIA/RIAC Sketch Plan Form_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11 OCT 2019 @ 06.10 hr I VEH A

slow down and stop @ the Traffic Junction.

few seconds later VEH B from the Rear

hit VEH A Rear. @ the point

of accident VEH A no pass.

DECLARATION

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

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.:

REPAIR ESTIMATE

VEHICLE NO: SHA 1293P

11/10/2019 14:47

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) <i>nec</i>			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) <i>nec</i>			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) <i>nec</i>			\$ 47.00
REAR BUMPER <i>scr</i> <i>WTS</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>DP</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>Br</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>Dis</i>			\$ 112.70
REAR BUMPER UNDER SIDE COVER (RH) <i>ora</i>			\$ 232.00
REAR BUMPER UNDER SIDE COVER (LH) <i>ora</i>			\$ 232.00
REAR BUMPER TOWING COVER <i>Br</i>			\$ 82.70
REAR BUMPER CLIPS <i>nec</i>			\$ 22.00
REAR END PANEL <i>x repair</i>			\$ 602.10
REAR END PANEL GARNISH <i>xnn</i>			\$ 165.80
REAR WIRING ASSY <i>xnn</i>			\$ 582.40
SUB TOTAL			\$ 3,514.50
LESS 25%			\$ 878.63
DISCOUNTED TOTAL			\$ 2,635.88
REAR TRUNK LID APPS STICKER <i>nec</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STCIKER <i>nec</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>scr</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>nec</i>			\$ 50.00
			\$ 285.70
LABOUR CHARGE			
Panel Beating			\$ 600.00
Spray Painting Charge			\$ 750.00
Wiring Charge			\$ 50.00
Towing Charge			\$ 60.00
Remove/Refix Reverse Sensor			\$ 80.00
TOTAL LABOUR			\$ 1,540.00
ESTIMATE TOTAL			\$ 4,461.58

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

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.

\$2162.2
\$541.05
\$1623.15

NETT \$36
NETT \$54
NETT \$122.1
NETT

\$262.13

\$480
\$600
\$20
\$30

1130

\$3015.28

L/S : \$2412.22

16/10/19
Ram (LKK)
11/10/19 15:00hrs
2 repair days
(L/S)
aff repair photo required
HP: 88622778

Our Job Ref No 305340535
Date : 14/10/2019

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

FINALIZATION FORM

To : LKK
Attn : RAM
: SHA1293P

Fax :

305333809 11/10/19

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

1. The repair job shall bill to: NTUC --- SJD6389A
###
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) NI
 - Total for Lumpsum repair cost after Less: 20% \$2,500.00 \$2400
 - 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 : Parasuram
Date : 15/10/2019

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:

TOWING


**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/INC19018029/Fsd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-10-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJD 6389A	Veh. Inspected	SHA 1293P	
Policy No.		Coverage (\$)	0.00	
Claim No.	MT/1066542-002	Excess (\$)	0.00	
Assign From		Assign Date	11/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU003562106	Colour	BLUE	
Odometer	359400	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/10/2019	Inspection Date	11/10/2019	
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.				
5b. Estimate Days of Repair				
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1293P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	SCRATCHED / CUT	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	DENTED	318.80	318.80
1	REAR BUMPER UNDER COVER	BROKEN	552.60	552.60
1	REAR BUMPER SIDE RETAINER	DISTORTED	112.70	112.70
1	REAR BUMPER UNDER SIDE COVER (RH)	CRACKED	232.00	232.00
1	REAR BUMPER UNDER SIDE COVER (LH)	CRACKED	232.00	232.00
1	REAR BUMPER TOWING COVER	BROKEN	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR END PANEL GARNISH	NOT NECESSARY	165.80	-
1	REAR WIRING ASSY	NOT NECESSARY	582.40	-
	LESS 25% DISCOUNT		-878.63	-541.05
			2,635.87	1,623.15
<u>NETT ITEMS</u>				
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (N)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORT CIRCUIT	135.70	135.70
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		600.00	480.00
	SPRAY PAINTING CHARGE.		750.00	600.00

Report Ref No. NS/INC19018029/Fsd3e2



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 (\$)
	WIRING CHARGE.		50.00	20.00
	TOWING CHARGE.		60.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,540.00	1,130.00
GRAND TOTAL			4,461.57	3,015.28
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,400.00

Report Ref No. NS/INC19018029/Fsd3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

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