EINEUR: Kalvin REF:	8208/K2 yf302
7	SIGNMENT
	Veh Nó: SH 6229 B Yr Regn: 2 Mey , 20 rg
rom: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tgg/ Prime Mover /
stimate@Cost:	Truck / Traller or
DETP NS ITP RES I OD RES I EVA I INV I MV	Make: Toyota Prins and 1298.
o Inspied Vehicle No:	- Call No. 1- Paradimina
Workshop m/s	- 1 7 64 7 Dec - Outstanding
1	
sured: GB3 7525E	Eng/No: 110 /C \$3 F 48 030 800 46
olicy No. 5069180637-04 (05/08/2019 -)	
Claims No. mT 1066942 -002	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insuled: Excess:	Steering: Inordef / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inomer / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim or
*1	Tyre Size; F: 195/6 rais
(Policy Condition)	. R:
Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO I YOKO OT YOUNT:
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
GIA / PR Seen: Consistent? : Yes or No .	L/Bal. 1 mm L/Bal. 9 mm
Est Repairs: days Res.: Yes or No	D.O.A. 14/10/19 D.O.I. 15/10/19
Lum Sum: % 3 Val.: Yes or No	Survey held at C 96 E (Lo yours)
Eum Sum. 76	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/O	als France
Data: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Ø83 2525€ x	The !!
91 0298 125/10170331104	11 Ref 2 - 2000 14314 2017
21/1-/19 Chs PIP \$2564.60/	3 Pgs. (Red 502.86, 1690)
RECEIVED	2 F GST 2019

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

Interview (\$

: Final Report

1)
DateTime, File Return to?

2. 21/10-typist

Survey Fee:

Transportation:

) Photos

_S+RS,__S

160

Veron Chen (LKKAuto)

From:

MTCL@income.com.sg

Sent:

Monday, 21 October 2019 2:24 PM

To:

Veron Chen (LKKAuto)

Subject:

FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia

Senior Admin Assistant, Motor Insurance www.income.com.sg











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



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

Sent: Monday, 21 October 2019 10:05 AM

To: MTCL@income.com.sg

Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1066942-002	COMFORT TRANSPORTATION PTE LTD	SH 6229B	GBJ 7525E

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/10/2019	14:45	\$3067.40	\$2564.60

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

					_					laim
						+ Change Lan	guage	Change Pr	assword .	Log Out
Policy Q	uery									
licy No.					Date of	Accident	14/10	/2019 08:41		
thicle No.(or Motor)	G837525	E		Certificat	te Number				
				Se	derath					
riect Po	licy No.	Certificate Number	Policyholder Name	Policyholder NR3C	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
506	04 04		WELLCOME MOTOR AGENCIES	39853800W	GFT	Comprehensive	G837525E	G8)7525E	05/08/2019	
	olicy No. chicle No.(F	ehicle No.(For Motor) elect Policy No. = 5069180637-	elect Policy No. Certificate Number 5069180637-	elect Policy No. Certificate Number Name 5069180637- MOTOR SIGN No. Certificate Number Name WELLCOME MOTOR	elect Policy No. Certificate Number Name NRIC 5069180637- WELLCOME MOTOR 39853800W	elect Policy No. Certificate Policyholder Name NRIC Product No. See No. Certificate Number Name NRIC Product Number Name NRIC Product No. Certificate No. Certificate Number Name NRIC Product Name NRIC Product No. Certificate Number Name NRIC Product No. Certificate Number Name NRIC Product Number Name NRIC Product No. Certificate Number Name NRIC Product Number Name NR	Policy Query Sicy No. Date of Accident chicle No. (For Motor) G837525E Certificate Number Search Elect Policy No. Certificate Policyholder Name NRIC Product Cover Type S069180637- WELLCOME MOTOR 39853800W GFT Comprehensive	Policy Query Sicy No. Date of Accident 14/10 chicle No. (For Motor) GB37525E Certificate Number Search elect Policy No. Certificate Policyholder Name NAIC Product Cover Type Vehicle No. 5069180637- WELLCOME MOTOR 39853800W GFT Comprehensive GB37525E	Policy Query Sicy No. Date of Accident 14/10/2019 08:41 chicle No. (For Motor) G837525E Certificate Number Searth Elect Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle Insured Object S069180637- WELLCOME MOTOR 39853800W GFT Comprehensive G837525E G837525E	Policy Query Sicy No. Date of Accident 14/10/2019 08:41 Certificate Number Search Elect Policy No. Certificate Policyholder Name NAIC Product Cover Type Vehicle Insured Commence Number Name NAIC Product Cover Type No. Object Date 5069180637- WELLCOME 39853800W GFT Comprehensive G637525E G817525E 05/08/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

*				-
AUG		IT STA	8 II C 10	1000
	_			_

Date Of Report 14/10/2019 16:21
Date Of Accident 14/10/2019 14:45

Exact Location Of Accident BEDOK RESEVOIR RD X KAKI BUKIT AVE 1

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6229B

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

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

Palicy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver NG MENG KWANG

 NRIC No
 \$0092400H

 Date Of Birth
 19/04/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/12/1977

Driving Experience 41 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90673372

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 428 BEDOK NORTH ROAD #07-607

Postcode

460428

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

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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?

Details of Police Action

Circumstances of Accident

PLS REFER TO 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

GBJ7525E

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

GANESAN S/O PONASAGARAN

NRIC/Passport Number

Contact Number

97157478

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 'uwyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ...
 - 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;
 - (iiv) 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) inty 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.
- 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:
 - 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 states), or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMPOST & ASPSPORTATION (* 127)

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder). Date & Time Reporting Centre Personnel's Signature

NRIC/FIN No.:

Loke View Tieng

DATE BANKSON T

TI C

Sketch Plan Pg. 2

SKETCH PLAN Korki Buki Pd 4

A - SH 6229B B - GBJ 7525E

Along Bedok Reservoir Road x Kaki Bukit DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CINCOTTS FAIRLES OF THE MECIDENT
On 14.10.2019 at about 14:45 hours I was travelling along Bedok Reservoir Road x Kaki
Bukit with no passenger onboard .
While I was wanting to make a right turn at the traffic junction , suddenly veh B (GBJ 7525
proceed straight instead of making a right turn .
As it took place too fast I could not take evasive action to prevent the accident .
I have company and photos and video at scene to support my claims
No injury in this accident
Veh B (GBJ 7525E) - Mr Ganesan S/O Ponasagaran H/P : 9715 7478

DECLARATION

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

COMPORT TRANSPORTATION OF E I

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder) Date & Time: 14.10.2019

@ 16:00 hrs

Reporting Centre Personnel's Signature Loke Wie rieng Name:

NRIC/FIN No.









OMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

MILEAGE

FUEL

Date/Time: T4:10:2019 16:45

Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

CUSTOMER

JC NO. 30534134:

ADDRESS

TEL (R)

COMPORT TRANSPORTATION PTE LTD

MR/MS

7010045

CUSTOMER NO. 383 SIN MING DRIVE

Accident Date: 14.10.2019

Singapore SINGAPORE 575717

65508755

PRIUS HYBRID(G4)14.10.2019 15:0

REGN NO SH 6229B -

TOYOTA

-1/2

YR OF MANUE. 05.2019 TARGET DATE

CHASSIS CODE KB3FU803080046

MAKE:

MODEL

COMPLETION DATETIME

PI DISCOUNT CARD NO.

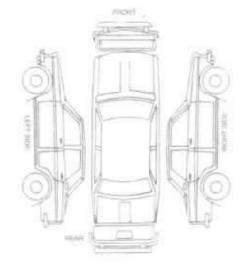
JOB DESCRIPTION

NATURE: 3P 14.10.19

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Passa sknowledgement Slip SITHE Vehicle No.1 3 No.: CHIANG SH 5229B SH 6229B hicie No.

ame of Service Advisor

Signature/Date

Name of Service Advisor

Date

i be returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 6229B

MAKE :

MODEL TOYOTA PRIUS

Chary Ame

B-ASSY, FRONT RH DER SHIELD,RH DER SHIELD CLIP DER HYBRID EMBLEM, RH -ASSY, FRONT DOOR, RH SUB TOTAL LESS 259 DISCOUNTED TOTAL	6	UNIT PRICE	\$ \$ \$ \$ \$ \$ \$	945.30 196.60 3.80 53.50 1,264.00 2,463.20 615.80 1,847.40	
DER SHIELD CLIP X DER HYBRID EMBLEM, RH ASSY, FRONT DOOR, RH SUB TOTAL LESS 259 DISCOUNTED TOTAL	6		\$ \$ \$	3.80 53.50 1,264.00 2,463.20 615.80	
DER HYBRID EMBLEM, RH ASSY, FRONT DOOR, RH SUB TOTAL LESS 259 DISCOUNTED TOTAL	6		\$ \$ \$	53.50 1,264.00 2,463.20 615.80	
SUB TOTAL LESS 25% DISCOUNTED TOTAL	6		\$ \$ \$	1,264.00 2,463.20 615.80	
SUB TOTAL LESS 25% DISCOUNTED TOTAL	6		\$ \$ \$	1,264.00 2,463.20 615.80	
LESS 25% DISCOUNTED TOTAL	6		\$	615.80	1
LESS 25% DISCOUNTED TOTAL	6		\$	615.80	1
DISCOUNTED TOTAL			_		
			\$	1,847.40	4
					1
		15			
R COMFORT LOGO		-10%	\$	75.00	NE
ARGE				320	
g			5		
ng Charge			\$		400
je			\$		1
* /EX			100		
Door			\$	129.00	A
TOTAL LABOUR	2		\$	1,220.00	1
June 1				3142.40]
ESTIMATE TOTAL	-		\$	3,067.40	
1 1/20/1					
61. 11/11		and with the	ACE HOW'S		
Kaloin 1000	J 188			osti l	
1 1/19 10 40	ks.	Marie Color	(10) m	1000	
15/1-1	1.3		VIE LPI	Total A	
- Per	1 1.3	sports?	No. of Concession, Name of Street, or other party of the last of t	System and	1
3 -7	1 1	Wey	100010	Nation A.	1
PIP	1.	Section in the	-		
1004 //	1 1	name which the			
Rator Point p hos	1 \	No.			
De	\	Dev			
	1				
	Kalnia (LICK) 15/1-/19 10 40	ARGE Ing Charge ge Door TOTAL LABOUR ESTIMATE TOTAL Kalnia (UCK) 15/1-/11 10 40 ks.	ARGE Ig Ing Charge Ige Door TOTAL LABOUR ESTIMATE TOTAL Kalnia (UK) 15/1-/11 10 40 ks	SARGE Tog Tog Tog Total Labour Total Labour	ARGE ing s 508:00 \$ 508:00 \$ 508:00 \$ 508:00 \$ 508:00 \$ 508:00 \$ 120:00 \$ 120:00 \$ 1,220:00 3142.40 \$ 3,067.40

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 PTE LTD

Date: 18.10.2019

REPAIR ESTIMATE

Time: 15:34:43 Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305341343 : SH 6229B : 0000000000

MAKE MODEL

: TOYOTA : PRIUS HYBRID(G4)

DATE OF REGN DATE/TIME IN

: 02.05.2019

ACCIDENT DATE : 14.10.2019

: 14.10.2019 15:05

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0592-G PRIG4 PANEL SUB-ASSY FRON 1 1,264.00 25.00 948.00

0002 04-01-0302-2297-G PRIG4 EMBLEM SIDE PANEL (| 53.50 25.00 40.12

0003 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 75.00 10.00 67.50

0004 04-01-0302-0573-A PRIG4 FENDER SUB-ASSY FRO 1 945.30 25.00 708.97

SUB-TOTAL : 1,764.59

JOB NATURE

0000 PB PANEL BEATING

320.00

0001 SP SPRAYPAINT CHARGE

400.00

0002 20-00 TUFF COAT ON AFFECTED PARTS.

30.00

0003 20-02 REMOVE/REFIX DOOR PARTS TO ASSIST REP

50.00

SUB-TOTAL: 800.00

COMFORTDELGRO ENGINEERING

305341343 Our Job Ref No : ComfortDe)Gro Engineering Pte Ltd 59 Loyeng Drive Singapore 508968 Fax: 6546 8156 19/10/19 Date **FINALIZATION FORM** LKK Fax: Ta KALVIN Attn 14/10/2019 SH 6229B The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-**GBJ7525E** NTUC The repair job shall bill to: The finalized amount shall be: 2 \$1,764.58 Spare Parts after List discount (a) \$800.00 Labour Charges (b) \$2,564. Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost working days. 3 Estimated normal period for repairs: 3 We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and 5. Thank you for your assistance: finalized amount Signature: Signature: CHIANG Name Name Date 62148314 Tel 65468156 Fax For Official Use Only Document. Confirm By Remarks Amount Attached Item (Signature) Yes or No YES 1. Rental Rate P/Day N Loss of Income Paid 3. Survey Fees 7 49 LTA Search Fee Medical Fees (on behalf of driver, if applicable) Overrun Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi industrial Park, Singapore 408933







NTUC INCOME INSUF	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1901820	08/K1vf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			22-10-2019 INC4		
1.	Policy Particulars	:- THIR	D PARTY CLAIM		
Insured Veh.	GBJ 7525E	Veh. I	nspected	SH 6229B	
Policy No.	5069180637-04	Cover	age (\$)	0.00	
Claim No.	MT/1066942-002	Excess (\$)		0.00	
Assign From		Assign Date		15/10/2019	
2.	Vehicle Parti	culars &	Condition		
Make & Model	TOYOTA PRIUS	C.C		1798	
Engine No.	HIDDEN	Year of Reg.		2019	
Chassis No.	JTDKB3FU803080046	Colour		BLUE	
Odometer	51391	Steering		IN ORDER	
Brakes	IN ORDER	Modif	cation	STANDARD ALLOY RIM	
General	FAIR				
3.	Condit	ions of	Tyres		
	Size	Make		Balance	
R/H Front Tyre	195/65 R15	DAVAN	VTI	9 mm	
L/H Front Tyre	195/65 R15	DAVA	NT1	9 mm	
R/H Rear Tyre	195/65 R15	DAVANTI		9 mm	
L/H Rear Tyre	195/65 R15	DAVANTI		9 mm	
4.	Descripti	on of D	amages		
THE VEHICLE SU	STAINED DAMAGES AT THE ON DETAILS.	S FRONT	PORTION.		
5.		I Inform	nation		
Accident Date	14/10/2019	Inspe	ction Date	15/10/2019	
Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD		
2	59 LOYANG DRIVE SINGAPORE 508969				
5a.		emarks			
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT F	PREJUDICE" BASIS NOT AUTHORISE	D REPAIRS.	
5b.	Estimate	Days o	f Repair		
ESTIMATED NOR	MAL PERIOD FOR REPAIR:		3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6229B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FENDER SUB-ASSY, FRONT RH	BUCKLED	945.30	945.30
1	FRONT FENDER SHIELD-RH	SERVICEABLE	196.60	104
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	3.80	-
- 1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	53.50	53.50
1	PANEL SUB-ASSY, FRONT DOOR, RH	BUCKLED	1,264.00	1,264.00
	LESS 25% DISCOUNT		-615.80	-565.70
			1,847.40	1,697.10
	NETT ITEMS			
1	FRONT DOOR COMFORT LOGO (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT			-7.50
			75.00	67.50
	LABOUR			
	PANEL BEATING.		500.00	320.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	1.0
	TUFF KOTE.		50.00	30.00
	TRANSFER OF DOOR.		120.00	50.00
			1,220.00	800.00
	GRAND TOTAL		3,142.40	2,564.60

RECOMMENDED COST OF REPAIRS (CONFIRMED)	2,564.60
---	----------

Report Ref No. NS/INC19018208/K1vf3n2

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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