

(08/11/13)

REF:

NS/INC19019130/K30302

Surveyor: Kalvin

ASSIGNMENT

SH 74955

Yr Regn: 2 May, 2019

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLG 6634CPolicy No. 5103.419866-01 (29/08/2019 - 28/08/2020)Claims No. MT/1068638-002

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: _____
Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1700Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 75 768 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J10K03F460308076

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front R/Bal. 9 mmL/Bal. 9 mmD.O.A. 25/10/19Survey held at C DHE (Loyang)

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SLG 6634C: (S2/133 170105/EX/122 DOA: 01/11/2018)

SH 74955: CC3/170112006313/H2vn DOA: 29/13/2012

31/10/19 Catram PIP \$1364.90/ 2041.(\$ 284.00 Red - 17%)

RECEIVED 4 NOV 2019

Date/Time, File Pass to?

04/11/19

1) Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

\$ 1,364.90 PIP

160

eBaoTech

General Claim

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="SLG6634C"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103419866-01		THONG LEE LEASING PTE LTD	201509578W	GPC	drive CLASSIC	SLG6634C	SLG6634C	29/08/2019	28/08/2020
<input type="button" value="Continue"/>										

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

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 10:22
Date Of Accident	25/10/2019 14:05
Exact Location Of Accident	MAXWELL ROAD TWDS CECIL ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH7495S
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	CHONG CHEE KONG
NRIC No	S0222796G
Date Of Birth	10/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1977
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90668461
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	863 11-69 YISHUN AVENUE 4
Postcode	760863
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]	CHANGKAT NPP
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	SLG6634C
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 CHONG CHEE KONG

Approximate Age 67

Injuries Sustain BACK

Injured person in which vehicle? SH7495S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

See the attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police report attached.

T/20191025/2125

DECLARATION

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

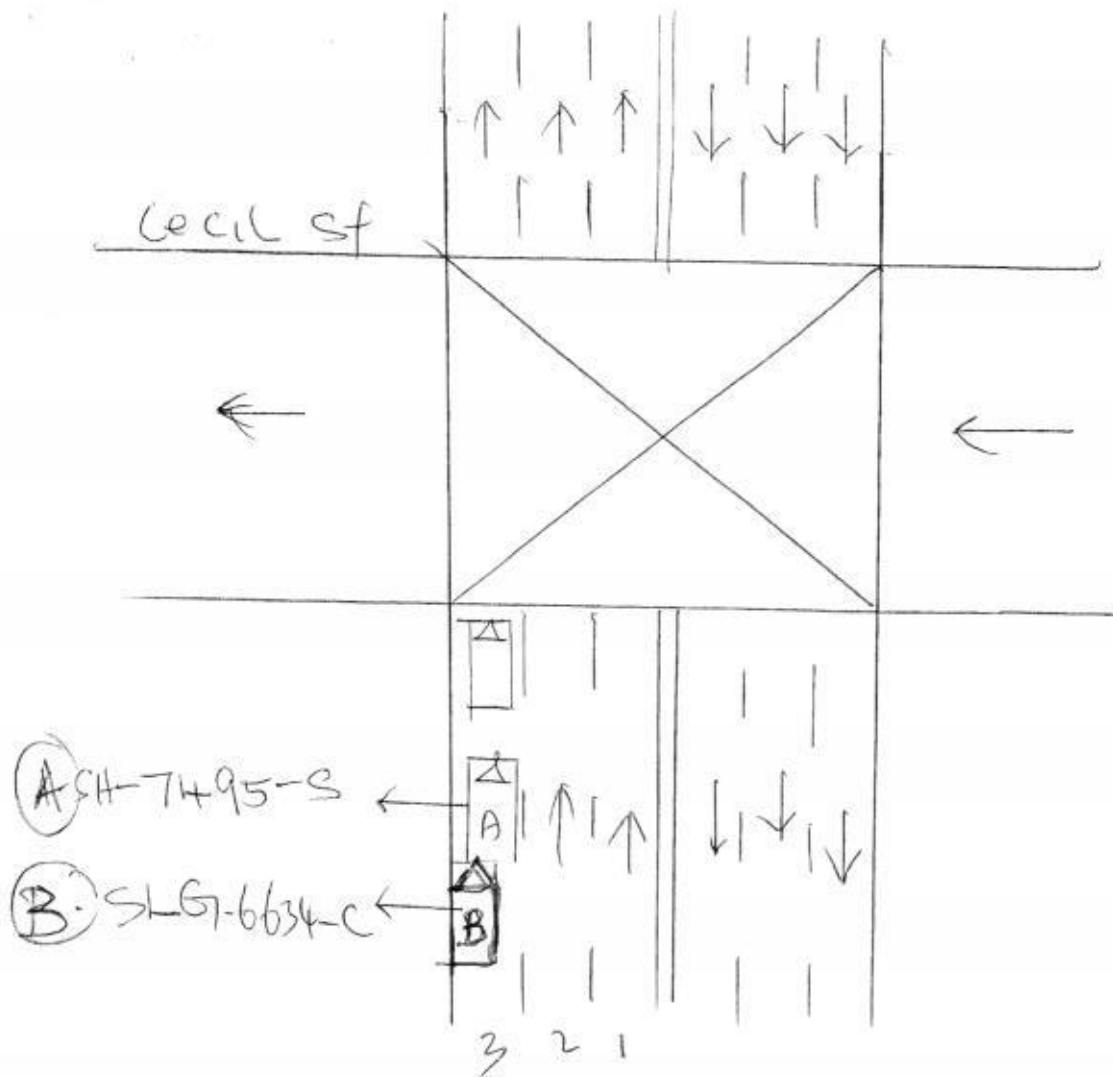
OMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

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.:

Sketch Plan Pg. 2



maxwell Rd



**SINGAPORE
POLICE FORCE**



T/20191025/2125

1 of 3

Report No. T/20191025/2125

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2019 16:56	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: CHONG CHEE KONG			Address: APT BLK 863 YISHUN AVENUE 4 #11-69 SINGAPORE 760863	
ID Type / ID No.: NRIC NO / S0222796G			Contact No.: Home/Office:	Mobile: 90668461
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 10/08/1952	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2019 14:05	Type of Location: Straight Road
Location: MAXWELL ROAD Towards Cecil St				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7495S	Car				Slightly Damaged	1
SLG6634C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH7495S	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0015	01/01/2018	31/12/2020



**SINGAPORE
POLICE FORCE**



T/20191025/2125

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20191025/2125

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHONG CHEE KONG	ID No.	S0222796G
Related Vehicle	SH7495S (Car)	Contact No.	90668461
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/10/2019	Date Discharge	25/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above date and time I had stopped on the 3rd lane on Maxwell Road junction of Cecil St. The traffic light was red and there is one car stopped in front of my taxi Reg no SH7495S. My taxi was already stationery when suddenly, car reg no. SLG6634C hit onto the rear of my taxi. My taxi rear bumper was dislodged and damage. I then took photos of the damages. Due to the accident, I suffered a back pain and I went to W Y The family clinic and surgery for medical check. I was given 3 days MC from 25/10/2019.



**SINGAPORE
POLICE FORCE**



T/20191025/2125

3 of 3

Report No. T/20191025/2125

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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:
G /
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/10/2019 16:56

Classification Of Case:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline - 65 6383 6280 Facsimile - 65 6280 9755

Workshops:

59 Loyang Drive Singapore 508959
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
120 Ubi Road 3 Singapore 408699
24 Serangoon Loop Singapore 758156
7 Sungai Kadut Way Singapore 728791
501 Yehun Industrial Park A Singapore 768736

Date/Time: 26.10.2019 11:38

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305344407

STOMER

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

VMS

STOMER NO.

DRESS

(R)

(P)

SCOUNT CARD NO.

REGN NO.:

SH 7495S

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)26.10.2019 08:35

DATE/TIME IN

YR OF MANU

02.05.2019

TARGET DATE

CHASSIS CODE

JTDKB3FU603080076

COMPLETION DATE/TIME:

JOB DESCRIPTION

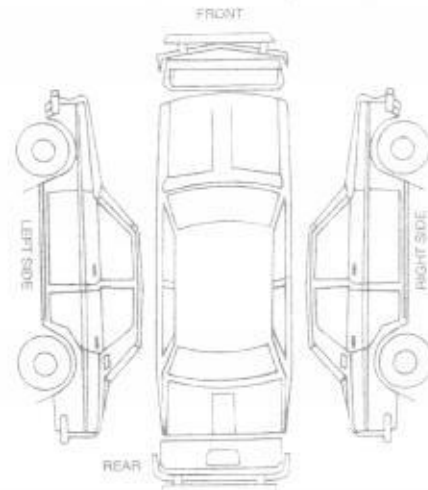
Accident Date: 25.10.2019
NATURE: 3P 25.10.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SH 7495S LARRY

Vehicle No.: SH 7495S

Larry Ng
Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE N: SH 7495S

26/10/2019 11:32

MAKE :

MODEL : TOYOTA PRIUS

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER — <i>2 crn</i>			\$ 458.60
REAR BUMPER UNDER COVER — <i>cut</i>			\$ 552.60
REAR BUMPER UNDER SIDE COVER (LH) <i>x 2</i>			\$ 232.00
REAR BUMPER CLIPS — <i>see</i>			\$ 22.00
SUB TOTAL			\$ 1,265.20
LESS 25%			\$ 316.30
DISCOUNTED TOTAL			\$ 948.90
REAR BUMPER RUBBER MAT — <i>see</i>			\$ 50.00
LABOUR CHARGE			
Panel Beating			\$ 350.00 <i>320</i>
Spray Painting Charge			\$ 250.00 <i>200</i>
Wiring Charge			\$ 50.00 <i>20</i>
TOTAL LABOUR			\$ 650.00
ESTIMATE TOTAL			\$ 1,648.90

Auto Consultants hence notify
 the following:
 1. Water spray painting
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 100. Water spray painting

TOTAL LABOUR

ESTIMATE TOTAL

Larry Ng

Kalin 16/11/19

29/10/19 1105L
 2075
 PIP
 Before Paint pth

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.

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

JOB NO : 305344407
REGN NO : SH 7495S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 02.05.2019
DATE/TIME IN : 26.10.2019 08:35
ACCIDENT DATE : 25.10.2019

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 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004 04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00		50.00
SUB-TOTAL :					824.90

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 17-01	WIRING CHARGE	20.00
SUB-TOTAL :		540.00
TOTAL :		1,364.90

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 3058344407

Date : 30. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7495S

Date of Accident: 25. 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 SLG6634C

2. The finalized amount shall be:

(a) Spare Parts after List discount \$824.90

(b) Labour Charges \$540.00

Total for Part-By-Part Repair Cost \$1,364.90

(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 amountSignature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 31/10/19

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/INC19019130/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-11-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLG 6634C	Veh. Inspected	SH 7495S
Policy No.	5103419866-01	Coverage (\$)	0.00
Claim No.	MT/1068638-002	Excess (\$)	0.00
Assign From		Assign Date	29/10/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU603080076	Colour	BLUE
Odometer	75768	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 N/S 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
-------------------------------------	----------------



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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7495S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR SEE LABOUR	232.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-316.30	-258.30
			948.90	774.90
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER UNDER SIDE COVER (LH).		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	20.00
			650.00	540.00
GRAND TOTAL			1,648.90	1,364.90
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,364.90

Report Ref No. NS/INC19019130/K1sf3n2

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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