

Ram

NS/INC 20000025/Psf3A2

## ASSIGNMENT

Team:

Date:

Estimated Cost:

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

To Inspect Vehicle No. SHA 8673E

at Workshop m/s

of

Insured: SMC 13812

Policy No. 5102298283-01 (27/06/2019 - 26/06/2020)

Claims No. MC/1077450-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 8673E

a Page:

1/03/2019

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

Truck / Trailer or

Make:

Hyundai iOniq (2) cc 1580

Colour:

Yellow

A/C:

Insured / Std / NI / NA

Sp Reading:

118797

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

1KMHC8S1CVKU133744

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 / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

DAVAT 1

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

30/12/19

D.O.I:

31/12/19

Survey held at

comfortdelsro (Layang)

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

SMC 13812: X

SHA 8673E: CS/FC17010819/Lgh3K2. DOA: 27/05/2017

RECEIVED 10 JAN 2020

P/P: \$1737.44/2 with 3 repair days

confirm with cherry on 8/1/2020

(\$723.62 Red - 29%)

Date/Time: File Pass to:



: Preli. Report

If

10/01/20  
T/P/24

: Final Report

Date/Time: File Return to:

Days Of Repair:

3

Resurvey No. of Trip:

1

Audit Fee:



Site Insp: (\$)



Interview: (\$)



Tech. In: (\$)



Master: (\$)

Survey Fee:

Transportation:

3 + RS: \$1

Driver:

Other:

Total Fee:

Total Fee: \$1737.44 p/p

160

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102298283-01		POH SWEE LIN GLADYS	S7329041D	GPC	drive PREMIUM	SMC1381Z	SMC1381Z	27/06/2019	26/06/2020

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 10/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	<b>MT/1077950-002</b>	CITYCAB PTE LTD	SHA 8673E	SMC 1381Z	30/12/2019	10:50	\$ 2,461.06	\$ 1,737.44
2	<b>MT/1077156-002</b>	CITYCAB PTE LTD	SHB 3883T	SHB 8949E	25/12/2019	00:05	\$ 3,628.00	\$ 2,150.00

Claim received from LKK Auto

## 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	30/12/2019 14:13
Date Of Accident	30/12/2019 10:50
Exact Location Of Accident	KAMPONG BAHRU RD OPP KEPPEL DISTRI PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8673E
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#### Insured/Policyholder

Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	1XXXXXXX9G
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-18088937MFSH
Cover Note Number	

#### Driver

Name of Driver	TAN HOCK SWEE
NRIC No	SXXXX005D
Date Of Birth	17/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90471663
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	195 11-294 KIM KEAT AVENUE
Postcode	310195
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	1

#### 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.

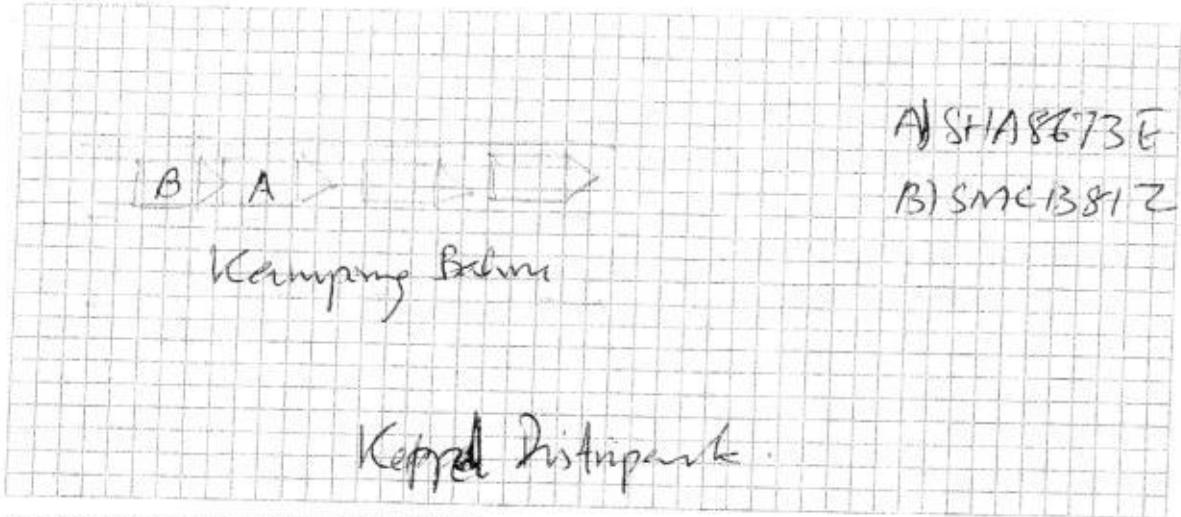
#### Attachment(s)

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	SMC1381Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS POH
NRIC/Passport Number	
Contact Number	98296227
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/12/19 at about 1050hr while I Veh A stopped because vehicles in front stopped. Veh B collided onto the right rear portion of my stationary vehicle

DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 1995028907

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.:

CUA/PMC Sketch/Ref/0001\_V3

**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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839r

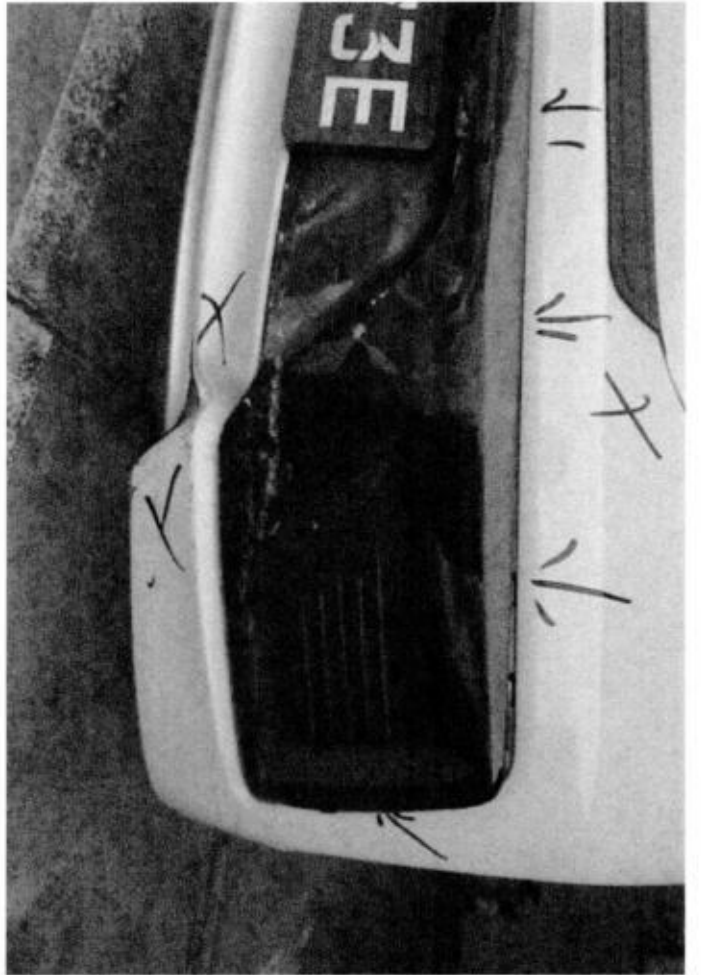
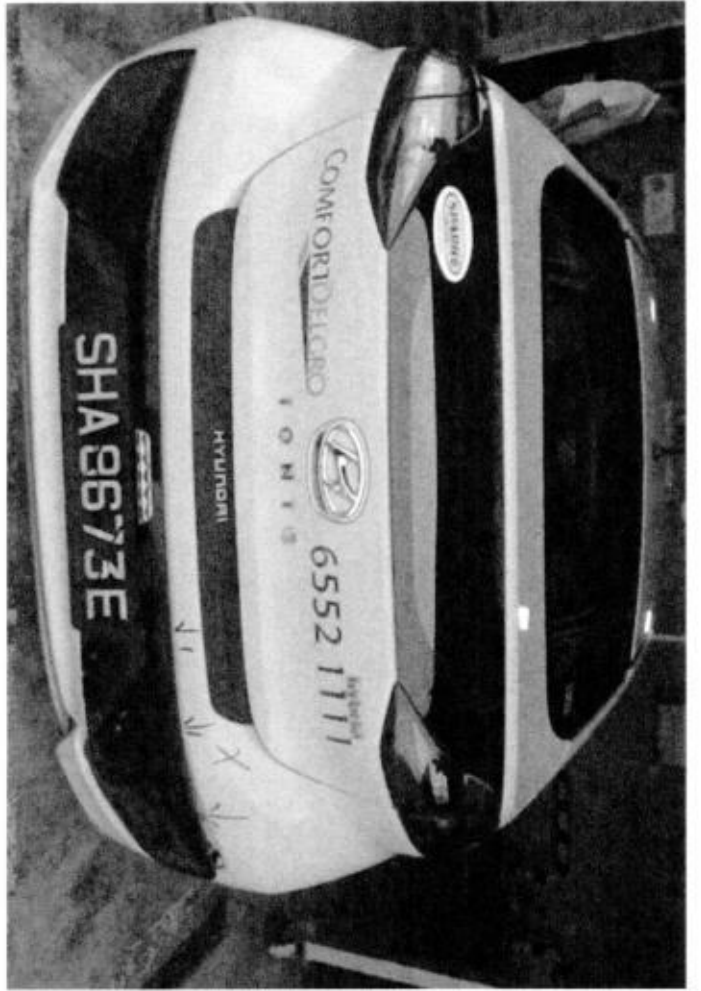
Policyholder's Signature  
Date & Time:

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

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

GIA/IMC Sketch Plan Form NO.







Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

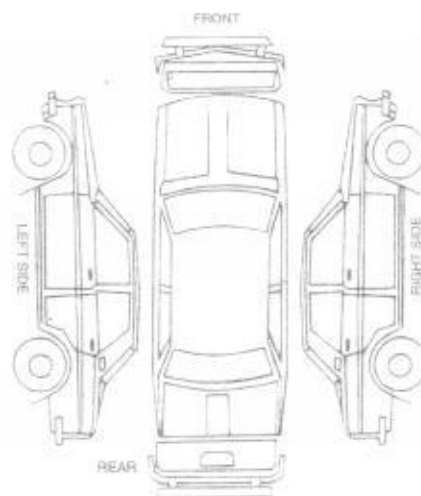
JC NO.: 30537074

CUSTOMER  MR/MS CITYCAB PTE LTD 7010070 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 TEL. (R) (P)  DISCOUNT CARD NO.	REGN NO.: SHA8673E	MILEAGE
	MAKE : HYUNDAI	FUEL E.....1/2.....
	MODEL IONIQ(G2)	DATE/TIME IN 30.12.2019 12:5
	YR OF MANU 01.03.2019	TARGET DATE
	CHASSIS CODE KMH851CVKU133744	COMPLETION DATE/TIME

## JOB DESCRIPTION

Accident Date: 30.12.2019  
NATURE: 3P 30.12.2019

S/NO      LABOR CODE      DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ime:  
No.:  
hicle No.: SHA8673E CHIANG

Vehicle No.: SHA8673E

ime of Service Advisor      Signature/Date

Name of Service Advisor      Date

be returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 8673E

DATE 30/12/2019 15:16

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <del>DEE</del> cut			\$ 459.40	
	Rear Bumper Reinforcement <del>DEE</del>			\$ 294.80	
	Rear Bumper Reinforcement Bracket (LH/RH) RH(RH)	\$	138.10	\$ 276.20	\$138.10
	Rear Bumper Centre Moulding Assy <del>CUA</del>			\$ 451.25	
	Rear Bumper Lower Centre Moulding Assy <del>XUN</del>			\$ 155.00	
	Rear Bumper Stay <del>XUN</del>			\$ 138.10	
	Rear Bumper Side Bracket (LH/RH) <del>XUN</del>	\$	33.10	\$ 66.20	
	Rear Bumper Cover Clips <del>REC</del>			\$ 22.00	
	<b>SUB TOTAL</b>			<b>\$ 1,862.95</b>	
	<b>LESS 20%</b>			<b>\$ 372.59</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,490.36</b>	
	Rear No. Plate <del>CUA</del>			\$ 25.00	Nett
	Rear No. Plate Trim Cover <del>XUN</del>			\$ 30.00	Nett
	Rear Bumper Reverse Sensor <del>XUN</del>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <del>REC</del>			\$ 50.00	Nett
				<b>\$ 240.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 350.00	\$320
	Spray Painting Charge			\$ 250.00	\$200
	Wiring Charge			\$ 50.00	XUN
	Remove/Refix Reverse Sensor			\$ 80.00	\$50
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.06</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:

*[Signature]*  
21/12/2020

Ram (LKK)  
31/12/19 1200h-5  
Parasuram@lkkato.com  
88622778 (P/D)  
(2 repair dy)  
Ref paint photo.

## REPAIR ESTIMATE

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

JOB NO : 305370744  
 REGN NO : SHA8673E  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 01.03.2019  
 DATE/TIME IN : 30.12.2019 12:55  
 ACCIDENT DATE : 30.12.2019

## 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	cr
0002	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	BDEF
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60	rec
0004	04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00	-	50.00	na
0005	FNPS	NO PLATE(S) 1 L 25.00		25.00			cr
0006	04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1	294.80	20.00	235.84	cut
0007	04-01-0104-3919-G	IONIQ STAY-RR BUMPER RH	1	138.10	20.00	110.48	B+

SUB-TOTAL : 1,167.44

## NATURE

0000	PB	PANEL BEATING		320.00		
0001	SP	SPRAYPAINT CHARGE		200.00		
0002	20-05	REMOVE/REFIX REVERSE SENSOR		50.00		

SUB-TOTAL : 570.00

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

JOB NO : 305370744  
REGN NO : SHA8673E  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.03.2019  
DATE/TIME IN : 30.12.2019 12:5  
ACCIDENT DATE : 30.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,737.44

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Our Job Ref No : 305370744  
Date : 03/01/20

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : RAM  
: SHA8673E

Fax :

20/12/2019

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

2 The repair job shall bill to: NTUC SMC1381Z

2 The finalized amount shall be:

(a) Spare Parts after List discount

\$1,167.44

(b) Labour Charges

\$570.00

**Total for Part-By-Part Repair Cost**

\$1,737.44

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

**Final Lumpsum Repair cost**

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

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

5. Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name : Ram

Date : 08/01/19

### 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/INC20000025/Fsf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-01-2020

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMC 1381Z	Veh. Inspected	SHA 8673E
Policy No.	5102298283-01	Coverage (\$)	0.00
Claim No.	MT/1077950-002	Excess (\$)	0.00
Assign From		Assign Date	31/12/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ (G2)	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU133744	Colour	YELLOW
Odometer	118797	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	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	30/12/2019	Inspection Date	31/12/2019
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: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8673E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	CUT	294.80	294.80
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$138.10	O/S BENT	276.20	138.10
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	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-372.59	-273.11
			1,490.36	1,092.44
<b>SPECIAL NETT ITEMS</b>				
1	REAR NO PLATE (SN)	CRACKED	25.00	25.00
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)	NECESSARY	50.00	50.00
			240.70	75.00
<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	50.00
			730.00	570.00
<b>GRAND TOTAL</b>			<b>2,461.06</b>	<b>1,737.44</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,737.44</b>

Report Ref No. NS/INC20000025/Fsf3n2

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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