Ram NS/INC19021702/FGF302

ASSIGNMENT

From: [redacted] Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured: SJX 1296L

Policy No.

Claims No. MT/1074933-002

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 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 1406G Yr Regn: 03/05/2019

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

Make: Hyundai IONIQ (G2) c.c. 1580

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

Sp.Reading: 60466 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHC851CUKU141871

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			Rear		
R/Bal.	8	mm	R/Bal.	8	mm
L/Bal.	8	mm	L/Bal.	8	mm
D.O.A.	07/12/19		D.O.I.	9/12/19	

Survey held at: Comfortdelgro (Loyang)

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

Frt & N/S Srt

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

Date / Time	Action / Instruction
	MS Patsy
	SJX 1296L: CS3/CT3190194X/Apt302 DOA 23/11/2019 MTUC
	SHA 1406G: CSIFC319010762/Apt302 DOA 14/12/2019 P/P
	P/P: $3182.88/= with 2 repair days (Red to 736.72, 19%)
	confirm with Lim Kwok Eng on 6/1/19
	RECEIVED ... 2020 — 7/1/2020

Date/Time File Pass to? 08/1 ...

[ ] : Preli. Report

[ ] : Final Report

Date/Time File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: [ ] Site Insp. S$

[ ] Interview S$

[ ] Tech. Insp. S$

[ ] ...

Other: 160

Report ... TP

... 318288

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 7 January 2020 11:53 AM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 7 January 2020 10:36 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 07/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1074933-002	COMFORT TRANSPORTATION PTE LTD	SHA 1406G	SJX 1296L	

Wishing you a Happiness and Prosperity New Year

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

MCD619161632 | ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 09/12/2019 11:16
SUBMITTED BY: Huang XiaoYan

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 witholding 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	09/12/2019 11:16
Date Of Accident	07/12/2019 20:30
Exact Location Of Accident	ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA1406G
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	LIM CHUAN HOCK
NRIC No	S0259540J
Date Of Birth	04/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1974
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94371725
Fax Number	
Contact Number	
EMail Address	LIMCHUANH@GMAIL.COM

Address	BLK 336 ANG MO KIO AVENUE 1 #07-2079
Postcode	560336
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)	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

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	SJX1296L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT 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.

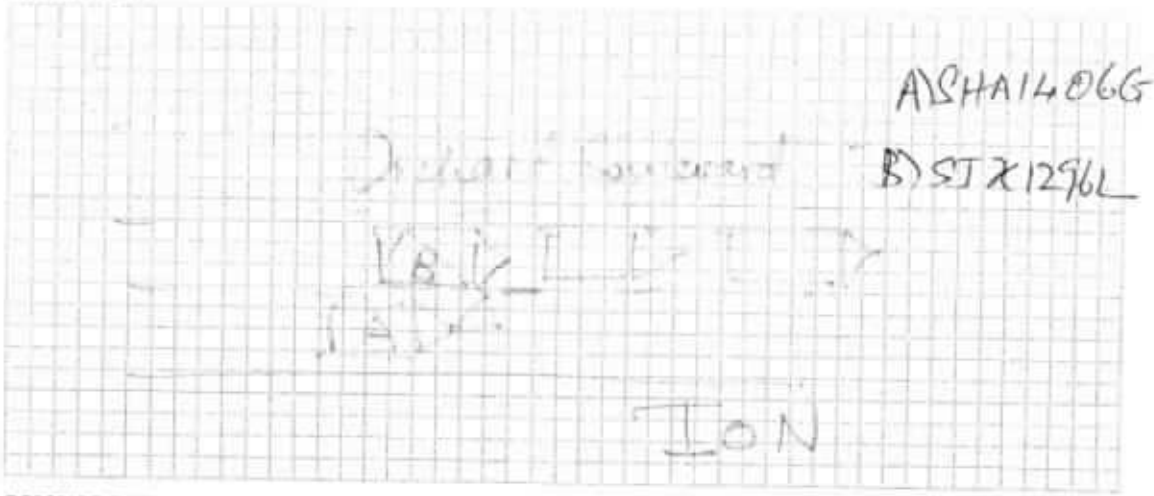
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/12/18 at about 2050hrs while I Veh A was travelling along Lane 1, Veh B from Lane 2 suddenly swayed right and intercepted onto my lane and there was a collision.

Veh B damage was on right front portion.

DECLARATION

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

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

S R Mu
Co

8/12/18

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:

OMFORTDELGRO
ENGINEERING
member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline : 65 6283 6280 Facsimile : 65 6280 9755
Workshops
39 Loyang Drive Singapore 508988 | 24 Senoko Loop Singapore 758139
383 Sin Ming Drive Singapore 575717 | 7 Sungei Kadut Way Singapore 728791
65 Pandan Road Singapore 609296 | 301 Yishun Industrial Park A Singapore 768732

Date/Time: 09.12.2019 14:34 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

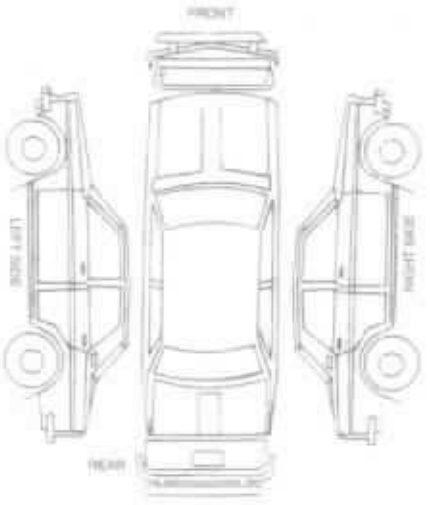
Sales Order: JC NO.: 305365691

OMER: COMFORT TRANSPORTATION PTE LTD OMER NO.: 7010045 ESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO.: SHA1406G	MILEAGE
	MAKE: HYUNDAI	FUEL E 1/2 F
	MODEL: IONIQ(G2)	DATE/TIME IN: 08.12.2019 09:10
	YR OF MANU: 03.05.2019	TARGET DATE
UNT CARD NO: NTUC	CHASSIS CODE: KMHC851CVKU141871	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 07.12.2019
NATURE: 3P 07.12.2019

S/NO	LABOR CODE	DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

U SHA1406G LKE RAM

ervice Advisor

Signature/Date

ned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA1406G

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1406G **DATE : 9.12.2019**

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			$ 418.30
	Front Bumper Bracket (LH)			$ 28.00
	Headlamp (LH)			$ 1,198.80
	Front Fender (LH)			$ 490.70
	Front Fender Shield (LH)			$ 114.70
	Emblem-Blue Drive (LH)			$ 26.60
	Front Wheel Hub Cap (LH)			$ 346.40
	SUB TOTAL			**$ 2,623.50**
	LESS 20%			$ 524.70
	DISCOUNTED TOTAL			**$ 2,098.80**
	Labour Charge			
	Panel Beating			$ 500.00
	Spray Painting Charge			$ 500.00
	Wiring Charge			$ 50.00
	Tuff Kote			$ 50.00
	Front Wheel Alignment			$ 120.00
	TOTAL LABOUR			**$ 1,220.00**
	ESTIMATE TOTAL			**$ 3,318.80**

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:

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.

REPAIR ESTIMATE*

VEHICLE NO : SHA 1406G **DATE : 9.12.2019**

MAKE :

MODEL : HYUNDAI IONIQ

LKE NTUC

Qty	Parts Description/Labour	Type	Unit Price	Amount
	Front Bumper Cover CRA			$ 418.30
	Front Bumper Bracket (LH) XHN			$ 28.00
	Headlamp (LH) SCR			$ 1,198.80
	Front Fender (LH) X (R)			$ 490.70
	Front Fender Shield (LH) ~~X~~ (R)			$ 114.70
	Emblem-Blue Drive (LH) nec			$ 26.60
	Front Wheel Hub Cap (LH) SCR			$ 346.40
S	Day Light Lamp Assy LH - # 642150 CRA			
	Front Grille moulding $ ~~$108.55~~			
	SUB TOTAL			**$ 2,623.50**
	LESS 20%			$ 524.70
	DISCOUNTED TOTAL			**$ 2,098.80**
	Labour Charge			
	Panel Beating 1		$480	$ 500.00
	Spray Painting Charge			$ 500.00
	Wiring Charge		$30	$ 50.00
	Tuff Kote			$ 50.00
	Front Wheel Alignment			$ 120.00
	TOTAL LABOUR			**$ 1,220.00**
	ESTIMATE TOTAL			**$ 3,318.80**

Ram (LKK)
9/12/19 1700hrs
ramasuram@LKKauto.com
SS6227778
2 days P/P
ref paint photo

Requesting for mileage & chassis no. photo

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.

COMFORTDELGRO ENGINEERING

VEHICLE NO. : SHA1406G

MODEL : IONIQ (G2)

JOB NO : 305365691

TYPE OF CASE : TP-SJX12961

SURVEY BY : LKK/RAM

DATE : 09/12/19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

	DESCRIPTION	QTY	ESTIMATE	REMARKS
1.	Day Light Lamp Assy LH	1	$642.50	CRG
2	Front grille moulding	1	$108.50	SCR
	TOTAL:		$0.00	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 06.01.2020
Time: 08:42:40
Page: 1

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

JOB NO	:	305365691
REGN NO	:	SHA1406G
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	03.05.2019
DATE/TIME IN	:	08.12.2019 09:10
ACCIDENT DATE	:	07.12.2019

JOB / PARTS DESCRIPTION			QTY	IND	UNIT-PRICE	DISC%	AMOUNT
PART REQUISITION							
0001 04-01-0104-2534-G	IONIQV2&3 COVER-FR BUMPER		1	L	418.30	20.00	334.64
0002 04-01-0104-2815-G	IONIQV1-3 LAMP ASSY-HEAD		1	L	1,198.80	20.00	959.04
0003 04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L		1	L	26.60	20.00	21.28
0004 03-01-0104-2061-G	IONIQV1&3 CAP ASSY-WHEEL		1	L	346.40	20.00	277.12
0005 04-01-0104-2361-G	IONIQV1-3 MOULDING-FRONT		1	L	108.50	20.00	86.80
0006 04-01-0104-4891-G	IONIQV1-3 LAMP ASSY-DAY R		1	L	642.50	20.00	514.00
						SUB-TOTAL :	2,192.88
JOB NATURE							
0000 L	PANEL BEATING						480.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA						400.00
0002 17-01	CHECK ALL LIGHTING						30.00
0003 20-08	ADJUST FRONT WHEEL ALIGNMENT						80.00
						SUB-TOTAL :	990.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

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

JOB NO	:	305365691
REGN NO	:	SHA1406G
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	IONIQ(G2)
DATE OF REGN	:	03.05.2019
DATE/TIME IN	:	08.12.2019 09:1
ACCIDENT DATE	:	07.12.2019

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,182.88

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

A Singapore Government Agency Website

> Back to OneMotoring

Enquire Vehicle's Insurance Particulars

Thank You!

The insurance details of the vehicle you enquired can be found below. If you have entered a valid email address, a copy would have been sent to you.

Vehicle No.	Incident Date/Time	Insurance Company Name
SJX1296L	07 Dec 2019 / 20:30:00	NTUC INCOME INS CO-OP LTD

Save as PDF

OK

Print

SHA160617

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305365691

Date : 06.01.20

FINALIZATION FORM

To : LKK Fax :

Attn : Mr RAM

Vehicle Reg No. SHA1406G CTPL 07.12.19

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

1. The repair job shall bill to: **NTUC — FBH3671C**

2. The finalized amount shall be:

   (a) Spare Parts after List discount $2,192.88

   (b) Labour Charges $990.00

   Total for Part-By-Part Repair Cost **$3,182.88**

   (c.) Lumpsum Repair (if applicable)
   Total for Lumpsum repair cost after Less: 20%
   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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :

Name : Ram

Date : 6/1/2020

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

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Ref: NS/INC19021702/Fqf3n2

Date: 13-01-2020

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJX 1296L	**Veh. Inspected**	SHA 1406G
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1074933-002	**Excess ($)**	0.00
	Assign From		**Assign Date**	09/12/2019

2. Vehicle Particulars & Condition

	Make & Model	HYUNDAI IONIQ (G2)	**c.c**	1580
	Engine No.	HIDDEN	**Year of Reg.**	2019
	Chassis No.	KMHC851CVKU141871	**Colour**	BLUE
	Odometer	60466	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND N/S FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	07/12/2019	**Inspection Date**	09/12/2019
	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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1406G

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	CRACKED	418.30	418.30
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	28.00	-
1	HEADLAMP (LH)	SCRATCHED	1,198.80	1,198.80
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	490.70	-
1	FRONT FENDER SHIELD (LH)	TO REPAIR SEE LABOUR	114.70	-
1	EMBLEM-BLUE DRIVE (LH)	NECESSARY	26.60	26.60
1	FRONT WHEEL HUB CAP (LH)	SCRATCHED	346.40	346.40
1	DAY LIGHT LAMP ASSY LH	CRACKED	642.50	642.50
1	FRONT GRILLE MOULDING	SCRATCHED	108.50	108.50
	LESS 20% DISCOUNT		-674.90	-548.22
			2,699.60	2,192.88
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH) AND FRONT FENDER SHIELD (LH).		500.00	480.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRONT WHEEL ALIGNMENT.		120.00	80.00
			1,220.00	990.00
	GRAND TOTAL		**3,919.60**	**3,182.88**

	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**3,182.88**

Report Ref No. NS/INC19021702/Fqf3n2

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