

ASS. REC. BY:

Ram

REF:

NS/INC 20002981 / FS#302

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: SLB 32736Policy No. 5107335861 (01/02/2019 - 31/03/2020)Claims No. MT/1085036-002

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

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: SHC1305P Yr Regn: 3/05/2017

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

Truck / Trailer or

Make: Toyota Prius hybrid (54) c.c 1798Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 441456 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MTDKB3FJ503557547Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or DAVANTI

Front		Rear
R/Bal. <u>7</u> mm		R/Bal. <u>8</u> mm
L/Bal. <u>7</u> mm		L/Bal. <u>8</u> mm

D.O.A. 19/02/2020 D.O.I. 20/2/2020Survey held at comfidelgo (comig)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

SHC1305P- NS/INC 15016792/H19602 ROA - 03/10/2015

SLB 32736 - X

RECEIVED 02 MAR 2020

L/S: \$4100/- with 2 repair days

(\$ 3,115.50 Red - 43%)

confirm on 28/02/2020 with Juma

2/3/2020

Date/Time, File Pass to?

02/03/20



: Prel. Report



: Final Report

1)

Typ. 34

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Report Format:

Lump Sum / L.S. (\$ \$4,100/- L/S)

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1085806-002	COMFORTDELGRO	SHD 4825U	GBC 593R	25/02/2020	8:45	\$ 2,346.22	\$ 1,021.00
2	MT/1083588-002	COMFORTDELGRO	SHD 3523Y	FBQ 5834P	07/02/2020	10:00	\$ 6,204.40	\$ 3,750.00
3	MT/1085036-002	COMFORTDELGRO	SHC 7305P	SLB 3273G	19/02/2020	14:40	\$ 7,372.68	\$ 4,100.00
4	MT/1085219-002	COMFORTDELGRO	SHD 3699Z	GR 5818Y	20/02/2020	11:15	\$ 2,045.38	\$ 1,000.00
5	MT/1085285-002	CITYCAB P/L	SHC 7042Y	GBD 9858M	19/02/2020	17:00	\$ 2,692.98	\$ 1,500.00
6	MT/1084810-002	CITYCAB P/L	SHC 7997S	SKQ 3073A	17/02/2020	15:00	\$ 15,324.26	\$ 7,500.00
7	MT/1085980-002	COMFORTDELGRO	SHA 4627K	SDD 6366L	26/02/2020	7:50	\$ 1,734.53	\$ 740.00
8								
9								
10								
11								

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

19/02/2020 11:44

Vehicle No.(For Motor)

SLB3273G

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5107335861		NORHIDAH BINTE OTHMAN	57618126H	GPC	drive CLASSIC	SLB3273G	SLB3273G	01/02/2019	31/03/2020

Date/Time: 20.02.2020 09:36

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305382544

OMER

S CITYCAB PTE LTD

7010070

OMER NO. 383 SIN MING DRIVE

ESS Singapore SINGAPORE 575717

65551188

(R) (O)

(P)

JUNT CARD NO.

REGN NO.: SHC7305P

MILEAGE

MAKE : TOYOTA

FUEL

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

MQDEL PRIUS HYBRID(G4)19.02.2020 15:50

DATE/TIME IN

YR OF MANU 31.05.2017

TARGET DATE

CHASSIS CODE JTDKB3FU503557547

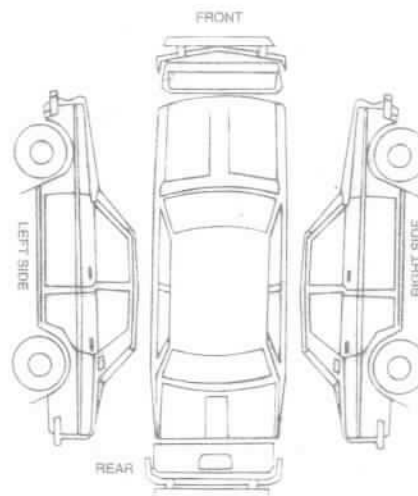
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 19.02.2020

NATURE: 3P 19.02.2020

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

o.: SHC7305P

JU NTUC LKK

Vehicle No.:

SHC7305P

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

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	19/02/2020 16:48
Date Of Accident	19/02/2020 14:40
Exact Location Of Accident	ALONG RAFFLES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7305P
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	TOYOTA
Model	PRIUS
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	SOH BOON TENG
NRIC No	SXXXX087F
Date Of Birth	01/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/07/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94384673
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 253 YISHUN RING ROAD #07-1053
Postcode	760253
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

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

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	SLB3273G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORHISHAM BIN MUSA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MARLINA BINTE AIAN
Approximate Age	
Injuries Sustain	ARM SLIGHT CUT
Injured person in which vehicle?	SHC7305P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.

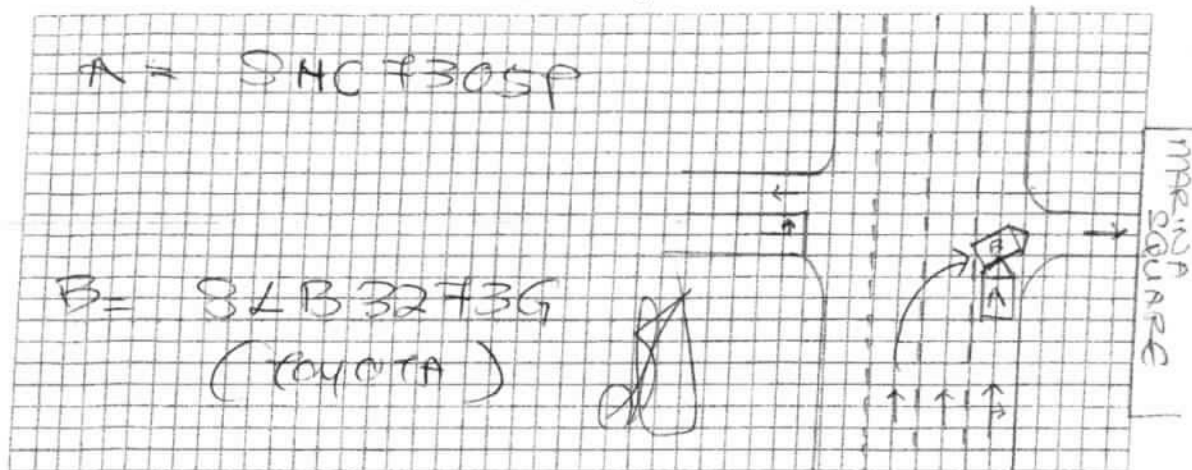
CITYCAR PTE LTD
CO. REG. NO. 100042830G

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

RAFFLES AVE

statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

CITYCAR PTE LTD
CO. REG. NO. 199512830G

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 719 FEB 2020

CPAC Sketch Plan Form_V3

Describe Circumstances of the Accident.

On the 19/02/2020 at about 14:40hrs, I was driving along Raffles Ave direction with 1 female passenger on board my taxi.

As I was driving suddenly a vehicle of SLB3273G encroached onto my taxi and collided onto my taxi left front portion.

My passenger arm suffer slightly cut from the impact.


Declaration

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

CITYCAR PTE LTD
CO. REG NO 190507839G

Policyholder's Signature/Date &
Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Olivia Wendy 

Witnessed by Reporting
Centre Personnel

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

JOB NO : 305382544
 REGN NO : SHC7305P
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 31.05.2017
 DATE/TIME IN : 19.02.2020 15:50
 ACCIDENT DATE : 19.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2534-G	PRIG4Q8 COVER FRONT BUMPE	1	499.90	20.00	399.92	scr
0002	04-01-0302-2746-G	PRIG4Q8 UNIT HEADLAMP LH	1	2,735.28	20.00	2,188.22	scr
0003	04-01-0302-0574-G	PRIG4 FENDER SUB-ASSY FRO	1	945.30	20.00	756.24	x(R)
0004	04-01-0302-0572-G	PRIG4 HOOD SUB-ASSY	1	938.40	20.00	750.72	x(R)
0005	04-01-0302-2753-G	PRIG4Q8 LAMP ASSY FOG LH	1	920.00	20.00	736.00	scr
0006	04-01-0302-2750-G	PRIG4Q8 EMBLEM	1	194.60	20.00	155.68	scr
				53.80			
				SUB-TOTAL : 4,986.78			

JOB NATURE

0000	PB	PANEL BEATING	700.00	\$ 640
0001	SP	SPRAYPAINT CHARGE	700.00	\$ 600
0002	17-01	CHECK ALL LIGHTING	50.00	—
0003	20-00	TUFF COAT ON AFFECTED PARTS.	50.00	—

SUB-TOTAL : 1,500.00

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:

24/2/2020

Rem (LKR)

2012/2020

1515

1515HS

8862277

(LIS)

alt repair photo
3 days

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.02.2020

REPAIR ESTIMATE

Time: 10:46:54

Page: 2

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

JOB NO : 305382544
REGN NO : SHC7305P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 31.05.2017
DATE/TIME IN : 19.02.2020 15:50
ACCIDENT DATE : 19.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 6,486.78

7215.50

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
SUPPORT SUB-ASSY RADIATOR LH	1	\$240.10	BK ✓ A
COMPUTER – HEADLAMP ASSY LH	1	\$492.30	SK ✓ A
FRT LH FENDER ADVERTISEMENT LOGO	1	\$100.00	NET new ✓ A
CHECK ITEM			
FRT LH FENDER ENBLEM (HYBIRD)	1	\$53.50	new ✓ A
LABOUR			
TOTAL:		\$885.90	JUMANI

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

JOB NO : 305382544
REGN NO : SHC7305P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 31.05.2017
DATE/TIME IN : 19.02.2020 15:50
ACCIDENT DATE : 19.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-A	COVER FRONT BUMPER	1	0.00	0.00	0.00	CRA
0002 04-01-0302-2815-A	UNIT ASSY HEADLAMP LH	1	0.00	0.00	0.00	SCR
0003 04-01-0302-4891-A	LAMP ASSY FOG LH	1	0.00	0.00	0.00	SCR
0004 04-01-0302-2875-G	SUPPORT SUB-ASSY RADIATOR	1	0.00	0.00	0.00	B+
0005 04-01-0302-2878-G	COMPUTER SUB-ASSY HEADLAM	1	0.00	0.00	0.00	SCR

SUB-TOTAL : 0.00

JOB NATURE

0000 PB LUMPSUM REPAIR

4300.00

SUB-TOTAL : 4,300.00

TOTAL : 4,300.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No 305382544

Date : 24/02/2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC7305P

DOA: 19/02/2020

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

1. The repair job shall bill to: NTUC --- SLB3273G
###
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: 20%

Final Lumpsum Repair cost

4100.00

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 : 28/02/2020

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:




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/INC20002981/Fsf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 03-03-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLB 3273G	Veh. Inspected	SHC 7305P	
Policy No.	5107335861	Coverage (\$)	0.00	
Claim No.	MT/1085036-002	Excess (\$)	0.00	
Assign From		Assign Date	20/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU503557547	Colour	YELLOW	
Odometer	449456	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
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	8 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	19/02/2020	Inspection Date	20/02/2020	
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: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7305P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	PRIG4Q8 COVER FRONT BUMPE	CRACKED	499.90	499.90
1	PRIG4Q8 UNIT HEADLAMP LH	SCRATCHED	2,735.28	2,735.28
1	PRIG4 FENDER SUB-ASSY FRO	TO REPAIR SEE LABOUR	945.30	-
1	PRIG4 HOOD SUB-ASSY	TO REPAIR SEE LABOUR	938.40	-
1	PRIG4Q8 LAMP ASSY FOG LH	SCRATCHED	920.00	920.00
1	PRIG4Q8 EMBLEM	NOT NECESSARY	194.60	-
1	SUPPORT SUB-ASSY RADIATOR LH	BENT	240.10	240.10
1	COMPUTER-HEADLAMP ASSY LH	SCRATCHED	492.30	492.30
1	FRT LH FENDER EMBLEM (HYBRID)	NECESSARY	53.50	53.50
	LESS 20% DISCOUNT		-1,403.88	-
	LESS 25% DISCOUNT		-	-1,235.27
			5,615.50	3,705.81
	<u>SPECIAL NETT ITEMS</u>			
1	FRT LH FENDER ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF PRIG4 FENDER SUB-ASSY FRO AND PRIG4 HOOD SUB-ASSY.		700.00	640.00
	SPRAYPAINT CHARGE.		700.00	600.00
	CHECK ALL LIGHTING.		50.00	50.00
	TUFF COAT ON AFFECTED PARTS.		50.00	50.00
			-	-
			-	-
			1,500.00	1,340.00
	GRAND TOTAL		7,215.50	5,145.81
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,100.00

Report Ref No. NS/INC20002981/Fsf3e2

Report Ref No. NS/INC20002981/Fsf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor



K.K.LAU CPT(RET)

**BEng(Hons),B.Bus,MBA,PEng,PE,
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