

Signature

Kalin

REF: NS/INC17022876/K19652

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: SJM 6450H

Policy No. 5090891147 29082017

Claims No. MT/0977062-007

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 40162 Yr Regn: 22 Oct 2015

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

Truck / Trailer or

Make: Hyundai Ix0 cc 1685

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 234000 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: 1CMHCBK144H4079406

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front

Rear

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

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

D.O.A. 30/11/17 D.O.I. 1/12/17

Survey held at: CPKE (60721)

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

N/S Body.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SMB 10162 - NS/FC12021087 / Kvn

DIA: 30.10.12

INC

SJM 6450H - X

4.

5/12/17 Lathe 4/5 \$1950 / 2 days

(Lathe 3/5 \$158.88, 62%)

RECEIVED 06 DEC 2017

Date/Time File Pass to?

☐

Preli. Report

Days Of Repair: 2

Date/Time File Return to?

☐

Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Technician (\$)

☐

Weekend (\$)

Report Format: TP

Lump Sum / I.B.I. (\$)

1950

TOTAL

Survey Department Check List (Case Handler)

Reference No.: NS/NC17077876/KL96
Policy Type: OD / TP / RES / TL / EVA

SHB 40162

Case Handler

Typist

Admin (Cathryn): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Carlvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

- C Vehicle No
- C Regn Month/Year
- N Vehicle Type
- N Make & Model
- C Engine Capacity. (C.C)
- N Colour
- C Odometer. (Sp.Reading)
- C Chassis No
- N General Condition
- N Steering
- N Brake
- N Modification (Modi)
- C Tyre Size
- N Tyre Make
- C Tyre Balance
- C Date of Inspection
- N Survey held
- N Des.of Damages

✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓		
---	--	--

(3) Workshop Estimate/Assignment Form

- N ALL Parts condition
- C Market Value for OD cases
- C Estimate Repair Cost for PRI (RSI, TMI, MSIG)
- C Days of repair
- C Finalised Amount
- C Re-inspection Cases to Finalize within 5 Days

✓		
✓		
✓		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

✓		
---	--	--

Check By:

Carlvin 06/12/17
Case Handler Date



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/INC17022876/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 6450H	Veh. Inspected	SHB 4016Z
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/12/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	30/11/2017	Inspection Date	01/12/2017
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0972062-002	COMFORT TRANSPORTATION PTE LTD	SHB 4016Z	SJM 6450H
2	MT/0972433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7836J	GX 8202Y
3	MT/0972164-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SJE 7509J
4	MT/0971935-002	COMFORT TRANSPORTATION PTE LTD	SHA 7136X	SLK 4227L
5	MT/0972451-002	COMFORT TRANSPORTATION PTE LTD	SHC 8041T	CB 7424T
6	MT/0972537-001	CITYCAB PTE LTD	SHC 7881S	SGT 2645M
7	MT/0972539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4760Y	YM 6630C

eBaoTech

General Claim

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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090891147	KH LEASING PTE. LTD.	201611813C	GFT	drive CLASSIC	SJM6450H	SJM6450H	29/08/2017	

[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 ability.
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 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	01/12/2017 10:57
Date Of Accident	30/11/2017 20:10
Exact Location Of Accident	BLK 166B CAR PK EXIT X DRIVEWAY > PUNNGOL EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4016Z
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	TAN BEE YEN ANGELA (CHEN MEIYAN ANGELA)
NRIC No	S8114954B
Date Of Birth	13/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	JEF.TAN@HOTMAIL.COM

Address 414 ANG MO KIO AVENUE 10#05-917
Postcode S560414
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
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

pls see attached (TYPE OF ACCIDENT - HEAD TO SIDE)

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 SJM6450H
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name TAN BEE YEN ANGELA (CHEN MEIYAN ANGELA)

Approximate Age	36
Injuries Sustain	LEFT SHOULDER, BACK, RHT LEG
Injured person in which vehicle?	SHB4016Z
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	414 ANG MO KIO AVENUE 10#05-917
Postcode	S560414

Sketch Plan Pg. 1

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.

UMFPORT TRANSPORTATION PTE LTD
CO REG NO 190301921R

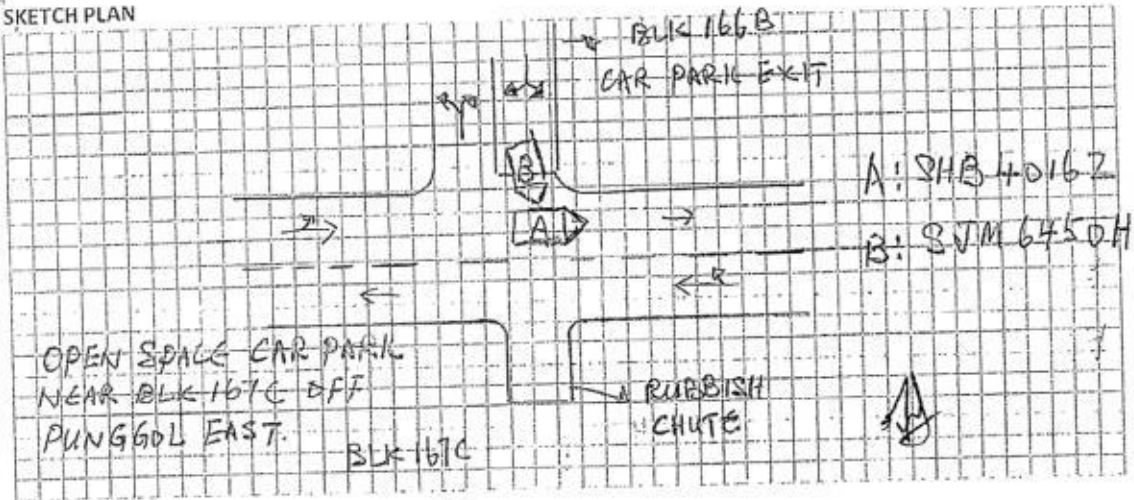
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO: 19230357113

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.:

SIAT/AC SketchPlanForm_20

Sketch Plan Pg. 3

Describe Circumstances of the Accident

On 30 Nov 2017 at about 20:10 hrs I was slowly driving straight along Blk 167C open space car park driveway heading towards the main exit leading to Punggol East.

As I was about to drive pass Blk 166B car park exit suddenly I felt an impact coming from the left hand side mid-section of my taxi followed by a jerk. Shortly after I stopped my taxi and stepped out to check.

Found that a car SJM6450H had driven out from the exit and hit my taxi. In the process the front of the car hit and grazed the left hand side front door towards the left hand side rear including the left hand side rear wheel of my taxi thus damaging them.

No passenger on board my taxi. No injury at the point of the accident. However after the accident I felt pain to my left shoulder, back and right leg. I will consult a Doctor later on.

Enclosed is a video footage to support my claims.

Declaration

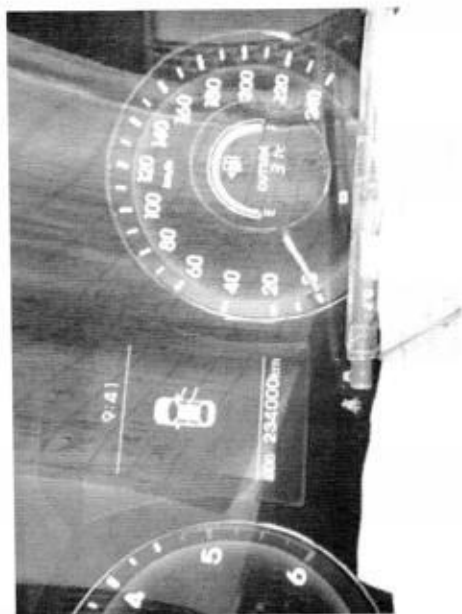
I/We declare the foregoing particulars are true in every respect.

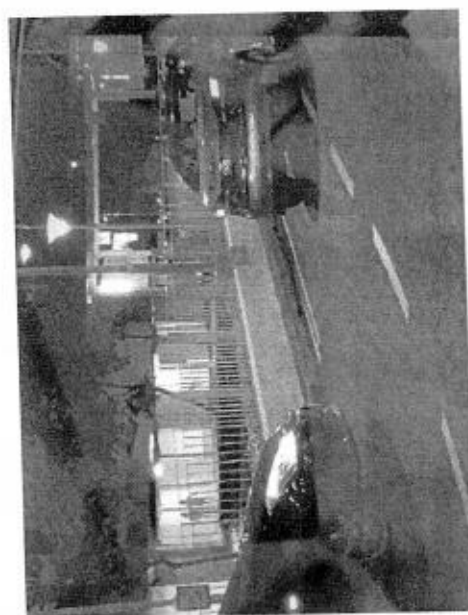
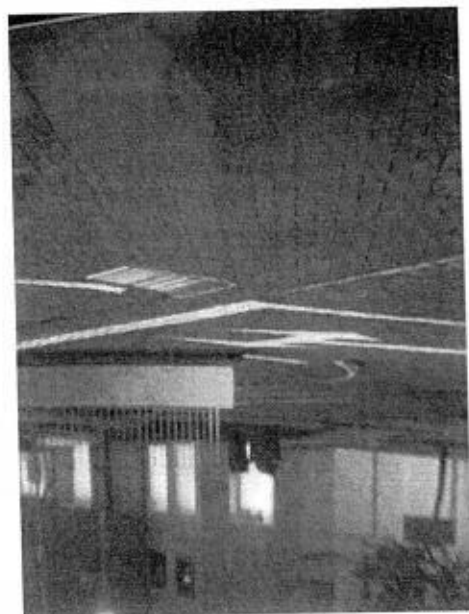
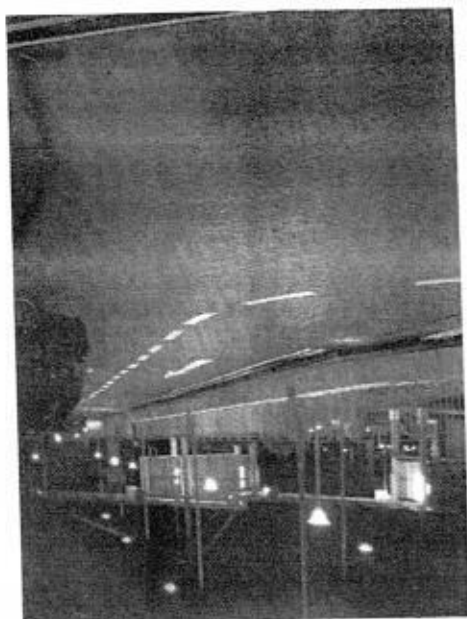
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100112371

Policyholder's Signature/Date &
Time

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

01/12/17
Witnessed by Reporting
Centre Personnel





member of COMFORTDELGRO

Date/Time: 01.12.2017 14:56

Page : 1

Sam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3787028

JC NO:305093993

OMER	REGN NO: SHB4016Z	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40	DATE/TIME IN 30.11.2017 20:10
RESS 65508755 (R) (P) (O)	YR OF MANU 22.10.2015	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU079406	COMPLETION DATE/TIME:

JOB DESCRIPTION

ccident Date: 30.11.2017
ATURE: 3P 30.11.2017

/NO LABOR CODE
00010 23-01

DESCRIPTION
TOWING FEE

#50

CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vidgement Slip

Exit Pass

No.: SHB4016Z LKE/KALVIN

Vehicle No.: SHB4016Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 4016Z

DATE 1/12/2017 14:44

MAKE :

MODEL : HYUNDAI i40

LKK/Kalvin
 LK

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH) <i>X repair</i>			\$ 1,351.10
	Front Door (LH) <i>dent</i>			\$ 1,403.05
	Rear Wheel Hup-Cap (LH) <i>hinged</i>			\$ 150.70
	SUB TOTAL			\$ 2,904.85
	LESS 20%			\$ 580.97
	DISCOUNTED TOTAL			\$ 2,323.88
	Rear Bumper Advertisement Logo <i>X</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>4H</i>		100.00	\$ 200.00
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>✓</i>			\$ 80.00
	Front Door Coloured Comfort Logo (LH) <i>✓</i>			\$ 75.00
	Front Door Advertisement Logo (LH) <i>✓</i>			\$ 100.00
				\$ 555.00
	Labour Charge			
	Panel Beating- Repair Fender			\$ 800.00 <i>400 PB</i>
	Spray Painting Charge			\$ 800.00 <i>360 SP</i>
	Wiring Charge			\$ 50.00 <i>X PB</i>
	Tuff Kote			\$ 50.00 <i>20 SP</i>
	Towing Fees			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X PB</i>
	Transfer of Door			\$ 240.00 <i>50 PB</i>
	Rear Wheel Alignment			\$ 120.00 <i>X PB</i>
				\$ 2,230.00
	TOTAL LABOUR			
	ESTIMATE TOTAL			\$ 5,108.88
	<div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged parts during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification is allowed • Supplemental claims must be resurveyed and is subject to final approval from Insurance Company <p>Signature: _____</p> <p>Date: _____</p> </div>			

Kalvin 16/12/17
1/12/17 1510hrs
2 Days
45
After Repair photo

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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>30/11/17</u> Time Received: <u>8:40pm</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Tan Bee Yen</u> Contact No. : <u>83828204</u> Vehicle No. : <u>SHB 4016Z</u> Make / Model / Colour : Email :		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
7. Location:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		6. Parts Replaced/Remarks:	
10. Odometer Reading : Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer	
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Radha</u> Vehicle No. : <u>GUS 73817</u> Time Dispatch : <u>8:40</u> Time of Arrival : <u>9 pm</u> Time Completed : <u>9:30</u>			
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
Customer Acknowledgement			
I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
<u>30/11/17</u> Date		<u>9pm</u> Time	
		 Signature of Customer	
4. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4016Z

DATE 1/12/2017 14:44

MAKE :

MODEL : HYUNDAI i40

LKK/kalvin
LKK

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (LH) <i>X repair</i>			\$ 1,351.10	
	Front Door (LH) <i>✓</i>			\$ 1,403.05	
	Rear Wheel Hub-Cap (LH) <i>✓</i>			\$ 150.70	
	SUB TOTAL			\$ 2,904.85	
	LESS 20%			\$ 580.97	
	DISCOUNTED TOTAL			\$ 2,323.88	
			<i>1,553.75</i> <i>-20%</i> <i>1,243</i>		
	Rear Bumper Advertisement Logo <i>X</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>✓ LH ✓ RH X</i>	\$	100.00	\$ 200.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>✓</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (LH) <i>✓</i>			\$ 75.00	Nett
	Front Door Advertisement Logo (LH) <i>✓</i>			\$ 100.00	Nett
			<i>155</i> <i>-10%</i> <i>139.50</i> <i>200</i> <i>339.50</i>		
		<i>+</i>		\$ 555.00	
	Labour Charge				
	Panel Beating- Repair Fender			\$ 800.00	<i>400</i>
	Spray Painting Charge			\$ 800.00	<i>360</i>
	Wiring Charge			\$ 50.00	<i>X</i>
	Tuff Kote			\$ 50.00	<i>20</i>
	Towing Fees			\$ 50.00	<i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>X</i>
	Transfer of Door	\$	120.00	\$ 240.00	<i>50</i>
	Rear Wheel Alignment			\$ 120.00	<i>X</i>
	TOTAL LABOUR			\$ 2,230.00	
			<i>830</i>		
	ESTIMATE TOTAL			\$ 5,108.88	
			<i>2,412.50</i> <i>-20%</i> <i>1,930</i>		
	<i>Kalvin 16/12/17</i> <i>1/12/17 1510hrs</i> <i>2 Days</i> <i>45 \$1,950</i> <i>After Repair photo</i>				
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.					

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17022876/K1qbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 6450H	Veh. Inspected	SHB 4016Z
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.	MT/0972062-002	Excess (\$)	0.00
Assign From		Assign Date	01/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU079406	Colour	BLUE
Odometer	234000	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	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 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 N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	30/11/2017	Inspection Date	01/12/2017
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
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**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4016Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	TO REPAIR	1,351.10	-
1	FRONT DOOR (LH)	DENTED	1,403.05	1,403.05
1	REAR WHEEL HUP-CAP (LH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-580.97	-310.75
			2,323.88	1,243.00
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	N/S NECESSARY / O/S NOT NECESSARY	200.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			555.00	355.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,330.00	450.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		850.00	380.00
	TOWING FEES.		50.00	-
			2,230.00	830.00
GRAND TOTAL			5,108.88	2,428.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,950.00

Report Ref No. NS/INC17022876/K1qbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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