

ASS. REC. BY: Ram

REF:

NSI/NC 20002756/Pqf32

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: GIB(5665)Policy No. 50999 54485-01 (26/04/2019-25/04/2020)Claims No. M7/1084759-02

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC 5263

Yr Regn:

30/04/2019

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

Truck / Trailer or

Make:

Hyundai i30

C.C.

1580

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

119655

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

SHC 5263/119655

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:

195/65 R15

R:

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

TOYO / YOKO or

DAVANTI

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

16/02/2020

D.O.I.

17/02/2020

Survey held at

Confidential (Loyang)

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

SHC 5263 - CSI/NC 09614053/yn 120A-2406/2009GIB(5665) - NAI FWD 19003900/24 120A-01/07/2019NTUCPJP

RECEIVED 25 FEB 2020

PJP-2551.76/- with 3 repair days (led 6774, 23%)confirm on 24/2/2020 with Chiang

Date/Time, File Pass to?

☐

: Preli. Report

1) 24/2/2020☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S+PS, SI

Photos

Others

TOTAL

Report Format:

7P

Lump Sum / L.B.J. (\$

2551.76

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/02/2020

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | 1083582-002 | COMFORT TRANSPORTATON PTE LTD | SHA 7884U | SHD 1224Z | 09/02/2020 | 16:20 | \$ 2,453.17 |
| 2 | 1084963-002 | COMFORT TRANSPORTATON PTE LTD | SHA 6962J | SGD 3686Y | 17/02/2020 | 19:55 | \$ 1,529.72 |
| 3 | 1084696-002 | COMFORT TRANSPORTATON PTE LTD | SHA 7706B | SKG 3465E | 16/02/2020 | 11:25 | \$ 2,245.56 |
| 4 | 1084759-002 | CITYCAB PTE LTD | SHC 526P | GBC 5665J | 16/02/2020 | 18:25 | \$ 3,325.76 |
| 5 | 1084707-002 | COMFORT TRANSPORTATON PTE LTD | SHA 5220Z | YP 4993C | 14/2/2020 | 15:35 | \$ 7,430.02 |
| 6 | 1084878-002 | COMFORT TRANSPORTATON PTE LTD | SHD 3261C | SMG 5846C | 17/2/2020 | 15:15 | \$ 1,494.53 |

eBaoTech

General Claim

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"/> | 5099954485-01 | | MADMAN RESOURCES | 53092438B | GCV | Preferred Workshop Plan | GBC5665J | GBC5665J | 26/04/2019 | 25/04/2020 |

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 | 17/02/2020 11:36 |
| Date Of Accident | 16/02/2020 18:25 |
| Exact Location Of Accident | 3 DEFU LANE 10 OPEN SPACE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC526P |
| Insured/Policyholder | |
| Name Of Registered Owner | CITYCAB PTE LTD |
| Co Reg No | 1XXXXX839G |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | IONIQ |
| 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-18088937MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SUI KENG SENG |
| NRIC No | SXXXX567A |
| Date Of Birth | 13/07/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/08/1974 |
| Driving Experience | 45 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94515462 |
| Fax Number | |
| Contact Number | |
| Email Address | SKENGSENG@YAHOO.COM |

| | |
|---|-------------------------------|
| Address | BLK 114 LENGKONG TIGA #16-171 |
| Postcode | 410114 |
| 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 | DRIZZLING |
| 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

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

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 | GBC5665J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | NO VISIBLE DAMAGE |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

IMPORTANT NOTICE

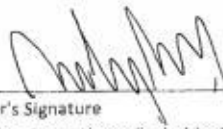
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

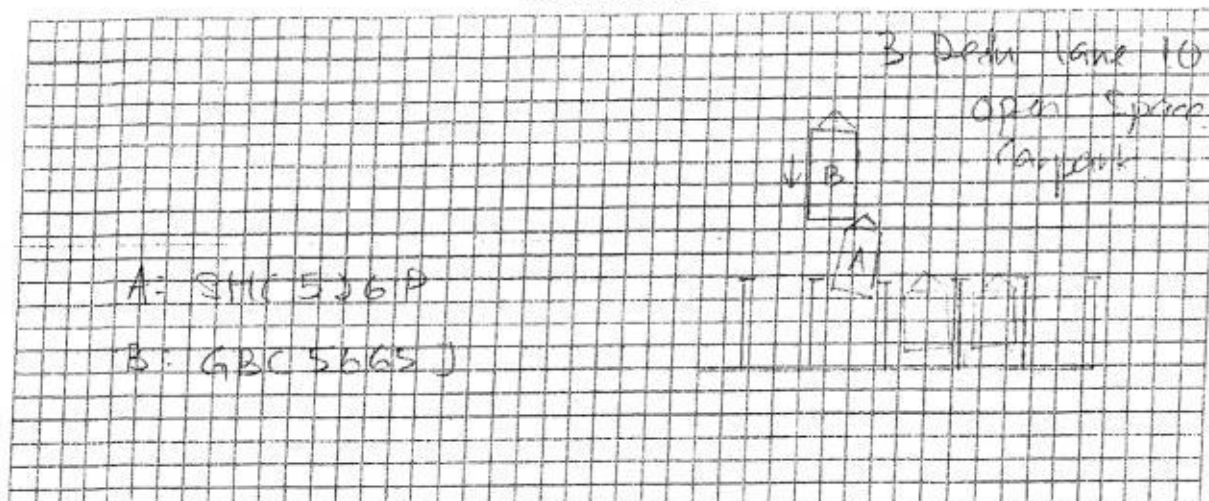
CITYCAB PTE. LTD.
CO. REG. NO. 199502283

Policyholder's Signature
Date & Time:


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

 17/1/2020
Reporting Centre Personnel's Signature
Name: **Loke Wei Yeng**
NRIC/FIN No.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/2/2020 at about 18:25hrs, I Veh A driving to above said location. While I reversing into carpark lot, Veh B reversing from opposite came into collision with my taxi. As it place took too fast, I couldn't take evasive action to prevent collision. Veh B rear right portion collided onto the front left portion of my taxi. No passenger in my taxi. No injury reported in this accident.

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAR PTE. LTD.
CO. REG. NO. 1906192300

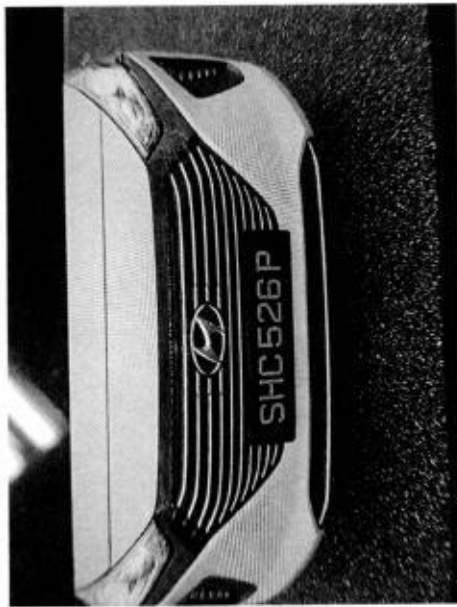
Policyholder's Signature
& Time:

CityCar Sketch Plan Form V2

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

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

17/2/2020



Date/Time: 17.02.2020 13:52

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305381763

STOMER
CITYCAB PTE LTD
7010070
STOMER NO.
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

REGN NO.: SHC 526P

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL IONIQ(G2)

DATE/TIME IN 16.02.2020 20:30

YR OF MANU 30.04.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU141343

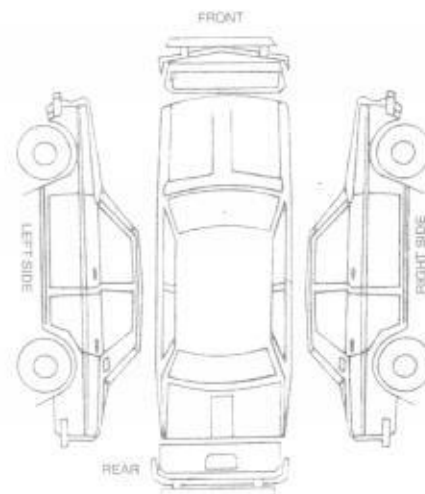
COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 16.02.2020
NATURE: 3P 16.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 526P CHIANG

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHC526P

17/02/20

MAKE :

MODEL IONIQ G2

CHIANG /NTUC

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|-----------------|---------------------------|
| 1 | FRONT BUMPER COVER XXX <i>cr</i> | | | \$418.30 |
| 1 | FRONT BUMPER BRACKET TOP /LH <i>xm</i> | | | \$35.00 |
| 1 | FRONT BUMPER BRACKET/LH <i>xm</i> | | | \$28.00 |
| 1 | FRONT RADIATOR GRILLE <i>xm</i> | | | \$417.00 |
| 1 | HEAD LAMP ASSY LH <i>cr</i> | | | \$1,198.80 |
| 1 | EMBLEM-BLUE DRIVR LH <i>nc</i> | | | \$26.60 |
| | <i>Front radiator top mounting</i> | | <i>\$108.50</i> | |
| | SUB TOTAL | | | \$2,123.70 |
| | LESS 20% | | | \$424.74 |
| | | | | \$1,698.96 |
| | | | | |
| | | | | |
| 1 | FRT LH FENDER ADVERTISEMENT | | | \$100.00 <i>xm</i> |
| | Labour Charge | | | |
| | Panel Beating | | | \$700.00 <i>\$440</i> |
| | Spray Painting Charge | | | \$600.00 <i>\$400</i> |
| | Tuff Kote | | | \$80.00 <i>\$50</i> |
| | Check Lighting | | | \$60.00 |
| | TOTAL LABOUR | | | \$1,440.00 |
| | ESTIMATE TOTAL | | | \$3,238.96 |

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.

- 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:

19/2/2020
Sam Lee
17/02/2020 1535hrs
3375.76
PAID 2020@lkkauto.com
88822778
Ref paint photo
3 repair days
(PIP)

Our Job Ref No : 305381763

Date : 15/02/20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC526P

16/02/2020

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

2 The repair job shall bill to: NTUC GBC5665J

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,401.76

(b) Labour Charges \$1,150.00

Total for Part-By-Part Repair Cost \$2,551.76(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

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 amount

Signature : _____

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : _____

Name : Ram

Date : 24/2/2020

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.02.2020

Time: 16:22:20

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305381763
REGN NO : SHC 526P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 16.02.2020 20:30
ACCIDENT DATE : 16.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|---------------------------|---|----------|-------|--------|-----|
| 0001 04-01-0104-2534-G | IONIQV2&3 COVER-FR BUMPER | 1 | 418.30 | 20.00 | 334.64 | CPA |
| 0002 04-01-0104-2815-G | IONIQV1-3 LAMP ASSY-HEAD | 1 | 1,198.80 | 20.00 | 959.04 | CPA |
| 0003 04-01-0104-3813-G | IONIQ EMBLEM-BLUE DRIVE L | 1 | 26.60 | 20.00 | 21.28 | NEC |
| 0004 04-01-0104-2361-G | IONIQV1-3 MOULDING-FRONT | 1 | 108.50 | 20.00 | 86.80 | SCR |

SUB-TOTAL : 1,401.76

JOB NATURE

| | | |
|------------|------------------------------|--------|
| 0000 PB | PANEL BEATING | 640.00 |
| 0001 SP | SPRAYPAINT CHARGE | 400.00 |
| 0002 20-00 | TUFF COAT ON AFFECTED PARTS. | 50.00 |
| 0003 17-01 | CHECK ALL LIGHTING | 60.00 |

SUB-TOTAL : 1,150.00

[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/INC20002756/Fqf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-02-2020

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GBC 5665J | Veh. Inspected | SHC 526P |
| Policy No. | 5099954485-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/1084759-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 17/02/2020 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|------------|
| Make & Model | HYUNDAI IONIQ | c.c | 1580 |
| Engine No. | HIDDEN | Year of Reg. | 2019 |
| Chassis No. | KMHC851CVKU141343 | Colour | YELLOW |
| Odometer | 119655 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | SPORTS RIM |
| General | GOOD | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 195/65 R15 | DAVANTI | 7 mm |
| L/H Front Tyre | 195/65 R15 | DAVANTI | 7 mm |
| R/H Rear Tyre | 195/65 R15 | DAVANTI | 7 mm |
| L/H Rear Tyre | 195/65 R15 | DAVANTI | 7 mm |

4. Description of Damages

| |
|---|
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS. |
|---|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 16/02/2020 | 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 526P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|----------------------------------|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER COVER | CRACKED | 418.30 | 418.30 |
| 1 | FRONT BUMPER BRACKET TOP / LH | NOT NECESSARY | 35.00 | - |
| 1 | FRONT BUMPER BRACKET/LH | NOT NECESSARY | 28.00 | - |
| 1 | FRONT RADIATOR GRILLE | NOT NECESSARY | 417.00 | - |
| 1 | HEAD LAMP ASSY LH | CRACKED | 1,198.80 | 1,198.80 |
| 1 | EMBLEM - BLUE DRIVR LH | NECESSARY | 26.60 | 26.60 |
| 1 | FRONT RADIATOR TOP MOULDING | SCRATCHED | 108.50 | 108.50 |
| | LESS 20% DISCOUNT | | -446.44 | -350.44 |
| | | | 1,785.76 | 1,401.76 |
| SPECIAL NETT ITEMS | | | | |
| 1 | FRT LH FENDER ADVERTISEMENT (SN) | NOT NECESSARY | 100.00 | - |
| | | | 100.00 | - |
| LABOUR | | | | |
| | PANEL BEATING. | | 700.00 | 640.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | TUFF KOTE. | | 80.00 | 50.00 |
| | CHECK LIGHTING. | | 60.00 | 60.00 |
| | | | 1,440.00 | 1,150.00 |
| GRAND TOTAL | | | 3,325.76 | 2,551.76 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 2,551.76 |

Report Ref No. NS/INC20002756/Fqf3s2

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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