

Ram

NS/INC19021700/Fv332

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: SJT 5730U

Policy No.

Claims No. MT/1075394-001

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 2469H Yr Regn: 22/10/2019

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

Truck / Trailer or

Make: Hyundai ioniq G3 c.c. 1580

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

Sp. Reading: 16823 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: 22 KMHC8451KULU186844

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: 195/65 R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 04/12/19 D.O.I. 9/12/19

Survey held at comforttelgro (Loyang)

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

No Policy

SJT 5730U X

SHC 2469H NS/INC18002868/K3vbn1 DOA: 09/02/2018

PIP repair: \$520/= (Red 561.12, 509)

2 repair days

confirm on 12/12/19

RECEIVED 12 DEC 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 12/12 - typist

Report Formed

TP

Report Formed

PIP \$520/=

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Wash and (\$

Survey Fee:

Transportation:

\$ + RS \$

Folio:

Other:

1000

160

160

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1    | MT/1075394-001   | COMFORT TRANSPORTATON PTE LTD   | SHC 2469H            | SJT 5730U          |
| 2    | MT/1074777-002   | COMFORT TRANSPORTATON PTE LTD   | SH 6630A             | SKM 6171B          |
| 3    | MT/1075406-001   | COMFORT TRANSPORTATON PTE LTD   | SHC 8640P            | SLA 1089R          |
| 4    | MT/1074478-002   | COMFORT TRANSPORTATON PTE LTD   | SHC 1410H            | SLQ 8451Y          |
| 5    | MT/1075409-001   | COMFORT TRANSPORTATON PTE LTD   | SHC 1641H            | GBA 7033E          |
| 6    | MT/1074726-002   | COMFORT TRANSPORTATON PTE LTD   | SHA 2230P            | SLD 1411C          |
| 7    | MT/1075165-002   | CITYCAB                         | SHC 970P             | SKH 175G           |
| 8    | MT/1075410-001   | COMFORT TRANSPORTATON PTE LTD   | SHC 3860D            | SGL 2656Z          |

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

|   |                                      |
|---|--------------------------------------|
| <b>Vehicle Owner Particulars</b>  |                                      |
| Owner ID Type:  | Company                              |
| Owner ID:   | 821R                                 |
| <b>Vehicle Details</b>  |                                      |
| Vehicle No.:  | SHC2469H                             |
| Vehicle to be Exported:   | No                                   |
| Intended Deregistration Date:   | 10 Dec 2019                          |
| Vehicle Make:   | HYUNDAI                              |
| Vehicle Model:  | AE IONIQ HEV FL 1.6 DCT              |
| Primary Colour:   | Blue                                 |
| Manufacturing Year:   | 2019                                 |
| Engine No.:   | G4LEKU398209                         |
| Chassis No.:  | KMHC851CVLU186844                    |
| Maximum Power Output:   | 103.6 kW (138 bhp)                   |
| Open Market Value:  | \$25,695.00                          |
| Original Registration Date:   | 22 Oct 2019                          |
| First Registration Date:  | 22 Oct 2019                          |
| Transfer Count:   | 0                                    |
| Actual ARF Paid:  | \$12,973.00                          |
| <b>Intended PARF Rebate Details</b>   |                                      |
| PARF Eligibility:   | Yes                                  |
| PARF Eligibility Expiry Date:   | 21 Oct 2027                          |
| PARF Rebate Amount:   | \$9,729.00                           |
| <b>Intended COE Rebate Details</b>  |                                      |
| COE Expiry Date:  | 21 Oct 2027                          |
| COE Category:   | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):  | 8                                    |
| PQP Paid:   | \$24,460.00                          |
| COE Rebate Amount:  | \$24,040.00                          |
| <b>Total Rebate Amount:</b>   | <b>\$33,769.00</b>                   |
| <b>Message</b>  |                                      |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. |                                      |

The information contained herein is correct as at 10 Dec 2019

OK

## 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             | 06/12/2019 07:35 |
| Date Of Accident           | 04/12/2019 23:00 |
| Exact Location Of Accident | RIVER VALLEY RD  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHC2469H |
|-----------------------------|----------|

#### 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        | 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-18088936MFSH                 |
| Cover Note Number         |                                |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHEONG HONG FAI       |
| NRIC No              | S7226201H             |
| Date Of Birth        | 24/07/1972            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 18/08/1993            |
| Driving Experience   | 26 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93361888  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | CH5SG@YAHOO.COM.SG    |

|   |                                 |
|---|---------------------------------|
| Address   | 635 #12-5109 NG MO KIO AVENUE 6 |
| Postcode  | 560362                          |
| 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)   | 2                           |
| Passenger 1   | NAME: : -<br>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

SEE ATTACH.

#### Attachment(s)

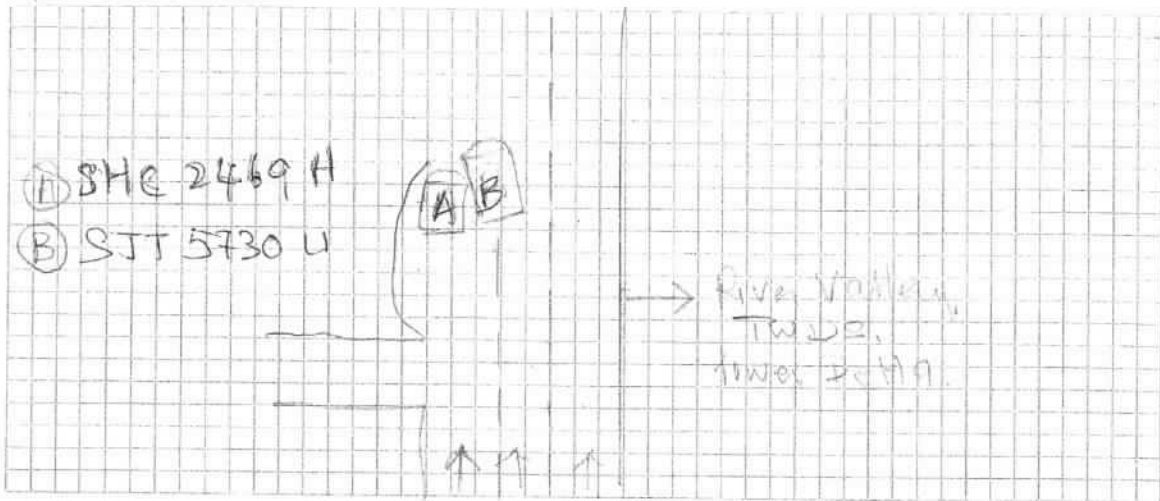
|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Remarks/ Reasons:                             | -   |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJT5730U    |
| 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            | LEFT FRT    |

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/2019 at about 2300 hrs, I vehicle A was at River Valley taxi stand. Before move out from taxi stand. Vehicle B Suddenly Cuts in Sharply into path brush against vehicle A right front portion. No one was injured at that time.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
Policyholder's Signature: 199303821R

Date & Time:

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

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

**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.

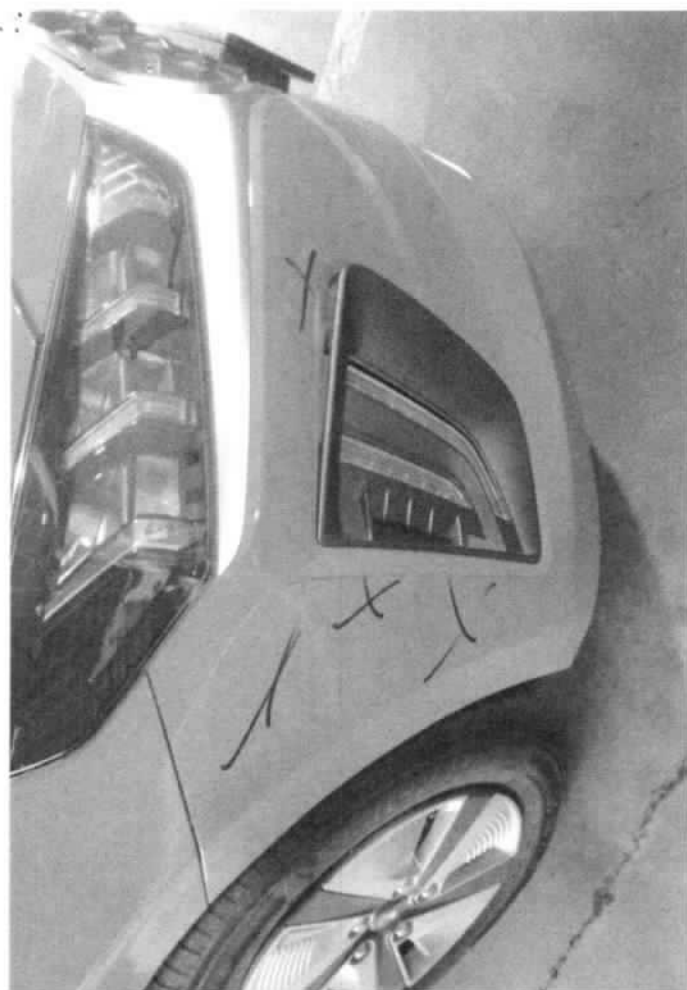
COMFORT TRANSPORTATION PTE LTD  
COI REG. NO. 199003921R

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.:





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305365487

TOMER

MS COMFORT TRANSPORTATION PTE LTD  
TOMER NO. 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

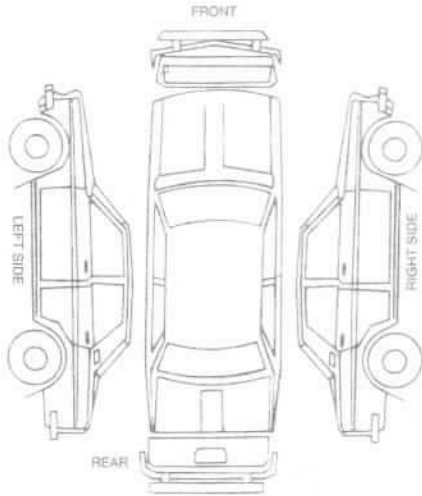
COUNT CARD NO.

|                                |                               |
|--------------------------------|-------------------------------|
| REGN NO.: SHC2469H             | MILEAGE                       |
| MAKE: HYUNDAI                  | FUEL E.....1/2.....F          |
| MODEL IONIQ(G3)                | DATE/TIME IN 09.12.2019 09:50 |
| YR OF MANU 22.10.2019          | TARGET DATE                   |
| CHASSIS CODE KMHC851CVLU186844 | COMPLETION DATE/TIME:         |

JOB DESCRIPTION

Accident Date: 04.12.2019  
NATURE: 3P 04.12.2019

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC2469H CHIANG

Vehicle No.: SHC2469H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE\*

VEHICLE NO : SHC 2469H

DATE 9/12/2019 15:02

MAKE :

MODEL : HYUNDAI IONIQ

| Qty   | Parts Description/ Labour            | Type | Unit Price | Amount             |
|---|--------------------------------------|------|------------|--------------------|
|   | Front Bumper Cover X(R)              |      |            | \$ 418.30          |
|   | Front Bumper Lip xun                 |      |            | \$ 35.10           |
|   | Front Bumper Bracket Top (LH/RH) xun |      | \$ 35.00   | \$ 70.00           |
|   | Front Bumper Bracket (LH/RH) xun     |      | \$ 28.00   | \$ 56.00           |
|   | Front Bumper Clips 10 pcs xun        |      |            | \$ 22.00           |
|   | <b>SUB TOTAL</b>                     |      |            | <b>\$ 601.40</b>   |
|   | <b>LESS 20%</b>                      |      |            | <b>\$ 120.28</b>   |
|   | <b>DISCOUNTED TOTAL</b>              |      |            | <b>\$ 481.12</b>   |
|   | <b>Labour Charge</b>                 |      |            |                    |
|   | Panel Beating                        |      |            | \$ 350.00          |
|   | Spray Painting Charge                |      |            | \$ 250.00          |
|   | <b>TOTAL LABOUR</b>                  |      |            | <b>\$ 600.00</b>   |
|   | <b>ESTIMATE TOTAL</b>                |      |            | <b>\$ 1,081.12</b> |
| <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> |                                      |      |            |                    |

Insurance 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:

\$320

\$200

  
 Ram (LKR)  
 9/12/19 1550 hrs  
 Parasuram@lkrauto.com  
 88622778 hp  
 2 repair jobs  
 Att repair photo

Our Job Ref No : 305365487

Date : 11/12/19

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

**FINALIZATION FORM**

To : LKK

Fax :

Attn : RAM

: SHC2469H

04/12/19

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

Z The repair job shall bill to: NTUC

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

✓

\$520.00

**Total for Part-By-Part Repair Cost**

\$520.00

(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 amount

Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : RAM

Date : 11/12/19

**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                               |        | N                           |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    | 7.49   |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:

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

JOB NO : 305365487  
REGN NO : SHC2469H  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 22.10.2019  
DATE/TIME IN : 09.12.2019 09:50  
ACCIDENT DATE : 04.12.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

|         |                   |        |
|---------|-------------------|--------|
| 0000 PB | PANEL BEATING     | 320.00 |
| 0001 SP | SPRAYPAINT CHARGE | 200.00 |

SUB-TOTAL : 520.00

TOTAL : 520.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
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/INC19021700/Fvf3e2   |  |                 |                  |   |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE<br>189556  |  |                 | Date: 24-12-2019 |  |
| Code: INC4  |  |                 |                  |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>   |  |                 |                  |   |
| Insured Veh.  | SJT 5730U  | Veh. Inspected  | SHC 2469H        |   |
| Policy No.  |  | Coverage (\$)   | 0.00             |   |
| Claim No.   | MT/1075394-001   | Excess (\$)     | 0.00             |   |
| Assign From   |  | Assign Date     | 09/12/2019       |   |
| <b>2. Vehicle Particulars &amp; Condition</b>   |  |                 |                  |   |
| Make & Model  | HYUNDAI IONIQ  | c.c             | 1580             |   |
| Engine No.  | HIDDEN   | Year of Reg.    | 2019             |   |
| Chassis No.   | KMHC851CVLU186844  | Colour          | BLUE             |   |
| Odometer  | 16823  | Steering        | IN ORDER         |   |
| Brakes  | IN ORDER   | Modification    | SPORTS RIM       |   |
| General   | GOOD   |                 |                  |   |
| <b>3. Conditions of Tyres</b>   |  |                 |                  |   |
|   | Size   | Make            | Balance          |   |
| R/H Front Tyre  | 195/65 R15   | MICHELIN        | 8 mm             |   |
| L/H Front Tyre  | 195/65 R15   | MICHELIN        | 8 mm             |   |
| R/H Rear Tyre   | 195/65 R15   | MICHELIN        | 8 mm             |   |
| L/H Rear Tyre   | 195/65 R15   | MICHELIN        | 8 mm             |   |
| <b>4. Description of Damages</b>  |  |                 |                  |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.<br>DAMAGES SEE DETAILS.   |  |                 |                  |   |
| <b>5. General Information</b>   |  |                 |                  |   |
| Accident Date   | 04/12/2019   | Inspection Date | 09/12/2019       |   |
| Survey held at  | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |                  |   |
| <b>5a. Remarks</b>  |  |                 |                  |   |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.<br>B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                 |                  |   |
| <b>5b. Estimate Days of Repair</b>  |  |                 |                  |   |
| 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. SHC 2469H

| Qty  | Description of Parts  | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|----------------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>                    |   |                      |                           |                   |
| 1  | FRONT BUMPER COVER  | TO REPAIR SEE LABOUR | 418.30                    | -                 |
| 1  | FRONT BUMPER LIP  | NOT NECESSARY        | 35.10                     | -                 |
| 2  | FRONT BUMPER BRACKET TOP (LH/RH) @\$35.00                     | NOT NECESSARY        | 70.00                     | -                 |
| 2  | FRONT BUMPER BRACKET (LH/RH) @\$28.00                         | NOT NECESSARY        | 56.00                     | -                 |
| 10   | FRONT BUMPER CLIPS  | NOT NECESSARY        | 22.00                     | -                 |
|  | LESS 20% DISCOUNT   |                      | -120.28                   | -                 |
|  |   |                      | 481.12                    | -                 |
| <b>LABOUR</b>                                  |   |                      |                           |                   |
|  | PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER. |                      | 350.00                    | 320.00            |
|  | SPRAY PAINTING CHARGE.  |                      | 250.00                    | 200.00            |
|  |   |                      | 600.00                    | 520.00            |
| <b>GRAND TOTAL</b>                             |   |                      | <b>1,081.12</b>           | <b>520.00</b>     |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |   |                      |                           | <b>520.00</b>     |

Report Ref No. NS/INC19021700/Fvf3e2

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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