

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1085091-002	COMFORTDELGRO	SHC 8573A	PA 8595C	20/02/2020	7:05	\$ 7,621.74
2	MT/1085154-002	COMFORTDELGRO	SHC 8049Y	SMD 6589D	19/02/2020	18:05	\$ 2,853.20
3	MT/1085121-002	COMFORTDELGRO	SHC 2639S	SLZ 5541T	20/02/2020	14:20	\$ 1,094.72
4	MT/1084571-002	COMFORTDELGRO	SH 7248P	SMP 6939P	15/02/2020	20:15	\$ 6,397.30
5	MT/1085906-001	COMFORTDELGRO	SHA 3896L	GK 5050G	16/02/2020	16:30	\$ 2,062.10
6	MT/1085749-002	COMFORTDELGRO	SHA 3896L	SKW 5590D	23/02/2020	12:30	\$ 1,509.01
7	MT/1085148-002	COMFORTDELGRO	SH 6247Z	FS 3788U	19/02/2020	19:40	\$ 1,680.60
8	MT/1084781-002	COMFORTDELGRO	SHA 3594H	SLH 8162D	17/02/2020	14:55	\$ 6,226.28
9							
10							
11							

eBaoTech

GeneralClaim

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="15/02/2020 11:49"/>							
Vehicle No.(For Motor)	<input type="text" value="SMP6939P"/>	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 checked="" type="radio"/>	5113123340		THE CAR REGENCY PTE. LTD.	200703745Z	GPC	drivo CLASSIC	SMP6939P	SMP6939P	10/10/2019	09/10/2020
<input type="button" value="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	17/02/2020 08:50
Date Of Accident	15/02/2020 20:15
Exact Location Of Accident	ALONG WOODLANDS AVE 12 TOWARDS GAMBAS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7248P
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	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	LIU YEW HOCK
NRIC No	SXXXX243G
Date Of Birth	29/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1982
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96893299
Fax Number	
Contact Number	
Email Address	ROGER_LIUYH@YAHOO.COM

Address	BLK 322 SEMBAWANG CLOSE #13-299
Postcode	750322
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200216/2026

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	SMP6939P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RONALD HAN BOON SIEW
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	LIU YEW HOCK
Approximate Age	56
Injuries Sustain	NECK, SHOULDER AND BACK PAIN, ON 5 DAYS MC.
Injured person in which vehicle?	SH7248P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.

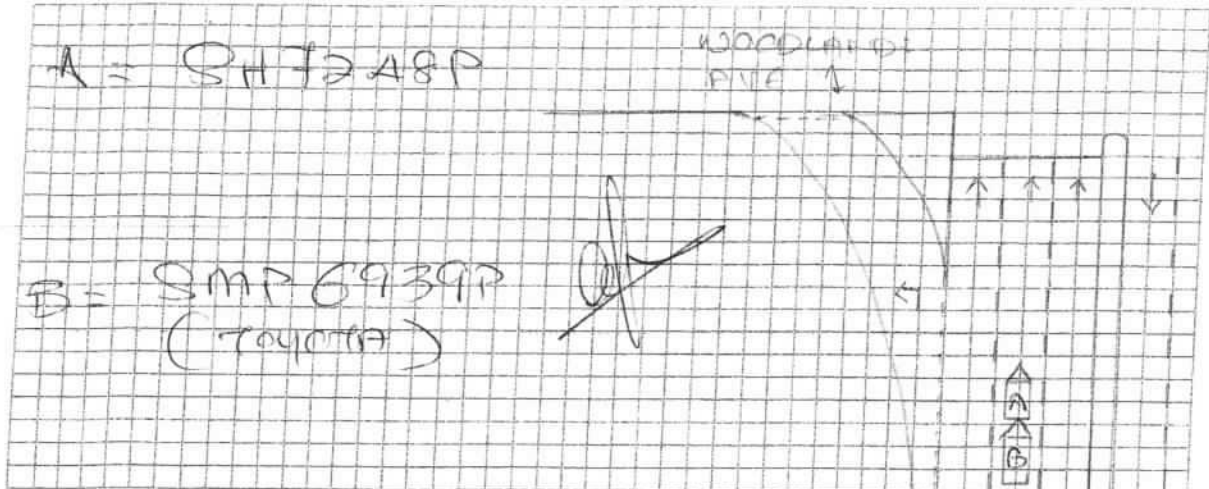
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821H

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.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached
Police Report @ 7100200 216/2026

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

Olivia Wendy

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



**SINGAPORE
POLICE FORCE**



T/20200216/2026

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20200216/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2020 10:25	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIU YEW HOCK			Address: APT BLK 322 SEMBAWANG CLOSE #13-299 SINGAPORE 750322		
ID Type / ID No.: NRIC NO / S1600243G			Contact No.: Home/Office: Mobile: 96893299		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/11/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2020 20:15	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 12 GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7248P	Car	HYUNDAI	I40 1.7	Blue	Slightly Damaged	0
SMP6939P	Car	TOYOTA	SIENTA HYBRID	Blue	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200216/2026

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20200216/2026

CONTINUATION OF REPORT

Driver			
Name	LIU YEW HOCK	ID No.	S1600243G
Related Vehicle	NIL	Contact No.	96893299
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	RONALD HAN BOON SIEW	ID No.	S7226245Z
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/02/2020 at about 2015hours, I was traveling along woodlands avenue 12 towards Gambas avenue when I felt a sudden impact coming from the rear of my vehicle SH7248P a (Blue Hyundai I40 1.7) after the collision I then alighted from my vehicle and made a check. I then discovered that a Vehicle bearing SMP6939P (Toyota SIENTA HYBRID 7-SEATER) had collided onto the rear portion of my vehicle. the driver of SMP6939P did not suffer any injuries. Due to the impact of the collision my vehicle had damages to rear and the other vehicle was damaged as well. We then came to an agreement to make an insurance claim he then told me to make a police report. I wish to state that my in car camera was operating at the time of the incident. I wish to state that no ambulance or traffic police attended to the scene. I did receive a 5 days MC From Edgedale Medical Clinic stating that I am unfit for duty from 16 Feb to 20Feb.



**SINGAPORE
POLICE FORCE**



T/20200216/2026

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20200216/2026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt RAIDY FARIZ BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/02/2020 10:25

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:



81 085
SN 085

Signature:

Singapore Police Force

Authentication Stamp

NP168

A member of COMFORTDELGRO

Date/Time: 17.02.2020 10:27 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO.: 305381638

CUSTOMER
MS
CUSTOMER NO.
ADDRESS
(R)
(P)

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

COUNT CARD NO.

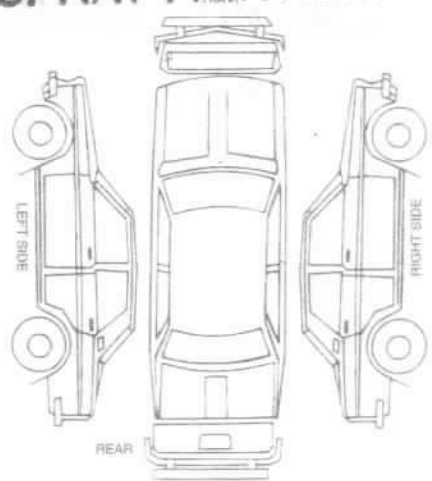
REGN NO.: SH 7248P	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 16.02.2020 10:55
YR OF MANU 21.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087773	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.02.2020
NATURE: 3P 15.02.2020

TAKE PHOTOGRAPH
BEFORE / AFTER
SPRAY PAINTING

S/NO	LABOR CODE	DESCRIPTION
	NOTUC - Rear	



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SH 7248P
Larry Ng

Vehicle No.: SH 7248P

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: 17. Feb. 2020

MODEL : i40

DOA: 15. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper DEF			\$553.00
10	Rear Bumper Clips nec		\$2.20	\$22.00
1	Rear Bumper Sponge xnn			\$103.50
1	Rear Bumper Reinforcement xnn			\$428.40
2	Rear Bumper Reinforcement Brackets LH/RH xnn		\$80.30	\$160.60
1	Rear Bumper Undercover cra			\$228.00
2	Rear Bumper Reflectors – LH/RH xnn		\$30.60	\$61.20
1	Rear Panel xnn			\$592.30
1	Rear panel Garnish xnn			\$57.70
1	Rear panel Lower Garnish xnn			\$495.50
1	Boot Lid X(R)			\$2,174.90
1	Boot Lid i40 emblem nec			\$27.90
1	Boot Lid CRDI emblem nec			\$27.90
1	Boot Lid H emblem nec			\$28.70
1	Boot Lid Lower Garnish cra			\$227.90
				89232
	SUB TOTAL			\$5,189.50
	LESS 20%			\$1,037.90
	DISCOUNTED TOTAL			\$4,151.60
1	ComfortDelgro Sticker nec			\$15.00
1	Comfort Tel No. nec			\$15.00
1	Rear Bumper Rubber Mat nec			\$50.00
1	Reverse Sensor xnn			\$135.70
1	Advertisement – Boot Lid nec			\$100.00
2	Advertisement – Rear Fenders RH/LH nec		\$100.00	\$200.00
1	Advertisement – Rear Bumper nec			\$50.00
				1458.00
	Labour Charge			\$565.70
1	Panel Beating End panel			\$840.00
1	Spray Painting Charge			\$600.00
1	Tuff Kote			\$80.00
1	Wiring Charge			\$60.00
1	Remove/refix Reverse Sensor			\$100.00
	TOTAL LABOUR			\$1,680.00
	ESTIMATE TOTAL			\$6,397.30

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: _____

18/2/2020
Ram (LKK)
17/02/2020 1240
Ram@lkkauto.com
88622718
LIS
Aff repair photo
End panel?
3 repair days

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.

Our Job Ref No : 305381638

Date : 24. Feb. 2020

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156**FINALIZATION FORM**

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SH 7248P

Date of Accident: 15. 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 SLV2069G

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)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost**\$2,000.00**

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 amountSignature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Ram

Date : 25/02/2020

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		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/INC20002745/Fvf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-02-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMP 6939P	Veh. Inspected	SH 7248P	
Policy No.	5113123340	Coverage (\$)	0.00	
Claim No.	MT/1084571-002	Excess (\$)	0.00	
Assign From		Assign Date	17/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU087773	Colour	BLUE	
Odometer	480832	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	WEST LAKE	6 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/02/2020	Inspection Date	17/02/2020	
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7248P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKETS LH / RH @\$80.30	NOT NECESSARY	160.60	-
1	REAR BUMPER UNDERCOVER	CRACKED	228.00	228.00
2	REAR BUMPER REFLECTORS - LH / RH @\$30.60	NOT NECESSARY	61.20	-
1	REAR PANEL	NOT NECESSARY	592.30	-
1	REAR PANEL GARNISH	NOT NECESSARY	57.70	-
1	REAR PANEL LOWER GARNISH	NOT NECESSARY	495.50	-
1	BOOTLID	TO REPAIR SEE LABOUR	2,174.90	-
1	BOOT LID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOT LID CRDI EMBLEM	NECESSARY	27.90	27.90
1	BOOT LID H EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID LOWER GARNISH	CRACKED	227.90	227.90
	LESS 20% DISCOUNT		-1,037.90	-223.08
			4,151.60	892.32
<u>SPECIAL NETT ITEMS</u>				
1	COMFORTDELGRO STICKER (SN)	NECESSARY	15.00	15.00
1	COMFORT TEL NO. (SN)	NECESSARY	15.00	15.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	ADVERTISEMENT - BOOT LID (SN)	NECESSARY	100.00	100.00
2	ADVERTISEMENT - REAR FENDERS RH / LH @\$100.00 (SN)	NECESSARY	200.00	200.00
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
			565.70	430.00

Report Ref No. NS/INC20002745/Fvf3e2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID.		840.00	640.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.		80.00	50.00
	WIRING CHARGE.		60.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		100.00	60.00
			1,680.00	1,200.00
	GRAND TOTAL		6,397.30	2,522.32
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,000.00

Report Ref No. NS/INC20002745/Fvf3e2

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

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