

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/12/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Estimate |
|------|------------------|-----------------------------------|----------------------|--------------------|------------------|------------|
| 1 | MT/1075788-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHC8084U | SHC6228K | 14/12/2019 | \$4,366.00 |
| 2 | MT/1075792-002 | COMFORTDELGRO ENGINEERING PTE LTD | SH6184X | F8H2812U | 14/12/2019 | \$1,837.15 |
| 3 | MT/1076043-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHC8437K | F8D7783H | 14/12/2019 | \$4,762.04 |
| 4 | MT/1076556-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHA3897J | PC2602U | 18/12/2019 | \$4,438.18 |
| 5 | MT/1076543-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHC3149A | SHD1402B | 20/12/2019 | \$5,189.00 |
| 6 | MT/1078050-001 | COMFORTDELGRO ENGINEERING PTE LTD | SHC1158L | SMP5854G | 13/12/2019 | \$2,487.55 |
| 7 | MT/1075564-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHC2598T | SLK1839R | 11/12/2019 | \$2,554.85 |
| 8 | MT/1076964-002 | CITYCAB PTE LTD | SHB3268U | SJR8984E | 21/12/2019 | \$6,096.10 |
| 9 | MT/1078051-001 | CITYCAB PTE LTD | SHC7563K | GBH2718J | 21/12/2019 | \$1,815.06 |
| 10 | MT/1076710-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHD3025T | SGE3956M | 20/12/2019 | \$2,169.06 |
| 11 | MT/1076220-002 | COMFORTDELGRO ENGINEERING PTE LTD | SHD3025T | SLX9236J | 16/12/2019 | \$2,532.48 |

eBaoTech

GeneralClaim

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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"/> | S111939493 | | LENG WAN CHOONG | S70814006 | GMC | Third Party | FBD7783H | FBD7783H | 15/08/2019 | 14/08/2020 |

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 13:11 |
| Date Of Accident | 14/12/2019 23:40 |
| Exact Location Of Accident | BEACH RD AND JUNCTION TOWARDS OPHIR RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC8437K |
| 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 | 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 | TAN CHEE YEONG (CHEN ZHIXIONG) |
| NRIC No | S7213317Z |
| Date Of Birth | 23/04/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/02/1995 |
| Driving Experience | 24 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82299923 |
| Fax Number | |
| Contact Number | |
| Email Address | ALANTAN4623@GMAIL.COM |

| | |
|---|-----------------------------|
| Address | BLK 446B JALAN KAYU #02-336 |
| Postcode | 792448 |
| 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 ON COLLISION |
| 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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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 | FBD7783H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | LENG WAN CHOONG |
| 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

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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.

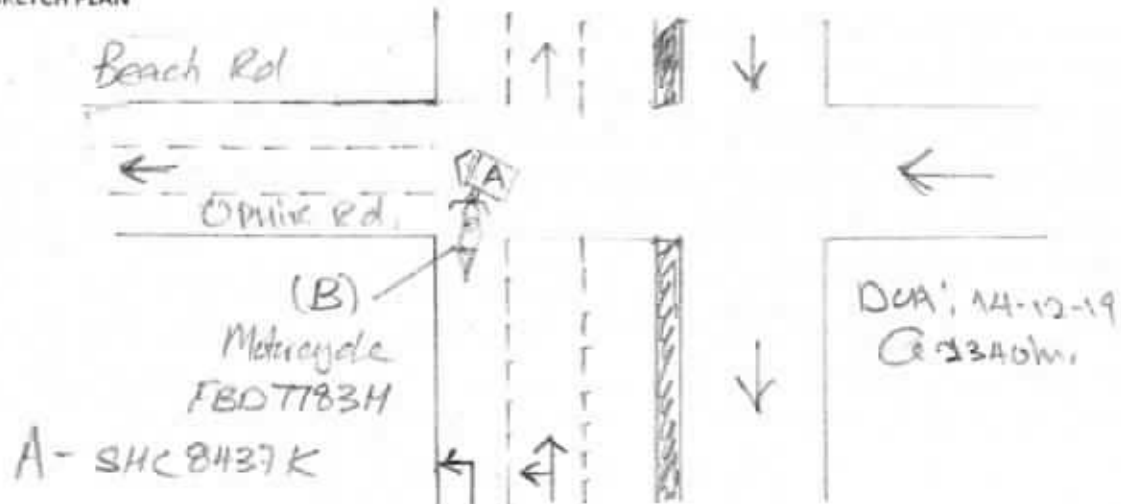
COMFORT TRANSPORTATION PTE LTD
100, JALAN RAJAH, SINGAPORE 119002

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14-12-19 @ 2340hr, I was driving along Beach Rd with (1) male pax on board at my taxi on Centre Lane. When approaching the Junction I apply brake and slowed down with Signal On turn Left.

When my taxi turning left, Suddenly Vehicle (B) Motorcycle FBD 7783H from Extreme Left Lane moving straight and hit my taxi (A) SHC 8437K Left front Right Corner damaged.

There is Video Footage on the Scene.
There is (1) Pax Seat on the scene No injury.

DECLARATION

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

COMPANY TRANSPORTATION LTD LTD
(S.S. REG. NO. 190303231)

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NIC/ID No.



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305367288

OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

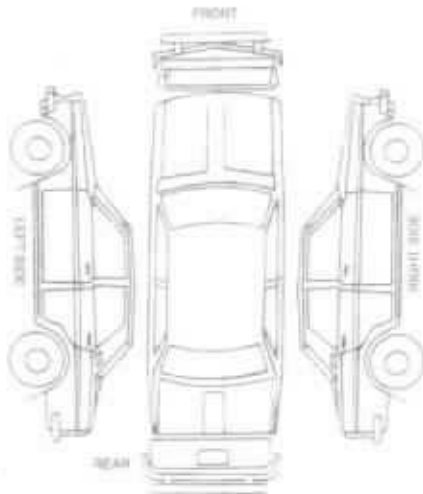
| | |
|---------------------------------|----------------------------------|
| REGN NO.: SHC8437K | MILEAGE |
| MAKE: HYUNDAI | FUEL E. 1/2 F. |
| MODEL: I-40 | DATE/TIME IN 14.12.2019 23:40 |
| YR OF MANU: 05.11.2015 | TARGET DATE |
| CHASSIS CODE: KMHLB41UMGU080399 | COMPLETION DATE/TIME |

JOINT CARD NO.

JOB DESCRIPTION

Accident Date: 14.12.2019
NATURE: 3P 14.12.19/C

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHC8437K JU NTUC LKK

Vehicle No.: SHC8437K

Service Advisor Signature/Date

Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

| | | |
|--|--|---|
| Date: 15/12/19 Time Received: 0048 | 3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay) | 4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up |
| 1. <input checked="" type="checkbox"/> New Name of Customer: Mr Tan Contact No.: 82299923 Vehicle No.: SHC8437K Make / Model / Colour: Comfort 140 Email: — | 5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery | 6. Parts Replaced/Remarks: |
| Location: Diners International Club, 7500E Beach Road Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sin Ming <input type="checkbox"/> Senoko <input type="checkbox"/> Others: <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD) | 8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Loss Power <input type="checkbox"/> Engine Stalled | |

0. Odometer Reading :
Fuel Level : F 1/4 1/2 3/4 E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Job Attended

2. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☒ TZ ☐ YISHUN ☐ OTHERS
Name of Driver : Kumor
Vehicle No. : GR5566Z
Time Dispatch : 0048
Time of Arrival : 0120
Time Completed : 0150

Cash Invoice Details (if applicable)

3. Cash Invoice No. :

Customer Acknowledgement

I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

15/12/19
Date

0150
Time

Signature of Customer

4. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8437K

DATE 16/12/2019 15:36

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|--|------|------------|------------------------|
| | Front Door (LH) <i>PD</i> | | | \$ 2,256.40 |
| | Front Door Glass (LH) <i>cut</i> | | | \$ 228.20 |
| | Front Door Outer Moulding (LH) <i>scr</i> | | | \$ 47.10 |
| | Front Door Mirror Assy (LH) <i>Br</i> | | | \$ 670.00 |
| | Front Wheel Hub Cap (LH) <i>scr</i> | | | \$ 107.10 |
| | SUB TOTAL | | | \$ 3,308.80 |
| | LESS 20% | | | \$ 661.76 |
| | DISCOUNTED TOTAL | | | \$ 2,647.04 |
| | | | | <i>2647.04</i> |
| | Front Fender Advertisement Logo (LH) <i>rec</i> | | | \$ 100.00 Nett |
| | Front Door Comfort Logo (LH) <i>rec</i> | | | \$ 75.00 Nett |
| | Front Door Advertisement Logo (LH) <i>rec</i> | | | \$ 100.00 Nett |
| | Rear Door Advertisement Logo (LH) <i>rec</i> | | | \$ 100.00 Nett |
| | Rear Door Comfortdelgro & Apps Sticker (LH) <i>rec</i> | | | \$ 80.00 Nett |
| | | | | \$ 455.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 560.00 |
| | Spray Painting Charge | | | \$ 800.00 <i>\$180</i> |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Transfer of Door | | | \$ 120.00 <i>\$80</i> |
| | FRT Wheel Alignment | | | \$ 80.00 <i>\$60</i> |
| | TOTAL LABOUR | | | \$ 1,660.00 |
| | ESTIMATE TOTAL | | | \$ 4,762.04 |
| <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:

18/12/19
14/12/19 16:15hrs
88622723
3 supplementary
45
add repair photo

Our Job Ref No 305367288

Date : 26/12/2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC8437K

5367141 14.12.19

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

1. The repair job shall bill to: NTUC --- FBD7783H
###

2. The finalized amount shall be:

(a) Spare Parts after List discount Y

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable) N

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$3,500.00

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Ram

Date : 30/12/19

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:

TOWING

**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/INC19022193/Fyf3n2 | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 10-01-2020 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | FBD 7783H | Veh. Inspected | SHC 8437K |
| Policy No. | 5111939493 | Coverage (\$) | 0.00 |
| Claim No. | MT/1076043-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 16/12/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | KMHLB41UMGU080399 | Colour | BLUE |
| Odometer | 487491 | 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 | WEST LAKE | 7 mm |
| L/H Front Tyre | 205/60 R16 | WEST LAKE | 7 mm |
| R/H Rear Tyre | 205/60 R16 | WEST LAKE | 7 mm |
| L/H Rear Tyre | 205/60 R16 | WEST LAKE | 7 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 14/12/2019 | Inspection Date | 16/12/2019 |
| 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8437K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | FRONT DOOR (LH) | DENTED | 2,256.40 | 2,256.40 |
| 1 | FRONT DOOR GLASS (LH) | CUT | 228.20 | 228.20 |
| 1 | FRONT DOOR OUTER MOULDING (LH) | SCRATCHED | 47.10 | 47.10 |
| 1 | FRONT DOOR MIRROR ASSY (LH) | BROKEN | 670.00 | 670.00 |
| 1 | FRONT WHEEL HUB CAP (LH) | SCRATCHED | 107.10 | 107.10 |
| | LESS 20% DISCOUNT | | -661.76 | -661.76 |
| | | | 2,647.04 | 2,647.04 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | FRONT FENDER ADVERTISEMENT LOGO (LH)(SN) | NECESSARY | 100.00 | 100.00 |
| 1 | FRONT DOOR COMFORT LOGO (LH)(SN) | NECESSARY | 75.00 | 75.00 |
| 1 | FRONT DOOR ADVERTISEMENT LOGO (LH)(SN) | NECESSARY | 100.00 | 100.00 |
| 1 | REAR DOOR ADVERTISEMENT LOGO (LH)(SN) | NECESSARY | 100.00 | 100.00 |
| 1 | REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN) | NECESSARY | 80.00 | 80.00 |
| | | | 455.00 | 455.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 560.00 | 560.00 |
| | SPRAY PAINTING CHARGE. | | 800.00 | 480.00 |
| | WIRING CHARGE. | | 50.00 | 50.00 |
| | TUFF KOTE. | | 50.00 | 50.00 |
| | TRANSFER OF DOOR. | | 120.00 | 80.00 |
| | FRT WHEEL ALIGNMENT. | NOT NECESSARY | 80.00 | - |
| | - | | - | - |
| | - | | - | - |
| | | | 1,660.00 | 1,220.00 |
| GRAND TOTAL | | | 4,762.04 | 4,322.04 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 3,500.00 |

Report Ref No. NS/INC19022193/Fyf3n2



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Report Ref No. NS/INC19022193/Fyf3n2

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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