

ASS. FILED BY: RamREF: NS / INC 20002903 / Pvf302

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: SMP 8627B

Policy No: _____

Claims No: MT / 1082630-002

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
X	X

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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: SHC 569R Yr Regn: 26/11/2015

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

Truck / Trailer or

Make: Hyundai i30 c.c. 1600Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 514096 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 16111641105008072

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: 205/60 R16

R: _____

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

TOYO / YOKO or

Hankook

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 01/02/2020 D.O.I. 19/02/2020Survey held at: comfortdelgic (10222)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

No Policy.

SHC 569R - NBA / IM 20002903 / Y P.M. - 01/02/2020

SMP 8627B - NBA / IM 20002903 / Y P.M. - 01/02/2020

RECEIVED 25 FEB 2020

L/S: \$2350/= with 2 repair days 3 (Red 856.34, 27p)

confirm on 24/02/2020 with survey

Date/Time, File Pass in?

☐ : Prel. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 2

Date/Time, File Return in?

24/2 - typist

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

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Report Format: TPLump Sum / L.S.: 2350/2

160

160

Veron Chen (LKKAuto)

From: MTCL@income.com.sg
Sent: Monday, 24 February 2020 2:58 PM
To: Veron Chen (LKKAuto)
Subject: RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

Claim created refer to below for our reference no.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1085554-001	COMFORT TRANSPORTATION PTE LTD	SH 6999L	GBB 9379P
2	MT/1082630-002	CITYCAB PTE LTD	SHC 569R	SMP 8627B

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/2/2020	8:10	\$1982.07	\$1279.82
1/2/2020	9:45	\$3206.34	\$2350.00

With Regards

Joreen Ang
Senior Admin Assistant
Motor Insurance
www.income.com.sg

income
made different



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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	839G
Vehicle Details	
Vehicle No.:	SHC569R
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2015
Engine No.:	D4FDFU564929
Chassis No.:	KMHLB41UMGU080712
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,818.00
Original Registration Date:	26 Nov 2015
First Registration Date:	26 Nov 2015
Transfer Count:	0
Actual ARF Paid:	\$21,146.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Nov 2023
PARF Rebate Amount:	\$15,859.00
Intended COE Rebate Details	
COE Expiry Date:	25 Nov 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,267.00
COE Rebate Amount:	\$21,297.00
Total Rebate Amount:	\$37,156.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 20 Feb 2020

OK

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 Authonsed 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	06/02/2020 13:50
Date Of Accident	01/02/2020 09:45
Exact Location Of Accident	HORNE RD TWDS KALLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC569R
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	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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	SONG CHIN SENG
NRIC No	SXXXX685G
Date Of Birth	26/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1991
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91278088
Fax Number	
Contact Number	
EMail Address	CSSONG707@GMAIL.COM

Address	BLK 385 TAMPINES STREET 32 #03-55
Postcode	520385
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?	NO
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]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

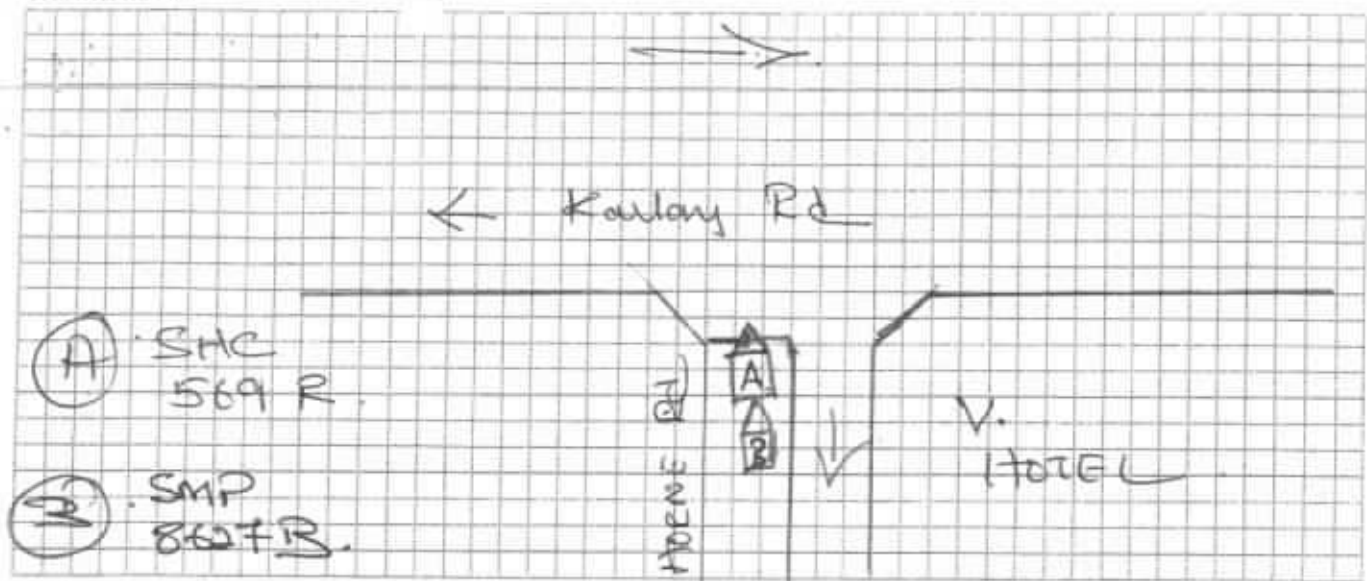
PLS REFER TO ATTACHED / POLICE REPORT : T/20200201/2053

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	SMP8627B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ZHI BIN
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)	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1 FEB 2020 @ 0945 hrs I vert A

slow down and stop @ the above

location few seconds later VEH (B)

from the Rear hit VEH (A) Rear.

@ the point of accident VEH (A) is

PAN.

Remarks: 3rd party vehicle

Number. Don't have.

no. long gone 3rd party VEH num 6/2/20 1207 hrs.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 193802839G

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.:



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

(SAC 569R.)

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2020 12:44		Vide Report No.:		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: SONG CHIN SENG			Address: APT BLK 385 TAMPINES STREET 32 #03-55 SINGAPORE 520385		
ID Type / ID No.: NRIC NO / S7026685G			Contact No.: Home/Office: Mobile: 91278088		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 26/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/02/2020 09:45	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 HORNE ROAD KALLANG ROAD T-Junction of Horne Road and Kallang Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC569R	Car	HYUNDAI	i40	Yellow	Slightly Damaged	0

Details of Person Involved

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

SMP 8627B.



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	SONG CHIN SENG		ID No. S7026685G
Related Vehicle	SHC569R (Car)		Contact No. 91278088
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG ZHI BIN (WANG ZHIBIN)		ID No. S8427396A
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 the 01/02/2020 at around 0945hrs, I was driving my taxi, a yellow colour Hyundai i40 registration plate number SHC569R along Home Road towards Kallang Road. Upon reaching the T-junction of Home Road and Kallang Road, I stopped at the stop line as there were incoming traffic from Kallang Road. Upon stopping for a few moment, I suddenly felt an impact from the rear of my vehicle. Upon checking through my rear view mirror, I realized that my vehicle had been hit from the back by a silver colour Hyundai car. As we were at a junction and I did not want to cause obstruction to the other vehicles queuing up to make the left turn, I waited for the incoming traffic to be clear before turning left and stopping up ahead along Kallang Road. The driver of the car which hit my taxi followed suit and stopped behind me, before we got out of our vehicles and started exchanging particulars and taking photos of the damages to our vehicles. Both of us were not injured.

However, after I proceeded to my taxi company to make the insurance claim, I realized that I had forgotten to take note of the other driver's contact number. I also wish to state that I had also accidentally taken photo of only half of the registration plate number of the other car, ending with 27B. Due to the accident, my taxi sustained scratches and a dent on the right rear bumper whereas the other car sustained scratches, dents and cracks on it's front left bumper. I am lodging this report as advised by my insurance company to facilitate in claiming my insurance.



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20200201/2053

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:

G /

SI KHAIRUDIN BIN SUPOMO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2020 12:44

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

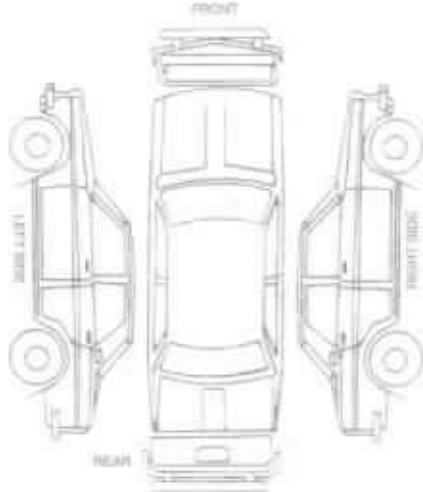


Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305382429
OWNER CITYCAB PTE LTD S 7010070 OWNER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188 (R) (C) (P)	REGN NO. SHC 569R MAKE : HYUNDAI MODEL I-40 YR OF MANU. 26.11.2015 CHASSIS CODE RMHLB41UMGU080712	MILEAGE FUEL E 1/2 F DATE/TIME IN 19.02.2020 11:50 TARGET DATE COMPLETION DATE/TIME	
JOINT CARD NO.			

Accident Date: 01.02.2020
NATURE: 3P 01.02.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Judgement Slip		Exit Pass	
SHC 569R	JU NTUC LKK	Vehicle No.: SHC 569R	
Service Advisor	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

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

JOB NO : 305382429
 REGN NO : SHC 569R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 26.11.2015
 DATE/TIME IN : 19.02.2020 11:55
 ACCIDENT DATE : 01.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40	Est
0002	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	Est
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60	Est
0004	02-01-0103-0054-G	I40VC MUFFLER ASSY-RH	1	967.70	20.00	774.16	Est
0005	02-01-0103-0086-G	I40VC PIPE-EXHAUST FR	1	730.10	20.00	584.08	Est
0006	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00	Est
0007	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	0.20	135.70	Est

SUB-TOTAL : 2,186.34

JOB NATURE

0000	PB	PANEL BEATING	300.00	Est
0001	SP	SPRAYPAINT CHARGE	300.00	Est
0002	17-01	CHECK ALL LIGHTING	50.00	Est
0003	20-06	REMOVE/REFIX EXHAUST PIPE TO ASST REP	120.00	Est

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:

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

JOB NO : 305382429
 REGN NO : SHC 569R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 26.11.2015
 DATE/TIME IN : 19.02.2020 11:55
 ACCIDENT DATE : 01.02.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 20-05 RENEW ADVERTISEMENT STICKER-fender	200.00		hcc		
0005 20-05 RENEW ADVERTISEMENT STICKER-bumper	50.00		hcc		
SUB-TOTAL :					1,020.00
TOTAL :					3,206.34

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

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:

[Handwritten Signature]
 19/02/2020 1600hrs
 Ramaswami@lkkauto.com
 38622778
 (LIS)
 2 repair photo

Our Job Ref No 305382429

Date 21/02/2020

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

FINALIZATION FORM

To : LKK
Attn : RAM
SHC 569R

Fax :

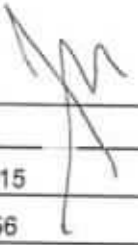
DOA: 01/02/20

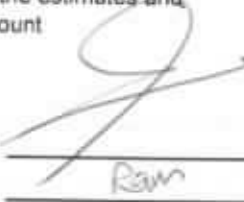
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SMP8627B
###
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) N/A ###
 - Total for Lumpsum repair cost after Less: 20% **\$2,350.00**
 - 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: JUMANI
Tel: 6214 8315
Fax: 65468156

Signature: 
Name: Ram
Date: 24/02/2020

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS: EXHAUST PIPE CENTRE

**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/INC20002903/Fvf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 25-02-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMP 8627B	Veh. Inspected	SHC 569R
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1082630-002	Excess (\$)	0.00
Assign From		Assign Date	19/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080712	Colour	YELLOW
Odometer	514096	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	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	01/02/2020	Inspection Date	19/02/2020
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: 52983358E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 569R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY-RR BUMPE	CRACKED	553.00	553.00
1	I40VC COVER-RR BUMPER LWR	SCRATCHED	228.00	228.00
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
1	I40VC MUFFLER ASSY-RH	BENT	967.70	967.70
1	I40VC PIPE-EXHAUST FR	BENT	730.10	730.10
	LESS 20% DISCOUNT		-500.16	-500.16
			2,000.64	2,000.64
SPECIAL NETT ITEMS				
1	I40VC PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
1	HYUNDAI REVERSE SENSOR AS (SN)	NOT NECESSARY	135.70	-
1	ADVERTISEMENT STICKER - FENDER (SN)	NECESSARY	200.00	200.00
1	ADVERTISEMENT STICKER - BUMPER (SN)	NECESSARY	50.00	50.00
			435.70	300.00
LABOUR				
	PANEL BEATING.		300.00	280.00
	SPRAYPAINT CHARGE.		300.00	200.00
	CHECK ALL LIGHTING.		50.00	50.00
	REMOVE / REFIX EXHAUST PIPE TO ASST REP.		120.00	120.00
			770.00	650.00
GRAND TOTAL			3,206.34	2,950.64

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,350.00
---	--	--	-----------------

Report Ref No. NS/INC20002903/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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