

EC BY: Ram

REF:

NS/IX(19022544 / F4f312

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: SMD 81381

Policy No. 5102991402-01 (20/04/2019-19/04/2020)

Claims No. NT/1076795-002

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: _____ 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 7260U Yr Regn: 17/07 / 2019

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

Truck / Trailer or

Make: Hyundai Ionia (G2) C.C 1580

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

Sp. Reading: 74894 T/Radio: Insured / Std / NI / NA

Eng/No: -

C/No: KMHC851CVKU164939

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 DUNLOP

R: - MICHELIN

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 8 mm

L/Bal. 6 mm L/Bal. 8 mm

D.O.A. 21/12/19 D.O.I. 23/12/19

Survey held at: comfort delgro (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 7260U - X
	SMD 81381 - X
	P/P: \$1114.70 = with 2 repair days (Red: 1076.28; 49%)
	confirm on 10/1/2020 with cheng
	RECEIVED 13 JAN 2020

Date/Time, File Pass to?

: Prefi. Report

11/31 Typist

: Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / U.C. (\$) 1114.70

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

160

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 13 January 2020 9:29 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

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



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Friday, 10 January 2020 3:26 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 10/01/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1076755-002	Comfort Transportation PTE LTD	SHA 7260U	SMD 8138J	21/12/2019	17:30	2029.78	1114.70

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

eBaoTech

GeneralClaim

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="21/12/2019 09:16"/>
Vehicle No.(For Motor)	<input type="text" value="SMD8138J"/>	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"/>	5102991403-01		LAU POH KIAT, JERVIS (LIU BAOJIE)	S8627383G	GPC	drive CLASSIC	SMD8138J	SMD8138J	20/08/2019	19/08/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305368857

STOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

65508755

- (R) (O)

(P)

ICOUNT CARD NO.

REGN NO.: SHA7260U

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL IONIQ(G2)

DATE/TIME IN 22.12.2019 08:20

YR OF MANU 17.07.2019

TARGET DATE

CHASSIS CODE RMC851CVKU164939

COMPLETION DATE/TIME:

Accident Date: 21.12.2019

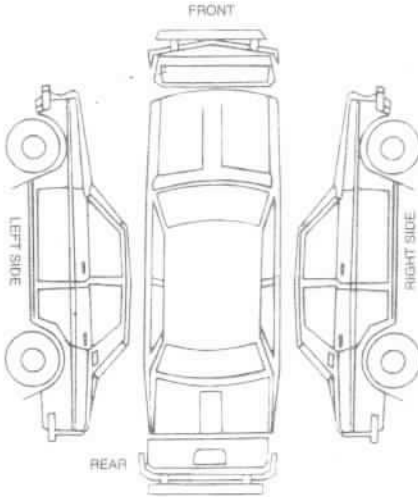
NATURE: 3P 21.12.2019

JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7260U

CHIANG

Vehicle No.: SHA7260U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	23/12/2019 07:30
Date Of Accident	21/12/2019 17:30
Exact Location Of Accident	SLE >CTE>CITY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7260U
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFTY@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	KONG MUN TAT
NRIC No	SXXXX199I
Date Of Birth	15/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91736368
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	724 06-500 WOODLANDS AVENUE 6
Postcode	730724
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	CHAIN COLLISION
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	4
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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

SEE ATTACH.

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	SMD8138J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU JUN KIAT
NRIC/Passport Number	SXXXX303J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBL2222B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YONG JIN GIAP

NRIC/Passport Number SXXXX769I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLS9851J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SEE CHAI MENG

NRIC/Passport Number SXXXX278E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

(A)	SMA 72604
(B)	SMA 8138J
(C)	SMA 0002B
(D)	SLS 9851J

SEE CITY

SEE CITY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 21 Dec 2019 @ 1730 hrs I veh

(A) slow down and stop suddenly with (B)

from the rear hit veh (A) Rear. veh (C) hit

veh (B) Rear. veh (D) hit veh (C) Rear

@ the point of accident veh (A) deny

(3) PAA was injured

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 Policyholder's Signature 199303821R
 Date & Time: _____
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____

N. M. A 22/12
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

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

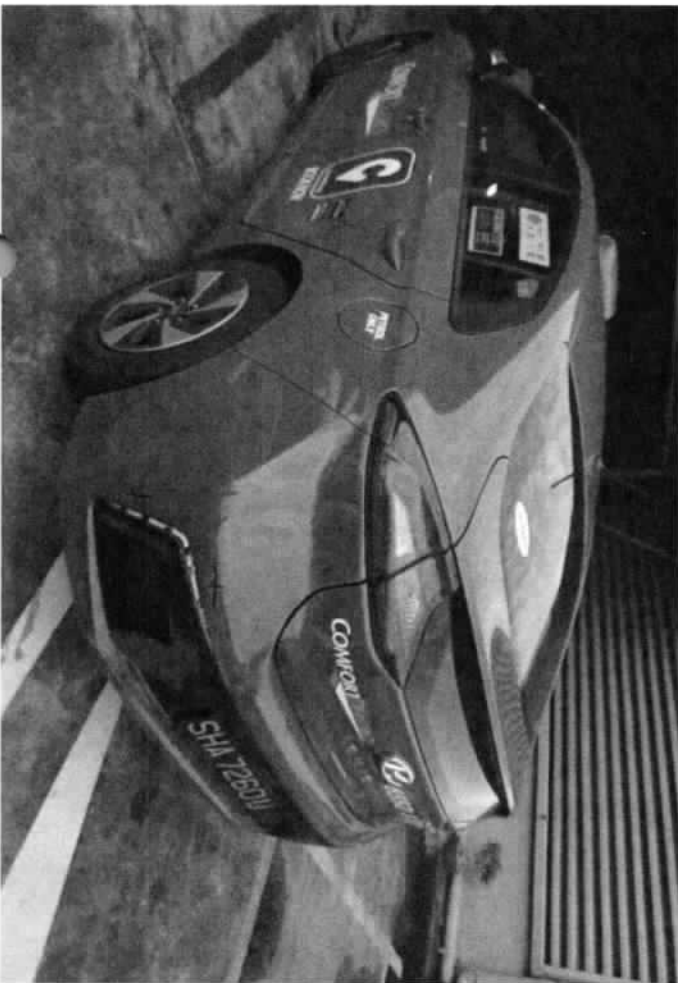
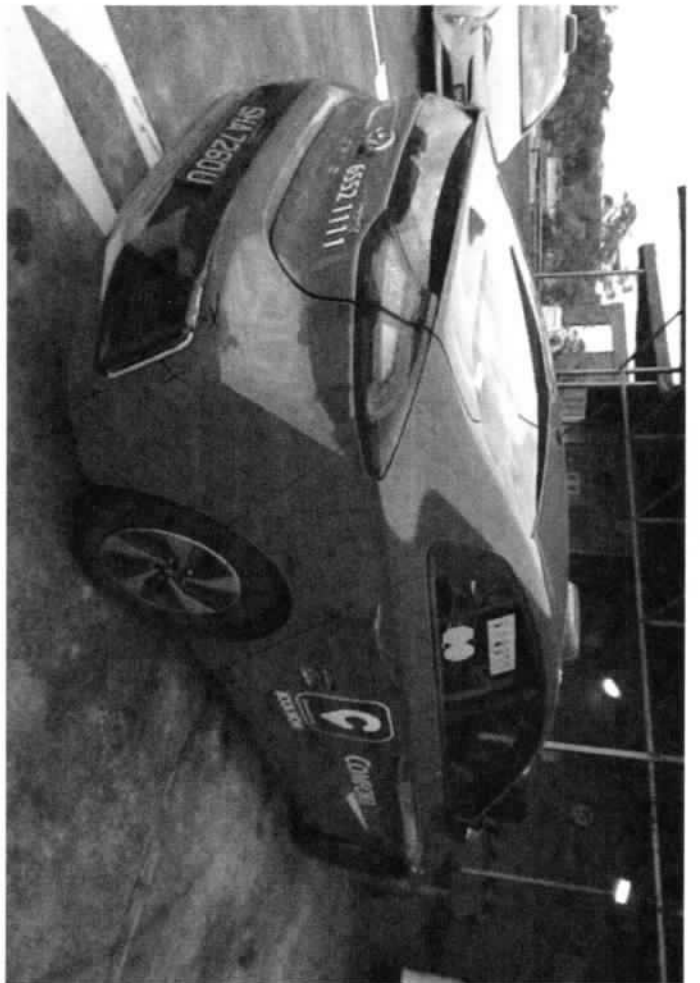
Policyholder's Signature
Date & Time:

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

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

GIA/MC SketchPlanform_V3

10-10-12 10-10-12





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7260U

DATE 23/12/2019 10:00

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper 1 Xnn (R)			\$ 459.40
	Rear Bumper Centre Moulding Assy 1 Xnn			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy Xnn			\$ 155.00
	Rear Bumper Stay Xnn			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) Xnn		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips Xnn			\$ 22.00
	Rear Bumper Reflector Lamp (RH) Xnn			\$ 31.90
	SUB TOTAL			\$ 1,323.85
	LESS 20%			\$ 264.77
	DISCOUNTED TOTAL			\$ 1,059.08
	Rear No.Plake 1 Xnn			\$ 25.00
	Rear No.Plake Trim Cover Xnn			\$ 30.00
	Rear Bumper Reverse Sensor Xnn			\$ 135.70
	Rear Bumper Rubber Mat Xnn			\$ 50.00
				\$ 240.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 2,029.78
	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:

Ram (Lkr)
23/12/19 1310
Rae Surame@lkkauto.com
68622778 WP

2nd painting
P/B Ref paint photo

10%
\$ 25.00 Nett
\$ 30.00 Nett
\$ 135.70 Nett
\$ 50.00 Nett

\$ 350.00 \$320
\$ 250.00 \$200
\$ 50.00 Xnn
\$ 80.00 \$50

254.9
2190.98

2190.98

[illegible]

Our Job Ref No : 305368857

Date : 27/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : PARA

: SHA7260U

21/12/2019

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

Z The repair job shall bill to: NTUC SMD8138J

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$544.70

(b) Labour Charges

\$570.00

Total for Part-By-Part Repair Cost

\$1,114.70

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name :

Date :

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:

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

JOB NO : 305368857
REGN NO : SHA7260U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 17.07.2019
DATE/TIME IN : 22.12.2019 08:20
ACCIDENT DATE : 21.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	eva
0002	FNPS	NO PLATE(S)	1 N	25.00	10.00	22.50	eva
0003	04-01-0104-2370-G	IONIQ LAMP ASSY-REAR FOG	1	201.50	20.00	161.20	eva (M)
						SUB-TOTAL :	544.70

JOB NATURE

0000	PB	PANEL BEATING		320.00			
0001	SP	SPRAYPAINT CHARGE		200.00			
0002	20-22	REMOVE/REFIX REVERSE SENSOR		50.00			
						SUB-TOTAL :	570.00

TOTAL : 1,114.70

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :




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/INC19022544/Ftf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-01-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMD 8138J	Veh. Inspected	SHA 7260U	
Policy No.	5102991403-01	Coverage (\$)	0.00	
Claim No.	MT/1076755-002	Excess (\$)	0.00	
Assign From		Assign Date	23/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU164939	Colour	BLUE	
Odometer	74894	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	DURATURN	6 mm	
L/H Front Tyre	195/65 R15	DURATURN	6 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	21/12/2019	Inspection Date	23/12/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7260U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	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	-
10	REAR BUMPER COVER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	NOT NECESSARY	31.90	-
1	REAR BUMPER FOG LAMP	CRACKED	201.50	201.50
	LESS 20% DISCOUNT		-305.07	-130.55
			1,220.28	522.20
<u>NETT ITEMS</u>				
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE TRIM COVER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			215.70	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			730.00	570.00
GRAND TOTAL			2,190.98	1,114.70
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,114.70

Report Ref No. NS/INC19022544/Ftf3e2

Report Ref No. NS/INC19022544/Ftf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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