

ASSIGNED BY Ram

REF:

NS/INC 190 22168/Fqf3 N2

## ASSIGNMENT

Form:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

of

Insured: SLR 35355

Policy No.

Claims No. M1/1076107-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

|     |     |
|-----|-----|
|     |     |
| N/S | O/S |
| x   | x   |

Bal. or Market Value:

IDAC Accident Report:

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 6956CRegn: 03/05/2019Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai ianigcc 1580

Colour:

blue

AC:

Insured / Std / NI / NA

Sp Reading:

18897

T/Radio:

Insured / Std / NI / NA

Eng/No:

-

C/No:

KMK551CUB14581Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65 R16

R:

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/12/19

D.O.I.

16/12/19

Survey held at

comfort delia (company)Des. of Damages: rear / 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 policySLR 35355 xSHA 6956C 05/02/19/192/Gd32 REP: 16/12/2019

RECEIVED 20 DEC 2019

P/P: \$1346.12/- (Red \$603.14, 31%)2 repair daysconfirm on 19/12/19 with Juman19/12/2019

Date/Time, File Pass to?

☐

: Prel. Report

1) 20/12 by niga☐

: Final Report

Date/Time, File Return to?

3)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Witness (\$

Survey Fee

Transportation

3 + RS 34

Photos

Notes

Report Format:

TP

Lump sum / L.B. is

1346.12

160

# TP Claims against NTUC Income: Follow-Through Survey

Date : 19/12/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate     |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|--------------|
| 1    | MT/1070321-003   | SMRT TAXI PTE LTD               | SHB 1246X            | SJZ 4609M          | 07/11/2019       | 7:45             | \$ 37,101.81 |
| 2    | MT/1076107-002   | COMFORT TRANSPORTATION PTE LTD  | SHA 6956C            | SLR 3535S          | 15/12/2019       | 3:10             | \$ 1,949.26  |
| 3    | MT/1075678-002   | CITYCAB PTE LTD                 | SHD 8582T            | SKG 5918C          | 13/12/2019       | 17:40            | \$ 1,490.00  |

## Enquire Vehicle Insurance Details

| Vehicle No. | Incident Date/Time     | Search Status | Insurance Company Code | Insurance Company Name    |
|-------------|------------------------|---------------|------------------------|---------------------------|
| SLR35355    | 15 Dec 2019 / 03:10:00 | Successful    | N12                    | NTUC INCOME INS CO-OP LTD |

[Previous](#)

[OK](#)

SHA6956C

## 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             | 16/12/2019 09:28                  |
| Date Of Accident           | 15/12/2019 03:10                  |
| Exact Location Of Accident | BUKIT TIMAH RD TWDS NEWTON CIRCLE |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA6956C                       |
| <b>Insured/Policyholder</b> |                                |
| 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       | LEE THIAM LAM         |
| NRIC No              | S1205085B             |
| Date Of Birth        | 14/12/1956            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 15/12/1977            |
| Driving Experience   | 42 YEARS AND 0 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91695805  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                              |
|---|------------------------------|
| Address   | BLK 658 JALAN TENAGA #11-158 |
| Postcode  | 410658                       |
| 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 | RAINING                  |
| 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: : -<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

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 | SLR3535S                               |
| Vehicle Make/Model/Colour   |  |
| Details Of Properties       |  |
| Vehicle Category            | PRIVATE CAR                            |
| Name of Driver              | THAM CHIM SOON                         |
| NRIC/Passport Number        |  |
| Contact Number              |  |
| Address                     |  |
| Postcode                    |  |
| Insurance Company Name      | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage            | FRT                                    |

No. Of Passenger (Including Driver)

# IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

COMFORT TRANSPORTATION PTE LTD  
 CIV. REG. NO. 166038216

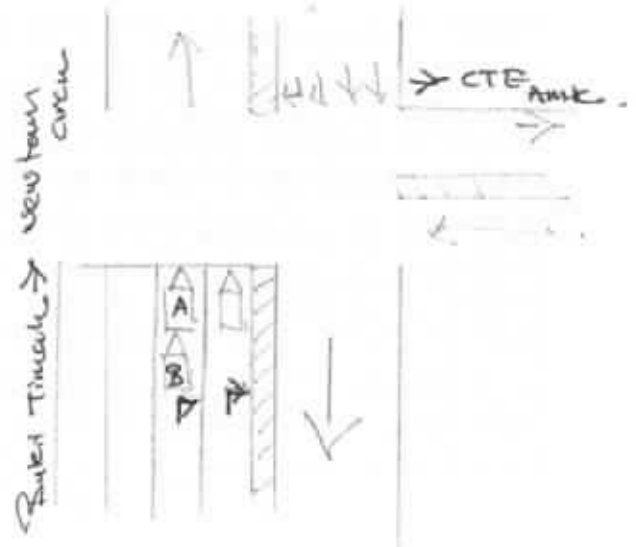
Policyholder's Signature  
 Date & Time:

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

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

SKETCH PLAN

- (A) SHH  
69X6 C.
- (B) SLR  
35352.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14 Dec. 2019 @ 03:00 hr. I.

veh (A) slow down @ air stop suddenly

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

@ the point of accident veh (A)

permanently not injured

DECLARATION

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

MFCHET TRANSPORTATION (PTE) LTD.  
REG. NO. 1000038211

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name  
MUC/POA No.

member of COMFORTDELGRO

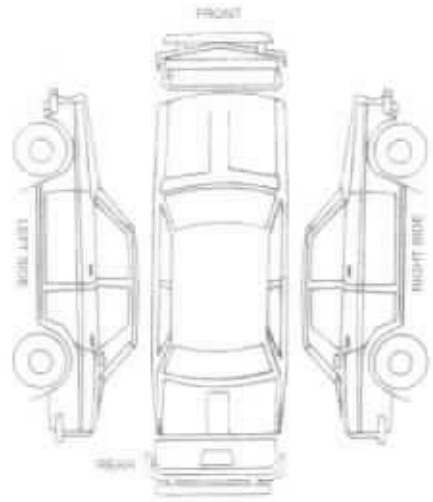
Date/Time: 16.12.2019 11:00 Page : 1

|                                   |                      |                                |                               |                   |
|-----------------------------------|----------------------|--------------------------------|-------------------------------|-------------------|
| Team:                             | ARC Repair TP(CLS0)1 | JOB CARD                       | Sales Order:                  | JC NO.: 305367215 |
| TOMER                             |                      | REGN NO.: SHA6956C             | MILEAGE                       |                   |
| AS COMFORT TRANSPORTATION PTE LTD |                      | MAKE : HYUNDAI                 | FUEL                          |                   |
| TOMER NO. 7010045                 |                      | MODEL IONIQ(G2)                | E 1/2 F                       |                   |
| RESS 383 SIN MING DRIVE           |                      | YR OF MANU 03.05.2019          | DATE/TIME IN 15.12.2019 09:00 |                   |
| Singapore SINGAPORE 575717        |                      | CHASSIS CODE RMHC851CVKU145881 | TARGET DATE                   |                   |
| (P) 65508755 (O)                  |                      | COMPLETION DATE/TIME           |                               |                   |
| (P)                               |                      |                                |                               |                   |
| OUNT CARD NO.                     |                      |                                |                               |                   |

JOB DESCRIPTION

Accident Date: 15.12.2019  
NATURE: 3P 15.12.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

|   |                |                              |      |
|---|----------------|------------------------------|------|
| SERVICE ADVISOR                               |                | CUSTOMER'S SIGNATURE         |      |
| Acknowledgement Slip                          |                | Exit Pass                    |      |
| No.: SHA6956C                                 | JU NTUC LKK    | Vehicle No.: SHA6956C        |      |
| Signature/Date                                | Signature/Date | Name of Service Advisor      | Date |
| Returned to Service Reception upon collection |                | To be kept by Security Guard |      |

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 6956C

DATE 16/12/2019 11:06

MAKE :

MODEL : HYUNDAI IONIQ

| Qty  | Parts Description/ Labour              | Type | Unit Price | Amount                |
|--|--|------|------------|-----------------------|
|  | Rear Bumper                            |      |            | \$ 459.40             |
|  | Rear Bumper Centre Moulding Assy       |      |            | \$ 451.25             |
|  | Rear Bumper Lower Centre Moulding Assy |      |            | \$ 155.00             |
|  | Rear Bumper Stay                       |      |            | \$ 138.10             |
|  | Rear Bumper Side Bracket (LH/RH)       |      | \$ 33.10   | \$ 66.20              |
|  | Rear Bumper Cover Clips                |      |            | \$ 22.00              |
|  | <b>SUB TOTAL</b>                       |      |            | <b>\$ 1,291.95</b>    |
|  | <b>LESS 20%</b>                        |      |            | <b>\$ 258.39</b>      |
|  | <b>DISCOUNTED TOTAL</b>                |      |            | <b>\$ 1,033.56</b>    |
|  | Rear Bumper Reverse Sensor             |      |            | \$ 135.70 <b>Nett</b> |
|  | Rear Bumper Rubber Mat                 |      |            | \$ 50.00 <b>Nett</b>  |
|  |  |      |            | <b>\$ 185.70</b>      |
|  |  |      |            | <b>\$796.12</b>       |
|  | <b>Labour Charge</b>                   |      |            |                       |
|  | Panel Beating                          |      |            | \$ 350.00             |
|  | Spray Painting Charge                  |      |            | \$ 250.00             |
|  | Wiring Charge                          |      |            | \$ 50.00              |
|  | Remove/Refix Reverse Sensor            |      |            | \$ 80.00              |
|  | <b>TOTAL LABOUR</b>                    |      |            | <b>\$ 730.00</b>      |
|  | <b>ESTIMATE TOTAL</b>                  |      |            | <b>\$ 1,949.26</b>    |
| 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. |  |      |            |                       |

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:

16/12/19

RAH(LKK)  
886222284

damian@lkk.com.sg

16/12/19 1300hrs

980 848 paint photo

2x 2x 2x 2x 2x

\$320

\$200

xan

430

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

JOB NO : 305367215  
 REGN NO : SHA6956C  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 03.05.2019  
 DATE/TIME IN : 15.12.2019 09:00  
 ACCIDENT DATE : 15.12.2019

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|      |                   |                           |      |        |       |        |
|------|-------------------|---------------------------|------|--------|-------|--------|
| 0001 | 04-01-0104-2282-G | IONIQVC COVER-RR BUMPER#  | 1    | 459.40 | 20.00 | 367.52 |
| 0002 | 04-01-0104-2533-G | IONIQV2 MOULDING ASSY-RR  | 1    | 451.25 | 20.00 | 361.00 |
| 0003 | 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00  | 20.00 | 17.60  |
| 0004 | 04-01-0104-1150-A | IONIQVC PROTECTOR MAT     | 1 N  | 50.00  | 2.00- | 50.00  |

SUB-TOTAL : 796.12

## JOB NATURE

|      |    |                             |        |
|------|----|-----------------------------|--------|
| 0000 | PB | PANEL BEATING               | 320.00 |
| 0001 | SP | SPRAYPAINT CHARGE           | 200.00 |
| 0002 | L  | REMOVE/REFIX REVERSE SENSOR | 30.00  |

SUB-TOTAL : 550.00

TOTAL : 1,346.12

MVA NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE :

Our Job Ref No 305367215

Date : 17/12/2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHA6956C

5367141 15/12/2019

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

- The repair job shall bill to: NTUC --- SLR3535S  
###
- The finalized amount shall be:
 

|   |     |                   |
|---|-----|-------------------|
| (a) Spare Parts after List discount           | SL  | \$796.12          |
| (b) Labour Charges                            | ### | \$550.00          |
| <b>Total for Part-By-Part Repair Cost</b>     |     | <b>\$1,346.12</b> |
|   |     | ###               |
| (c.) Lumpsum Repair (if applicable)           |     |                   |
| Total for Lumpsum repair cost after Less: 20% |     |                   |
| <b>Final Lumpsum Repair cost</b>              |     |                   |

- Estimated normal period for repairs: 2 working days

- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Rgm

Date : 19/12/19

### 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/INC19022168/Fqf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 24-12-2019



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SLR 3535S      | Veh. Inspected | SHA 6956C  |
| Policy No.   |                | Coverage (\$)  | 0.00       |
| Claim No.    | MT/1076107-002 | Excess (\$)    | 0.00       |
| Assign From  |                | Assign Date    | 16/12/2019 |

## 2. Vehicle Particulars & Condition

|              |                   |              |                    |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI IONIQ     | c.c          | 1580               |
| Engine No.   | HIDDEN            | Year of Reg. | 2019               |
| Chassis No.  | KMHC851CVKU145881 | Colour       | BLUE               |
| Odometer     | 78897             | Steering     | IN ORDER           |
| Brakes       | IN ORDER          | Modification | STANDARD ALLOY RIM |
| General      | GOOD              |              |                    |

## 3. Conditions of Tyres

|                | Size       | Make    | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 195/65 R16 | DAVANTI | 6 mm    |
| L/H Front Tyre | 195/65 R16 | DAVANTI | 6 mm    |
| R/H Rear Tyre  | 195/65 R16 | DAVANTI | 6 mm    |
| L/H Rear Tyre  | 195/65 R16 | DAVANTI | 6 mm    |

## 4. Description of Damages

|  |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS. |
|--|

## 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 15/12/2019   | Inspection Date | 16/12/2019 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>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: 52963356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6956C

| Qty  | Description of Parts                      | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|---------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>                    |   |               |                           |                   |
| 1  | REAR BUMPER                               | DENTED        | 459.40                    | 459.40            |
| 1  | REAR BUMPER CENTRE MOULDING ASSY          | SCRATCHED     | 451.25                    | 451.25            |
| 1  | REAR BUMPER LOWER CENTRE MOULDING ASSY    | NOT NECESSARY | 155.00                    | -                 |
| 1  | REAR BUMPER STAY                          | NOT NECESSARY | 138.10                    | -                 |
| 2  | REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10 | NOT NECESSARY | 66.20                     | -                 |
| 1  | REAR BUMPER COVER CLIPS                   | NECESSARY     | 22.00                     | 22.00             |
|  | LESS 20% DISCOUNT                         |               | -258.39                   | -186.53           |
|  |   |               | 1,033.56                  | 746.12            |
| <b>SPECIAL NETT ITEMS</b>                      |   |               |                           |                   |
| 1  | REAR BUMPER REVERSE SENSOR (SN)           | NOT NECESSARY | 135.70                    | -                 |
| 1  | REAR BUMPER RUBBER MAT (SN)               | NECESSARY     | 50.00                     | 50.00             |
|  |   |               | 185.70                    | 50.00             |
| <b>LABOUR</b>                                  |   |               |                           |                   |
|  | PANEL BEATING .                           |               | 350.00                    | 320.00            |
|  | SPRAY PAINTING CHARGE.                    |               | 250.00                    | 200.00            |
|  | WIRING CHARGE.                            | NOT NECESSARY | 50.00                     | -                 |
|  | REMOVE/REFIX REVERSE SENSOR .             |               | 80.00                     | 30.00             |
|  |   |               | 730.00                    | 550.00            |
| <b>GRAND TOTAL</b>                             |   |               | <b>1,949.26</b>           | <b>1,346.12</b>   |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |   |               |                           | <b>1,346.12</b>   |

Report Ref No. NS/INC19022168/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

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