

(08/11/13)

Surveyor: Kalvin

REF: *

NS/INC19019125/K1vfb302

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: GB3 5355SPolicy No. 5109685195 (29/05/2019 - 28/05/2020)Claims No. MT/1068659-002

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 4979A Yr Regn: 9 Jun 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading 320652 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB416M4409054

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 Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 25/10/19 D.O.I. 29/10/19Survey held at C/DHE (Loyang)

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

2/S Front

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

Date / Time	Action / Instruction
	GB3 5355S : X
	SHA 4979A: NS/INC18023322/K1vfb302 DOA: 26/12/2018
1/11/19	Chk L/E \$2800/ 2 Pys. CRed 1271.80, 3170

RECEIVED 01 NOV 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 1/11 - typistDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)Survey Fee: 160

Transportation: _____

S + RS: _____

Photos _____

160

TP Claims against NTUC Income: Follow-Through Survey

Date 1/11/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1069493-001	CITYCAB	SHA 9726E	PC 4717J
2	MT/1068995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8566X	SFW 59P
3	MT/1069496-001	COMFORT TRANSPORTATON PTE LTD	SHC 1912B	SLM 9867X
4	MT/1068724-002	COMFORT TRANSPORTATON PTE LTD	SHA 1917Z	FBQ 4764P
5	MT/1068659-002	COMFORT TRANSPORTATON PTE LTD	SHA 4979A	GBJ 5355S
6	MT/1068638-002	COMFORT TRANSPORTATON PTE LTD	SH 7495S	SLG 6634C
7	MT/1068735-002	CITYCAB	SHA 8191D	SGW 7227M

eBaoTech

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="25/10/2019 08:41"/>
Vehicle No.(For Motor)	<input type="text" value="GBJ5355S"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109685195		LI XING FOODSTUFF PTE. LTD.	201710660K	GCV	Comprehensive	GBJ5355S	GBJ5355S	29/05/2019	28/05/2020

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	26/10/2019 11:48
Date Of Accident	25/10/2019 15:30
Exact Location Of Accident	NORTH BRIDGE RD TWDS STAMFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4979A
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	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	JACKSON LEE BOON KHUAN
NRIC No	S7003597I
Date Of Birth	04/01/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93620858
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 121A KIM TIAN PLACE #08-70
Postcode	161121
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 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

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	GBJ5355S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEI BIN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

LEFT FRT

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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.

FORM FOR THE REPORTING CENTRE
REF. NO. 19920282118

Policyholder's Signature
Date & Time:

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

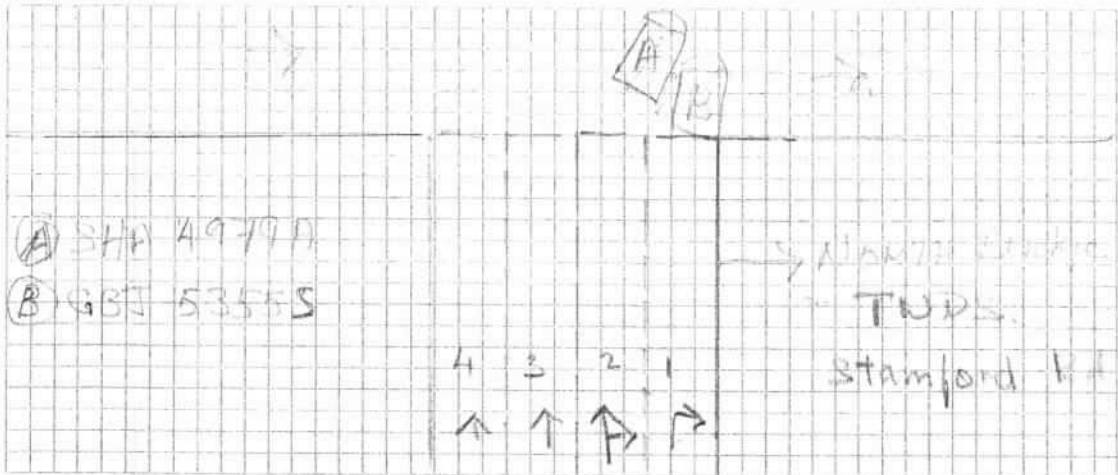
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/MWC No. UNPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/10/2019 at about 1530 hrs, I vehicle A was driving my taxi at North bridge road toward Stamford while I was in lane 2 passed opposite tunnel then I turning to the right side; Suddenly vehicle B brush against vehicle A right front wing mirror cracked also one was injured at that time

DECLARATION

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

POLICYHOLDER'S SIGNATURE
DATE & TIME: 26/10/2019

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.:

ENCLOSURE Sketch Plan Page 2/3





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: <u>25-10-19</u> Time Received: <u>5-PM</u> <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr LEP</u> Contact No. : <u>93620858</u> Vehicle No. : <u>SHA 4979 A</u> Make / Model / Colour : <u>I 40</u> Email : _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input checked="" type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
Location: <u>Kim Tian PL</u> Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____
0. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested

Job Attended

2. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>K. Mearthy</u> Vehicle No. : <u>Y199988K</u> Time Dispatch : <u>5-PM</u> Time of Arrival : <u>5:45 PM</u> Time Completed : <u>6:45 PM</u>	3. Cash Invoice No. : _____	 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer: <u>[Signature]</u>
---	-----------------------------	--

Cash Invoice Details (if applicable)

3. Cash Invoice No. : _____

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>25-10-19</u> Date	<u>6:45 PM</u> Time	_____ Signature of Customer
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1. WORKSHOP

_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard
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Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305344627

DRIVER
COMFORT TRANSPORTATION PTE LTD
7010045
DRIVER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (O)
(P)
UNT CARD NO.

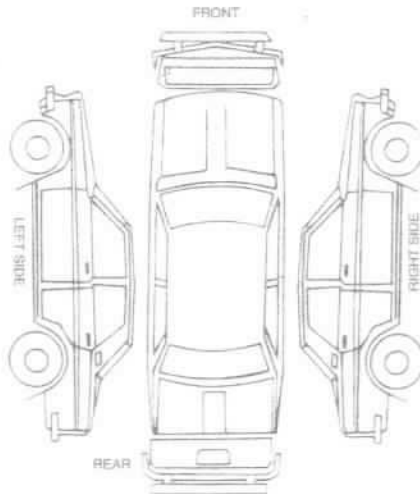
REGN NO.: SHA4979A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.10.2019 17:00
YR OF MANU. 09.06.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU090154	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 25.10.2019
NATURE: 3P 25.10.2019

S/NO LABOR CODE DESCRIPTION

Towing fee — \$60



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Vehicle No.: SHA4979A

LKE

Exit Pass

Vehicle No.: SHA4979A

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 4979A

DATE 29/10/2019 11:51

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH) — <i>Bent/dented</i>			\$ 2,256.40
	Front Door Mirror Assy (RH) — <i>Broken</i>			\$ 670.00
	Front Wheel Hub Cap (RH) — <i>Cracked</i>			\$ 107.10
	<i>Front Fender (RH) x repair</i>			
	<i>Rear Door (RH) x repair</i>			
	SUB TOTAL			\$ 3,033.50
	LESS 20%			\$ 606.70
	DISCOUNTED TOTAL			\$ 2,426.80
	Front Door Comfort Logo (RH) — <i>acc</i>			\$ 75.00
	Front Door Advertisement Logo (RH) — <i>acc</i>			\$ 100.00
	Rear Door Comfortdelgro & Apps Sticker (RH) — <i>acc</i>			\$ 80.00
				\$ 255.00
	Labour Charge			
	Panel Beating			\$ 350.00 <i>280</i>
	Spray Painting Charge			\$ 800.00 <i>600</i>
	Wiring Charge			\$ 50.00 <i>30</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Towing Fees			\$ 60.00 <i>acc</i>
	FRT Wheel Alignment			\$ 80.00 <i>acc</i>
	TOTAL LABOUR			\$ 1,390.00
	ESTIMATE TOTAL			\$ 4,071.80
<p><i>Kehin 16/11/19</i></p> <p><i>29/10/19 1340h</i></p> <p><i>3 Days</i></p> <p><i>45</i></p> <p><i>After Repair photo</i></p>				
<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.</p>				

• To be used for insurance purposes only

• Parts prices subject to change

• Third party surveyor to be surveyed and

• No illegal modifications to be surveyed and

• Supplementary terms may be surveyed and

is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

67-10

Nett

Nett

Nett

72

COMFORTDELGRO ENGINEERING

Our Job Ref No 305344627

Date : 31.10.19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA4979A CTPL

25.10.19

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

1. The repair job shall bill to: NTUC --- GBJ5355S

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%

\$2,800.00

Final Lumpsum Repair cost

\$2,800.00

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 1/11/19

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 Ref: NS/INC19019125/K1vf3e2

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.	GBJ 5355S	Veh. Inspected	SHA 4979A
Policy No.	5109685195	Coverage (\$)	0.00
Claim No.	MT/1068659-002	Excess (\$)	0.00
Assign From		Assign Date	29/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU090154	Colour	BLUE
Odometer	320652	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/10/2019	Inspection Date	29/10/2019
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4979A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR (RH)	BUCKLED	2,256.40	2,256.40
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-606.70	-606.70
			2,426.80	2,426.80
<u>NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(N)	NOT NECESSARY	100.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH)(N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-15.50
			255.00	139.50
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (RH) AND REAR DOOR (RH).		350.00	280.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	20.00
	TOWING FEES.		60.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			1,390.00	930.00
GRAND TOTAL			4,071.80	3,496.30

Report Ref No. NS/INC19019125/K1vf3e2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,800.00
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Report Ref No. NS/INC19019125/K1vf3e2

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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