

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: SLU 51183

Policy No. 5109124740 (26/04/2019 - 04/06/2020)

Claims No. MT/1074998-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SH 7607L

Vt Regn: 22/12/16

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

Truck / Trailer or

Make: Hyundai 140 cc 1685

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

Sp. Reading: 3733.72 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLEB100MH0097236

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. 07/12/19 D.O.I. 9/12/19

Survey held at confoutdelgro (Loyang)

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

d/S rear

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

Date / Time

Action / Instruction

SLU 51183: X

SH 7607L: CSIR/11/01/16/5/D/1301 DOA 18/01/2019

RECEIVED 31 JAN 2020

US: \$4100/- (Red \$2250-88, 35%)

3 repair days

confirmation 17/12/19 with Chang

17/12/2019

Under/over. File Pass to:

☐

Prel. Report

1)

☐

Final Report

Date/Time. File Return to:

29/1/20 Typist

Engine/Engine

and 2000/1/1 \$4100/-

Days Of Repair: 3

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. Insp \$

☐

Material \$

Survey Fee:

Transportation:

3 * PS. 31

Held:

Time:

1000

eBaoTech

General Claim

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5109124740		TAN HOCK LEE (CHEN FULL)	S7306035E	GPC	drive CLASSIC	SLU5118J	SLU5118J	26/04/2019	04/06/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 30/01/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1074998-002	COMFORTDELGRO ENGINEERING	SH 7607L	SLU 5118J	07/12/2019	16:25	\$ 6,350.00
2	MT/1075110-002	COMFORTDELGRO ENGINEERING	SHB 4347T	SMD 6857E	07/12/2019	15:30	\$ 3,745.52
3							
4							
5							
6							
7							
8							
9							
10							
11							

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	09/12/2019 07:32
Date Of Accident	07/12/2019 16:25
Exact Location Of Accident	SENGKANG EAST RD TOWARDS COMPASSVALE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7607L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	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	GOH AH SENG
NRIC No	S1591006B
Date Of Birth	02/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92395182
Fax Number	
Contact Number	
Email Address	JOGO773@HOTMAIL.COM

Address	773 10-194 WOODLANDS DRIVE 60
Postcode	730773
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS E NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU5118J
Vehicle Make/Model/Colour	

Details Of Properties

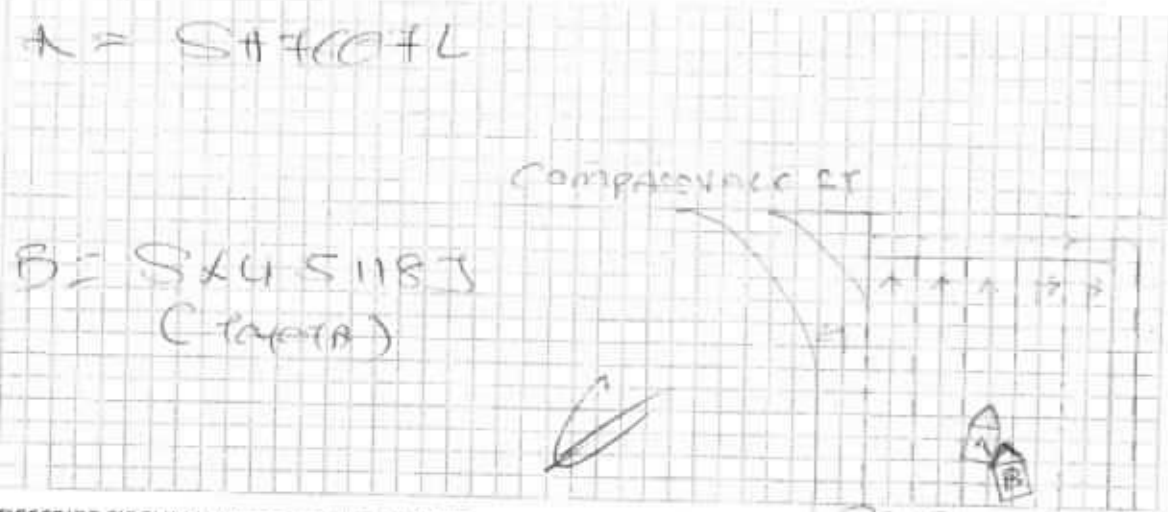
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HOCK LEE
NRIC/Passport Number	
Contact Number	94894730
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	GOH AH SENG
Approximate Age	56
Injuries Sustain	CHEST,HEAD
Injured person in which vehicle?	SH7607L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

② 1/2019/207/2030

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 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.:

COMFORT Transportation, Pte Ltd



**SINGAPORE
POLICE FORCE**



T/20191207/2030

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20191207/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2019 22:45		Vide Report No.:		Station Diary No.: 67
Informant's Particulars				
Name of Informant: GOH AH SENG		Address: APT BLK 773 WOODLANDS DRIVE 60 #10-194 SINGAPORE 730773		
ID Type / ID No.: NRIC NO / S1591006B		Contact No.: Home/Office: Mobile: 92395182		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 02/11/1963	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/12/2019 16:25	Type of Location: Straight Road
Location: Along Road 1 SENGKANG EAST ROAD				
Weather: Cloudy	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7607L	Car				Slightly Damaged	4
SLU5118J	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191207/2030

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20191207/2030

CONTINUATION OF REPORT

Driver			
Name	GOH AH SENG		ID No. S1591006B
Related Vehicle	SH7607L (Car)		Contact No. 92395182
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN HOCK LEE		ID No. S7308035E
Related Vehicle	SLU5118J (Car)		Contact No. 94894730
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/12/2019, at about 1825hrs, I was driving along Sengkang East Road. While travelling straight on the road, a car came out of the lane from the right suddenly. He was trying to change lane but did not check his blind spot. Hence, the head of his vehicle collided onto the right side of my vehicle.

My vehicle suffered from dents and scratches on the right side and his vehicle suffered from dents and scratches on the front of his vehicle.

Nobody was injured.

No traffic police and ambulance was at scene.



**SINGAPORE
POLICE FORCE**



T/20191207/2030

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20191207/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

Sgt 2 CHAN JIA HUI, EUNICE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/12/2019 22:45

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 130

Authentication Stamp

NP188

Signature:

Classification Of Case:

Singapore Police Force

IMPORTANT NOTICE

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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 lodging 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.

REPORT TRANSPORTATION PTE LTD

Policyholder's Name: 199301621R

Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

M3C/FH No. 1111111111



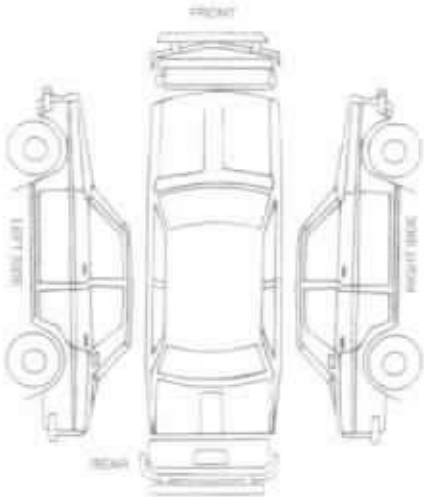


Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305359978
TOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 7607L	MILEAGE	
VS 7010045		MAKE: HYUNDAI	FUEL	
TOMER NO. 383 SIN MING DRIVE		MODEL I-40	DATE/TIME IN	08.12.2019 07:40
RESS Singapore SINGAPORE 575717		YR OF MANU 22.12.2016	TARGET DATE	
(R) 65508755 (O)		CHASSIS CODE KMHLB41UMHU097236	COMPLETION DATE/TIME	
(P)				
QUINT CARD NO.				

Accident Date: 07.12.2019
NATURE: 3P 07.12.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SH 7607L CHIANG

Vehicle No.: SH 7607L

if Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

* VEHICLE NO : SH 7607L

DATE 9/12/2019 10:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (RH) <i>BUC</i>			\$ 2,171.40
	Rear Fender Inner Lining (RH) <i>B X (R)</i>			\$ 169.30
	Rear Windscreen Moulding <i>rec</i>			\$ 28.30
	Rear Door (RH) <i>DD</i>			\$ 2,201.10
	Rocker Panel Outer Garnish (RH) <i>SE</i>			\$ 341.40
	Rear Wheel Hub-Cap (RH) <i>SC</i>			\$ 107.10
	SUB TOTAL			\$ 5,018.60
	LESS 20%			\$ 1,003.72
	DISCOUNTED TOTAL			\$ 4,014.88
				<i>33606.352</i>
	Rear Windscreen Sealant <i>rec</i>			\$ 46.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>rec</i>			\$ 80.00 Nett
				\$ 126.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>3650</i>
	Spray Painting Charge			\$ 750.00 <i>3500</i>
	Wiring Charge			\$ 50.00 <i>320</i>
	Tuff Kote			\$ 50.00 <i>330</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>xnn</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>330</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>xnn</i>
	Transfer of Door			\$ 80.00 <i>/</i>
	Rear Wheel Alignment			\$ 80.00 <i>xnn</i>
	TOTAL LABOUR			\$ 2,210.00
	ESTIMATE TOTAL			\$ 6,350.88
<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>				

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:

TOTAL LABOUR

ESTIMATE TOTAL

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.

Our Job Ref No : 305359978

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SH 7607L

07/12/19

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

2 The repair job shall bill to: NTUC

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$4,100.00

3. Estimated normal period for repairs: 3 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 : 17/12/19

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:


**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/INC19021706/Fyd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 31-01-2020	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLU 5118J	Veh. Inspected	SH 7607L	
Policy No.	5109124740	Coverage (\$)	0.00	
Claim No.	MT/1074998-002	Excess (\$)	0.00	
Assign From		Assign Date	09/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097236	Colour	BLUE	
Odometer	373372	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 O/S REAR 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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7607L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR FENDER (RH)	BUCKLED	2,171.40	2,171.40
1	REAR FENDER INNER LINING (RH)	TO REPAIR SEE LABOUR	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR DOOR (RH)	DENTED	2,201.10	2,201.10
1	ROCKER PANEL OUTER GARNISH (RH)	TO REPAIR SEE LABOUR	341.40	-
1	REAR WHEEL HUP-CAP (RH)	SHORT CIRCUIT	107.10	107.10
	LESS 20% DISCOUNT		-1,003.72	-901.58
			4,014.88	3,606.32
<u>SPECIAL NETT ITEMS</u>				
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			126.00	126.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER INNER LINING (RH) AND ROCKER PANEL OUTER GARNISH (RH).		850.00	680.00
	SPRAY PAINTING CHARGE.		750.00	500.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE/REFIX REAR WINDSCREEN GLASS.		120.00	80.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	TRANSFER OF DOOR.		80.00	80.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,210.00	1,400.00
GRAND TOTAL			6,350.88	5,132.32

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,100.00
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Report Ref No. NS/INC19021706/Fyd3n2



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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