

ASS. FILE BY: PM

REF:

NS/INC 20102900/Fgf302

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

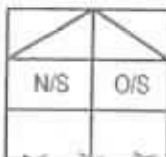
Insured: SKV 5607xPolicy No: 511424044 (19/11/2019-01/10/2020)Claims No: M7/1084845-002

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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHA 2062H Yr Regn: 15/12/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai i40 c.c. 1685Colour: blue A/C: Insured / Std / NI / NASp. Reading: 432725 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KNHLB41-MH07T0TSGen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Harrold

Front

Rear

R/Bal: 7 mm R/Bal: 7 mmL/Bal: 7 mm L/Bal: 7 mmD.O.A. 17/02/2020 D.O.I. 19/02/2020Survey held at: comfotehgro (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

SHA 2062H - MBA / MSG 1901190014 DOR 04/03/2019

SKV 5607x - x

RECEIVED 09 MAR 2020

L/S: \$650/- with 2 repair days (Red \$1140.90, 64%.)

confirmation 6/3/2020 with Lany

Date/Time, File Pass to?

☐: Prel. Report

09/3/2020

☐: Final Report

Date/Time, File Return to?

2

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐: Site Insp (\$☐: Interview (\$☐: Tech. Insp (\$☐: Weekend 12

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

160

160

Report Formed:

Lump Sum / L/S: 15

78

650

## Shiau Chan (LKKAUTO)

---

**From:** MTCL@income.com.sg  
**Sent:** Monday, 9 March 2020 3:18 PM  
**To:** Shiau Chan (LKKAUTO)  
**Subject:** RE: REQUEST CLAIM NUMBER

Hi,

Please refer to below for the ref number.

Regards,

**Ignatius Koh**  
Operations, Motor & Personal  
Lines  
[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** with you

---

**From:** Shiau Chan (LKKAUTO) [mailto:[siewsc@lkkauto.com](mailto:siewsc@lkkauto.com)]  
**Sent:** Monday, 9 March 2020 11:18 AM  
**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 : 09/03/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D:
1	MT/1084845-002	COMFORT TRANSPORTATION PTE LTD	SHA 2062H	SKV 5607X	

Best Regards,

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

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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 checked="" type="radio"/>	S114240144		LIM SAI KAR	S16534060	GPC	drive CLASSIC	SKV5607X	SKV5607X	19/11/2019	01/10/2020

## 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	18/02/2020 16:35
Date Of Accident	17/02/2020 18:15
Exact Location Of Accident	SEBBAWANG ROAD TWDS UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2062H
<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	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	SOH WEE KIAT
NRIC No	SXXXX693C
Date Of Birth	16/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1998
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88138899
Fax Number	
Contact Number	
Email Address	EMERSONSOH77@GMAIL.COM

Address	12A 21-61 MARSILING LANE
Postcode	731012
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?	YES
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SKV5607X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number 85113847  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SHEENA RAJ  
Approximate Age  
Injuries Sustain HEADACHE,NECK  
Injured person in which vehicle? SHA2062H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name S.NESAMANI  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SHA2062H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name RAJAN S/O PONNAN  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SHA2062H  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name SOH WEE KIAT  
Approximate Age 42  
Injuries Sustain NECK  
Injured person in which vehicle? SHA2062H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN

A: SFA 2063H  
B: SKV 5607X

A  
B

Sembawang Road  
Upper Thomson Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report  
T/2020018/2001

## DECLARATION

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

IMPACT TRANSPORTATION PTE LTD  
CU 823 HC 1997J821R

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: LOKE YAN TIENG  
NRIC/FIN No:

SCMCSK114R2JForm\_03



**SINGAPORE  
POLICE FORCE**



T/20200218/2001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4

Report No. T/20200218/2001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/02/2020 00:22	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: SOH WEE KIAT	Address: APT BLK 12A MARSILING LANE #21-61 SINGAPORE 731012		
ID Type / ID No.: NRIC NO / S7726693C	Contact No.: Home/Office: Mobile: 88138899		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 42	Date of Birth: 16/09/1977	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/02/2020 18:15	Type of Location: Straight Road
Location:  SEMBAWANG ROAD  TOWARDS UPPER THOMSON ROAD BEFORE JUNCTION OF YISHUN AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2062H	Car	HYUNDAI	I40	Blue	Slightly Damaged	3
SKV5607X	Car	MITSUBISHI	LANCER EX	Red	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20200218/2001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20200218/2001

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	S. NESAMANI	ID No.	S1702913D
Related Vehicle	SHA2062H (Car)	Contact No.	96998324
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
<b>Driver</b>			
Name	SOH WEE KIAT	ID No.	S7726693C
Related Vehicle	SHA2062H (Car)	Contact No.	88138899
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	SHEENA RAJ	ID No.	S7042226C
Related Vehicle	SHA2062H (Car)	Contact No.	92277681
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	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	Slight
<b>Passenger</b>			
Name	RAJAN S/O PONNAN	ID No.	S2732621H
Related Vehicle	SHA2062H (Car)	Contact No.	87976750
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



**SINGAPORE  
POLICE FORCE**



T/20200218/2001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20200218/2001

**CONTINUATION OF REPORT**

**Brief Details.**

On 17/02/2020 at about 1815hrs, I was driving my Comfort taxi SHA2062H and I was ferrying 3 passengers. I was driving along Sembawang Road towards the direction of Upper Thomson Road and I was on the centre lane. Just after the pedestrian crossing at Blk 101 Yishun, there was a big impact on the rear of my taxi. A car SKV5607X had collided into the rear of my taxi.

I checked my passengers and they seemed fine at first. We then shifted our vehicles to the side. One of the female passenger, Sheena Raj, NRIC: S7042226C, Hp: 92277681, turned pale and complained of neck pain. We called for an ambulance and she was conveyed to KTPH.

I also felt pain on my neck. I went to KTPH on my own to seek treatment. I was given 3 days of MC. My taxi only has camera at the front.



**SINGAPORE  
POLICE FORCE**



T/20200218/2001

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

4 of 4

Report No. T/20200218/2001

**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:  
L /  
Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/02/2020 00:22

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF  
Contact No.: 65476358

Classification Of Case:

Authentication Stamp  
NP168

member of COMFORTDELGRO

Date/Time: 19.02.2020 10:32 Page : 1

Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO: 305382420
TOMER	REGN NO. SHA2062H	MILEAGE	
COMFORT TRANSPORTATION PTE LTD VARS	MAKE HYUNDAI	FUEL	
7010045	MODEL I-40	DATE/TIME IN 17.02.2020 20:35	
383 SIN MING DRIVE	YR OF MANU 15.12.2016	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMHU097075	COMPLETION DATE/TIME	
65508755			
(R)			
(P)			
JOINT CARD NO.			

Accident Date: 17.02.2020  
NATURE: 3P 17.02.2020

JOB DESCRIPTION

TAKE PHOTOGRAPH  
BEFORE AFTER  
SPRAY PAINTING

S/NO LABOR CODE  
Menc - Rear  
LKK



CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Vehicle No. SHA2062H	Vehicle No. SHA2062H
LARRY	
Signature/Date	Date
Name of Service Advisor	
turned to Service Reception upon collection	To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA2062H

DATE: 19. Feb. 2020

MAKE : HYUNDAI

MODEL : i40

DOA: 17. Feb. 2020

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper <i>let</i>			\$553.00	
10	Rear Bumper Clips <i>xm</i>		\$2.20	\$22.00	
1	Rear Bumper Undercover <i>xm</i>			\$228.00	
1	Rear Bumper Sponge <i>fix xm</i>			\$103.50	
SUB TOTAL				\$906.50	
LESS 20%				\$181.30	
DISCOUNTED TOTAL				\$725.20	
1	Reverse Sensor <i>xm</i>			\$135.70	Nett
1	Advertisement – Rear Bumper <i>nee</i>			\$50.00	Nett
2	Advertisement – Rear Fenders LH/RH <i>nee</i>		\$100.00	\$200.00	Nett
				\$385.70	
Labour Charge					
1	Panel Beating			\$300.00	\$200
1	Spray Painting Charge			\$250.00	\$200
1	Remove/refix Reverse Sensor			\$80.00	\$60
1	Wiring Charge			\$50.00	xm
TOTAL LABOUR				\$680.00	
ESTIMATE TOTAL				\$1,790.90	

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

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.

Date:

Our Job Ref No : 305382420Date : 3. Mar. 2020ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : RAMVehicle Reg No. : SHA2062HDate of Accident: 17. 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 SKV5607X

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**\$650.003. 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 amountSignature : Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : Name : RAMDate : 6/3/2020**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:

**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. 20-0406911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20002900/Fqf3e2				
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.	SKV 5607X	Veh. Inspected	SHA 2062H	
Policy No.	5114240144	Coverage (\$)	0.00	
Claim No.	MT/1084845-002	Excess (\$)	0.00	
Assign From		Assign Date	19/02/2020	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097075	Colour	BLUE	
Odometer	432725	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	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	17/02/2020	Inspection Date	19/02/2020	
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:		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 1


**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2062H**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER UNDERCOVER	NOT NECESSARY	228.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	103.50	-
	LESS 20% DISCOUNT		-181.30	-
			725.20	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	50.00	50.00
2	ADVERTISEMENT - REAR FENDERS LH / RH @\$100.00 (SN)	NECESSARY	200.00	200.00
			385.70	250.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		300.00	280.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	60.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			680.00	540.00
<b>GRAND TOTAL</b>			<b>1,790.90</b>	<b>790.00</b>

**RECOMMENDED COST OF LUMP SUM REPAIRS  
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)****650.00**

Report Ref No. NS/INC20002900/Fqf3e2

  
**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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