

ASS. REC. BY: Ram

REF:

NS/INC20003039/Rd3n2

## 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: GR 5818 YPolicy No. 510689 2303-01 (7/2/2020-6/2/2021)Claims No. MT/1085219-002

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 3699Z

Yr Regn:

15/12/2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai i40

c.c

1685

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

435355

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMH LBA100MHU097280Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: 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

Washack

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

20/02/2020

D.O.I.

21/02/2020

Survey held at

comfortdelgco (covark)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

SHD3699Z-003/CT118005278/R1h3n2GR5818 Y-XDOA: 19/3/2018NTLCL/S

RECEIVED 02 MAR 2020

L/S: \$1000/- with 2 repair days (Reel 1045.38, 517)confirm on 28/02/2020 with claims.

Date/Time, File Pass to?

☐

: Prel. Report

Days Of Repair:

2

1)

☐

: Final Report

Resurvey No. of Trip:

1

Survey Fee:

Date/Time, File Return to?

Transportation:

2) 2B - typist

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

☐

: Weekend (\$)

S + RS: \$

Photos:

Others:

TOTAL

160

Report Format:

TP

Lump Sum / L&amp;E: (\$)

1000/-

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	GRD 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.	<input type="text"/>	Date of Accident	<input type="text" value="20/02/2020 11:09"/>	
Vehicle No.(For Motor)	<input type="text" value="GR5818Y"/>	Certificate Number	<input type="text"/>	
<input type="button" value="Search"/>				

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5106892303-01		ACENTRIX PTE. LTD.	201408252D	GCV	Comprehensive	GR5818Y	GR5818Y	07/02/2020	06/02/2021

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	821R
<b>Vehicle Details</b>	
Vehicle No.:	SHD3699Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU694115
Chassis No.:	KMHLB41UMHU097200
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,829.00
Original Registration Date:	15 Dec 2016
First Registration Date:	15 Dec 2016
Transfer Count:	0
Actual ARF Paid:	\$19,829.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Dec 2024
PARF Rebate Amount:	\$14,871.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Dec 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,017.00
COE Rebate Amount:	\$24,632.00
<b>Total Rebate Amount:</b>	<b>\$39,503.00</b>
<b>Message</b>	
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 24 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 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 15:23
Date Of Accident	20/02/2020 11:15
Exact Location Of Accident	VICTORIA ST TWDS KALLANG ROAD X ARAB ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3699Z
<b>Insured/Policyholder</b>	
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	HYUNDAI
Model	I40 (EURO 5)

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	SANDRA SEKARAN
NRIC No	SXXXX781I
Date Of Birth	26/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97836900
Fax Number	
Contact Number	
Email Address	TELA12@YAHOO.COM.SG

Address	BLK 353 ANG MO KIO STREET 32
	#20-139
Postcode	560353
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?	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	GR5818Y
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMED NASER BIN ZAINOL
NRIC/Passport Number	
Contact Number	87495194
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

### DETAILS OF INJURED PERSON 1

Name

SANDRA SEKARAN

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHD3699Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**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 TRADING CORPORATION LTD  
CO. REG. NO. 19970100000

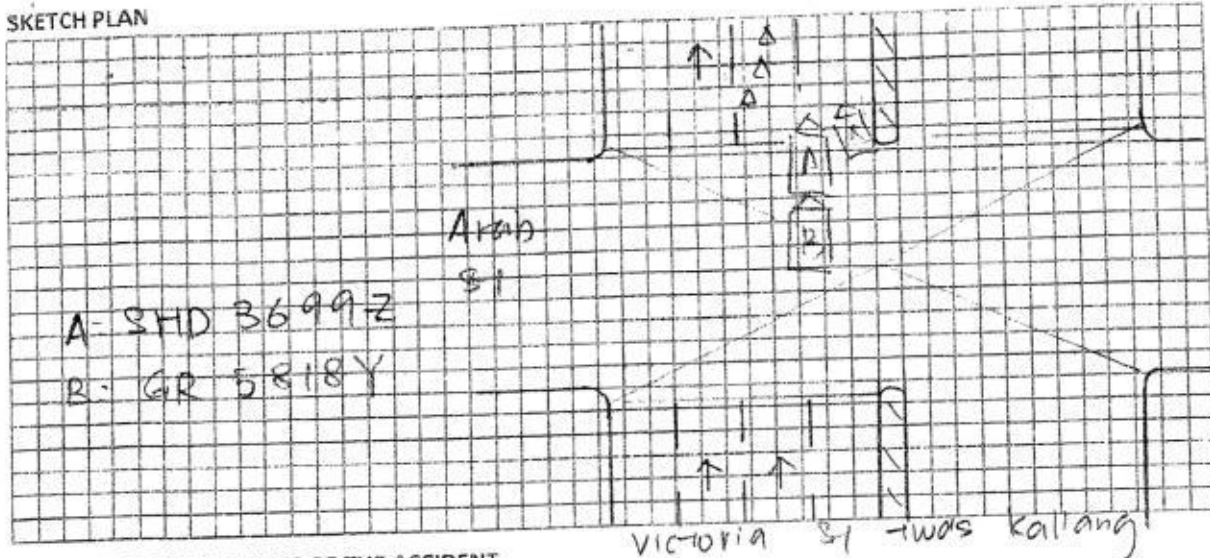
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: **Loke Wei Yiang**  
NRIC/FIN No.:



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/2/2020 at about 11:15 hrs, I Veh A. was driving straight at above said junction as traffic light at my favor. I applied brake to stop upon seeing an unknown & dashed out from right hand side make illegal U turn. A split second later, I felt an impact from behind followed by a jerk. Veh B front portion collided onto the rear portion of my stationary taxi. No passenger in my taxi. Scene photo taken to support claims. I suffered pain on neck and back, consult a doctor and granted 3 days MC.

## DECLARATION

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

I/We declare the foregoing particulars are true  
COMFORT ELECTROTECHNOLOGY LTD  
C-2, B-2, ME, 2000, 2000

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.: \_\_\_\_\_

Loka Vvai Yienq

General Sketch Plan Form 7B

Date/Time: 20.02.2020 16:08

Page: 1

Team: ARC Repair TP(CLSO)

**JOB CARD** Sales Order:

JC NO.: 305382724

STOMER  
COMFORT TRANSPORTATION PTE LTD  
/MS 7010045  
STOMER 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65508755

(O)

(R)

(P)

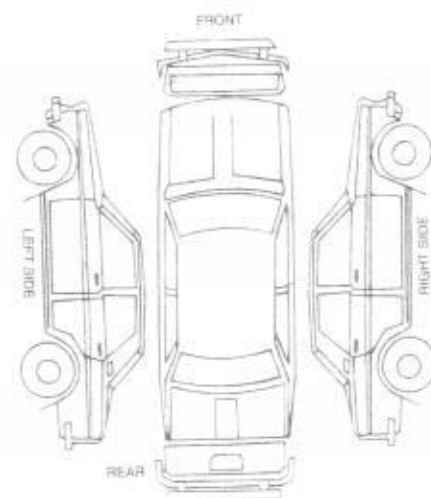
REGN NO.: SHD3699Z	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL: I-40	E.....1/2.....F 20.02.2020 14:05 DATE/TIME IN
YR OF MANU: 15-12-2016	TARGET DATE
CHASSIS CODE: KMHLE41UMHU097200	COMPLETION DATE/TIME:

ICOUNT CARD NO.

### JOB DESCRIPTION

Ident Date: 20.02.2020  
NATURE: 3P.20.12.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

At: SHD3699Z CHIANG  
o.i:  
ile No.:

Exit Pass

Vehicle No.: SHD3699Z

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

20/02/20

VEHICLE NO SHD3699Z

MAKE :

MODEL HYU- I40

CHIANG/NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER DEF/scr			\$553.00
2	REAR BUMPER BRACKET SIDE LH/RH xnn		\$35.60	\$71.20
10	REAR BUMPER CLIPS nec		\$2.20	\$22.00
1	REAR BUMPER REINFORCEMENT xnn			\$428.40
1	REAR BUMPER UNDER COVER			\$225.50
	<b>SUB TOTAL</b>			<b>\$1,074.60</b>
	<b>20.00%</b>			<b>\$214.92</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$859.68</b>
				<del>\$640</del>
	REVERSE SENSOR xnn			\$135.70
1	BUMPER MAT nec			\$50.00
1				<b>\$185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$480.00 \$280
	Spray Painting Charge			\$400.00 \$200
	Remove/refix reverse sensor			\$60.00
	Tuff Kote			\$60.00 \$30
	<b>TOTAL LABOUR</b>			<b>\$1,000.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$2,045.38</b>
				2225.78

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

25/2/2020  
Ram (LKK)  
21/02/2020 1320  
Parasuram@lkkauto.com  
88622772  
H5  
aft repair photo  
2 repair days

Our Job Ref No : 305382724  
Date : 28/02/20

# COMFORTDELGRO ENGINEERING

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

## FINALIZATION FORM

To : LKK  
Attn : RAM  
: SHD3699Z

Fax :  
20/02/2020

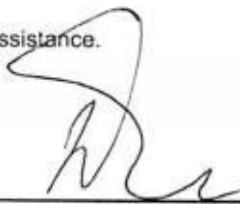
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

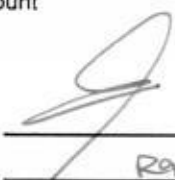
1. The repair job shall bill to: NTUC GR5818Y
2. The finalized amount shall be:
- (a) Spare Parts after List discount \_\_\_\_\_
- (b) Labour Charges \_\_\_\_\_
- Total for Part-By-Part Repair Cost** \_\_\_\_\_
- (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$1,000.00

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 : CHIANG  
Tel : 62148314  
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/INC20003039/Fvd3n2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-03-2020  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GR 5818Y	Veh. Inspected	SHD 3699Z
Policy No.	5106892303-01	Coverage (\$)	0.00
Claim No.	MT/1085219-002	Excess (\$)	0.00
Assign From		Assign Date	21/02/2020

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097200	Colour	BLUE
Odometer	435353	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	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	20/02/2020	Inspection Date	21/02/2020
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 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3699Z**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER COVER	DEFORMED / SCRATCHED	553.00	553.00
2	REAR BUMPER BRACKET SIDE LH/RH @\$35.60	NOT NECESSARY	71.20	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	428.40	-
1	REAR BUMPER UNDER COVER	CRACKED	225.50	225.50
	LESS 20% DISCOUNT		-260.02	-160.10
			1,040.08	640.40
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	BUMPER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		480.00	280.00
	SPRAY PAINTING CHARGE.		400.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		60.00	60.00
	TUFF KOTE.		60.00	30.00
			1,000.00	570.00
<b>GRAND TOTAL</b>			<b>2,225.78</b>	<b>1,260.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,000.00</b>

Report Ref No. NS/INC20003039/Fvd3n2

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.