

2000

NSI / NC 2000 2317 / P1f302

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: SGS 830m
 Policy No: 5061316368-06 (01/09/2019-31/08/2020)
 Claims No: MT/1083320-002
 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. of 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: SHD 3430G Reg: 28/07/2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai 140 cc 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 41099 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: KMH LR4UM8V093245
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205/65R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front Rear
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A: 06/02/2020 D.O.I: 7/2/2020
 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
	SHD 3430G - CS3/PC1 MRR 0215 / Ted 302 Ref: 20/05/2019
	SGS 830m - C6 / ARA 12010146 / A1 361 B.O.A. 17/04/2019
	RECEIVED 06 MAR 2020
	LS: \$1000/- with 2 repair day 3 (Ref: 1238-53, 55%)
	confirm on 11/2/2020 with UMITS

OverTime, File Pass A? ☐ Prel. Report
☒ Final Report
 Date/Time: File Return A?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Road test \$

Survey Fee:	160
Transportation:	
Photo:	
Other:	
	160

TP Claims against NTUC Income: Follow-Through Survey

Date : 6/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085996-002	COMFORT TRANSPORTATON PTE LTD	SHA 4610M	SBV 32T	26/2/2020	13:55	\$ 4,085.97
2	MT/1083320-002	COMFORT TRANSPORTATON PTE LTD	SHD 3430G	SGS 830M	6/7/2020	8:20	\$ 2,238.53
3	MT/1077851-002	COMFORT TRANSPORTATON PTE LTD	SH 9890X	SLB 9544K	29/12/2019	10:50	\$ 2,098.53
4	MT/1086221-002	COMFORT TRANSPORTATON PTE LTD	SHA 5868E	SGU 2306L	28/2/2020	9:10	\$ 2,566.48
5	MT/1085416-002	COMFORT TRANSPORTATON PTE LTD	SHD 3398S	SLJ 9580M	27/2/2020	3:30	\$ 6,130.40

eBaoTech

General Claim

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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"/>	S061316368-06		TAH LI THONG FOAM INDUSTRY	28275700K	GPC	drive CLASSIC	SGS830M	SGS830M	01/09/2019	31/08/2020

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305379621

Date : 10/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHD3430G

Date of Accident : 06-Feb-20

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

1. The repair job shall bill to: NTUC --- SGS 830M
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
 Total for Lumpsum repair cost after Less: 20% \$1,000.00
Final Lumpsum Repair cost \$1,000.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 11/2/2020

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

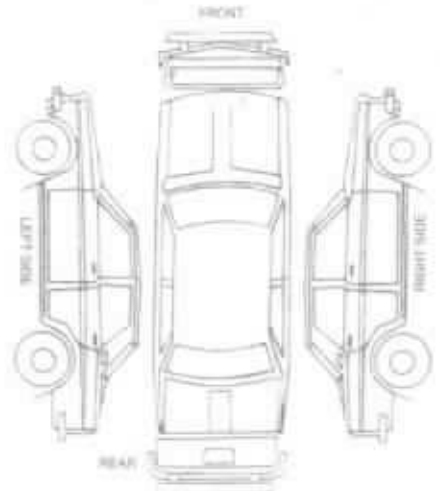
Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305379621

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (D)	REGN NO. SHD3430G MAKE HYUNDAI MODEL I-40 YR OF MANU 28.07.2016 CHASSIS CODE KMHLB41UMGU093245	MILEAGE FUEL E 1/2 F DATE/TIME IN 06.02.2020 12:50 TARGET DATE COMPLETION DATE/TIME
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Accident Date: 06.02.2020
NATURE: 3P 06.02.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Signature Slip	Exit Pass
SHD3430G LIMTS	Vehicle No.: SHD3430G
Service Advisor	Name of Service Advisor
Signature/Date	Date
Handed 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	06/02/2020 14:33
Date Of Accident	06/02/2020 08:20
Exact Location Of Accident	ALONG SLE TOWARDS BKE AT UPPER THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3430G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
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	GIDEON LEE CHEE HSUNG
NRIC No	SXXXX168J
Date Of Birth	12/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262211
Fax Number	
Contact Number	
Email Address	MIGHTYGIDEON74@GMAIL.COM

Address	BLK 28 HOY FATT ROAD #02-24
Postcode	151028
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	3
Was any body injured in the Accident?	YES
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

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	SGS830M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBC6969B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name GIDEON LEE CHEE HSUNG
Approximate Age 46
Injuries Sustain BACK, NECK AND LEG PAIN
Injured person in which vehicle? SHD3430G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAXI PASSENGER
Approximate Age
Injuries Sustain NOT WELL
Injured person in which vehicle? SHD3430G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

COMPACT TRANSPORTATION LTD
CO. REG NO. 19220521H

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/PRN No:

9-20-2024 10:00:00

Sketch Plan Pg. 2

SKETCH PLAN

A = CHD 34306

B = SGE 830M
(NCAHA)

C = SBC 6969B
(BMU)

UPPER
TUNNEL
FUTURE

SKF

SLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION LTD LTD
CO. REG. NO. 198201521R

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:

Olivia Wendy

[Signature]

[Signature]

COMFORT TRANSPORTATION LTD LTD

15 FEB 2021

Describe Circumstances of the Accident.

On the 06/02/2020@ about 08:20hrs, I was driving along SLE towards BKE direction with 1 male passenger on board my taxi.

As I was driving the front vehicle slow down to stop so I stop as well when suddenly there's an impact from behind my taxi. I step out to check and found out a vehicle of SGS830M front portion had collided onto my taxi rear portion. There's another vehicle of SBC6969B involved in this chain collision.

My back, neck and leg pain after the impact and will consult doctor later.

My passenger informed that he will consult doctor as well.

Declaration

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

COMFORT TRANSPORTATION PTE LTD.
CO. REG. NO. 199203521H

Policyholder's Signature/Date &
Time

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

Olivia Iyendy

Witnessed by Reporting
Centre Personnel

18 FEB 2020

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - LFS
LKF - Ram

Date: 06.02.2020

Time: 16:32:27

Page: 1

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

JOB NO : 305379621
 REGN NO : SHD3430G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 28.07.2016
 DATE/TIME IN : 06.02.2020 12:50
 ACCIDENT DATE : 06.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	cut
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	Xnn
0003	04-01-0103-0739-G	REAR BUMPER SPONGE	1	103.50	20.00	82.80	Xnn
0004	04-01-0103-0740-G	REAR BUMPER BEAM	1	428.40	20.00	342.72	Xnn
0005	04-01-0103-0742-G	REAR BUMPER STAY LH	1	80.30	20.00	64.24	Xnn
0006	04-01-0103-0743-G	REAR BUMPER STAY RH	1	80.30	20.00	64.24	Xnn
0007	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	rec
0008	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	Xnn

SUB-TOTAL : 1,318.53

JOB NATURE

0000	20-05	Rear Bumper Adv.Sticker	50.00	rec
0001	PB	PANEL BEATING	300.00	\$286
0002	SP	SPRAYPAINT CHARGE	250.00	\$200

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.02.2020

REPAIR ESTIMATE NTUC - 4LS

Time: 16:53:27

Page: 2

LKK - Ram

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

JOB NO : 305379621
REGN NO : SHD3430G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.07.2016
DATE/TIME IN : 06.02.2020 12:50
ACCIDENT DATE : 06.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 L R/I REVERSE SENSOR 120.00 150

0004 20-05 Rear Fender Adv.Sticker RH/LH 200.00

SUB-TOTAL : 920.00

TOTAL : 2,238.53

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

Handwritten notes and signatures:
11/2/2020
Ram (LKK)
7/02/2020 1245
Perangin @ LKK do Ram
88622728
4LS all repair photo
2 repair 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20002319/Ftf3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 09-03-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGS 830M	Veh. Inspected	SHD 3430G
Policy No.	5061316368-06	Coverage (\$)	0.00
Claim No.	MT/1083320-002	Excess (\$)	0.00
Assign From		Assign Date	07/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093245	Colour	BLUE
Odometer	441099	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/65 R16	HANKOOK	6 mm
L/H Front Tyre	205/65 R16	HANKOOK	6 mm
R/H Rear Tyre	205/65 R16	HANKOOK	6 mm
L/H Rear Tyre	205/65 R16	HANKOOK	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/02/2020	Inspection Date	07/02/2020
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3430G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CUT	553.00	553.00
1	REAR BUMPER UNDER COVER	NOT NECESSARY	228.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER BEAM	NOT NECESSARY	428.40	-
1	REAR BUMPER STAY LH	NOT NECESSARY	80.30	-
1	REAR BUMPER STAY RH	NOT NECESSARY	80.30	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-299.10	-115.00
			1,196.40	460.00
NETT ITEMS				
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	REAR BUMPER ADV.STICKER (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADV.STICKER RH / LH (SN)	NECESSARY	200.00	200.00
			250.00	250.00
LABOUR				
	PANEL BEATING.		300.00	280.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	50.00
			670.00	530.00
GRAND TOTAL			2,238.53	1,240.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,000.00

Report Ref No. NS/INC20002319/Ftf3e2

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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