(08/11/19)

Surveyor: Kelvin

REF: NSI INC 1901871g / KHf3n2

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: GW 4714T

Policy No. _____

Claims No. MT/1068042-002

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 Rport: _____ 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: SHC 7350H Yr Regn: 23 Aug 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Hyundai Zinq c.c 1580

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

Sp.Reading 209314 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVKU107261

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or _____

Brake: Inop / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD Rim or _____

Tyre Size; F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Dunlop

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/10/19	D.O.I.	22/10/19

Survey held at CDGE (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
	SHC 7350H - x PIP
	GW 4714T - x
29/10/19	Clmt PIP $4283.39 / 3 Days. (Red: 3460.71; 24%)
	RECEIVED 30 OCT 2019

Date/Time, File Pass to? 1) 30/10 Typist

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Survey Fee: _____

Transportation: _____

___$ + RS___SI

Photos _____

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1068730-002	CITYCAB PTE LTD	SHA 9598H	SDL 8198A	24/10/2019	9:30	$ 3,298.05
2	MT/1068954-001	CITYCAB PTE LTD	SHC 641P	SME 8917Y	22/10/2019	17:05	$ 1,997.81
3	MT/1068042-002	CITYCAB PTE LTD	SHC 7350H	GW 4714T	21/10/2019	19:20	$ 7,744.10
4	MT/1067890-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 7881C	S 2710CD	20/10/2019	18:00	$ 3,622.72

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	22/10/2019 11:48
Date Of Accident	21/10/2019 19:20
Exact Location Of Accident	SLE(WOODLANDS) BF MANDAI EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC7350H
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
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-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	HENG HIM TEK
NRIC No	S7411735Z
Date Of Birth	12/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97411583
Fax Number	
Contact Number	
EMail Address	HTHENG74@GMAIL.COM

Address	150 10-78 RIVERVALE CRESCENT
Postcode	540150
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?	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE

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)

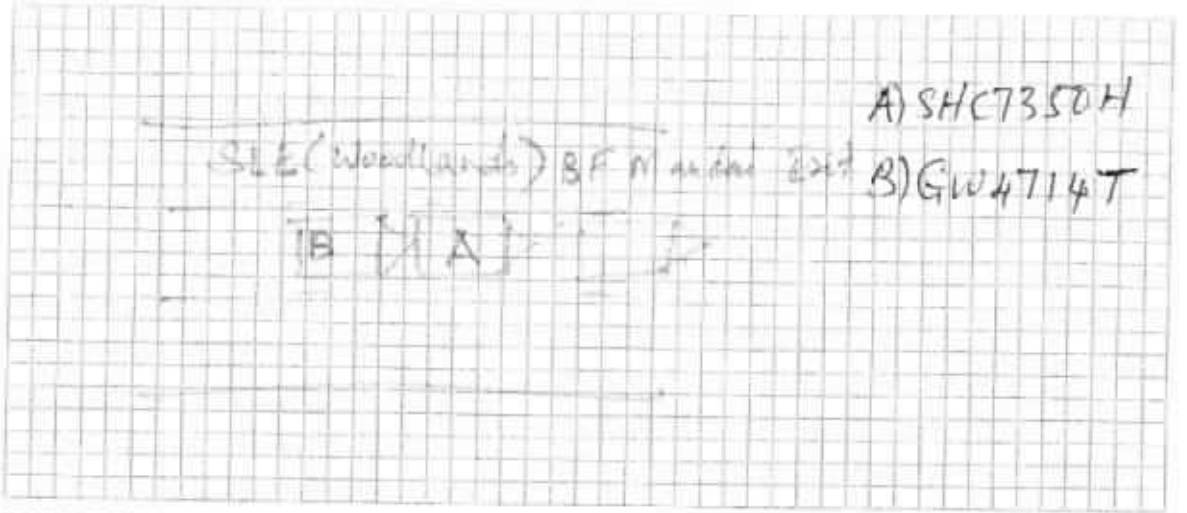
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW4714T
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN PENG KHOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/10/19 at about 1930hrs while I Veh A slowed down because vehicles infront stopped. Veh B collided into the Rear of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
REG NO 199502839G
Policyholder's Signature
Date & Time:

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

CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
22/10/19

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.

CITYCAB PTE LTD
CO. REG NO. 199502837

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.
27/10/19


SHC 7350 H


SHC 7350 H

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6353 6363 Facsimile : 65 6353 9735
Workshops
58 Loyang Drive Singapore 508958
383 Sin Ming Drive Singapore 575717
43 Pandan Road Singapore 609299
24 Senoko Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
601 Yishun Industrial Park A Singapore 768732

Date/Time: 22.10.2019 13:32 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305343337

TOMER	
AS	CITYCAB PTE LTD
TOMER NO.	7010070
RESS	383 SIN MING DRIVE
	Singapore SINGAPORE 575717
	65551186
(R)	(O)
(P)	
OUNT CARD NO.	

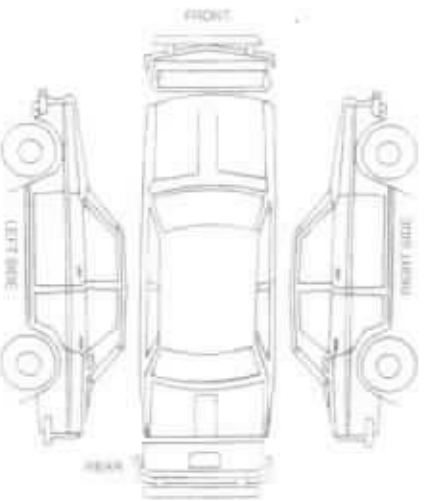
NTUC

REGN NO.: SHC7350H	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL: IONIQ(G2)	DATE/TIME IN 22.10.2019 10:55
YR OF MANU: 23.08.2018	TARGET DATE
CHASSIS CODE: KMHC851CVKU106618	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 21.10.2019
NATURE: 3P 21.10.2019

S/NO	LABOR CODE	DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

No.: SHC7350H LKE

f Service Advisor

Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7350H

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7350H **DATE 22/10/2019 13:07**

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			$ 2,480.40
	Boot Lid Lock Upper			$ 224.00
	Boot Lid Lock Lower			$ 51.30
	Boot Lid 'H' Emblem			$ 28.00
	Emblem -Hybrid			$ 24.30
	Emblem -Ioniq			$ 31.30
	Boot Lid Glass, Lower			$ 384.90
	Boot Lid Lamp (LH/RH)		$ 794.40	$ 1,588.80
	Rear Bumper			$ 459.40
	Rear Bumper Reinforcement			$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH)		$ 138.10	$ 276.20
	Rear Bumper Centre Moulding Assy			$ 451.25
	Rear Bumper Lower Centre Moulding Assy			$ 155.00
	Rear Bumper Stay			$ 138.10
	Rear Bumper Side Bracket (LH/RH)		$ 33.10	$ 66.20
	Rear Bumper Cover Clips			$ 22.00
	Rear Panel			$ 532.00
	Rear Panel Garnish			$ 155.00
	Rear Panel Lower Panel		$ 39.40	$ 78.80
	SUB TOTAL			**$ 7,441.75**
	LESS 20%			$ 1,488.35
	DISCOUNTED TOTAL			**$ 5,953.40**
	Boot Lid Comfort Logo & Tel No. Sticker			$ 30.00 Nett
	Rear No.Plate			$ 25.00 Nett
	Rear No.Plate Trim Cover			$ 30.00 Nett
	Rear Bumper Reverse Sensor			$ 135.70 Nett
	Rear Bumper Rubber Mat			$ 50.00 Nett
				$ 270.70
	Labour Charge			
	Panel Beating			$ 700.00
	Spray Painting Charge			$ 600.00
	Wiring Charge			$ 50.00
	Tuff Kote			$ 50.00
	Remove/Refix Reverse Sensor			$ 120.00
	TOTAL LABOUR			**$ 1,520.00**
	ESTIMATE TOTAL			**$ 7,744.10**

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

REPAIR ESTIMATE

Date: 26.10.2019
Time: 10:17:00
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305343337
REGN NO	:	SHC7350H
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	23.08.2018
DATE/TIME IN	:	22.10.2019 10:55
ACCIDENT DATE	:	21.10.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
ART REQUISITION					
0001 04-01-0104-2256-G IONIQVC PANEL ASSY-TAIL G	1	L	2,480.40	20.00	1,984.32
0002 04-01-0104-2270-G IONIQ EMBLEM-HYBRID	1	L	24.30	20.00	19.44
0003 04-01-0104-2271-G IONIQ EMBLEM-IONIQ	1	L	31.30	20.00	25.04
0004 28-01-0103-0009-A (I40)REAR BOOT LOGO CCTPL	1	N	20.00	10.00	18.00
0005 28-01-0103-0010-A (I40)REAR BOOT TEL NUMBER	1	N	10.00	10.00	9.00
0006 04-01-0104-2282-G IONIQVC COVER-RR BUMPER#	1	L	459.40	20.00	367.52
0007 04-01-0104-2288-G IONIQ BEAM-RR BUMPER	1	L	294.80	20.00	235.84
0008 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR	1	L	451.25	20.00	361.00
0009 04-01-0104-2545-G IONIQVC MOULDING-REAR BUM	1	L	155.00	20.00	124.00
0010 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS	1	N	135.70	10.00	122.13
0011 FNPS NO PLATE(S) WITH TRIM COV	1	N	55.00	10.00	49.50
0012 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP	10	L	22.00	20.00	17.60

SUB-TOTAL : 3,333.39

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 26.10.2019
Time: 10:17:00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305343337
REGN NO	:	SHC7350H
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	23.08.2018
DATE/TIME IN	:	22.10.2019 10:5
ACCIDENT DATE	:	21.10.2019

	JOB / PARTS DESCRIPTION	QTY IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING	480.00			
0001 23-502	SPRAYPAINT ON AFFECTED AREA				400.00
0002 17-01	CHECK ALL LIGHTING	20.00			
0003 20-00	TUFF COAT ON AFFECTED PARTS.				20.00
0004 L	REMOVE/REFIX REVERSE SENSOR				30.00

SUB-TOTAL : 950.00

TOTAL : 4,283.39

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305343337

Date : 26.10.19

FINALIZATION FORM

To : LKK Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC7350H CCPL 21.10.19

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

1. The repair job shall bill to: **NTUC** **GW4714T**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$3,333.39
(b)	Labour Charges	$950.00
	Total for Part-By-Part Repair Cost	**$4,283.39**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less: 20%	
	Final Lumpsum Repair cost	

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.

Signature :
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

We confirm the estimates and finalized amount

Signature :
Name : Kalvin
Date : 29/10/19

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		NO		
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

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Ref: NS/INC19018719/K1tf3n2

Date: 30-10-2019

Code: INC4

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	GW 4714T	**Veh. Inspected**	SHC 7350H
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1068042-002	**Excess ($)**	0.00
	Assign From		**Assign Date**	22/10/2019

2.	Vehicle Particulars & Condition			
	Make & Model	HYUNDAI IONIQ	**c.c**	1580
	Engine No.	HIDDEN	**Year of Reg.**	2018
	Chassis No.	KMHC851CVKU107261	**Colour**	YELLOW
	Odometer	209314	**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	DAVANTI	8 mm
	L/H Front Tyre	195/65 R15	DAVANTI	8 mm
	R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
	L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4.	Description of Damages
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.

5.	General Information			
	Accident Date	21/10/2019	**Inspection Date**	22/10/2019
	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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7350H

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	BOOT LID	BUCKLED	2,480.40	2,480.40
1	BOOT LID LOCK UPPER	SERVICEABLE	224.00	-
1	BOOT LID LOCK LOWER	SERVICEABLE	51.30	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	28.00	-
1	EMBLEM-HYBRID	NECESSARY	24.30	24.30
1	EMBLEM-IONIQ	NECESSARY	31.30	31.30
1	BOOT LID GLASS,LOWER	SERVICEABLE	384.90	-
2	BOOT LID LAMP (LH/RH) @$794.40	SERVICEABLE	1,588.80	-
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	CRACKED	294.80	294.80
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @$138.10	SERVICEABLE	276.20	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	CRACKED	155.00	155.00
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR PANEL	TO REPAIR SEE LABOUR	532.00	-
1	REAR PANEL GARNISH	SERVICEABLE	155.00	-
2	REAR PANEL LOWER PANEL @$39.40	TO REPAIR SEE LABOUR	78.80	-
	LESS 20% DISCOUNT		-1,488.35	-783.69
			5,953.40	3,134.76
	NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
1	REAR NO PLATE TRIM COVER (N)	CRACKED	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-

Report Ref No. NS/INC19018719/K1tf3n2

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

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	LESS 10% DISCOUNT		-	-22.07
			270.70	198.63
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL.		700.00	480.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,520.00	950.00
	GRAND TOTAL		**7,744.10**	**4,283.39**

	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**4,283.39**

Report Ref No. NS/INC19018719/K1tf3n2

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