

REF NS/INC20002326/Fsd30r

## ASSIGNMENT

Veh No: SHD 3523Y Date: 15/12/2016

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

Truck / Trailer or

Make: Hyundai 140

CC 1685

Colour: Blue

MTC Insured / Std / NI / NA

Sp/Reading: 535066

T/Radio: Insured / Std / NI / NA

Eng/No: -

C/N: KMHLEB410M4U097175

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: 205/60R16

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: 07/02/2020 1000

D.O.I: 7/02/2020

Survey held at: Comfortdelgro (Loyang)

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

N/S Frt &amp; Frt

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

Estimated Cost

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

To Inspect Vehicle No:

At Workshop ref:

Insured: FBQ 5834P

Policy No: 511391S464 (6/11/2019-5/11/2020)

Claims No: MT/1083588-002

Sum Insured:

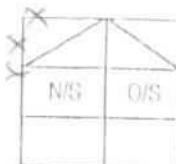
Excess:

(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 Report: Consistent? Yes or No

CNA / PR Seen: Consistent? Yes or No

Est. Repairs: days Res: Yes or No

Cum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle, IN / OUT

Date / Time: Action / Instruction:

SHD 3523Y-CC3/A1414001538 / Yey3q2

FBQ 5834P-X

RECEIVED 02 MAR 2020

( \$ 2,454.40 Red - 40% )

HS: \$3750/- with ~~2~~ 4 repair days

confirm on 28/02/2020 with Sumari

DOA: 22/01/2014

NTUC

LIS

28/2/2020

Inspection Date: 02/03/20

☐ : Prelim. Report

Days Of Repair: 4

Type: 4

☒ : Final Report

Resurvey No. of Trip: 1

Date of Return:

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

Survey Fee:

Transportation:

Parking:

Other:

Total:

Grand Total:

160

160

Report Format:

Lump Sum / L.B.B. (\$): \$3,750/- 4s

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2020

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/1085806-002	COMFORTDELGRO	SHD 4825U	GBC 593R	25/02/2020	8:45	\$ 2,346.22	\$ 1,021.00
2	MT/1083588-002	COMFORTDELGRO	SHD 3523Y	FBQ 5834P	07/02/2020	10:00	\$ 6,204.40	\$ 3,750.00
3	MT/1085036-002	COMFORTDELGRO	SHC 7305P	SLB 3273G	19/02/2020	14:40	\$ 7,372.68	\$ 4,100.00
4	MT/1085219-002	COMFORTDELGRO	SHD 3699Z	GR 5818Y	20/02/2020	11:15	\$ 2,045.38	\$ 1,000.00
5	MT/1085285-002	CITYCAB P/L	SHC 7042Y	GBD 9858M	19/02/2020	17:00	\$ 2,692.98	\$ 1,500.00
6	MT/1084810-002	CITYCAB P/L	SHC 7997S	SKQ 3073A	17/02/2020	15:00	\$ 15,324.26	\$ 7,500.00
7	MT/1085980-002	COMFORTDELGRO	SHA 4627K	SDD 6366L	26/02/2020	7:50	\$ 1,734.53	\$ 740.00
8								
9								
10								
11								

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"/>	5113915464		HAMDAN BIN ASIM	S68091171	GMC	Third Party, Fire & Theft	FBQ5834P	FBQ5834P	06/11/2019	05/11/2020

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305379793

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

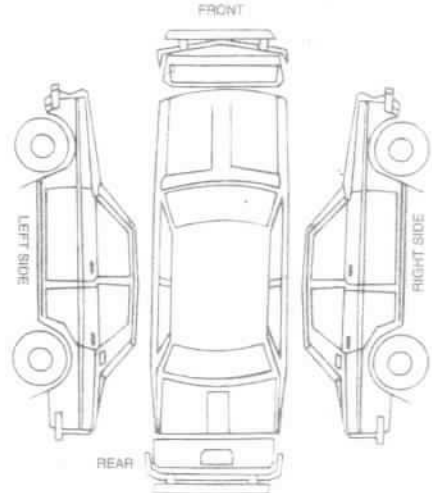
REGN NO:	SHD3523Y	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	15.12.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMHU097175	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 07.02.2020  
NATURE: 3P 07.02.2020

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Exit Pass	Vehicle No.: SHD3523Y
Signature/Date	Date
Name of Service Advisor	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	07/02/2020 13:45
Date Of Accident	07/02/2020 10:00
Exact Location Of Accident	SLE TWDS CTE > CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3523Y
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#### 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	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	YUNOS BIN YAHYA
NRIC No	SXXXX887B
Date Of Birth	08/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1991
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82234753
Fax Number	
Contact Number	
Email Address	YUNOSYAHYA@HOTMAIL.COM

Address	BLK 437 YISHUN AVENUE 6 #04-2054
Postcode	760437
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	SIDE SWIPE
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?	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	FBQ5834P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HAMDAN BIN ASIM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	HAMDAN BIN ASIM
Approximate Age	
Injuries Sustain	SLIGHT PAIN ON THE LEG
Injured person in which vehicle?	FBQ5834P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

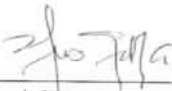
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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

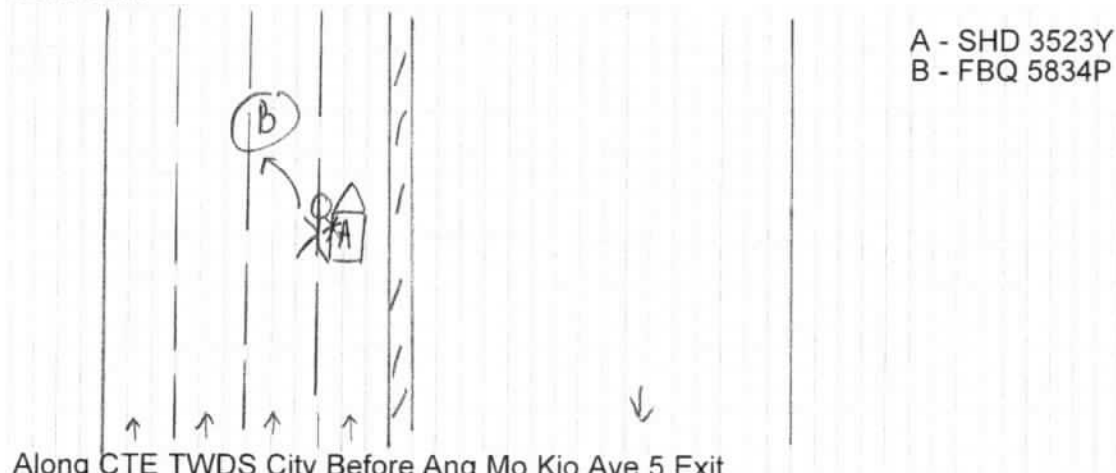
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07.02.2020  
@ 11:45 hrs

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



SKETCH PLAN



Along CTE TWDS City Before Ang Mo Kio Ave 5 Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07.02.2020 at about 10:00 hours I was travelling along CTE TWDS City Before
Ang Mo Kio Ave 5 Exit with One Male Passenger onboard .
While I was travelling on the extreme right lane , suddenly veh B ( FBQ 5834P )
cut into my lane and collided into my lane and collided into my taxi A - Whole Left
Portion .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B ( FBQ 5834P ) - Male Driver

DECLARATION

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

TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

07.02.2020  
@ 11:45 hrs

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

*Signature #12*



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

JOB NO : 305379793  
 REGN NO : SHD3523Y  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 15.12.2016  
 DATE/TIME IN : 07.02.2020 11:15  
 ACCIDENT DATE : 07.02.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76	<i>crn</i>
0002 04-01-0103-0781-A	I40VC LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40	<i>Xm</i>
0003 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	566.30	20.00	453.04	<i>PD</i>
0004 04-01-0103-0657-G	I40V2 GUARD ASSY-FR WHEEL	1	174.90	20.00	139.92	<i>MIS</i>
0005 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68	<i>crn</i>
0006 04-01-0103-0637-G	I40VC BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92	<i>nec</i>
0007 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68	<i>Xm</i>
0008 04-01-0103-0600-G	I40VC MIRROR ASSY-O/S REA	1	670.00	20.00	536.00	<i>86</i>

SUB-TOTAL : 3,204.40

2074.32

## JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 17-01	CHECK ALL LIGHTING

~~800.00~~

\$800

800.00

\$680

50.00

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

JOB NO : 305379793  
REGN NO : SHD3523Y  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2016  
DATE/TIME IN : 07.02.2020 11:15  
ACCIDENT DATE : 07.02.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				
0004 20-08 ADJUST FRONT WHEEL ALIGNMENT	100.00		\$80		
0005 20-05 RENEW ADVERTISMENT STICKER-	100.00		nee		
SUB-TOTAL :					1,900.00

TOTAL : 5,104.40 6204.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

*[Signature]*  
12/2/2020 Ram (CRR)  
7/2/2020 1530hrs  
Pavesuram@4kauto.com  
8862772  
L/S 4 1 repair days  
all repair & photo

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
REAR FENDER ADVERTISEMENT LOGO	2	\$200.00	NET <del>to</del> <del>be</del> <del>done</del> <del>on</del> <del>the</del> <del>car</del> <del>itself</del> <del>and</del> <del>not</del> <del>on</del> <del>a</del> <del>separate</del> <del>piece</del> <del>of</del> <del>paper</del> <del>or</del> <del>cardboard</del> <del>etc.</del>
CHECK ITEM			
LABOUR			
PANEL BEATING (REAR)		\$400.00	\$280
SPRAYPAINT		\$500.00	\$400
TOTAL:		\$1,100.00	JUMANI

Our Job Ref No 305379793  
Date : 19/02/2020

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

## FINALIZATION FORM

To : LKK  
Attn : RAM  
: SHD3523Y

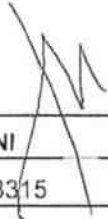
Fax :  
DOA: 07/02/20


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

1. The repair job shall bill to: NTUC --- FBQ5834P  
###
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) NI ### \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% **\$3,750.00**
  - Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 4 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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : Ram  
Date : 28/02/2020

### 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		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/INC20002326/Fsd3e2

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.	FBQ 5834P	Veh. Inspected	SHD 3523Y
Policy No.	5113915464	Coverage (\$)	0.00
Claim No.	MT/1083588-002	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.	KMHLB41UMHU097175	Colour	BLUE
Odometer	535066	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT AND FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	07/02/2020	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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 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. SHD 3523Y**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	I40V3 BUMPER W LIP & FOG	CRACKED	1,052.20	1,052.20
1	I40VC LAMP ASSY-HEAD LH#	NOT NECESSARY	1,388.00	-
1	I40VC PANEL-FENDER LH+	DENTED	566.30	566.30
1	I40V2 GUARD ASSY-FR WHEEL	MISSING	174.90	174.90
1	I40VC CAP ASSY-WHEEL HUB	CRACKED	107.10	107.10
1	I40VC BRKT ASSY-FR BPR UP	NECESSARY	22.40	22.40
1	I40VC BRACKET-FR BUMPER S	NOT NECESSARY	24.60	-
1	I40VC MIRROR ASSY-O/S REA	BROKEN	670.00	670.00
	LESS 20% DISCOUNT		-801.10	-518.58
			3,204.40	2,074.32
<b><u>SPECIAL NETT ITEMS</u></b>				
1	ADVERTISEMENT STICKER (SN)	NECESSARY	100.00	100.00
2	REAR FENDER ADVERTISEMENT LOGO (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		1,200.00	1,080.00
	SPRAYPAINT CHARGE.		1,300.00	1,080.00
	CHECK ALL LIGHTING.		50.00	50.00
	TUFF COAT ON AFFECTED PARTS.		50.00	50.00
	ADJUST FRONT WHEEL ALIGNMENT.		100.00	80.00
			2,700.00	2,340.00
<b>GRAND TOTAL</b>			<b>6,204.40</b>	<b>4,714.32</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>3,750.00</b>

Report Ref No. NS/INC20002326/Fsd3e2

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

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.

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