

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD **(TP)** WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s: _____
 of: _____
 Insured: **SLU119P**
 Policy No: **5106447504 (14/11/2018-16/11/2019)**
 Claims No: **MT/1075166-002**
 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	

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Sect: _____ Consistent? : Yes or No
 Est. Repairs: **3** days Res.: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHC 389T** n Regn: **02/05/2019**
 Type: M.Car / M.Cycle / Bus / Van / Lorry **(Taxi)** / Prime Mover /
 Truck / Trailer or
 Make: **Toyota** n/s **cc 1798**
 Colour: **Yellow** A/C: Insured / Std / NI / NA
 Sp Reading: **106371** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **JTDKB3FU303680259**
 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** / PS / 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: **10/12/19** D.O.I: **11/12/19**
 Survey held at: **comfortdelsa (Loyang)**
 Des. of Damages: Frt / **Rear** / O/S / **N/S** / U/C / Rooftop or
N/S rear 9 rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SLU 119P X
	SHC 389T NS/INC140013823/3ym312 P/P: 09/04/2019 NOTE P/P
	P/P: \$3229.37 (Red 5065.03, 6170) 3 repair day 3 confirm on 20/12/19 with Larry

Date/Time, File Pass to? ☐ : Prel. Report
☐ : Final Report

Days Of Repair: **3**
 Resurvey No. of Trip: **1**

Date/Time, File Return to?

20/12 - typist

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Insp (\$) ☐ Wash and

Report Format: **TP**
 Lump Sum / L.B.: **3229.37**

Survey Fee:	
Transportation	
54 P.S. 34	
Phone	
Other	
TOTAL	160

TP Claims against NTUC Income: Follow-Through Survey

Date : 20/12/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1075349-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 4453A	GBC 7205R	10/12/2019	17:25	\$ 3,556.00
2	MT/1075166-002	CITYCAB PTE LTD	SHC 389T	SLU 119P	10/12/2019	15:25	\$ 8,314.40
3	MT/1075256-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 2334Z	SHD 1182K	11/12/2019	9:30	\$ 8,088.28

Claim received from LKK

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="10/12/2019 08:59"/>
Vehicle No.(For Motor)	<input type="text" value="SLU119P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S106447504		VINCAR PTE LTD	200312900K	GPC	drive CLASSIC	SLU119P	SLU119P	17/12/2018	16/12/2019

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	11/12/2019 08:30
Date Of Accident	10/12/2019 15:25
Exact Location Of Accident	CLEMENTI ROAD TWDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC389T
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	YEO KEE SONG
NRIC No	S1548639B
Date Of Birth	22/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91323371
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 405A FERNVALE LANE #13-123
Postcode	791405
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	WET

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

REFER ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU119P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR YU SHAO YUAN
NRIC/Passport Number	
Contact Number	86211346
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

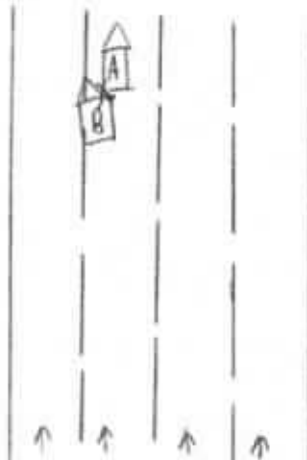
CITYCAD PTE LTD
CO. REG. NO. 199502830G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.12.2019
@ 17:00 hrs

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

SKETCH PLAN



A - SHC 389T
B - SLU 119P

Along Clementi Road TWDS AYE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.12.2019 at about 15:25 hours I was travelling along Clementi Road TWDS AYE with
One Male Passenger onboard .
While I was at a stationary position as the traffic light was red , suddenly veh B (SLU 119P)
lose control and collided into my taxi A - Left Rear Portion .
As it took place too fast I could not take evasive action to prevent the accident .
I have company video and photos at scene to support my claims .
No injury in this accident .
Veh B (SLU 119P) - MR Yu ShaoYuan H/P : 8621 1346

DECLARATION

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

CITYCASH PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.12.2019
@ 17:00 hrs

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

W. Ang
10/12

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
	REAR TRUNK LID COVER xxx xnn			\$ 1,126.60
	REAR TRUNK LID LOCK ? xnn			\$ 457.90
	REAR TRUNK LID GLASS (BLACK COLOR) xnn			\$ 733.50
	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE xxx crg			\$ 889.70
	REAR TRUNK LID LOGO(PRIUS) nec			\$ 52.90
	REAR TRUNK LID LOGO(HYBRID) nec			\$ 52.90
	REAR TRUNK LID LOGO(TOYOTA STAR) nec			\$ 47.00
	REAR BUMPER crg			\$ 458.60
	REAR BUMPER RE-INFORCEMENT ? xnn			\$ 318.80
	REAR BUMPER UNDER COVER cut			\$ 552.60
	REAR BUMPER SIDE RETAINER xnn			\$ 112.70
	REAR BUMPER TOWING COVER xnn			\$ 82.70
	REAR BUMPER CLIPS nec			\$ 22.00
	RETAINER, REAR BUMPER, SIDE, LH xnn			\$ 94.80
	SEAL, REAR BUMPER SIDE, LH xxx crg			\$ 148.40
	TAIL LAMP ASSY (UPPER) (LH) xxx x(R)			\$ 557.90
	TAIL LAMP ASSY (LOWER) (LH) crg			\$ 548.40
	REAR END PANEL ? xnn(R)			\$ 602.10
	REAR END PANEL GARNISH xnn			\$ 165.80
	REAR WINDSCREEN GLASS WITH MOULDING xnn			\$ 1,778.30
	SUB TOTAL			\$ 8,803.60
	LESS 25%			\$ 2,200.90
	DISCOUNTED TOTAL			\$ 6,602.70
				2079.37
	REAR TRUNK LID APPS STICKER nec			\$ 40.00
	REAR TRUNK LID COMFORT & TEL NO. STICKER nec			\$ 60.00
	REAR BUMPER REVERSE SENSOR xnn			\$ 135.70
	REAR BUMPER RUBBER MAT nec			\$ 50.00
	REAR WINDSCREEN SEALANT xnn			\$ 46.00
				\$ 331.70
	LABOUR CHARGE			
	Panel Beating			\$ 700.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,380.00
	ESTIMATE TOTAL			\$ 8,314.40

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.

Larry Ng

11/12/19 1345
 Ram (L) 88622781p
 (3) repair days
 Best paint photo

\$640
 \$300
 \$30
 xnn
 \$30

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

JOB NO : 305366320
 REGN NO : SHC 389T
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 02.05.2019
 DATE/TIME IN : 10.12.2019 16:35
 ACCIDENT DATE : 10.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1	889.70	25.00	667.27	<i>crs</i>
0002	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25	<i>nec</i>
0003	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67	<i>nec</i>
0004	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67	<i>nec</i>
0005	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	<i>nec</i>
0006	04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30	<i>crs</i>
0007	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30	<i>crs</i>
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45	<i>crs</i>
0009	28-01-0302-2016-A	PRIVC REAR BONNET COMFORT	1	30.00	-	30.00	<i>nec</i>
0010	28-01-0302-0010-A	PRIVC REAR BOOT 65521111	1	30.00	-	30.00	<i>nec</i>
0011	28-01-9999-2026-A	APP LOGO REAR BONNET CCPL	1	40.00	-	40.00	<i>nec</i>
0012	04-01-0302-1150-A	PRIG4 BUMPER PROTECTOR MA	1	50.00	-	50.00	<i>nec</i>
0013	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95	<i>crs</i>

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

JOB NO : 305366320
REGN NO : SHC 389T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID
DATE OF REGN : 02.05.2019
DATE/TIME IN : 10.12.2019 16:35
ACCIDENT DATE : 10.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 2,229.36

JOB NATURE

0000 PB PANEL BEATING
0001 23-502 SPRAYPAINT ON AFFECTED AREA
0002 17-01 WIRING CHARGE
0003 L REMOVE/REFIX REVERSE SENSOR

640.00

300.00

30.00

30.00

SUB-TOTAL : 1,000.00

TOTAL : 3,229.36

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305366320

Date : 19. Dec. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC 389T

Date of Accident: 10. Dec. 2019

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

1. The repair job shall bill to: NTUC SLU119P

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,229.36

(b) Labour Charges \$1,000.00

Total for Part-By-Part Repair Cost

\$3,229.36

(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

Accepted

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Ram

Date : 20/12/19

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				
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/INC19021876/Fvf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-12-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 119P	Veh. Inspected	SHC 389T
Policy No.	5106447504	Coverage (\$)	0.00
Claim No.	MT/1075166-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	JTDKB3FU303080259	Colour	YELLOW
Odometer	106377	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	GOODYEAR	8 mm
L/H Front Tyre	195/65 R15	GOODYEAR	8 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	8 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR AND REAR PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/12/2019	Inspection Date	11/12/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52963356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 389T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID COVER	NOT NECESSARY	1,126.60	-
1	REAR TRUNK LID LOCK	NOT NECESSARY	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NOT NECESSARY	733.50	-
1	GARNISH SUB-ASSY ,BACK DOOR ,OUTSIDE	CRACKED	889.70	889.70
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER TOWING COVER	NOT NECESSARY	82.70	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER ,REAR BUMPER ,SIDE ,LH	NOT NECESSARY	94.80	-
1	SEAL ,REAR BUMPER SIDE ,LH	CRACKED	148.40	148.40
1	TAIL LAMP ASSY (UPPER) (LH)	TO REPAIR SEE LABOUR	557.90	-
1	TAIL LAMP ASSY (LOWER) (LH)	CRACKED	548.40	548.40
1	REAR END PANEL	TO REPAIR SEE LABOUR	602.10	-
1	REAR END PANEL GARNISH	NOT NECESSARY	165.80	-
1	REAR WINDSCREEN GLASS WITH MOULDING	NOT NECESSARY	1,778.30	-
	LESS 25% DISCOUNT		-2,200.90	-693.13
			6,602.70	2,079.37
SPECIAL NETT ITEMS				
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO.STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00

Report Ref No. NS/INC19021876/Fvf3n2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			331.70	150.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF TAIL LAMP ASSY (UPPER) (LH) AND REAR END PANEL .		700.00	640.00
	SPRAY PAINTING CHARGE.		500.00	300.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR .		80.00	30.00
			1,380.00	1,000.00
GRAND TOTAL			8,314.40	3,229.37
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,229.37

Report Ref No. NS/INC19021876/Fvf3n2

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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