

ASS. REG. BY:

Taufik

REF:

NS/INC 20002321 / Tlsd3n2
INC

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: SGP 3378Z

Policy No. 5114743088 (13/12/2019-12/12/2020)

Claims No. MT/1083558-002

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

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

Lim

Veh No:

SH 7343Y

Yr Regn: 2019, at

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

Truck / Trailer or

Make:

Hyundai / i90

c.c. 1580

Colour:

Blue

AC: Insured / Std / NI / NA

Sp. Reading

44780

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

1KMH857CVL4/8 8640

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:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

10/2/20 @ 449pm

Survey held at

CDUE Logany

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

Frd o/s

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

Date / Time

Action / Instruction

SH 7343Y - NS/INC 11007051 / H/bn

DOA: 16/04/2011

SGP 3378Z - X

27/2

Q2021.42, 3 days, e-mail to Lim.

C \$ 1,065.90 Red - 36% - 35%

RECEIVED 26 FEB 2020

Date/Time, File Pass to?

28/02/20



Preli. Report



Final Report

1) Typist

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

2

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

Report Form:

Lump Sum (P.P.) \$2,021.42 PP

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="08/02/2020 10:21"/>
Vehicle No.(For Motor)	<input type="text" value="SGP3378Z"/>	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 type="radio"/>	5114743088		HARWOOD-JONES, ANTHONY	G5366943W	GPC	drivo CLASSIC	SGP3378Z	SGP3378Z	13/12/2019	12/12/2020

TP Claims against NTUC Income: Follow-Through Survey

Date : 27/02/2020

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	MT/1086180-001	COMFORT TRANSPORTATION PTE LTD	SHD 3355R	SGU 1464U	08/02/2020	12:00	\$ 1,906.34	\$ 1,156.25
1	MT/1083558-002	COMFORT TRANSPORTATION PTE LTD	SH 7343Y	SGP 3378Z	08/02/2020	12:50	\$ 3,087.32	\$ 2,021.42

Shirley Hiew (LKK Auto)

From: Taufikh (LKKAuto)
Sent: Thursday, 27 February 2020 12:02 pm
To: 'Lim Kwok Eng'
Cc: Shirley Hiew (LKK Auto)
Subject: RE: SH7343Y - finalize

Hi Lim,

COR \$2021.42 , 3 days.

Regards
Taufikh
Lkk Auto

From: Lim Kwok Eng [mailto:limke@cdge.com.sg]
Sent: Tuesday, 25 February 2020 1:04 PM
To: Taufikh (LKKAuto); Veron Chen (LKKAuto)
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: Fw: SH7343Y - finalize

Resend,

Dear Taufikh,

Pls refer attachments

Best Regards
Lim Kwok Eng
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8355 / 6214-8156



Think Before Printing

From: Lim Kwok Eng
Sent: Tuesday, 25 February 2020 1:01 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>; Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Cc: Roger How Keen Meng <rogerhow@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: SH7343Y - finalize

Dear Taufikh,

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	10/02/2020 08:55
Date Of Accident	08/02/2020 12:50
Exact Location Of Accident	SENTOSA ROUNDABOUT, ARTILLERY AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7343Y
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TOH POH KENG
NRIC No	SXXXX717E
Date Of Birth	08/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1978
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98808256
Fax Number	
Contact Number	
Email Address	KELVINTOHPK@YAHOO.COM

Address	BLK 118 BEDOK NORTH STREET 2 #15-184
Postcode	460118
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	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?	
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)	6
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : FEMALE
Passenger 5	NAME: : - GENDER: : FEMALE

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	SGP3378Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90037542
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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. 10930382115

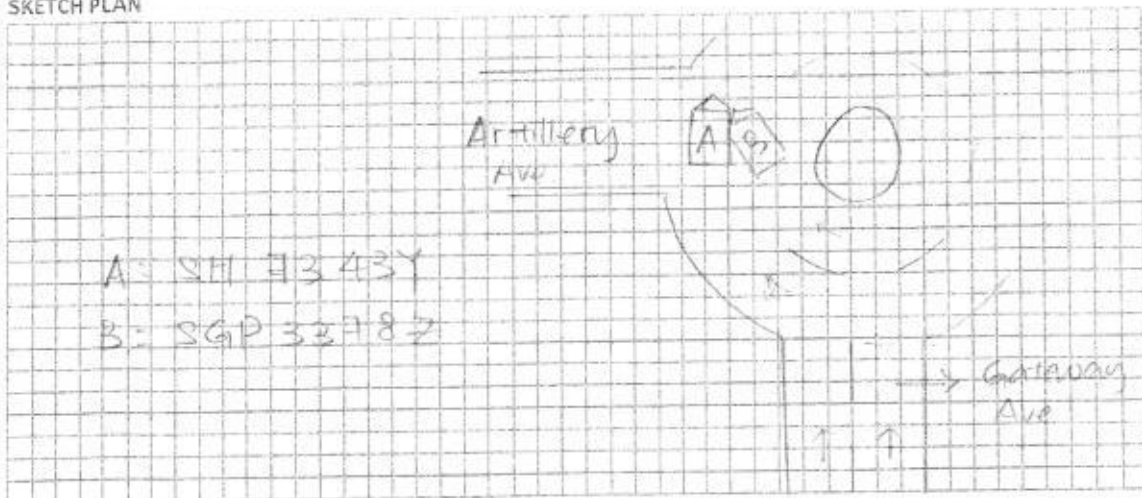
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/2/2020 at about 12:50 hrs, I Veh A was driving straight at above said location with 2 adult 3 children passenger onboard. Suddenly I felt an impact from right hand side. Veh B proceeded left turn on right lane and it front left portion collided onto the right front portion of my taxi. Some photo taken to support my claims. No injury at the point of accident.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

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

Attachment SketchPlanForm_03



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305380152

CUSTOMER

AS.

CUSTOMER NO.

RESS

(R)

(P)

QUANTITY CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

(Q)

NTUC

REGN NO:

SH 7343Y

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G3)

DATE/TIME IN

08.02.2020 14:30

YR OF MANU

30.10.2019

TARGET DATE

CHASSIS CODE

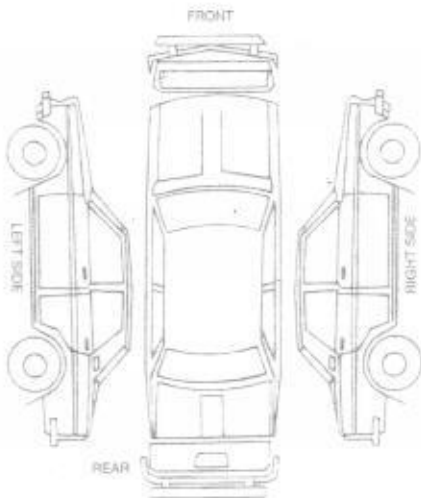
KMHC851CVLU188640

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 08.02.2020
NATURE: 3P 08.02.2020

S/NO LABOR CODE DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.:

SH 7343Y

LKE

RAM

Vehicle No.:

SH 7343Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

Date: 10/02/20

Insurance: NTUC

MVA: LKE

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			Rx \$418.30
1	FRT FENDER RH			bb \$490.70
1	FRT FENDER SHIELD RH			nn X \$114.70
1	FRT FENDER EMBLEM 'BLUE DRIVE' RH			ner \$26.60
1	FRT WHEEL HUB CAP RH			cut \$346.40
1	FRT DOOR PROTECTOR RH			cut \$116.20
1	ROCKER PANEL OUTER GARNISH RH			Rx \$290.00
<p><i>12/2/2020</i></p> <p><i>Taylor 97495749</i></p> <p><i>WP</i></p> <p><i>10/2/20 2440</i></p> <p><i>P/P, Resurvey before paint</i></p> <p><i>3 days</i></p> <p><i>sure (blank) - mm</i></p>				
SUB TOTAL			979.90	\$1,802.90
LESS 20%				\$360.58
DISCOUNTED TOTAL			783.92	\$1,442.32
1	FRT DOOR COMFORT LOGO RH			all \$75.00
<p>Labour Charge</p> <p>PANEL BEATING</p> <p>SPRAY PAINTING CHARGE</p> <p>TUFF KOTE</p> <p>FRT WHEEL ALIGNMENT</p>				10% \$75.00
<p>Labour Charge</p> <p>PANEL BEATING</p> <p>SPRAY PAINTING CHARGE</p> <p>TUFF KOTE</p> <p>FRT WHEEL ALIGNMENT</p>				67-50
				480 \$640.00
				600 \$800.00
				30 \$50.00
				60 \$80.00
TOTAL LABOUR				\$1,570.00
ESTIMATE TOTAL				\$3,087.32

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.

$$\begin{array}{r} 783.92 \\ 67.50 \\ \underline{1170} \\ \$2021.42 \end{array}$$

63 days

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.02.2020

Time: 09:22:49

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 : 305380152
 REGN NO : SH 7343Y
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 08.02.2020 14:30
 ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1 L	490.70	20.00	392.56
0002 04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1 L	26.60	20.00	21.28
0003 03-01-0104-2137-G	IONIQV4 CAP ASSY-WHEEL HU	1 L	346.40	20.00	277.12
0004 04-01-0104-2468-G	IONIQ MOULDING ASSY-W/LIN	1 L	116.20	20.00	92.96
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50

SUB-TOTAL : 851.42

JOB NATURE

0000 L	PANEL BEATING	480.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	30.00
0003 20-08	ADJUST FRONT WHEEL ALIGNMENT	60.00

SUB-TOTAL : 1,170.00

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

JOB NO : 305380152
REGN NO : SH 7343Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2019
DATE/TIME IN : 08.02.2020 14:
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,021.42

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305380152

Date : 25.02.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr TAUFIKH

Vehicle Reg No. : SH7343Y CTPL

08.02.20

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

1. The repair job shall bill to: **NTUC** --- **SGP3378Z**
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$851.42
(b) Labour Charges	\$1,170.00
Total for Part-By-Part Repair Cost	\$2,021.42
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
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 : 

Signature : 

Name : LIM KWOK ENG

Name :

Tel : 62148316

Date :

Fax : 65468156

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:



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/INC20002321/T1sd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 02-03-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGP 3378Z	Veh. Inspected	SH 7343Y
Policy No.	5114743088	Coverage (\$)	0.00
Claim No.	MT/1083558-002	Excess (\$)	0.00
Assign From		Assign Date	10/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU188640	Colour	BLUE
Odometer	44780	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	MICHELIN	6 mm
L/H Front Tyre	195/65 R15	MICHELIN	6 mm
R/H Rear Tyre	195/65 R15	MICHELIN	6 mm
L/H Rear Tyre	195/65 R15	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	08/02/2020	Inspection Date	10/02/2020
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:	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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7343Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRT BUMPER COVER	TO REPAIR SEE LABOUR	418.30	-
1	FRT FENDER RH	BENT	490.70	490.70
1	FRT FENDER SHIELD RH	NOT NECESSARY	114.70	-
1	FRT FENDER EMBLEM "BLUE DRIVE" RH	NECESSARY	26.60	26.60
1	FRT WHEEL HUB CAP RH	CUT	346.40	346.40
1	FRT DOOR PROTECTOR RH	CUT	116.20	116.20
1	ROCKER PANEL OUTER GARNISH RH	TO REPAIR SEE LABOUR	290.00	-
	LESS 20% DISCOUNT		-360.58	-195.98
			1,442.32	783.92
NETT ITEMS				
1	FRT DOOR COMFORT LOGO RH (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT BUMPER COVER AND ROCKER PANEL OUTER GARNISH RH.		640.00	480.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			1,570.00	1,170.00
GRAND TOTAL			3,087.32	2,021.42
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,021.42

Report Ref No. NS/INC20002321/T1sd3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.