

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19018101/K2 yf302

## 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: SKP 58935Policy No. 5109149443 (21/05/2019-21/05/2020)Claims No. MT/1066782-002

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 Report: \_\_\_\_\_ 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: SHA 3557R Yr Regn: 14 May 2018

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

Truck / Trailer or

Make: Huawei 240 c.c. 165Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 686968 T/Radio: Insured / Std / NI / NA

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

C/No: 1CM HLB 414A 54 05386

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: 205/60R16

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

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 11/10/19 D.O.I. 14/10/19Survey held at C/DHE (Loyang)

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

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

Date / Time	Action / Instruction
	SKP 58935 - X
	SHA 3557R - CS/FC219010472/Kvd302 DOA: 11/10/2019
16/10/19	Insured 4/5 \$1000/ 2 Pys (Red \$72976, 42%)

RECEIVED - 3 OCT 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 30/10/19 Typist4/5 \$1000fDays Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

Survey Fee:

Transportation:

S + RS \$

Photos

160160

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.

Date of Accident

11/10/2019 08:22

Vehicle No.(For Motor)

SKP5893S

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109749443		ANG BOON TAT	S8221614F	GPC	drive CLASSIC	SKP5893S	SKP5893S	22/05/2019	21/05/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1067401-002	COMFORT TRANSPORTATION PTE LTD	SHC 8593S	SKK 5738J	16/10/2019	21:50	\$ 2,333.60	\$ 300.00
2	MT/1067154-002	COMFORT TRANSPORTATION PTE LTD	SHC 8543L	SKG 8694C	15/10/2019	08:45	\$ 1,965.46	\$ 1,050.00
3	MT/1068310-001	COMFORT TRANSPORTATION PTE LTD	SHD 3623S	XD 5185L	14/10/2019	08:35	\$ 3,833.52	\$ 780.00
4	MT/1067698-002	COMFORT TRANSPORTATION PTE LTD	SHA 4669U	SJT 6052L	18/10/2019	23:05	\$ 8,259.14	\$ 2,155.23
5	MT/1067791-002	COMFORT TRANSPORTATION PTE LTD	SHC 8518K	SMD 5745B	19/10/2019	23:05	\$ 1,992.84	\$ 750.00
6	MT/1067892-002	COMFORT TRANSPORTATION PTE LTD	SHD 4418L	SJQ 7697K	21/10/2019	14:05	\$ 5,497.02	\$ 2,500.00
7	MT/1066782-002	COMFORT TRANSPORTATION PTE LTD	SHA 3557R	SKP 5893S	11/10/2019	19:10	\$ 1,729.36	\$ 1,000.00

Claim received from LKK

## 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	14/10/2019 10:47
Date Of Accident	11/10/2019 19:10
Exact Location Of Accident	SLIP ROAD FROM TAMPINES ST 32 TO TAMPINES AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3557R
<b>Insured/Policyholder</b>	
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	LIM MEI YIN JUNE
NRIC No	S1819092C
Date Of Birth	21/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1988
Driving Experience	31 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91969429
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	283 02-109 TAMPINES STREET 22
Postcode	520283
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: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT 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	SKP5893S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG
NRIC/Passport Number	
Contact Number	82222595

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

LIM MEI YIN JUNE

Approximate Age

52

Injuries Sustain

SHOULDER, BACK

Injured person in which vehicle?

SHA3557R

Were seat belts worn?

YES

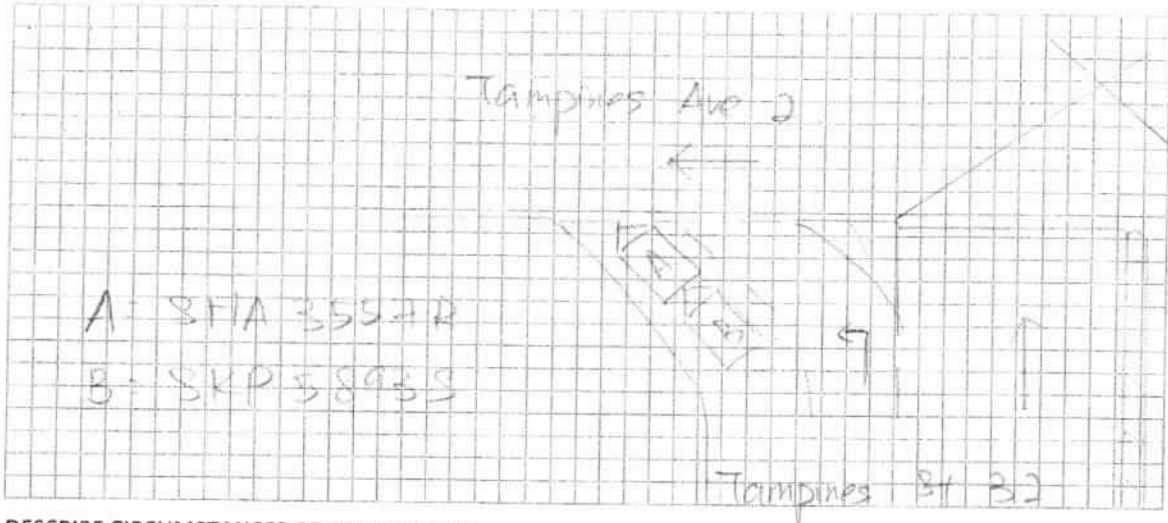
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report

T/20191012/2056

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199303621R

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.:

14/10/19  
Loke Wei Yeng



**SINGAPORE  
POLICE FORCE**



T/20191012/2056

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20191012/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2019 12:53		Vide Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: LIM MEI YIN JUNE			Address: APT BLK 274 TAMPINES STREET 22 #02-116 SINGAPORE 520274		
ID Type / ID No.: NRIC NO / S1819092C			Contact No.: Home/Office: Mobile: 91969429		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 21/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/10/2019 19:10	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 32 TAMPINES AVENUE 2 Slip road of Tampines Street 32, entering Tampines Ave 2.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3557R	Taxi				Slightly Damaged	2
SKP5893S	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20191012/2056

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 3

Report No. T/20191012/2056

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM MEI YIN JUNE		ID No. S1819092C
Related Vehicle	SHA3557R (Taxi)		Contact No. 91969429
Hospital/Clinic	ENMANUEL MEDICAL CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/10/2019	Date Discharge	12/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	ANG		ID No. NIL
Related Vehicle	SKP5893S (Car)		Contact No. 82222595
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 11/10/2019 at about 1910hrs, I was driving my taxi (SHA3557R) along Tampines Street 32 with 2 passengers. I entered the slip road towards Tampines Avenue 2 and was waiting for the traffic to clear before entering Tampines Avenue 2.

Suddenly, there was a collision to the rear of my taxi. There was loud bang and both my passengers screamed. After the collision, I exited my taxi to take a look at what happened. A vehicle (SKP5893S) had collided with my taxi. I then took photos of the accident, and exchange contact number with the driver before driving off as we were not injured at the point of time and decided to go to my workshop after dropping off my passengers.

After I dropped my passengers, I then drove my taxi to the workshop of Comfort Delgro and parked my taxi there. I then went home. The next day, I woke up and felt a slight sharp pain from my shoulder and back area. I then went to Emmanuel Medical Clinic to consult a doctor and was given 5 days MC from 12/10/2019 to 16/10/2019.

My taxi suffered a slight dent at the rear bumper, while the other vehicle suffered a slight dent at his front bumper. I am not sure what other damages are there to my vehicle. I have in-car camera facing the front of the vehicle.



**SINGAPORE  
POLICE FORCE**



T/20191012/2056

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20191012/2056

## 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 /

Sr Staff Sgt YANG JUNJIE, SAMUEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/10/2019 12:53

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

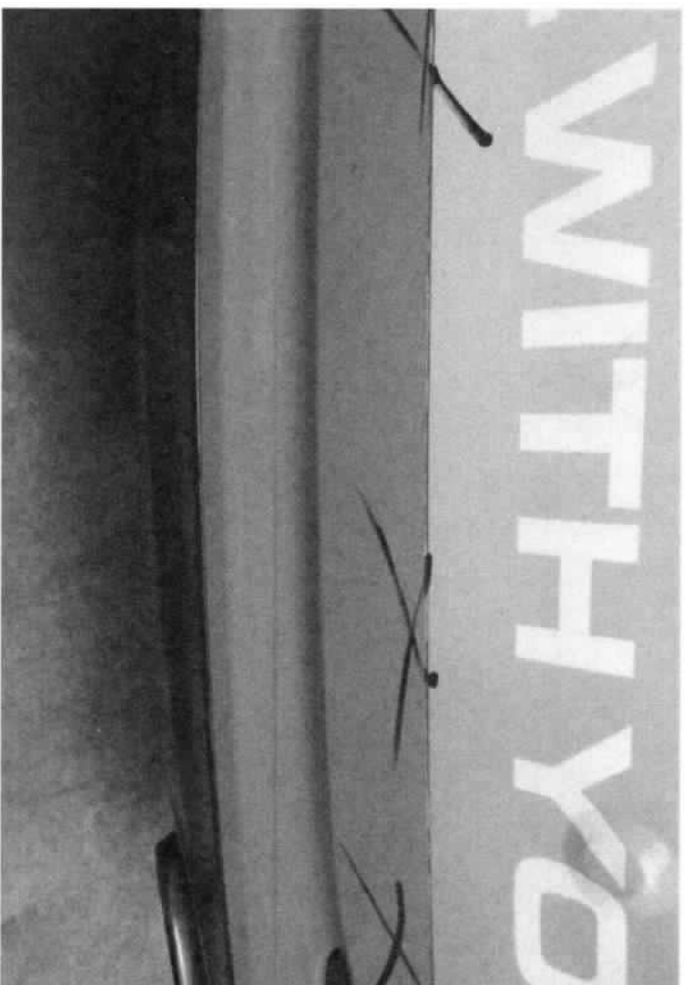
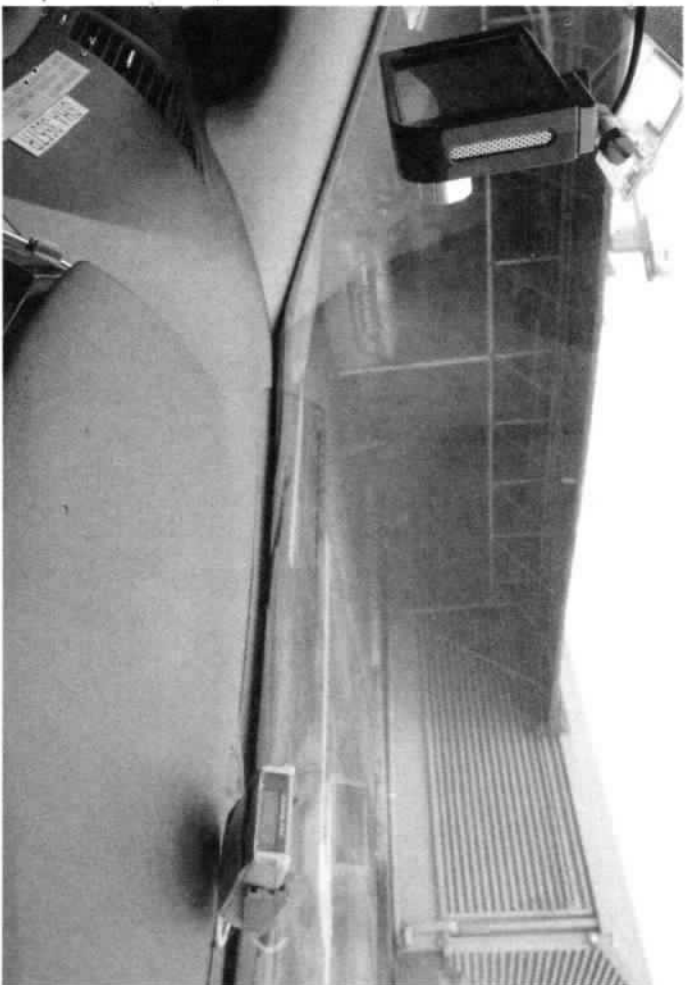


SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305340998

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

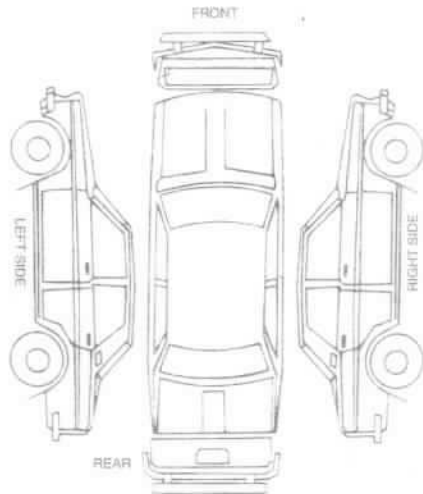
REGN NO.	SHA3557R	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 11.10.2019 20:40
YR OF MANU.	14.05.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMEU053860	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.10.2019  
NATURE: 3P 11.10.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

o.: SHA3557R

JU NTUC LKK

Vehicle No.:

SHA3557R

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 3557R

DATE 14/10/2019 14:29

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 x		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover x			\$ 228.00	
	<b>SUB TOTAL</b>			<b>\$ 874.20</b>	
	<b>LESS 20%</b>			<b>\$ 174.84</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 699.36</b>	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				<b>\$ 300.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> 280	
	Spray Painting Charge			\$ <del>250.00</del> 200	
	Wiring Charge			\$ <del>50.00</del> 40	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 30	
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,729.36</b>	
<p>1/Calvin (1/10/19)</p> <p>14/10/19 1520 hrs.</p> <p>2 Days</p> <p>4/5</p> <p>After Repair photo</p>					
<p>LKK Auto Consultants hereby notify the Repairer of the following:</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 reviewed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.					

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305340998

Date : 15/10/2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA3557R

305333809

11/10/19

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

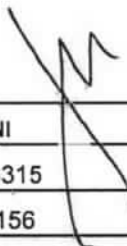
1. The repair job shall bill to: NTUC --- SKP5893S  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges ###
  - Total for Part-By-Part Repair Cost** ###
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% **\$1,000.00**  
**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 : KALVIN

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/INC19018101/K1yf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 06-11-2019



Code: INC4

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

Insured Veh.	SKP 5893S	Veh. Inspected	SHA 3557R
Policy No.	5109749443	Coverage (\$)	0.00
Claim No.	MT/1066782-002	Excess (\$)	0.00
Assign From		Assign Date	14/10/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053860	Colour	BLUE
Odometer	686968	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	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	14/10/2019
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
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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 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3557R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	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	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-174.84	-115.00
			699.36	460.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.	NOT NECESSARY	350.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			730.00	510.00
<b>GRAND TOTAL</b>			<b>1,729.36</b>	<b>1,270.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,000.00</b>

Report Ref No. NS/INC19018101/K1yf3e2

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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