



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"/> | 0088359249-16 |                    | CHEW KEET FAI     | S7525474A         | GMC     | Third Party | FS3788U     | FS3788U        | 17/07/2019    | 16/07/2020  |

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   |                  |                                 |                      |                    |                  |                  |             |

## 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             | 20/02/2020 10:31                   |
| Date Of Accident           | 19/02/2020 19:40                   |
| Exact Location Of Accident | CTE TWDS AMK BEFORE AMK AVE 1 EXIT |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SH6247Z |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                |
|--------------------------|--------------------------------|
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No                | 1XXXXX821R                     |
| Email Address            | FLEETSAFETY@CDGETAXI.COM.SG    |
| Mobile Phone No          |                                |
| Alternative Phone No     | OFFICE-65508768                |

#### Vehicle Particulars

|              |                      |
|--------------|----------------------|
| Manufacturer | TOYOTA               |
| Model        | PRIUS HYBRID4G NOV18 |

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       | TAN CHEK ENG          |
| NRIC No              | SXXXX402I             |
| Date Of Birth        | 21/02/1955            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 26/05/1977            |
| Driving Experience   | 42 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90586072  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 229 YISHUN STREET 21<br>#11-562 |
| Postcode  | 760229                              |
| 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         | FS3788U    |
| Vehicle Make/Model/Colour           | MOTORCYCLE |
| Details Of Properties               |            |
| Vehicle Category                    | MOTORCYCLE |
| Name of Driver                      | UNKNOWN    |
| NRIC/Passport Number                |            |
| Contact Number                      |            |
| Address                             |            |
| Postcode                            |            |
| Insurance Company Name              |            |
| Nature Of Damage                    | FRONT      |
| No. Of Passenger (Including Driver) |            |

# 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 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 INVESTMENT PTE LTD  
CORPORATE NO. 10000000000000000000

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

|             |  |  |  |  |             |  |  |  |  |   |  |  |  |  |
|-------------|--|--|--|--|-------------|--|--|--|--|---|--|--|--|--|
| A: SM 62432 |  |  |  |  | B: FB 3788U |  |  |  |  | CTE winds<br>AMK<br>before<br>Ang Mo Kio<br>Quek Exit |  |  |  |  |
|             |  |  |  |  |             |  |  |  |  |   |  |  |  |  |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2020 at about 19:40 hrs, I Veh A.

was driving on lane 2 at above said road without

passenger. Shortly vehicle in front brake to stop and I

doing so. A split second later, I felt an impact

from behind followed by a jerk. I step out to have

a check and found Veh B motorcycle from portion

collided onto the rear portion of my taxi. Both vehicle

sustained slight damage No injury at the point of

accident.

DECLARATION

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

COMFORT Insurance Corporation 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.:

20/02/2020

Loka Wei Fong

Janet Lim Need Taxi Replacement

L1S

COMFORTDELGRO  
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755  
Workshops  
59 Loryang Drive Singapore 508969  
383 Sin Ming Drive Singapore 575717  
45 Yishun Industrial Estate Singapore 768791  
320 Joo Road Singapore 438645

Date/Time: 20.02.2020 11:07 Page 1

ARC Repair TP(CLSO)

Sales Order:

JC NO.: 305382547

JOB CARD

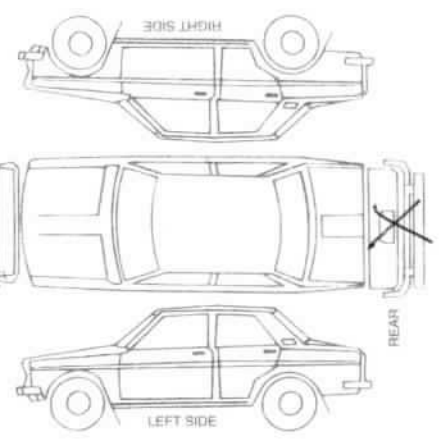
|  |                      |
|--|----------------------|
| REGN NO.: 3H 6247Z                       | MILEAGE              |
| MAKE: TOYOTA                             | FUEL                 |
| MODEL: PRIUS HYBRID(G4) 20.02.2020 09:30 | DATE/TIME IN         |
| YR OF MANU.: 07.01.2019                  | TARGET DATE          |
| CHASSIS CODE: JTDKB3FU803077745          | COMPLETION DATE/TIME |

Accident Date: 19.02.2020  
NATURE: 3P 19.02.2020

S/N/O LABOR CODE DESCRIPTION

PP LK

NTWC - FS 3788





COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305382547  
 REGN NO : SH 6247Z  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 07.01.2019  
 DATE/TIME IN : 20.02.2020 09:30  
 ACCIDENT DATE : 19.02.2020

NTUC-CP/P)  
 LKK-Ram.

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|                        |                          |    |        |       |        |                    |
|------------------------|--------------------------|----|--------|-------|--------|--------------------|
| 0001 04-01-0302-2282-G | REAR BUMPER              | 1  | 458.60 | 25.00 | 343.95 | x (E)              |
| 0002 04-01-0302-2287-G | REAR BUMPER CENTER-Black | 1  | 552.60 | 25.00 | 414.45 | script             |
| 0003 04-01-0302-2267-G | REAR BUMPER CLIPS        | 10 | 22.00  | 25.00 | 16.50  | x un               |
| 0004 09-01-0302-2005-A | REVERSE SENSOR           | 1  | 135.70 |       | 135.70 | x un               |
| 0005 04-01-0302-1150-A | REAR BUMPER MAT          | 1  | 50.00  |       | 50.00  | x un               |
|                        |                          |    |        |       |        | SUB-TOTAL : 960.60 |

## JOB NATURE

|         |                    |             |        |
|---------|--------------------|-------------|--------|
| 0000 PB | PANEL BEATING      | 350.00      | \$220  |
| 0001 SP | SPRAYPAINT CHARGE  | 250.00      | \$200  |
| 0002 L  | R/I REVERSE SENSOR | 120.00      | \$60   |
|         |                    | SUB-TOTAL : | 720.00 |

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:

Ram (LKK)  
 20/2/2020  
 1345hrs  
 891a Suran @ lkkauto.com  
 88622779  
 88622779  
 88622779

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.02.2020

Time: 11:17:52

REPAIR ESTIMATE

NTUC - CP (P)  
LKE - Ram.

Page: 2

12 TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305382547  
REGN NO : SH 6247Z  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID  
DATE OF REGN : 07.01.2019  
DATE/TIME IN : 20.02.2020 09:3  
ACCIDENT DATE : 19.02.2020

JOB / PARTS DESCRIPTION

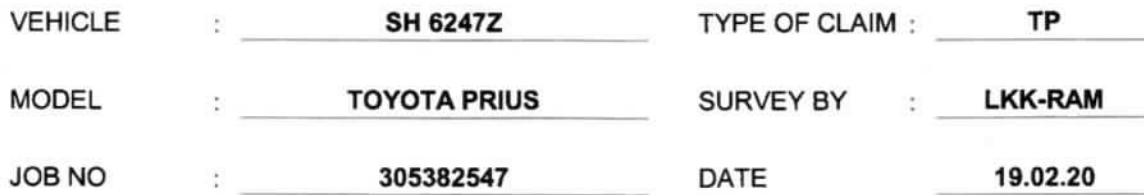
QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,680.60

Limys  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

1919 20

[illegible]

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305382547  
Date : 21/02/20

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

## FINALIZATION FORM

To : LKK  
Attn : RAM  
Vehicle Reg No. : SH 6247Z

Fax :

Date of Accident : 19-Feb-20

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

1. The repair job shall bill to: NTUC --- FS3788U

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$653.55

(b) Labour Charges

\$580.00

\$1,233.55

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**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 : Limg  
Name : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature : [Signature]  
Name : RAM  
Date : 25/02/2019

### 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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305382547  
REGN NO : SH 6247Z  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 07.01.2019  
DATE/TIME IN : 20.02.2020 09:30  
ACCIDENT DATE : 19.02.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2288-G REAR BUMPER REINFORCEMENT ~~XX~~ 1 318.80 25.00 239.10 ~~80~~

0002 04-01-0302-2287-G REAR BUMPER UNDER COVER 1 552.60 25.00 414.45 ~~50~~

SUB-TOTAL : 653.55

## JOB NATURE

0000 PB PANEL BEATING 320.00

0001 SP SPRAYPAINT CHARGE 200.00

0002 L R/I REVERSE SENSOR 60.00

SUB-TOTAL : 580.00

TOTAL : 1,233.55

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO




## 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/INC20002980/Fyf3e2  |  |                 |                  |   |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE<br>189556   |  |                 | Date: 27-02-2020 |  |
| Code: INC4   |  |                 |                  |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                 |                  |   |
| Insured Veh.   | FS 3788U   | Veh. Inspected  | SH 6247Z         |   |
| Policy No.   | 0088359249-16  | Coverage (\$)   | 0.00             |   |
| Claim No.  | MT/1085148-002   | Excess (\$)     | 0.00             |   |
| Assign From  |  | Assign Date     | 20/02/2020       |   |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                 |                  |   |
| Make & Model   | TOYOTA PRIUS   | c.c             | 1798             |   |
| Engine No.   | HIDDEN   | Year of Reg.    | 2019             |   |
| Chassis No.  | JTDKB3FU803077745  | Colour          | BLUE             |   |
| Odometer   | 137223   | Steering        | IN ORDER         |   |
| Brakes   | IN ORDER   | Modification    | SPORTS RIM       |   |
| General  | GOOD   |                 |                  |   |
| <b>3. Conditions of Tyres</b>  |  |                 |                  |   |
|  | Size   | Make            | Balance          |   |
| R/H Front Tyre   | 195/65 R15   | DAVANTI         | 8 mm             |   |
| L/H Front Tyre   | 195/65 R15   | DAVANTI         | 8 mm             |   |
| R/H Rear Tyre  | 195/65 R15   | DAVANTI         | 8 mm             |   |
| L/H Rear Tyre  | 195/65 R15   | DAVANTI         | 8 mm             |   |
| <b>4. Description of Damages</b>   |  |                 |                  |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS.   |  |                 |                  |   |
| <b>5. General Information</b>  |  |                 |                  |   |
| Accident Date  | 19/02/2020   | Inspection Date | 20/02/2020       |   |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |                  |   |
| <b>5a. Remarks</b>   |  |                 |                  |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>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. SH 6247Z

| Qty | Description of Parts                                   | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--|----------------------|---------------------------|-------------------|
|     | <b><u>REPLACEMENT OF PARTS</u></b>                     |                      |                           |                   |
| 1   | REAR BUMPER  | TO REPAIR SEE LABOUR | 458.60                    | -                 |
| 1   | REAR BUMPER UNDER COVER                                | SCRATCHED / CUT      | 552.60                    | 552.60            |
| 10  | REAR BUMPER CLIPS                                      | NOT NECESSARY        | 22.00                     | -                 |
| 1   | REAR BUMPER REINFORCEMENT                              | DENTED               | 318.80                    | 318.80            |
|     | LESS 25% DISCOUNT                                      |                      | -338.00                   | -217.85           |
|     |  |                      | 1,014.00                  | 653.55            |
|     | <b><u>SPECIAL NETT ITEMS</u></b>                       |                      |                           |                   |
| 1   | REVERSE SENSOR (SN)                                    | NOT NECESSARY        | 135.70                    | -                 |
| 1   | REAR BUMPER MAT (SN)                                   | NOT NECESSARY        | 50.00                     | -                 |
|     |  |                      | 185.70                    | -                 |
|     | <b><u>LABOUR</u></b>                                   |                      |                           |                   |
|     | PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER. |                      | 350.00                    | 320.00            |
|     | SPRAYPAINT CHARGE.                                     |                      | 250.00                    | 200.00            |
|     | R/I REVERSE SENSOR.                                    |                      | 120.00                    | 60.00             |
|     |  |                      | 720.00                    | 580.00            |
|     | <b>GRAND TOTAL</b>                                     |                      | <b>1,919.70</b>           | <b>1,233.55</b>   |

|  |  |  |                 |
|--|--|--|-----------------|
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |  |  | <b>1,233.55</b> |
|--|--|--|-----------------|

Report Ref No. NS/INC20002980/Fyf3e2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.