

GR.

NIS/INC19021422/Gaf302

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD:  TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/s: city cab loyang.  
 Insured: SMK 1929C  
 Policy No: 5109 273613 (06/05/2019-05/05/2020)  
 Claims No: M7/1074160-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 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 572E  Page: 23 Apr 2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry /  Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai IONIQ CC: 1580  
 Colour: Yellow A/C: Insured / Std / NI / NA  
 Sp. Reading: 114222 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHC 85 / CVKU140993  
 Gen. Cond:  Good / Fair / Poor / Burnt  
 Steering:  In Order / Jammed / Leaked / Burnt or  
 Brake:  In Order / Jammed / Leaked / Burnt or  
 Modi:  S/Rim / STD A/Rim or  
 Tyre Size: F: 195 / 65 R15  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front Rear  
 R/Bal. 6 mm R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 03-12-19  
 Survey held at W/S 12:10  
 Des. of Damages: Frt /  Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHC 572E - X</u>
	<u>SMK 1929C - X</u>
	<u>X GR finalised final fig @ 1355.62, 2 days.</u>
	<u>(Red @ 443.33, 25%)</u>

Date/Time: File Pass ID:  : Preli. Report  
 4/12/19  : Final Report  
 Date/Time: File Return ID: \_\_\_\_\_  
 Days Of Repair: 2  
 Resurvey No. of Trip: 1  
 Survey Fee: 160  
 Transport: \_\_\_\_\_  
 Site Insp:  \$  
 Interview:  \$  
 Tech. Insp:  \$  
 Visual Insp:  \$  
 TP  
 1355.62.  
 160

**TP Claims against NTUC Income: Follow-Through Survey**

Date 10/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1074211-002	COMFORT TRANSPORTATION PTE LTD	SHA 3942L	SGL 6985Y
2	MT/1074160-002	CITYCAB PTE LTD	SHC 572E	SMK 1929C
3	MT/1073828-002	COMFORT TRANSPORTATION PTE LTD	SHA 4500Y	PC 1802R

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 checked="" type="radio"/>	5109273613		KATHRYN ONG LAY PENG	S15581231	GPC	drivo CLASSIC	SMK1929C	SMK1929C	06/05/2019	05/05/2020

Continue

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SHC572E**

Make / Model  
**HYUNDAI / AE IONIQ HEV 1.6 DCT**

Vehicle Type :

**H10 - Public Transport Taxi (Motor Car)**

Vehicle Attachment 1 :

**Air-Con (Taxi)**

Vehicle Scheme :

**Taxi (Company)**

Chassis No. :

**KMHC851CVKU140993**

Propellant :

**Petrol-Electric**

Engine No. :

**G4LEJU189545**

Motor No. :

**PM04JCJ199DJ**

Engine Capacity :

**1580 cc**

Power Rating :

**32.0 kW**

Maximum Power Output :

**103.6 kW (138 bhp)**

## 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	02/12/2019 11:08
Date Of Accident	01/12/2019 00:55
Exact Location Of Accident	ALONG ONE NTH GATEWAY TWDS NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC572E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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	SEAH WAN MENG
NRIC No	S1308131Z
Date Of Birth	15/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83857855
Fax Number	
Contact Number	
EMail Address	ALVINBISCUIT@GMAIL.COM

Address	BLK 747A BEDOK RESERVOIR CRESCENT #12-05
Postcode	471747
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)	1

#### 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

REFER 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	SMK1929C
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGED
No. Of Passenger (Including Driver)	

**IMPORTANT NOTICE**

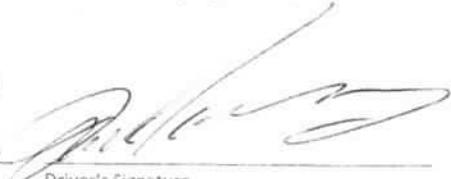
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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)**

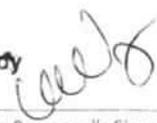
I understand, acknowledge, agree and consent that:

- (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.

CITYCAR PTE LTD  
CO. REG. NO. 190502839G

Policyholder's Signature  
Date & Time:

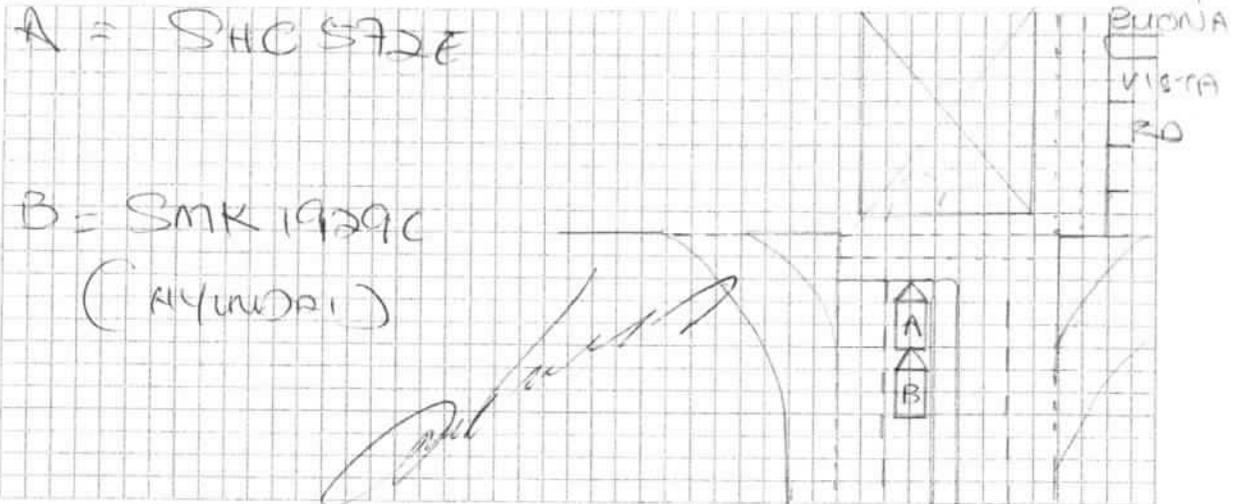
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ONE-NORTH GATEWAY

Statement as per attached.

NORTH BUNJA VISTA

ONE-NORTH GATEWAY

DECLARATION

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

CITYCAP PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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



**Workshops**

59 Loyang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758158  
7 Sungei Kadut Way Singapore 728791  
501 Yishun Industrial Park A Singapore 769732

Date/Time: 02.12.2019 12:58 Page : 1

Team: ARC Repair TP(CFS0)1

### JOB CARD

Sales Order:

JC NO.: 305358374

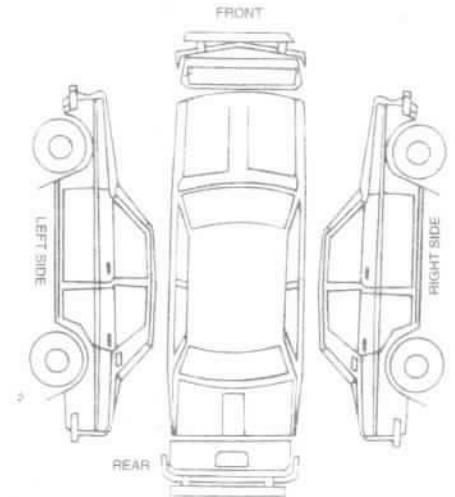
MEMER  
CITYCAB PTE LTD  
MEMER NO. 7010070  
SS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
R) 65551188 (O)  
P)  
JNT CARD NO.

REGN NO.: SHC 572E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 02.12.2019 09:50
YR OF MANU. 23.04.2019	TARGET DATE
CHASSIS CODE KMHC851CVKU140993	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 01.12.2019  
NATURE: 3P 01.12.19

S/NO                      LABOR CODE                      DESCRIPTION



D & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Payment Slip

Exit Pass

SHC 572E

LIMITS

Vehicle No.:

SHC 572E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTUC - CP/PJ  
LKC - Gwo Quang

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

JOB NO : 305358374  
REGN NO : SHC 572E  
MILEAGE : 000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 23.04.2019  
DATE/TIME IN : 02.12.2019 09:50  
ACCIDENT DATE : 01.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	FNPS	NO PLATE(S)W/TRIM COVER	1	L	55.00	10.00	49.50	/
0002	04-01-0104-2282-G	REAR BUMPER	1		459.40	20.00	367.52	/
0003	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1		451.25	20.00	361.00	/
0004	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1		201.50	20.00	161.20	/
0005	04-01-0101-0111-G	REAR BUMPER CLIPS	10		22.00	20.00	17.60	/
0006	09-01-9999-0068-A	REVERSE SENSOR	1		135.70	10.00	122.13	/

SUB-TOTAL : 1,078.95

JOB NATURE

795.62

0000	PB	PANEL BEATING			350.00		320	
0001	SP	SPRAYPAINT CHARGE			250.00		200	
0002	L	R/I REVERSE SENSOR			120.00		00	

SUB-TOTAL : 720.00

1355.62

NTUC - CP/P

IS

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

JOB NO : 305358374  
REGN NO : SHC 572E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 23.04.2019  
DATE/TIME IN : 02.12.2019 09:50  
ACCIDENT DATE : 01.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,798.95

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE :

DATE :

AUTHORISED : YES / NO

Lamy  
MVA Signature  
5/12/19  
20 days.  
put my part.

reface paint photos.

Eric Qip  
03/12/19  
bpm

**LKK Auto Consultants hence notify the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8158

Our Job Ref No : 305358374  
Date : 05/12/19

## FINALIZATION FORM

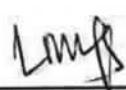
To : LKK Fax : \_\_\_\_\_  
Attn : GUO QIANG  
Vehicle Reg No. : SHC 572E Date of Accident : 01-Dec-19

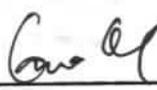
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SMK1929C
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$795.62
(b) Labour Charges	\$560.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,355.62</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
<b>Final Lumpsum Repair cost</b>	_____

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 T S  
Tel : 62148398  
Fax : 65468156

Signature :   
Name : GUO QIANG  
Date : 10/12/19

### 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:  
\_\_\_\_\_  
\_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.12.2019

Time: 07:20:31

## REPAIR ESTIMATE

Page: 1

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

JOB NO : 305358374  
 REGN NO : SHC 572E  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 23.04.2019  
 DATE/TIME IN : 02.12.2019 09:50  
 ACCIDENT DATE : 01.12.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS	NO PLATE(S)W/TRIM COVER	1 L	55.00	10.00	49.50
0002 04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52
0003 04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60

SUB-TOTAL : 795.62

JOB NATURE

0000 PB	PANEL BEATING				320.00
0001 SP	SPRAYPAINT CHARGE				200.00
0002 L	R/I REVERSE SENSOR				40.00

SUB-TOTAL : 560.00

TOTAL : 1,355.62

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
 DATE :

SURVEYOR NAME & SIGNATURE  
 DATE :



# 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/INC19021422/Gqf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 19-12-2019		
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
<b>Insured Veh.</b> SMK 1929C	<b>Veh. Inspected</b> SHC 572E		
<b>Policy No.</b> 5109273613	<b>Coverage (\$)</b> 0.00		
<b>Claim No.</b> MT/1074160-002	<b>Excess (\$)</b> 0.00		
<b>Assign From</b>	<b>Assign Date</b> 03/12/2019		
<b>2. Vehicle Particulars &amp; Condition</b>			
<b>Make &amp; Model</b> HYUNDAI IONIQ	<b>c.c</b> 1580		
<b>Engine No.</b> HIDDEN	<b>Year of Reg.</b> 2019		
<b>Chassis No.</b> KMHC851CVKU140993	<b>Colour</b> YELLOW		
<b>Odometer</b> 114222	<b>Steering</b> IN ORDER		
<b>Brakes</b> IN ORDER	<b>Modification</b> NIL		
<b>General</b> GOOD			
<b>3. Conditions of Tyres</b>			
	<b>Size</b>	<b>Make</b>	<b>Balance</b>
<b>R/H Front Tyre</b>	195/65 R15	MICHELIN	6 mm
<b>L/H Front Tyre</b>	195/65 R15	MICHELIN	6 mm
<b>R/H Rear Tyre</b>	195/65 R15	MICHELIN	6 mm
<b>L/H Rear Tyre</b>	195/65 R15	MICHELIN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
<b>Accident Date</b> 01/12/2019	<b>Inspection Date</b> 03/12/2019		
<b>Survey held at</b>	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



# 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. SHC 572E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CTR MOULDING	NECESSARY	451.25	451.25
1	REAR BUMPER FOGLAMP	NOT NECESSARY	201.50	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-226.83	-186.53
			907.32	746.12
<b>NETT ITEMS</b>				
1	NO PLATE (S) W/TRIM COVER (N)	CRACKED	55.00	55.00
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-19.07	-5.50
			171.63	49.50
<b>LABOUR</b>				
	PANEL BEATING.		350.00	320.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	40.00
			720.00	560.00
<b>GRAND TOTAL</b>			<b>1,798.95</b>	<b>1,355.62</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,355.62</b>

Report Ref No. NS/INC19021422/Gqf3e2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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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