

ASS. REG. BY:

Tang

REF:

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: 84U 1464U

Policy No: 5090971300-02 (30/5/2019-2/5/2020)

Claims No: MT/1086180-001

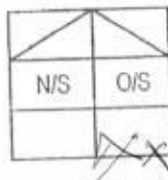
Sum Insured: Excess:

(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 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

Date:

Person Contacted:

Vehicle: IN / OUT

Lin

Veh No: 84D335SR

Yr Regn: 2019, Nov

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

Truck / Trailer or

Make: Hyundai

c.c. 1500

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: —

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I. 10/2/20

Survey held at

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
	bat week
	84D335SR-CC4 / III 701902 / Uua392
	84U1464U-X
27/2	\$1156.25, 2 days, e-mail to Lin
	CF 750.09 Red - 39%?
	27/2/2020
	RECEIVED 28 FEB 2020

Date/Time, File Pass by?

28/02/20

1)

Typist

Date/Time, File Return to?

2)

Rep. Form

Lump Sum / REP. C

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

\$ 1,156.25 pp

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

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 type="radio"/>	5090971300-02		NAGARAJAN S/O NEELAN	S1231264D	GPC	drivo CLASSIC	SGU1464U	SGU1464U	30/05/2019	02/05/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305380153

TOMER

REGN NO.:

SHD3355R

MILEAGE

AS

COMFORT TRANSPORTATION PTE LTD

TOMER NO.

7010045

MAKE :

HYUNDAI

FUEL

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

RESS

383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

MODEL

IONIQ(G3)

DATE/TIME IN

08.02.2020 15:10

(R)

(P)

YR OF MANU.

07.11.2019

TARGET DATE

CHASSIS CODE

KMHC851CVLU188214

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

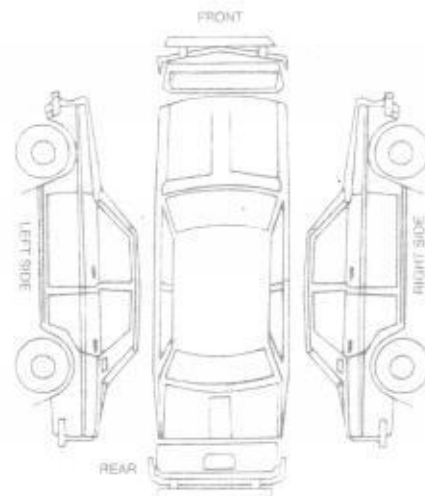
Accident Date: 08.02.2020

NATURE: 3P 08.02.2020

S/NO

LABOR CODE

DESCRIPTION



ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.:

SHD3355R

LKE

RAM

Vehicle No.:

SHD3355R

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## 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: SHD3355R - finalize

Hi Lim,

COR \$1156.25 , 2 days.

Regards  
Taufikh  
Lkk Auto

---

**From:** Lim Kwok Eng [mailto:limke@cdge.com.sg]  
**Sent:** Tuesday, 25 February 2020 1:45 PM  
**To:** Taufikh (LKKAUTO); Veron Chen (LKKAUTO)  
**Cc:** Roger How Keen Meng; Tan Pei Wei  
**Subject:** SHD3355R - finalize

Dear Taufikh / Veron,

Pls refer attachments

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



Think Before Printing

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

## 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 08:27
Date Of Accident	08/02/2020 12:00
Exact Location Of Accident	WOODLANDS AVE 6 X WOODLANDS DRIVE 61
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3355R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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	NG JOO LEE
NRIC No	SXXXX663B
Date Of Birth	24/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1982
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97823121
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 238 COMPASSVALE WALK #04-550
Postcode	540238
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

REFER 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	SGU1464U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
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.

COMPLIANCE OFFICER - GENERAL INSURANCE LTD  
C.O.F.

Policyholder's Signature  
Date & Time:

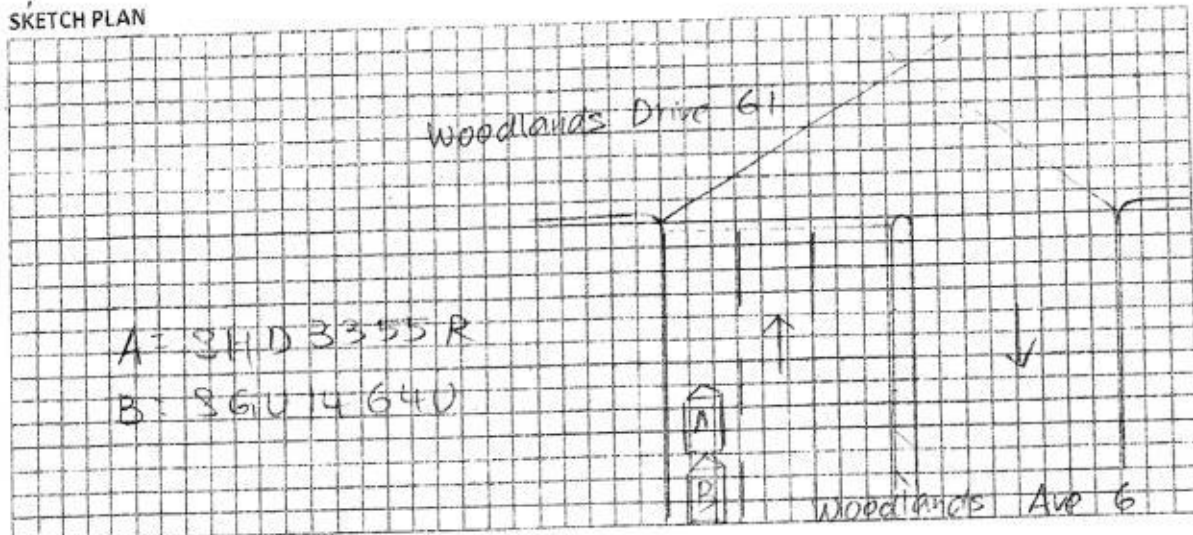
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Lok Vwei Yeng  
NRIC/FIN No:



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/02/2020 at about 12:00 hrs, I

Veh A comes to stop at above said road

as traffic red light. Suddenly I felt an impact from

behind followed by a jerk. Veh B from position

collided onto the rear right portion of my stationary

taxi. No injury at the point of accident

## DECLARATION

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

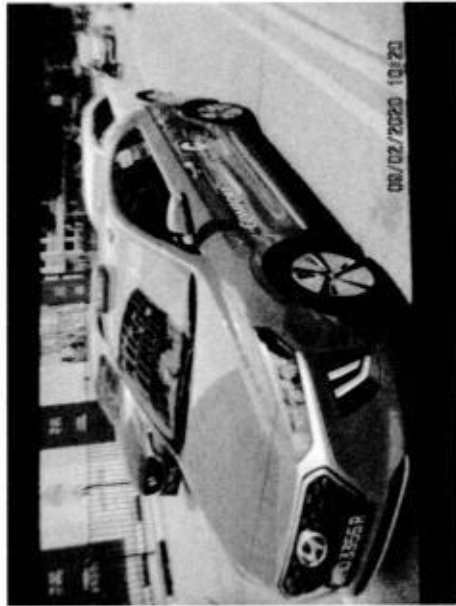
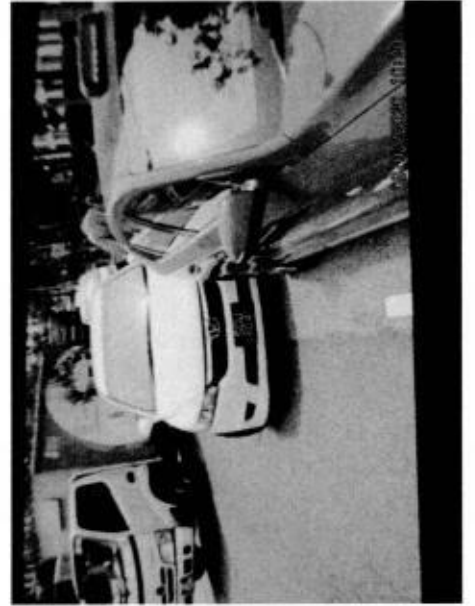
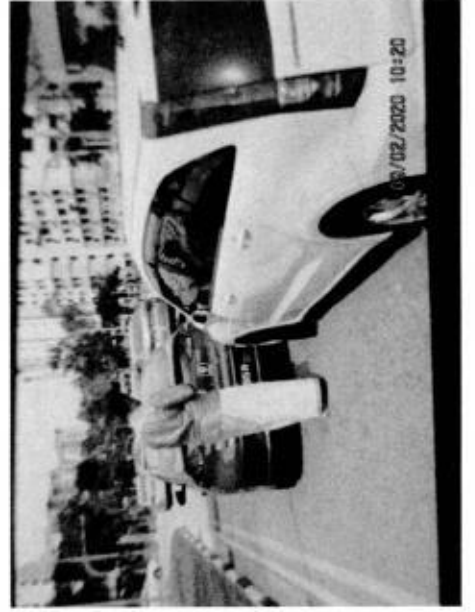
COMPANY NAME: NEW SURETY LTD  
CORPORATE NO: 19703921N

Policyholder's Signature  
Date & Time:

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

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

Q:\APAC\SketchPlanForm\_23



## COMFORT TRANSPORTATION PTE LTD

## REPAIR ESTIMATE

Vehicle No. : SHD3355R 08/02/20

Date: 10/02/20

Make : HYUNDAI

Insurance: NTUC

Model : IONIQ(G3)

MVA: LKE

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			Rx \$459.40
10	REAR BUMPER CLIPS			all ✓ \$22.00
1	REAR BUMPER CENTRE MOULDING ASSY			Cwa ✓ \$451.25
1	REAR BUMPER LOWER MOULDING			nn x \$155.00
1	REAR BUMPER REFLECTOR RH			Cat ✓ \$31.90
			505.15	\$1,119.55
				\$223.91
			404.12	\$895.64
1	REAR NUMBER PLATE			nn x \$25.00 Net
1	REAR NUMBER PLATE TRIM COVER			nn x \$30.00 Net
1	REAR BUMPER RUBBER MAT			sn → nec ✓ \$50.00 Net
1	REAR BUMPER REVERSE SENSOR			10% → mw ✓ \$135.70 Net
				\$240.70 122.13
				sn 50 172.13
Labour Charge				
PANEL BEATING			320	\$350.00
SPRAY PAINTING CHARGE			200	\$250.00
WIRING CHARGE			30	\$50.00
REMOVE/REFIX REVERSE SENSOR			30	\$120.00
				580
TOTAL LABOUR				\$770.00
ESTIMATE TOTAL				\$1,906.34

LKK Auto Consultants hence notify

the Repairer of the following:

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.

• 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:

404.12

172.13

580

\$1156.25

02 days

Our Job Ref No : 305380153

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. : SHD3355R 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 --- SGU1464U
2. The finalized amount shall be:
- |   |                   |
|---|-------------------|
| (a) Spare Parts after List discount           | \$576.25          |
| (b) Labour Charges                            | \$580.00          |
| <b>Total for Part-By-Part Repair Cost</b>     | <b>\$1,156.25</b> |
| (c.) Lumpsum Repair (if applicable)           |                   |
| Total for Lumpsum repair cost after Less: 20% |                   |
| <b>Final Lumpsum Repair cost</b>              |                   |

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 KWOK ENG

Tel : 62148316

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		NO		
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 : 305380153  
 REGN NO : SHD3355R  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G3)  
 DATE OF REGN : 07.11.2019  
 DATE/TIME IN : 08.02.2020 15:10  
 ACCIDENT DATE : 08.02.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0104-0852-G	IONIQVC REFLECTOR/REFLEX	1 L	31.90	20.00	25.52
0004 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13

SUB-TOTAL : 576.25

## JOB NATURE

0000 L	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 17-01	CHECK ALL LIGHTING	30.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 580.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 15.02.2020

Time: 14:01:30

Page: 2

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

JOB NO : 305380153  
REGN NO : SHD3355R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G3)  
DATE OF REGN : 07.11.2019  
DATE/TIME IN : 08.02.2020 15  
ACCIDENT DATE : 08.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,156.25

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/INC20002322/T1sd3s2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 02-03-2020	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SGU 1464U	Veh. Inspected	SHD 3355R
Policy No.	5090971300-02	Coverage (\$)	0.00
Claim No.	MT/1086180-001	Excess (\$)	0.00
Assign From		Assign Date	10/02/2020
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU188214	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	08/02/2020	Inspection Date	10/02/2020
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHD 3355R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER COVER	TO REPAIR SEE LABOUR	459.40	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER MOULDING	NOT NECESSARY	155.00	-
1	REAR BUMPER REFLECTOR RH	CUT	31.90	31.90
	LESS 20% DISCOUNT		-223.91	-101.03
			895.64	404.12
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	NOT WORKING	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	25.00	-
1	REAR NUMBER PLATE TRIM COVER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			105.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER COVER.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			-	-
			-	-
			-	-
			770.00	580.00
<b>GRAND TOTAL</b>			<b>1,906.34</b>	<b>1,156.25</b>

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,156.25
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Report Ref No. NS/INC20002322/T1sd3s2

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

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