

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: SX 6728A

Policy No. 5109464061 (09/05/2019-21/06/2020)

Claims No. MT/1074356-002

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 |
| X | X |

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 4240Y

Yr Regn: 22/12/2016

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

Truck / Trailer or

Make:

Hyundai i40

C.C 1685

Colour:

blue

A/C: Insured / Std / NI / NA

Sp. Reading

527618

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLBA10MHU09T285

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: 205/60 R16

R: -

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

TOYO / YOKO or

HANKOOK

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

5/12/19

D.O.I.

5/12/19

Survey held at

comfort delgro (10 pmg)

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 |
|-------------|--|
| | SJX 6728A: CA/AG1101738/1 DOA: 22/01/2011 |
| | SHA 4240Y: CS3/FC217001504/M2gh3m2 DOA: 12/01/2017 |
| | L/S: \$1000/= (Red: 865.06; 46%) |
| | 2 repair days |
| | confirm on 11/12/19 |

Date/Time, File Pass to?



Preli. Report

1) 11/12 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Photos

Other

160

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Meet end (\$)

Report Fee:

1000/-

TP 1000/-

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="05/12/2019 08:59"/> |
| Vehicle No.(For Motor) | <input type="text" value="SJX6728A"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5109464061 | | STK CAR RENTAL PTE LTD | 201723712K | GPC | Third Party | SJX6728A | SJX6728A | 09/05/2019 | 29/06/2020 |

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 11 December 2019 10:55 AM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah
Senior Admin Assistant
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 11 December 2019 10:28 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 03/12/2019

| S/No | | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate | Tentative repair cost |
|------|----------------|---------------------------------|----------------------|--------------------|------------------|------------------|----------|-----------------------|
| 1 | MT/1074856-002 | COMFORT TRANSPORTATION | SHA 4240Y | SJX 6728A | 5/12/2019 | 08:25 | 1865.06 | 1000 |

Best Regards,

Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 6280 Facsimile + 65 3280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

220 Upper Road 3 Singapore 109509

24 Senoko Loop Singapore 758158

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 7687

Date/Time: 05.12.2019 12:32

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305359560

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VMS

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

SCOUNT CARD NO.

REGN NO.:

SHA4240Y

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

05.12.2019 09:35

YR OF MANU

22.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU097285

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2019

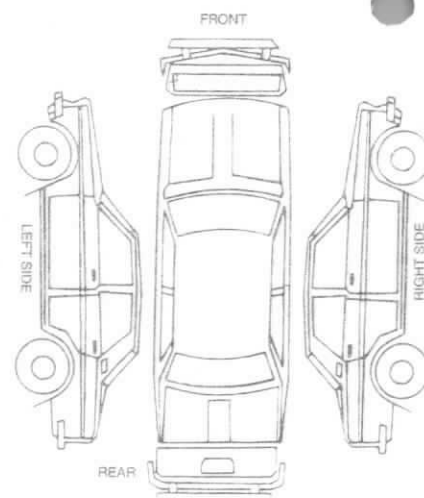
NATURE: 3P 05.12.2019

S/NO

LABOR CODE

DESCRIPTION

NTUC - Rear



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.:

SHA4240Y

LARRY

Vehicle No.:

SHA4240Y

of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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 | 05/12/2019 11:10 |
| Date Of Accident | 05/12/2019 08:25 |
| Exact Location Of Accident | AYE SLIP RD TO JURONG PORT RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA4240Y |
| 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 | LIM BOON CHUN |
| NRIC No | S1224510F |
| Date Of Birth | 07/12/1957 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/06/1978 |
| Driving Experience | 41 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87981763 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 163 GANGSA ROAD #19-86 |
| Postcode | 670163 |
| 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) | 2 |
| Passenger 1 | 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 | SJX6728A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MATTHEW CHIOU |
| NRIC/Passport Number | |
| Contact Number | 96239137 |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |

Nature Of Damage

FRT

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.

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

Policyholder's Signature
Date & Time:

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

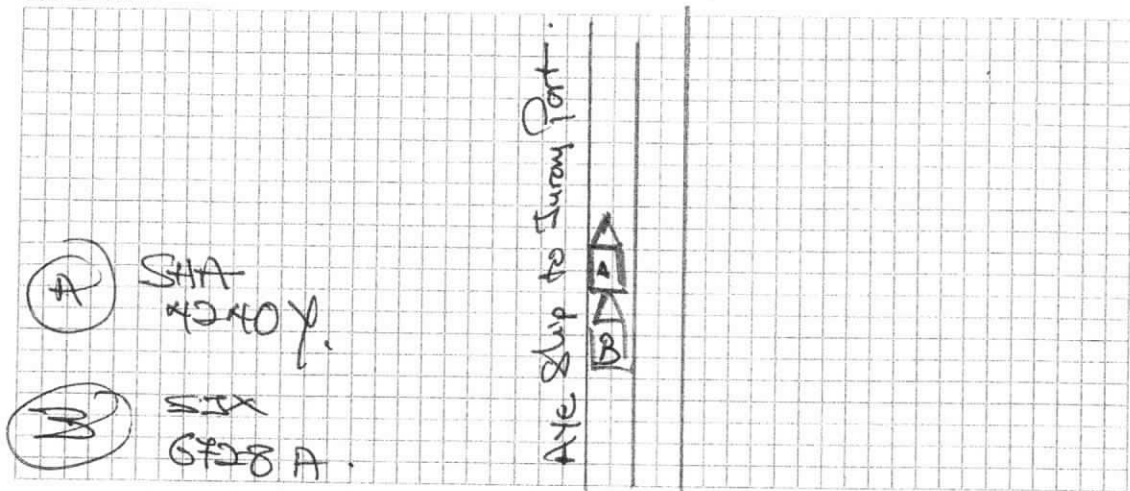
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RIAC Sketchplanform_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 5 Dec 2019 @ 0824 hr I

veh (A) slow down and stop. Suddenly

veh (B) from the Rear hit veh (A).

Rear. @ the point of accident

veh (A) ferry a male, one seat

injured

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821K

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.:

STARTRAC SketchPlanForm_V03

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4240Y

DATE 5/12/2019 10:33

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|-----|------------------------------------|------|------------|-----------|--|
| | Rear Bumper <i>cut</i> | | | \$ 553.00 | |
| | Rear Bumper Clip 10 pcs <i>nee</i> | | | \$ 22.00 | |
| | Rear Bumper Bracket <i>xnr</i> | | \$ 35.60 | \$ 71.20 | |
| | Rear Bumper Under Cover <i>xnr</i> | | | \$ 228.00 | |
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Larry Ng

James
6/12/19
RAM (LKK)
05/12/19 1250
LIS
aft repair photo
ParaSuram@lkkauto.com
88622778
2 repair days
LIS: \$1000/-
2 repair 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



| | | | |
|--|--|---|--------------------|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19021558/Ftf3e2 | | | |
| 73 BRAS BASAH ROAD | |  | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | |
| | | Date: 24-12-2019 | |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJX 6728A | Veh. Inspected | SHA 4240Y |
| Policy No. | 5109464061 | Coverage (\$) | 0.00 |
| Claim No. | MT/1074856-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 06/12/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMHU097285 | Colour | BLUE |
| Odometer | 527618 | 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 | HANKOOK | 6 mm |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 6 mm |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 6 mm |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 05/12/2019 | Inspection Date | 05/12/2019 |
| 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. SHA 4240Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | CUT | 553.00 | 553.00 |
| 10 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| 2 | REAR BUMPER BRACKET @\$35.60 | NOT NECESSARY | 71.20 | - |
| 1 | REAR BUMPER UNDER COVER | NOT NECESSARY | 228.00 | - |
| | LESS 20% DISCOUNT | | -174.84 | -115.00 |
| | | | 699.36 | 460.00 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | NOT NECESSARY | 135.70 | - |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) | NECESSARY | 200.00 | 200.00 |
| | | | 435.70 | 300.00 |
| LABOUR | | | | |
| | PANEL BEATING. | | 350.00 | 280.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | REMOVE / REFIX REVERSE SENSOR. | | 80.00 | 20.00 |
| | | | 730.00 | 500.00 |
| GRAND TOTAL | | | 1,865.06 | 1,260.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,000.00 |

Report Ref No. NS/INC19021558/Ftf3e2

PARASURAM S/O SHANMUGAM

Asst. 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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