

Surveyor: Kalvin

REF: NSI INC 19018315 / Kly f352

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: SKL 8307U

Policy No. 5094761533-01 (27/12/2018 - 26/11/2019)

Claims No. MT/1067027-002

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 3637C Yr Regn: 29 Sep 2016

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1600

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

Sp. Reading: 551429 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AM69093639

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 / R/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 15/10/19 D.O.I. 16/10/19

Survey held at C/D GE (Loyang)

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

Rear

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

| Date / Time | Action / Instruction |
|-------------|--|
| | SHD 3637C - CS2 / PCI 19012350 / Gcd 352 D.O.A - 10 / 07 / 2019 <u>INC</u> |
| | SKL 8307U - C <u>U.</u> |
| 21/10/19 | <u>U.S</u> \$2100 / 3 Pys. (Red \$88226, 29%) |

RECEIVED 28 OCT 2019

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) 22/10/19 Typist

U.S \$2100f

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| S + RS \$1 | |
| Photos | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/10/2019

| 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/1066625-002 | COMFORT TRANSPORTATION PTE LTD | SH 9323S | PC 2800P | 13/10/2019 | 07:10 | \$ 2,551.78 | \$ 2,501.25 |
| 2 | MT/1067179-002 | COMFORT TRANSPORTATION PTE LTD | SH 9593D | SBU 990H | 15/10/2019 | 15:10 | \$ 7,731.74 | \$ 3,800.00 |
| 3 | MT/1067027-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3637C | SKL 8307U | 15/10/2019 | 11:20 | \$ 2,219.06 | \$ 2,100.00 |

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
 Vehicle No.(For Motor) Certificate Number

Search

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5094761533-01 | | HUANG JIANKANG | S6866021A | GPC | drive CLASSIC | SKL8307U | SKL8307U | 27/12/2018 | 26/12/2019 |

Continue

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 | 15/10/2019 14:22 |
| Date Of Accident | 15/10/2019 11:20 |
| Exact Location Of Accident | CTE(CITY) BF PIE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3637C |
| 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 | HE JIAN JUN |
| NRIC No | S7003696G |
| Date Of Birth | 31/01/1970 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/11/1998 |
| Driving Experience | 20 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98965000 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

Address 141 04-210 POTONG PASIR AVENUE 3
 Postcode 350141
 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 4
 Was any body injured in the Accident? NO
 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: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE

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

SEE ATTACH.

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 SKL8307U
 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 UNKNOWN

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 3

Vehicle Registration Number UNKNOWN

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

No. Of Passenger (Including Driver)

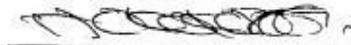
IMPORTANT NOTICE

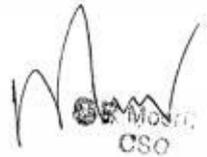
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

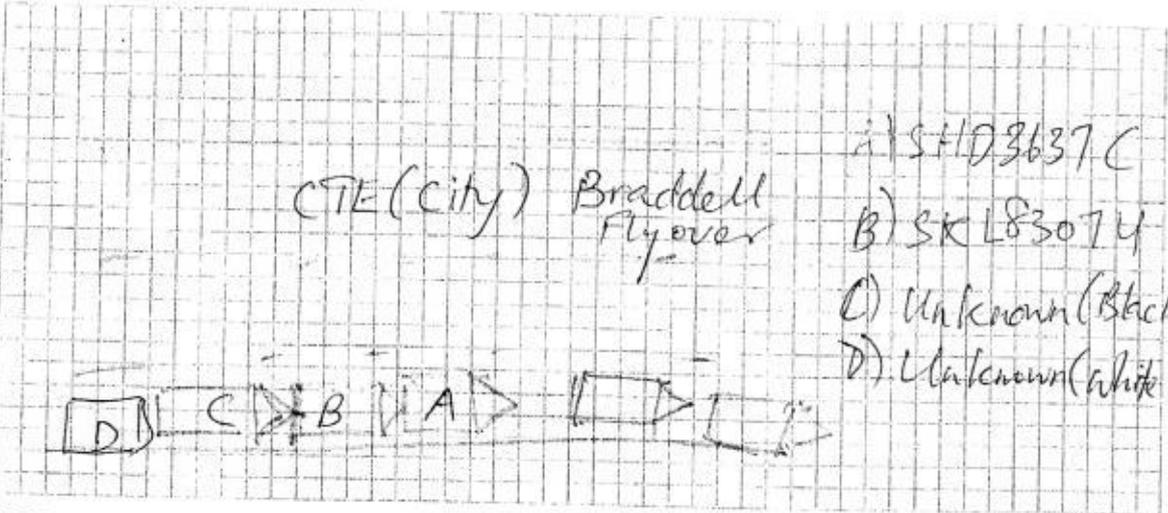
COMFORT TRANSPORTATION PTE
 Policyholder's Signature: 198303821R
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 15/10/19



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/19 at about 1120 hrs when I was stopped because vehicles in front stopped because of an accident. Veh B collided onto the rear of my vehicle. when I came out to check it was realized that vehicles C + D were also involved in the chain collision.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303521R

Policyholder's Signature
Date & Time:

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

[Signature]
SR No. 15/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A member of COMFORTDELGRO

Date/Time: 15.10.2019 16:43 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305341595

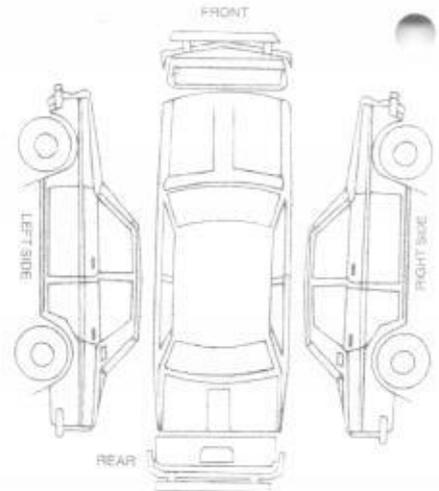
| | | |
|--|---|----------------------------------|
| CUSTOMER VMS CUSTOMER NO. ADDRESS L (R) (P) ACCOUNT CARD NO. | COMFORT TRANSPORTATION PTE LTD <i>VAPs</i> 7010045 | |
| | 383 SIN MING DRIVE Singapore SINGAPORE 575717 | |
| | 65508755 (O) | |
| | REGN NO.: | SHD3637C |
| | MILEAGE | |
| MAKE: | HYUNDAI | |
| FUEL | E.....1/2.....F | |
| MODEL | I-40 | DATE/TIME IN 15.10.2019 12:40 |
| YR OF MANUF | 29.09.2016 | TARGET DATE |
| CHASSIS CODE | KMHLB41UMGU093679 | COMPLETION DATE/TIME: |

Accident Date: 15.10.2019
 NATURE: 3P 15.10.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

NTUC - Rear LKR



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3637C LARRY

Vehicle No.: SHD3637C

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

Larry

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

NOTUC

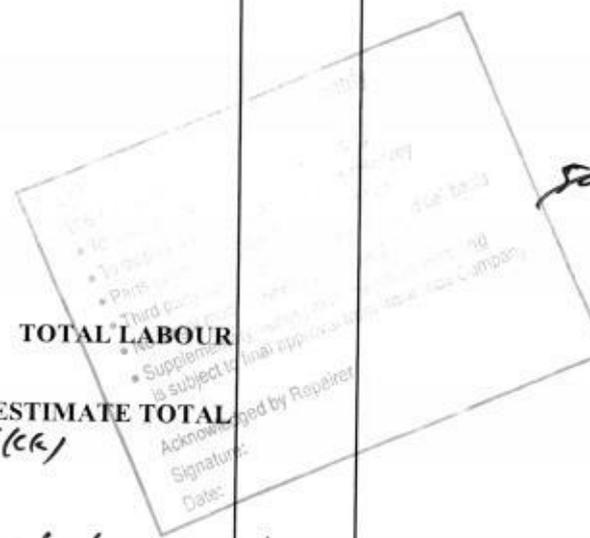
VEHICLE NO : SHD 3637C

DATE 15/10/2019 15:25

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|--------------|---------------------------------|
| | Rear Bumper <i>det</i> | | | \$ 553.00 |
| | Rear Bumper Reinforcement <i>2 m</i> | | | \$ 428.40 |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>2H</i> | | \$ 80.30 | \$ 160.60 |
| | Rear Bumper Clip 10 pcs <i>rec</i> | | | \$ 22.00 |
| | Rear Bumper Bracket <i>X 5m</i> | | \$ 35.60 | \$ 71.20 |
| | Rear Bumper Sponge <i>2</i> | | | \$ 103.50 |
| | Rear Bumper Under Cover <i>1 m</i> | | | \$ 228.00 |
| | <i>Rear Fender (LH) X 2</i> | | | |
| | <i>Exhaust Pipe (LH) - Det</i> | | | |
| | SUB TOTAL | | | \$ 1,566.70 |
| | LESS 20% | | <i>\$954</i> | \$ 313.34 |
| | DISCOUNTED TOTAL | | | \$ 1,253.36 |
| | | | | |
| | Rear Bumper Reverse Sensor <i>X 1</i> | | | \$ 135.70 |
| | Rear Bumper Advertisement Logo <i>X 1</i> | | | \$ 50.00 |
| | Rear Bumper Rubber Mat <i>rec</i> | | | \$ 50.00 |
| | | | | \$ 235.70 |
| | | | | |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 <i>280</i> |
| | Spray Painting Charge | | | \$ 50.00 <i>400</i> |
| | Wiring Charge | | | \$ 50.00 <i>X 2</i> |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 <i>X 1</i> |
| | TOTAL LABOUR | | | \$ 730.00 |
| | ESTIMATE TOTAL | | | \$ 2,219.06 |
| | <i>Kabir (CCA)</i> | | | <i>2982.26</i> |
| | <i>16/10/19 11:00 hrs</i> | | | <i>3232.26</i> |
| | <i>3 by</i> | | | |
| | <i>4/5</i> | | | |
| | <i>After Rep p l</i> | | | |



Larry Ng

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.

Our Job Ref No : 305341595

Date : 18. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3637C

Date of Accident: 15. Oct. 2019

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

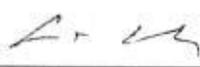
1. The repair job shall bill to: NTUC SKL8307U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: _____
 - Final Lumpsum Repair cost** \$2,100.00

3. Estimated normal period for repairs: 3 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 21/10/19

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 | | | | |
| 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/INC19018315/K1yf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-10-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKL 8307U | Veh. Inspected | SHD 3637C |
| Policy No. | 5094761533-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/1067027-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 16/10/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU093679 | Colour | BLUE |
| Odometer | 551429 | 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 | 15/10/2019 | Inspection Date | 16/10/2019 |
| 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: **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



Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3637C

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|--|----------------------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | DEFORMED | 553.00 | 553.00 |
| 1 | REAR BUMPER REINFORCEMENT | CRACKED | 428.40 | 428.40 |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30 | N/S BENT / O/S SERVICEABLE | 160.60 | 80.30 |
| 10 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 2 | REAR BUMPER BRACKET @ \$35.60 | SERVICEABLE | 71.20 | - |
| 1 | REAR BUMPER SPONGE | TORN | 103.50 | 103.50 |
| 1 | REAR BUMPER UNDER COVER | CRACKED | 228.00 | 228.00 |
| 1 | REAR FENDER (LH) (NPA) | TO REPAIR SEE LABOUR | - | - |
| 1 | EXHAUST PIPE (LH) LESS 20% DISCOUNT | BENT | 954.00 -504.14 | 954.00 -473.84 |
| | | | 2,016.56 | 1,895.36 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | NOT NECESSARY | 135.70 | - |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NOT NECESSARY | 50.00 | - |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 235.70 | 50.00 |
| LABOUR | | | | |
| | PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (LH) | | 350.00 | 280.00 |
| | SPRAY PAINTING CHARGE. | | 500.00 | 400.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | REMOVE / REFIX REVERSE SENSOR. | NOT NECESSARY | 80.00 | - |
| | | | - | - |
| | | | - | - |
| | | | - | - |
| | | | 980.00 | 680.00 |
| GRAND TOTAL | | | 3,232.26 | 2,625.36 |

Report Ref No. NS/INC19018315/K1yf3s2



| | | | |
|---|--|--|-----------------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 2,100.00 |
|---|--|--|-----------------|

Report Ref No. NS/INC19018315/K1yf3s2

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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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.