

REF: **NAZ**

REF:

NS/INC20002588/Nvd392

INC

LARRY

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost:

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

To inspect vehicle No:

at Workshop m/s

of

Insured: **SDP 9850Y**

Policy No: **5056763024 (30/12/2019-29/12/2020)**

Claims No: **MT/1087225-001**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh:

(Policy Condition)

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

NIS	O/S

Est. or Market Value:

IVAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

Car / PG. Scam: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: **1** days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: **SHA 71985**

Yr Regn: **21 JUN 2019**

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

Truck / Trailer or

Make: **HYUNDAI IONIQ** c.c. **1580**

Colour: **BLUE** A/C: **Insured / Std / N/A**

Sp. Reading: **92,654** T/Radiop: **Insured / Std / N/A**

Eng No:

Chassis No: **KM4C851C KU164389**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Lusked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size: F: **195/65 R15**

R: **11**

BS / OUN / EXHOVA / GY / FS / LIZA / MIC / OITSUI / PIR / SUMI /

TOYO / YOKO or

**DAVANTI**

Front

R/Bal: **6** mm

L/Bal: **6** mm

D.O.A: **12/2/2020**

Rear

R/Bal: **5** mm

L/Bal: **5** mm

D.O.A: **13/2/2020**

Survey held at **CDGE COYANG**

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

**O/S MIRROR**

The UIC / Chassis frame / Body Structure affected due to collision

INC PIP

**SHA 71985 - CS3/FCI/7016427/R/Hbs 2**

**DOA: 21/5/2017**

**SDP 9850Y - CS3/MSCI/3023623/Ufm3k3**

**DOA: 13/11/2013**

**5/3/2020 FINALIZED PART BY PART REPAIR \$923.68 / 1 REPAIR DAY**

**(Red 170, 1670)**

RECEIVED 18 MAR 2020

6/3/2020

Date/Time, File Pass 107

☐ : Prelim Report

☐ : Final Report

1)

Date/Time, File Return 107

Days Of Repair: **1**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation

\$ = HK \$

Phone

Other

TOTAL

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format:

**TP**

Lump Sum / I.B.I. (\$

**923.68**

6/3 - typist

## Veron Chen (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Tuesday, 10 March 2020 11:09 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

We have replied to you on 6/3/2020.

Our reference number: MT/1087225-001

Best regards,

Diana Tay  
Senior Admin Assistant  
[www.income.com.sg](http://www.income.com.sg)



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.  
Find out more at [income.com.sg/careers](http://income.com.sg/careers)

in wi  
yo

**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Monday, 9 March 2020 4:40 PM  
**To:** MTCL@income.com.sg  
**Subject:** FW: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income N
1		COMFORT TRANSPORTATION PTE LTD	SHA 7198S	SDP 9

D.O.A	Time of Accident	Estimate	Tentative repair cost
12/2/2020	13:35	\$1,093.68	\$923.68

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/02/2020 12:38"/>
Vehicle No.(For Motor)	<input type="text" value="SDP9850Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5056763024-07		SHEKHAR MANGALDAS NANSI	S2573850J	GPC	drivo CLASSIC	SDP9850Y	SDP9850Y	30/12/2019	29/12/2020

Continue

## 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	12/02/2020 15:54
Date Of Accident	12/02/2020 13:35
Exact Location Of Accident	BALESTIER ROAD TWDS LAVENDER ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7198S
<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	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	PAK MENG HUAT
NRIC No	SXXXX943A
Date Of Birth	14/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98253280
Fax Number	
Contact Number	
EMail Address	LAWRENCEPAK@HOTMAIL.COM

Address	BLK 894D WOODLANDS DRIVE 50 #06-19
Postcode	733894
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

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	SDP9850Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LH WING MIRROR

No. Of Passenger (Including Driver)

# **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.

GIA/AT/1001

Policyholder's Signature  
Date & Time:

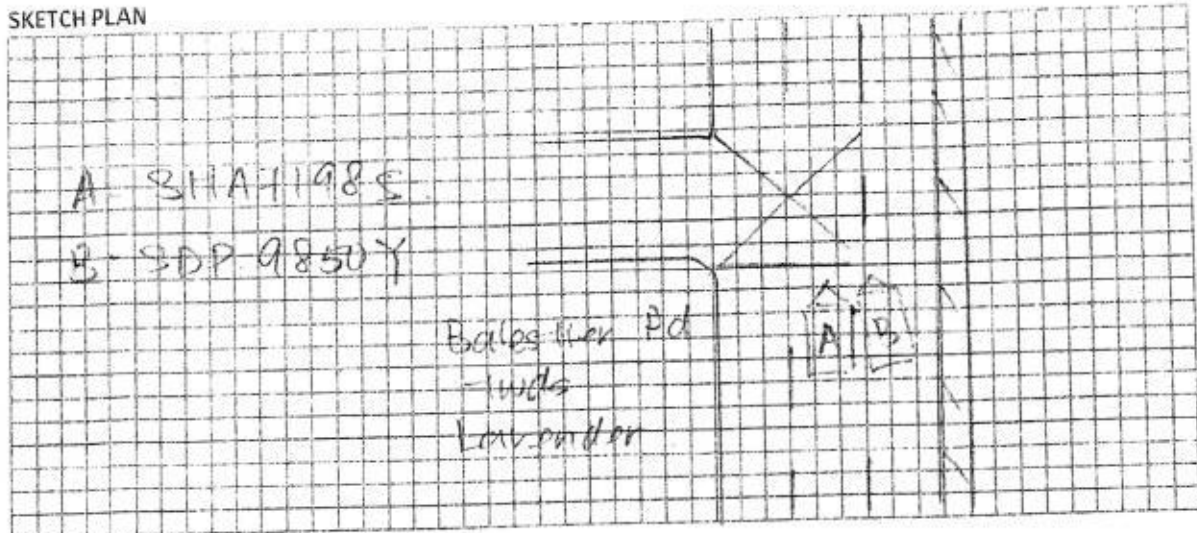
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/2/2020 at about 13:35 hrs, I Van A comes to stop at above said location followed vehicle in front of my taxi. Suddenly veh B traveling on extreme right lane it left wing mirror hit onto the right wing mirror of my stationary taxi. Veh B driver didn't stop, continue drive away. 01 male passenger onboard my taxi. No injury reported in this accident.

## DECLARATION

I/We declare the foregoing particulars are true in every

Policyholder's Signature  
Date & Time:

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

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

CPA Form Sketch Plan Form 13

Date/Time: 12.02.2020 17:22

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305380942

STOMER

/MS

STOMER NO.

DRESS

(R)

(P)

COUNT CARD NO.

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

REGN NO.:

SHA7198S

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN

12.02.2020 14:30

YR OF MANU

26.06.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164389

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 12.02.2020

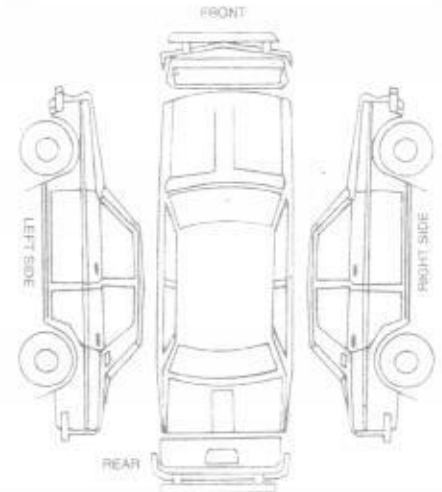
NATURE: 3P 12.02.2020

S/NO

LABOR CODE

DESCRIPTION

NOTUC - Right Side Mirror  
Lack/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHA7198S

LARRY

Vehicle No.:

SHA7198S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

**REPAIR ESTIMATE\***

DATE: 13. Feb. 2020

MODEL : IONIQ

DOA: 12. Feb. 2020

**NTUC**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Side Mirror – RH			\$1,054.60
	SUB TOTAL			\$1,054.60
	LESS 20%			\$210.92
	DISCOUNTED TOTAL			\$843.68
				\$-
				\$100.00
				\$100.00
				\$50.00
				/ 20
				\$250.00
				\$1,093.68
	* BSD – Blind Spot Detection			
	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.			

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305380942  
Date : 24. Feb. 2020

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

## FINALIZATION FORM

To : LKK  
Attn : NAZ  
Vehicle Reg No. : SHA7198S

Fax :


Date of Accident: 12. Feb. 2020


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

1. The repair job shall bill to: NTUC SDP9850Y
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$843.68</u>
(b) Labour Charges	<u>\$80.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u><b>\$923.68</b></u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	
<b>Final Lumpsum Repair cost</b>	<u>                    </u>
3. Estimated normal period for repairs: 1 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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : NAZ LEE  
Date : 5/3/2020

### 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:

\_\_\_\_\_  
\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 24.02.2020  
Time: 11:02:55  
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 : 305380942  
REGN NO : SHA7198S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 26.06.2019  
DATE/TIME IN : 12.02.2020 14:30  
ACCIDENT DATE : 12.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2538-G IONIQV2 MIRROR ASSY-OUTSI 1 1,054.60 20.00 843.68

SUB-TOTAL : 843.68

JOB NATURE

0000 PB PANEL BEATING 30.00  
0001 23-502 SPRAYPAINT ON AFFECTED AREA 30.00  
0002 17-01 WIRING HARGE 20.00

SUB-TOTAL : 80.00

TOTAL : 923.68

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

**Veron Chen (LKKAUTO)**

---

**From:** Naz (LKKAUTO)  
**Sent:** Thursday, 5 March 2020 6:06 PM  
**To:** Ng Nyuk Phin  
**Cc:** Veron Chen (LKKAUTO); SUR  
**Subject:** Re: SHA 7198S FINALISATION DOA: 12.02.2020  
**Attachments:** FINALIZED.pdf

Dear Mr Ng,

Finalized Part by Part Repair \$923.68 / 1 Repair Day subject to insurance approval.

Thank you.

Best Regards,

**Naz** | Technical Investigator

**LKK Auto Consultants**

Phone: 6841-2157 | Email: [Naz@lkkauto.com](mailto:Naz@lkkauto.com) | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

venue 1, #02-25 | S(408933)

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**From:** Ng Nyuk Phin <[ngnp@cdge.com.sg](mailto:ngnp@cdge.com.sg)>  
**Sent:** Thursday, 27 February 2020 12:19 PM  
**To:** Naz (LKKAUTO) <[Naz@lkkauto.com](mailto:Naz@lkkauto.com)>  
**Cc:** Veron Chen (LKKAUTO) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>  
**Subject:** Fw: SHA7198S FINALISATION DOA: 12.02.2020

Dear All,

As requested.

Regards,  
Larry Ng  
ComfortDelgro Engineering Pte Ltd  
Loyang Taxi Crash Repair  
6214 8316



**From:** Ng Nyuk Phin <ngnp@cdge.com.sg>  
**Sent:** Tuesday, 25 February 2020 12:26 PM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Cc:** Naz (LKKAUTO) <naz@lkkauto.com>  
**Subject:** Fw: SHA7198S FINALISATION DOA: 12.02.2020

Dear Veron,

FYI.

Regards,  
Larry Ng  
ComfortDelgro Engineering Pte Ltd  
Loyang Taxi Crash Repair  
6214 8316



Think Before Printing

---

**From:** Ng Nyuk Phin <ngnp@cdge.com.sg>  
**Sent:** Monday, 24 February 2020 11:19 AM  
**To:** Naz (LKKAUTO) <naz@lkkauto.com>  
**Subject:** SHA7198S FINALISATION DOA: 12.02.2020

Dear Naz,

Please see attached Finalisation Form. Kindly check the before paint photos in the LKK SD card.

Regards,  
Larry Ng  
ComfortDelgro Engineering Pte Ltd  
Loyang Taxi Crash Repair  
6214 8316



Think Before Printing

---

**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>  
**Sent:** Monday, 24 February 2020 11:16 AM  
**To:** Ng Nyuk Phin  
**Subject:** Scan Image

---

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



## 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/INC20002588/Nvd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-03-2020	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SDP 9850Y	Veh. Inspected	SHA 7198S	
Policy No.	5056763024-07	Coverage (\$)	0.00	
Claim No.	MT/1087225-001	Excess (\$)	0.00	
Assign From		Assign Date	13/02/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU164389	Colour	BLUE	
Odometer	92654	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	6 mm	
L/H Front Tyre	195/65 R15	DAVANTI	6 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	5 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S MIRROR. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	12/02/2020	Inspection Date	13/02/2020	
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:		1 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. SHA 7198S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	<b>REPLACEMENT OF PARTS</b>	DEFORMED		
	SIDE MIRROR - RH		1,054.60	1,054.60
	LESS 20% DISCOUNT		-210.92	-210.92
			843.68	843.68
	<b>LABOUR</b>			
	LABOUR CHARGE.		100.00	30.00
	SPRAY PAINTING CHARGE.		100.00	30.00
	WIRING CHARGE.		50.00	20.00
			250.00	80.00
<b>GRAND TOTAL</b>			<b>1,093.68</b>	<b>923.68</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>923.68</b>

Report Ref No. NS/INC20002588/Nvd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

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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