

(08/11/13)

Surveyor: Kalvin

REF: NS/INC 19018489/Kif3n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) NS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SST 6052L
 Policy No _____
 Claims No: MT/1067698-002
 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 46694 Yr Regn: 31 May, 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota Prius c.c. 1798
 Colour: B/c AJC: Insured / Std / NI / NA
 Sp. Reading: 70665 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 5701CB3F4303081105
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / Si/Rim / STD / M / or _____
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOHO or _____
 Front Rear
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 18/10/19 D.O.I. 21/10/19
 Survey held at C/DHE (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
	No Policy Found INC
	SHA 46694 - CS/RTI 19018489 Utd/312 P.O.A - 27/10/2019 PIP
	SST 6052L - CCL / RTI 17014529 / A 2019 P.O.A - 27/10/2019
24/10/19	Ch PIP \$2155.23 / 2 Pp. (Red 6165.94, 747)
RECEIVED 24 OCT 2019	

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) _____
 Date/Time, File Return to? 2) 24/10 - typist

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)

Survey Fee: _____
 Transportation: 160
 S + RS \$ _____
 Photos _____

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 4669J	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 5693S	11/10/2019	19:10	\$ 1,729.36	\$ 1,000.00

Claim received from LKK

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJT6052L	18 Oct 2019 / 23:05:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SNR 46694

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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	19/10/2019 11:31
Date Of Accident	18/10/2019 23:05
Exact Location Of Accident	SLIP RD FROM DAIRY FARM ROAD TWDS UPP BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4669U
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	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
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LOKE WENG BIAN
NRIC No	S1334691G
Date Of Birth	15/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97571102
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	819 05-618 TAMPINES STREET 81
Postcode	520819
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)	2
Passenger 1	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]	TRAFFIC POLICE
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	SJT6052L
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)

DETAILS OF INJURED PERSON 1

Name LOKE WENG BIAN

Approximate Age 61

Injuries Sustain BACK

Injured person in which vehicle? SHA4669U

Were seat belts worn? YES

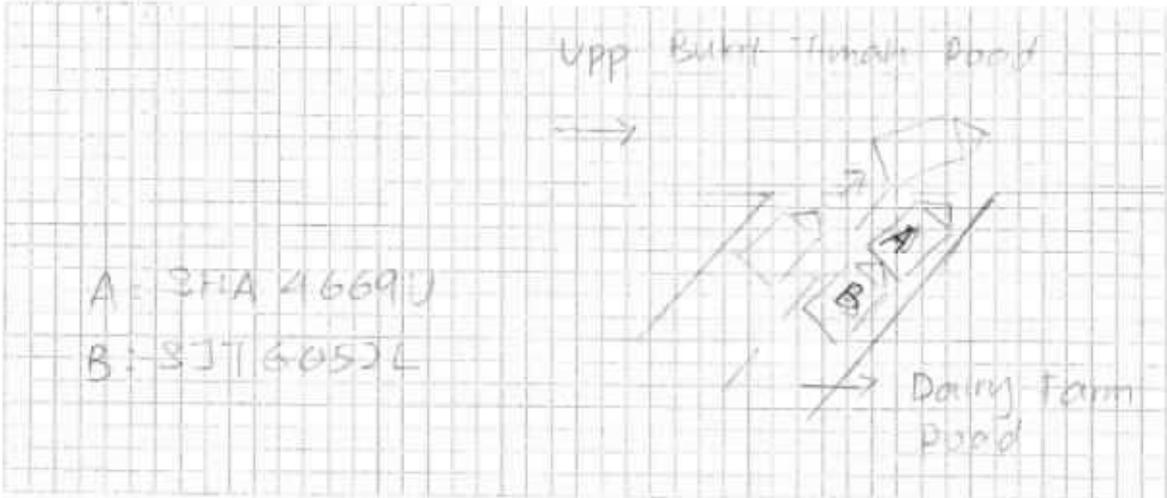
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report
T | 20191019 | 2003 to 2004

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.

Ben

19/10/19
19/10/19



**SINGAPORE
POLICE FORCE**



T/20191019/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191019/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2019 00:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LOKE WENG BIAN			Address: APT BLK 819 TAMPINES STREET 81 #05-618 TAMPINES POLYVIEW SINGAPORE 520819		
ID Type / ID No.: NRIC NO / S1334691G			Contact No.: Home/Office: Mobile: 97571102		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 15/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/10/2019 23:05	Type of Location:
Location: Along Road 1 DAIRY FARM ROAD UPPER BUKIT TIMAH ROAD DAIRY FARM ROAD TURNING RIGHT TOWARDS UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4669U	Car				Slightly Damaged	1
SJT6052L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191019/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191019/2003

CONTINUATION OF REPORT

Driver			
Name	LOKE WENG BIAN		ID No. S1334691G
Related Vehicle	SHA4669U (Car)		Contact No. 97571102
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME.

AS I WAS TURNING TOWARDS THE RIGHT LANE. ON MY LEFT THIS RED CAR ALSO TURNED AND CUT INTO MY LANE. HE SHOULD BE ON THE SECOND LANE. I JAM BRAKED AND THIS WHITE COLOR CAR HIT ME FROM BEHIND. NO ONE WAS INJURED.

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20191019/2003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

30
Report No. T/20191019/

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: TP / MUHAMMAD MOINUR RAHMAN	Signature Of Informant: <i>[Handwritten Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2019 00:54
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

[Handwritten mark]



T/20191019/2004

1 of 3

Report No. T/20191019/2004

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191019/2003

Report Number T/20191019/2004

Vide Report Number

Date/Time of Report Made 19/10/2019 01:03

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LOKE WENG BIAN

ID Type / ID No. NRIC NO / S1334691G

Home/Office

Mobile 97571102

Email

Type of Accident Non-Injury

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 18/10/2019 23:05

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHA4669U	Car				Slightly Damaged	1
SJT6052L	Car				Slightly Damaged	0



T/20191019/2004

2 of

Report No. T/20191019/20

Continuation of CSF For NP168

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOKE WENG BIAN	ID No.	S1334691G
Related Vehicle	SHA4669U (Car)	Contact No.	97571102
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 Facts.

AT THE ABOVEMENTIONED DATE AND TIME,

AS I WAS TURNING TOWARDS THE RIGHT LANE. ON MY LEFT THIS RED CAR ALSO TURNED AND CUT INTO MY LANE. HE SHOULD BE ON THE SECOND LANE. I JAM BRAKED AND THIS WHITE COLC CAR HIT ME FROM BEHIND.

THAT IS ALL.



T/20191019/2004

3 of 3

Report No. T/20191019/200

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / WONG SIEU LUI
Classification of Case	1) NON-INJURY

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305342577

STOMER	REGN NO: SHA4669U	MILEAGE
VMS	MAKE: TOYOTA	FUEL
STOMER NO. 7010045	MODEL: PRIUS HYBRID(G4)	E 1/2 F
DRESS 383 SIN MING DRIVE	DATE/TIME IN: 19.10.2019 03:30	DATE/TIME IN
Singapore SINGAPORE 575717	YR OF MANU: 31.05.2019	TARGET DATE
65508755	CHASSIS CODE: JTDKB3FU303081105	COMPLETION DATE/TIME
(R) (P)		

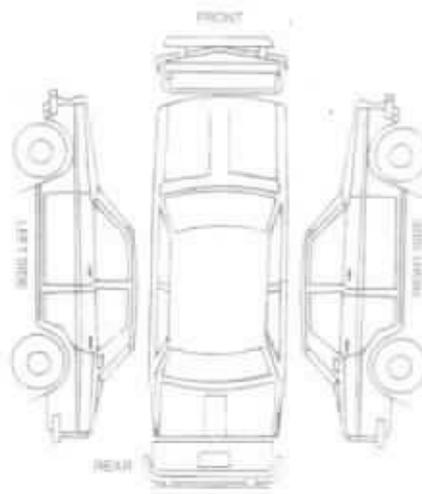
ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 18.10.2019
 NATURE: 3P 18.10.2019

S/NO LABOR CODE DESCRIPTION

NTUC - Fee
 LKK



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgment Slip

Exit Pass

Vehicle No.: SHA4669U

LARRY

Vehicle No.: SHA4669U

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection.

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305342577
 REGN NO : SHA4669U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 31.05.2019
 DATE/TIME IN : 19.10.2019 03:30
 ACCIDENT DATE : 18.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0003	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0004	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70		135.70
0005	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00		50.00
0006	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
						SUB-TOTAL : 1,245.22

JOB NATURE

0000	PB	PANEL BEATING		480.00		
0001	23-502	SPRAYPAINT ON AFFECTED AREA		400.00		
0002	L	REMOVE/REFIX REVERSE SENSOR		30.00		
						SUB-TOTAL : 910.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305342577
REGN NO : SHA4669U
MILEAGE : 000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 31.05.2019
DATE/TIME IN : 19.10.2019 03:30
ACCIDENT DATE : 18.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,155.22

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305342577

Date : 23. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA4669U

Date of Accident: 18. 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 SJT6052L

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,245.23

(b) Labour Charges \$910.00

Total for Part-By-Part Repair Cost \$2,155.23

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

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 : 

Signature : 

Name : Larry Ng

Name : Kalle

Tel : 6214 8316

Date : 28/10/19

Fax : 6546 8156

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/INC19018489/K1vf3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 25-10-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJT 6052L	Veh. Inspected	SHA 4669U
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1067698-002	Excess (\$)	0.00
Assign From		Assign Date	21/10/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU303081105	Colour	BLUE
Odometer	70665	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	9 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	9 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	9 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/10/2019	Inspection Date	21/10/2019
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 4669U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER BEAM	BENT	318.80	318.80
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDERCOVER	DEFORMED	552.60	552.60
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR SPARE TYRE PANEL	SERVICEABLE	667.70	-
2	REAR BUMPER SIDE RETAINER @\$112.70	SERVICEABLE	225.40	-
1	REAR EXHAUST	SERVICEABLE	1,163.40	-
1	REAR TRUNK	SERVICEABLE	1,126.60	-
1	REAR TRUNK LID LOCK	SERVICEABLE	457.90	-
1	REAR WINDSCREEN	SERVICEABLE	1,778.30	-
1	TOWING COVER REAR BUMPER	CUT	82.70	82.70
	LESS 20% DISCOUNT		-1,519.90	-
	LESS 25% DISCOUNT		-	-353.17
			6,079.60	1,059.53
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,280.00	480.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	TUFF KOTE.	NOT NECESSARY	80.00	-
	REMOVE/REFIX REAR EXHAUST.	NOT NECESSARY	120.00	-
			2,060.00	910.00
GRAND TOTAL			8,325.30	2,155.23

Report Ref No. NS/INC19018489/K1vf3n2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,155.23
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Report Ref No. NS/INC19018489/K1vf3n2



KALVIN ANG WEI KUN

Automotive Assessor / Investigator



KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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