

ASS. REC. BY: Ran

REF: NS/ INC 20003179/ #f3 n2

ASSIGNMENT

From: _____ Date: _____

Veh No: SHC 3240T Yr Regn: 30/10/2019

Estimated Cost: _____

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

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

Truck / Trailer or _____

To Inspect Vehicle No: _____

Make: Hyundai ianig c.c 1580

at Workshop m/s _____

Colour: blue A/C: Insured / Std / NI / NA

of _____

Sp. Reading: 26515 T/Radio: Insured / Std / NI / NA

Insured: SLR2849T

Eng/No: _____

Policy No. 5110193112 (15/06/2019-07/08/2020)

C/No: KMHCS51CVLUI87648

Claims No. MT/1086520-001

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 195/65 R15

R: _____

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X X X

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Bal. or Market Value: _____

Front _____ Rear _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

R/Bal. 7 mm R/Bal. 8 mm

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

L/Bal. 7 mm L/Bal. 8 mm

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

D.O.A. 21/02/2020 D.O.I. 25/02/2020

Lum Sum: _____ % 3 Val.: Yes or No

Survey held at comintekia (Loyang)

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 3240T - CC4/FCI 20002474/Ecl3 Day. 09/02/2020
	SLR 2849T - X
	(MTC) (FP)
	RECEIVED 03 MAR 2020
	FP: \$2099.35/ = with 2 repairs on 5 (Red: 72.52.25%)
	confirm on 2/3/2020 with LINTS

Date/Time, File Pass to? : Prell. Report

Days Of Repair: 2

1) 3/3 Typst : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:	
Transportation:	
G + RS \$	
Photos	
Others	
TOTAL	160

2) _____

Add Fee: : Site Insp. (\$)

: Interview (\$)

: Tech. Insp. (\$)

: Weekend (\$)

Report Format: TP
Lump Sum / L.P.R. / \$ 2099.35

TP Claims against NTUC Income: Follow-Through Survey

Date : 2/3/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1076772-002	COMFORT TRANSPORTATON PTE LTD	SHD 3240M	SIU 5914B	22/12/2019	14:25	\$ 1,538.88
2	MT/1086520-001	COMFORT TRANSPORTATON PTE LTD	SHC 3240T	SLR 2849T	21/2/2020	14:35	\$ 2,269.27
3	MT/1085476-002	COMFORT TRANSPORTATON PTE LTD	SHD 3590C	SJT 626X	22/2/2020	18:20	\$ 3,621.07
4	MT/1085995-002	COMFORT TRANSPORTATON PTE LTD	SHC 8642J	SIH 4591Z	25/2/2020	7:30	\$ 1,494.53
5	MT/1085604-002	COMFORT TRANSPORTATON PTE LTD	SHB 6692H	SJS 1058J	22/2/2020	16:35	\$ 4,702.45
6	MT/1085574-002	COMFORT TRANSPORTATON PTE LTD	SHC 2402A	GY 7954L	24/2/2020	11:30	\$ 3,707.04

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="21/02/2020 09:10"/>
Vehicle No.(For Motor)	<input type="text" value="SLR2849T"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5110198112		OWEN TAN JUN LIANG	S8933980D	GPC	drive CLASSIC	SLR2849T	SLR2849T	15/06/2019	07/08/2020

Continue

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	25/02/2020 08:36
Date Of Accident	21/02/2020 14:35
Exact Location Of Accident	CTE TWDS AMK NEAR TO AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3240T
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	HYUNDAI
Model	IONIQ
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	MOHD AGOS BIN ATAN
NRIC No	SXXXX526J
Date Of Birth	25/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	25/01/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94301801
Fax Number	
Contact Number	
EMail Address	MOHDAGOSATAN@HOTMAIL.COM

Address	BLK 604 ELIAS ROAD #13-210
Postcode	510604
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	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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

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	SLR2849T
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OWEN TAN JUN LIANG
NRIC/Passport Number	
Contact Number	81889275
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

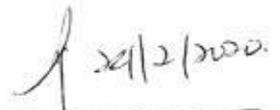
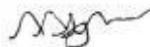
IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 TRANSPORTATION PTE LTD
CO. REG. NO. 199203621R



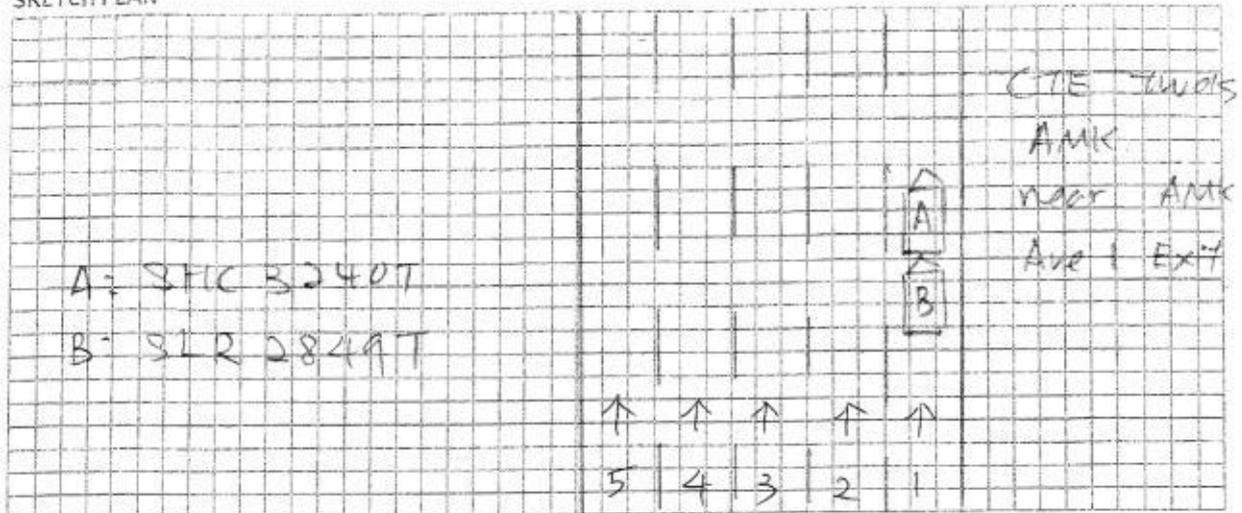
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Vwai Yeng**
NRIC/FIN No:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/2020 at about 14:35 hrs, I veh A. was driving at above said location with 2 female passenger onboard. Shortly vehicle in front brake to stop and I follow suit. A split second later, veh B came from behind it front portion collided onto the rear portion of my stationary taxi. No injury at the point of accident.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

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

[Signature] 24/2/2020
 Reporting Centre Personnel's Signature
 Name: **Loke Wai Yeng**
 NRIC/FIN No.:

Need Taxi Replacement

LTS

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701
 Mainline + 65 6383 8280 Facsimile + 65 6280 9755

Workshops
 59 Loyang Drive Singapore 508999 24 Senoko Loop Singapore 758158
 383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
 325 Ubi Road 3 Singapore 530859

Date/Time: 25.02.2020 09:14 Page: 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)

JOB CARD

Sales Order: 305383502

JC NO.: 305383502

COMFORT TRANSPORTATION PTE LTD
 701 045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

REGN NO.: SHC3240T	MILEAGE
MAKE: HYUNDAI	FUEL
MODEL: IONIQ(G3)	DATE/TIME IN: 24.02.2020 16:30
YR OF MANU.: 30.10.2019	TARGET DATE
CHASSIS CODE: KMHC851CVLU187643	COMPLETION DATE/TIME:

COUNT CARD NO.

Accident Date: 21.02.2020
 NATURE: 3P 21.02.2020

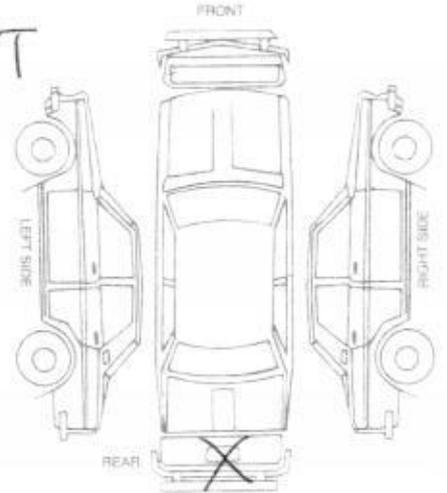
JOB DESCRIPTION

PP

LKK - Ram.

S/NO LABOR CODE DESCRIPTION

NTUC-SLR
 2849T



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3240T

Vehicle No.: SHC3240T

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

REPAIR ESTIMATE

NTUC-CP(P)
LKK-RamIS

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

JOB NO : 305383502
 REGN NO : SHC3240T
 MILEAGE : 000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 24.02.2020 16:30
 ACCIDENT DATE : 21.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	DEF
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	SCR
0003	04-01-0104-2545-G	REAR BUMPER LWR MOULDING	1	155.00	20.00	124.00	xm
0004	04-01-0104-2288-G	REAR BUMPER BEAM	1	294.80	20.00	235.84	xm
0005	04-01-0104-2370-G	REAR BUMPER FOGLAMP	1	201.50	20.00	161.20	xm
0006	04-01-0104-3919-G	REAR BUMPER STAY RH	1	138.10	20.00	110.48	xm
0007	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	rec
0008	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	rec
0009	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	rec
0010	FNPS	NO PLATE(S)W/TRIM COVER	1 N	55.00	10.00	49.50	rec

SUB-TOTAL : 1,599.27

JOB NATURE

0000 PB PANEL BEATING

\$320

~~300.00~~

NTUC-Q/P
LKK-Ram.

12 IS

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

JOB NO : 305383502
 REGN NO : SHC3240T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 24.02.2020 16:3
 ACCIDENT DATE : 21.02.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 SP SPRAYPAINT CHARGE	250.00		\$200		
0002 L R/I REVERSE SENSOR	120.00		\$60		
SUB-TOTAL :					670.00

TOTAL : 2,269.27

Lmf

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 notes:
 26/2/2020 Ram (LKK)
 25/02/2020 1835
 Ram@lkkauto.com
 88622778
 300 paint part 0
 2 repair days
 (Q/P)
 (2) repair days

28.02.20

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

JOB NO : 305383502
 REGN NO : SHC3240T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 30.10.2019
 DATE/TIME IN : 24.02.2020 16:30
 ACCIDENT DATE : 21.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	DEF	
0002	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	Scr	
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	nec	
0004	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	nec	
0005	FNPS	NO PLATE(S)W/TRIM COVER	1 N	55.00	10.00	49.50	crv	
0006	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	cut	
0007	09-01-0104-2133-G	ANTENNA ASSY-SMARTKEY**	1	689.50	20.00	551.60	an	
							SUB-TOTAL	: 1,519.35

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

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

JOB NO : 305383502
REGN NO : SHC3240T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 30.10.2019
DATE/TIME IN : 24.02.2020 16:3
ACCIDENT DATE : 21.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,099.35


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305383502
Date : 27/02/20

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

FINALIZATION FORM

To : LKK
Attn : RAM

Fax :

Vehicle Reg No. : SHC3240T

Date of Accident : 21-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 --- SLR2849T
2. The finalized amount shall be:

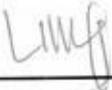
(a) Spare Parts after List discount	\$1,519.35
(b) Labour Charges	\$580.00
Total for Part-By-Part Repair Cost	\$2,099.35
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____

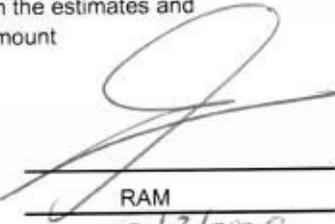
3. Estimated normal period for repairs: 2 working days.

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature 
Name : RAM
Date : 2/3/2020

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20003179/Ftf3n2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 04-03-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLR 2849T	Veh. Inspected	SHC 3240T
Policy No.	5110198112	Coverage (\$)	0.00
Claim No.	MT/1086520-001	Excess (\$)	0.00
Assign From		Assign Date	25/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU187648	Colour	BLUE
Odometer	26515	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/02/2020	Inspection Date	25/02/2020
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 3240T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CTR MOULDING	SCRATCHED	451.25	451.25
1	REAR BUMPER LWR MOULDING	NOT NECESSARY	155.00	-
1	REAR BUMPER BEAM	NOT NECESSARY	294.80	-
1	REAR BUMPER FOGLAMP	NOT NECESSARY	201.50	-
1	REAR BUMPER STAY RH	NOT NECESSARY	138.10	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	SMARTKEY ANTENNA ASSY	DAMAGED	689.50	689.50
	LESS 20% DISCOUNT		-482.31	-324.43
			1,929.24	1,297.72
NETT ITEMS				
1	REVERSE SENSOR (N)	CUT	135.70	135.70
1	NO PLATE (S) W/TRIM COVER (N)	CRACKED	55.00	55.00
	LESS 10% DISCOUNT		-19.07	-19.07
			171.63	171.63
SPECIAL NETT ITEMS				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		320.00	320.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	60.00
	-		-	-
	-		-	-
	-		-	-
			690.00	580.00
GRAND TOTAL			2,840.87	2,099.35
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,099.35

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PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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