

NS/INC 20002590 / Nqd302

Circulator

NAZ

REF:

INC

LARRY

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle NO: _____

at Workshop m/s _____

or _____

Insured: SFZ 99194

Policy No: 5085096667-03 (21/10/19-20/10/2020)

Claims No: MT/1084393-002

Sum Insured: _____

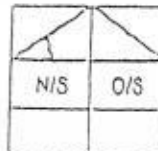
Excess: _____

(Client's Record)

Model Vch: _____

(Policy Condition)

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



But or Market Value: _____

I/OAC Accident Report: _____ Consistent? : Yes or No

Ct / PR Status: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lump Sum: _____ % Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 1442R Yr Regn: 30 OCT 2018

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

Truck / Tractor or

Make: HYUNDAI IONIQ C.G. 1580

Colour: BLUE A/C: Insured / Std / Nil / NA

Sp. Reading: 213 466 T/Radiat: Insured / Std / Nil / NA

Engl No: _____

C.No: KM11C851CVKUN15017

Gen. Cond: Good (Fair / Poor / Burnt)

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / A/Rim or

Tyre Size: F: 195 / 65 R15

R: 11

BS / DUN / EXHOVA / GY / PS / LIZA / MIC / OITSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bol: 5 mm

U/Bol: 5 mm

D.O.A: 13/2/2020

Survey held at

EDGE LOYANG

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

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

Date / Time Action / Instruction

SHC 1442R - NS/INC 14002104 / Ycb3

DOA: 3/2/2014

SFZ 99194 - X

18/3/2020 FINALIZED PART BY PART REPAIR \$1,346.12 / 2 REPAIR DAYS

(Red \$5053.82, 79%)

RECEIVED 23 MAR 2020

Date/Time, File Path

: Profile Report

1) 25/3/2020 : Final Report

Date/Time, File Path

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

Photos

Drawings

TOTAL

160

160

Report Format:

TP

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

1346.12

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 25 March 2020 11:26 AM
To: Shiau Chan (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi

Claim created.

With Regards

Azlin Rani
Senior Administrator
Operations, Motor & Personal Lines
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

in with you

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 24 March 2020 5:05 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Di
1	MT/1084393 -002	COMFORT TRANSPORTATION PTE LTD	SHC 1442R	SFZ 9919H	

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

13/02/2020 12:38

Vehicle No.(For Motor)

SFZ9919H

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"/>	5085096667-03		YEO CHOON SPRING	S70484571	GPC	drivo CLASSIC	SFZ9919H	SFZ9919H	21/10/2019	20/10/2020

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	13/02/2020 13:59
Date Of Accident	13/02/2020 10:20
Exact Location Of Accident	OLD AIRPORT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1442R
Insured/Policyholder	
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	YEO BOON CHUAN
NRIC No	SXXXX959G
Date Of Birth	22/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96866049
Fax Number	
Contact Number	
EMail Address	BNCHNYEO@GMAIL.COM

Address	BLK 99 OLD AIRPORT ROAD #04-205
Postcode	390099
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	SFZ9919H
Vehicle Make/Model/Colour	
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 LH
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

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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:

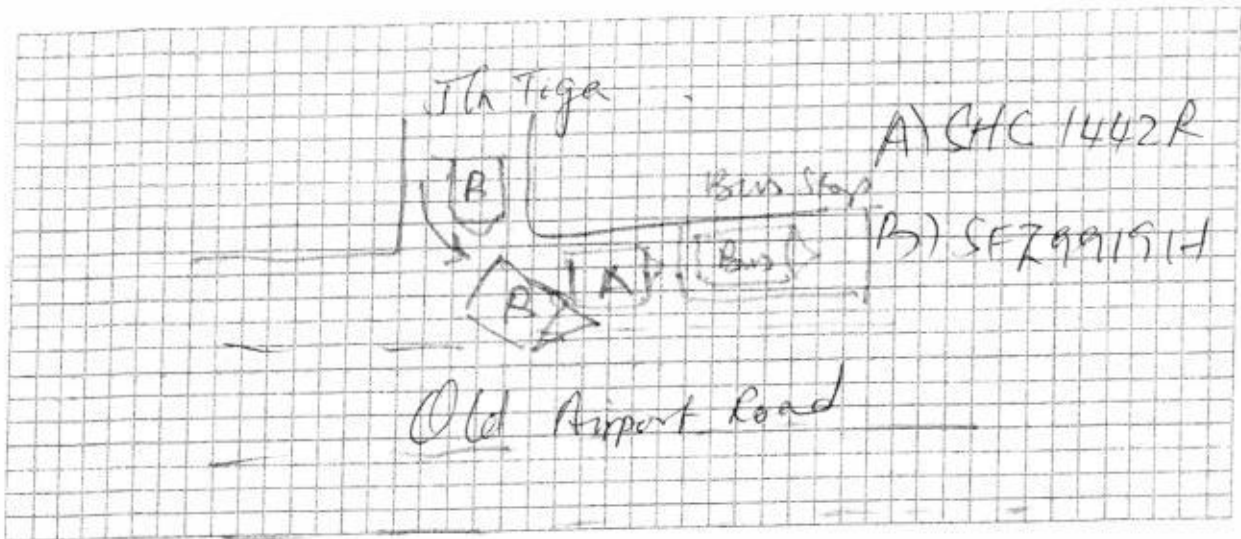
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

COMPANY LIMITED
CO. LTD.

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:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/2/20 at about 10h I Veh A was
stationary behind a Bus in the bay, Veh B
exited from the side road and collided
onto the rear right portion of my vehicle.

DECLARATION

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

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.:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305381194

CUSTOMER

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

REGN NO.: SHC1442R

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL: IONIQ(G2)

DATE/TIME IN 13.02.2020 12:05

YR OF MANU 30.10.2018

TARGET DATE

CHASSIS CODE KMHC851CVKU115017

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.02.2020
NATURE: 3P 13.02.2020

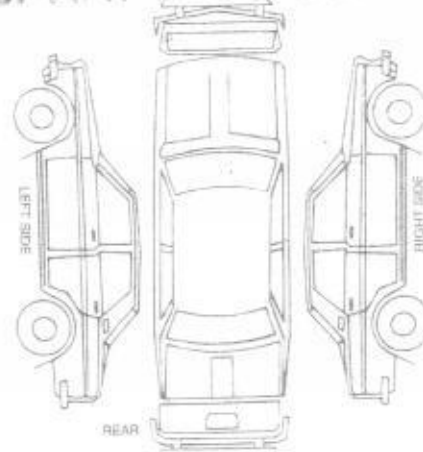
TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING

S/NO

LABOR CODE

DESCRIPTION

KTMC - Rear Right
LKF/



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHC1442R

LARRY

Vehicle No.: SHC1442R

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC1442R

DATE: 13. Feb. 2020

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 13. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper			\$459.40	✓ CRL
10	Rear Bumper Clips		\$2.20	\$22.00	✓ INTEL
1	Rear Bumper Centre Molding			\$451.25	✓ CRL
1	Rear Bumper Reinforcement			\$294.80	? XSVL
1	Rear Bumper Reinforcement Bracket – RH			\$138.10	? XSVL
1	Rear Bumper Lower Centre Molding			\$47.50	? XSVL
1	SMARTK Antenna			\$689.50	XSVL
1	Boot Lid			\$2,480.40	XSVL
1	Boot Lid 'H' Emblem			\$28.00	XNN
1	Hybrid' Emblem			\$24.30	XNN
1	Ioniq' Emblem			\$31.30	XNN
SUB TOTAL				\$4,666.55	
LESS 20%				\$933.31	
DISCOUNTED TOTAL				\$3,733.24	
1	Reverse Sensor			\$135.70	Nett XSVL
1	Rear License Plate & Casing			\$55.00	Nett XSVL
1	Rear Windscreen Sealant			\$46.00	Nett XNN
1	Comfort Sticker			\$15.00	Nett XNN
1	Tel No. Sticker			\$15.00	Nett XNN
1	Booking APP Sticker			\$40.00	Nett XNN
1	Advertisement – Rear Boot			\$100.00	Nett XNN
				\$406.70	
Labour Charge					
1	Labour Charge			\$1,000.00	320
1	Spray Painting Charge			\$500.00	200
1	Wiring Charge			\$80.00	XNN
1	Tuff Kote			\$80.00	30
1	Remove/refix Rear Windscreen (Upper & Lower)			\$300.00	XNN
1	Computer Programming for BSD			\$250.00	XNN
TOTAL LABOUR				\$2,210.00	
ESTIMATE TOTAL				\$6,349.94	
				6349.94	

LKK Auto Consultants hence notify

the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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:

NA 2 LKK

13/2/2020 16:50

P/P

ESTIMATE TOTAL

2 DMJ
CHECK ITEM PHOTO
BY PAINT PHOTO

Larry Ng

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 : 305381194

Date : 20. Feb. 2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHC1442R

Date of Accident: 13. 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 SFZ9919H

2. The finalized amount shall be:

(a) Spare Parts after List discount \$796.12

(b) Labour Charges \$550.00

Total for Part-By-Part Repair Cost \$1,346.12

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : NAZ LKK

Date : 18/3/2020

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: 20.02.2020

Time: 15:39:07

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 : 305381194
REGN NO : SHC1442R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.10.2018
DATE/TIME IN : 13.02.2020 12:05
ACCIDENT DATE : 13.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	/CEL
0002 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	/CEL
0003 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1	50.00		50.00	/NEL
0004 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	/NEL

SUB-TOTAL : 796.12

JOB NATURE

0000 PB	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	30.00

SUB-TOTAL : 550.00

TOTAL : 1,346.12

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

[illegible]




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/INC20002590/Nqd3e2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 01-04-2020	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SFZ 9919H	Veh. Inspected	SHC 1442R
Policy No.	5085096667-03	Coverage (\$)	0.00
Claim No.	MT/1084393-002	Excess (\$)	0.00
Assign From		Assign Date	13/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU115017	Colour	BLUE
Odometer	213466	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	5 mm
L/H Front Tyre	195/65 R15	DAVANTI	5 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/02/2020	Inspection Date	13/02/2020
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1442R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	459.40	459.40
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER CENTRE MOLDING	CRACKED	451.25	451.25
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
1	REAR BUMPER REINFORCEMENT BRACKET - RH	SERVICEABLE	138.10	-
1	REAR BUMPER LOWER CENTRE MOLDING	SERVICEABLE	47.50	-
1	SMARTK ANTENNA	SERVICEABLE	689.50	-
1	BOOT LID	SERVICEABLE	2,480.40	-
1	BOOT LID 'H' EMBLEM	NOT NECESSARY	28.00	-
1	HYBRID' EMBLEM	NOT NECESSARY	24.30	-
1	IONIQ' EMBLEM	NOT NECESSARY	31.30	-
	LESS 20% DISCOUNT		-933.31	-186.53
			3,733.24	746.12
<u>SPECIAL NETT ITEMS</u>				
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR LICENSE PLATE & CASING (SN)	SERVICEABLE	55.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	COMFORT STICKER (SN)	NOT NECESSARY	15.00	-
1	TEL NO. STICKER (SN)	NOT NECESSARY	15.00	-
1	BOOKING APP STICKER (SN)	NOT NECESSARY	40.00	-
1	ADVERTISEMENT - REAR BOOT (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			456.70	50.00
<u>LABOUR</u>				
	LABOUR CHARGE.		1,000.00	320.00
	SPRAY PAINTING CHARGE.		500.00	200.00
	WIRING CHARGE.	NOT NECESSARY	80.00	-
	TUFF KOTE.		80.00	30.00
	REMOVE / REFIX REAR WINDSCREEN (UPPER & LOWER).	NOT NECESSARY	300.00	-

Report Ref No. NS/INC20002590/Nqd3e2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	COMPUTER PROGRAMMING FOR BSD.	NOT NECESSARY	250.00	-
			2,210.00	550.00
	GRAND TOTAL		6,399.94	1,346.12
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,346.12

Report Ref No. NS/INC20002590/Nqd3e2

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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