

Surveyor: Kelvin

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: SKP 1583T
 Policy No. 5095733435 12.11.17
 Claims No. MT/0972702-001
 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 Report: _____ 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 3511G Yr Regn: 8 Sep 216
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai I 40 C.C. 1685
 Colour: Blue A/C: Ins Std / NI / NA
 Sp. Reading: 144080 T/Radio: Ins Std / NI / NA
 Eng/No: _____
 C/No: KAHLB414169 093485
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Han Kook
 Front 2 mm R/Bal. 2 mm
 L/Bal. 2 mm
 D.O.A. 30/11/17 D.O.I. 4/11/17
 Survey held at (OHE (logary))
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
o/s Rear.
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 3511G - <u>RG/117011192/Kyp3</u> <u>QA: 040617</u> <u>Zuc</u>
	SKP 1583T - x
<u>6/12/17</u>	<u>Actual P/P \$330 / 20% Cred 440, 57%</u>

RECEIVED 07 DEC 2017

Date/Time, File Pass to? ☐ : Preli. Report
7/12/Typist ☒ : Final Report
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

Survey Fee:
 Transportation:

Report Format: TP
 Lump Sum / I.B.I: \$ 330

Add Fee: ☐ : Site Insp (\$) S + RS, SI
☐ : Interview (\$) Photos
☐ : Tech. Invs (\$) Others
☐ : Weekend (\$)

TOTAL

160
35
195



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/INC17023004/K1tb

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKP 4583T	Veh. Inspected	SHD 3511G
Policy No.	5095733435	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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	04/12/2017
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.

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 7 December, 2017 11:33 AM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: 07 December 2017 09:57
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir,

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Da
1	MT/0972702-001	COMFORT TRANSPORTATION PTE LTD	SHD 3511G	SKP 4583T	

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

eBaoTech

GeneralClaim

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="30/11/2017 10:14"/>						
Vehicle No.(For Motor)	<input type="text" value="SKP4583T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095733435	NOVELTY AUTO PTE LTD	201719950H	GFT	drive CLASSIC	SKP4583T	SKP4583T	08/11/2017	
<input type="button" value="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 11:25
Date Of Accident	30/11/2017 19:00
Exact Location Of Accident	HOUGANG AVE 8 OPEN AIR CAR PARK BLK 682.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3511G
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	CHENG HING LEONG STEVEN
NRIC No	S1365075F
Date Of Birth	12/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHENGHINGLEONG@YAHOO.COM.SG

Address	BLK 560 HOUGANG STREET 51 #12-408
Postcode	530560
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20171130/2159 * TYPE OF ACCIDENT :- HIT & RUN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4583T
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

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)**

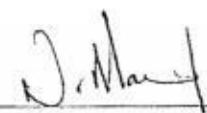
I understand, acknowledge, agree and consent that:

- (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 TRANSPORTATION PTE LTD
CO REG NO. 199303821R

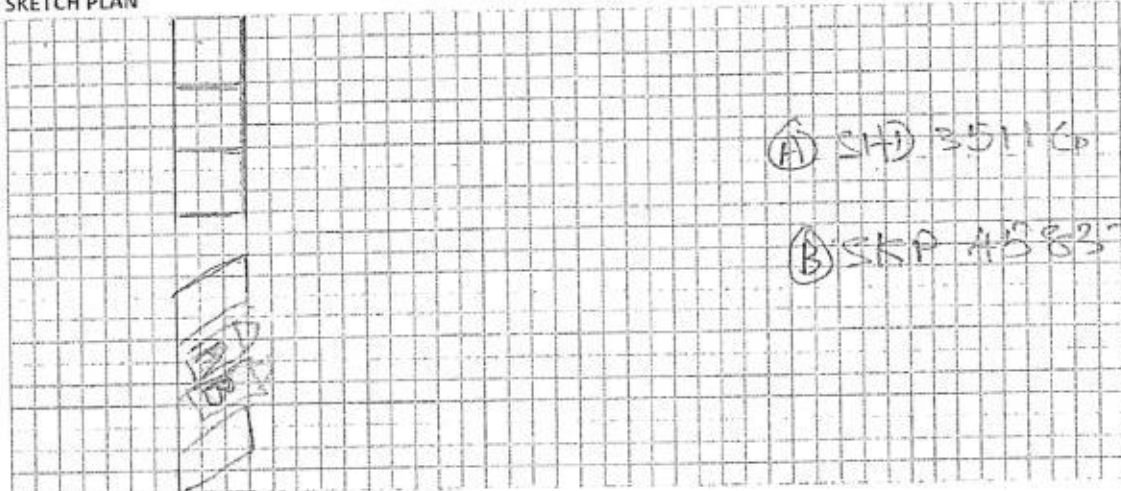
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report attach. T/20171136/2159.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SIADKAS SketchPlanForm_40

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171130/2159

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20171130/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 20:33		Vide Report No.:		Station Diary No.: 132
Informant's Particulars				
Name of Informant: STEVEN CHENG HING LEONG		Address: APT BLK 560 HOUGANG STREET 51 #12-408 SINGAPORE 530580		
ID Type / ID No.: NRIC NO / S1365075F		Contact No.: Home/Office: Mobile: 96727570		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 12/09/1959	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/11/2017 19:00	Type of Location: Car Park
Location: Along Road 1 HOUGANG AVENUE 8				
Open space carpark between Blk 682 and Blk 684, near to Blk 682 Slanted parking. Unknown lot number.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3511G	Car					0
SKP4583T	Car					0



**SINGAPORE
POLICE FORCE**



T/20171130/2159

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20171130/2159

CONTINUATION OF REPORT

Brief Details.

On 30/11/2017 at about 1830hrs, I parked my vehicle at the incident location and left. Everything was intact and nothing amiss.

On the same day at about 1930hrs, when I returned to my vehicle, there was a group patrons who sat at the nearby coffee shop told me that earlier at about 1900hrs, there was a vehicle that was parked beside my vehicle reversed and collided onto the rear right corner of my vehicle. He did not alight to make a check and left the location.

I wish to state that there is camera installed in my vehicle however I am not sure if it capture the incident. There isn't any one injured and no government properties damaged prior to the incident. The patrons are willing to be the witness of my case and the following is one of the patron's particulars, Thomas, c/n: 94889622. The damages on my vehicle is rear right corner scratched, cracked and paint chipped off.



**SINGAPORE
POLICE FORCE**



T/20171130/2159

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20171130/2159

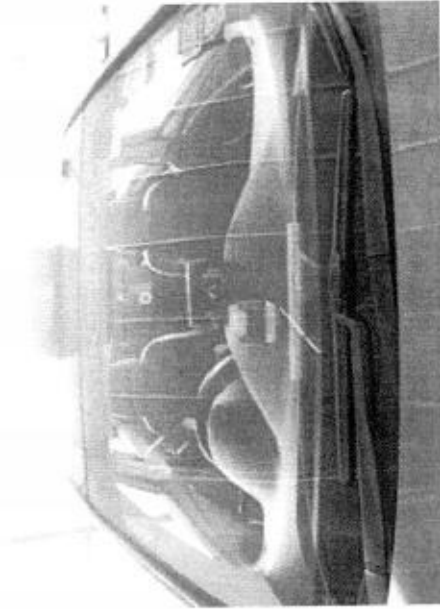
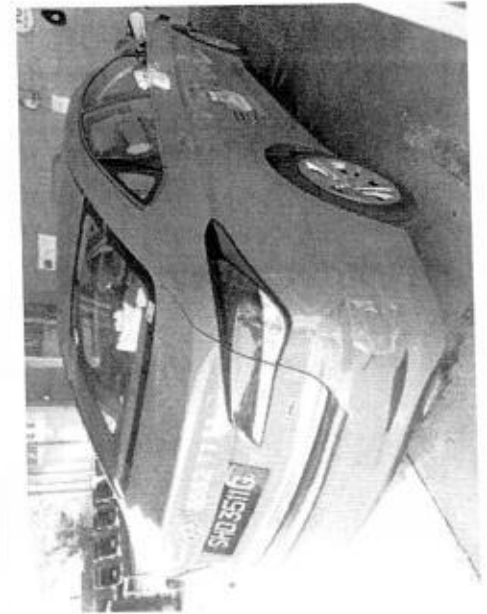
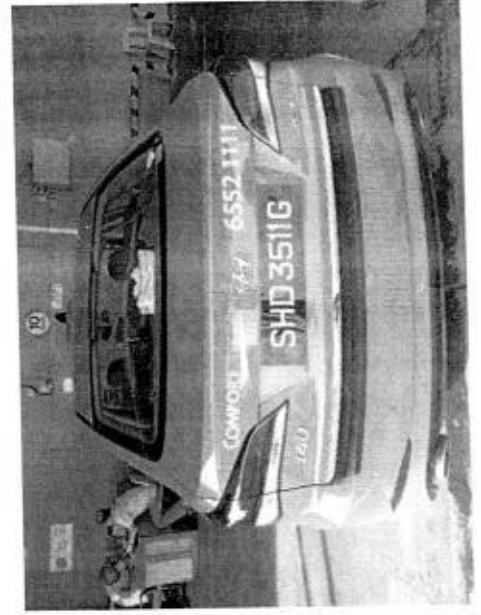
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 JANSEN KWOK SHU HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2017 20:33
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65478079	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3787328

JC NO.305094346

STOMER

REGN NO:

SHD3511G

MILEAGE

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

STOMER NO 7010045

STOMER NO 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

MODEL

I-40

DATE/TIME IN 04.12.2017 09:30

(R) 65508755

(O)

YR OF MANU

08.09.2016

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMGU093485

COMPLETION DATE/TIME:

COUNT CARD NO.

NTUC

JOB DESCRIPTION

Accident Date: 30.11.2017

NATURE: 3P 30.11.17/B-

RIGHT LENS

S/NO

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

ST

o.:

le No.:

SHD3511G

FZ NTUC VAC

Vehicle No.:

SHD3511G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

$$T_z$$

WTUC / LKIC
RIGHT REAR

DATE 4/12/2017 13:09

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat <i>✓</i>			\$ 50.00	Nett
				\$ 50.00	
	Labour Charge				
	Panel Beating			\$ 350.00	100
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	X
	R/Refix Reverse Sensor			\$ 120.00	X
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 770.00	
<p><i>Calvin (1111)</i></p> <p><i>4/12/17 1410hrs.</i></p> <p><i>2 Days</i></p> <p><i>PIR</i></p> <p><i>After Repair p Ltr</i></p>					
<div style="border: 1px solid black; padding: 5px;"> <p>UKK & ... notify</p> <p>the ...</p> <ul style="list-style-type: none"> • To ... • To ... • To ... • To ... • To ... • To ... • To ... <p>Acknowledged by ...</p> <p>Signature:</p> <p>Date:</p> </div>					
<p>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.</p>					

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

JOB NO : 305094346
REGN NO : SHD3511G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.09.2016
DATE/TIME IN : 04.12.2017 09:30
ACCIDENT DATE : 30.11.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-1150-A 140VC PROTECTOR MAT 1 50.00 0.00 50.00

SUB-TOTAL : 50.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 L SPRAY PAINTING CHARGE 180.00

SUB-TOTAL : 280.00

TOTAL : 330.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094346

Date : 05.12.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3511G

Date of Accident : 30.11.2017

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

1. The repair job shall bill to: NTUC --- SKP4583T
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$50.00
(b) Labour Charges	\$280.00
Total for Part-By-Part Repair Cost	\$330.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	\$0.00
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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 6/12/17

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				
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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023004/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 13-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKP 4583T	Veh. Inspected	SHD 3511G
Policy No.	5095733435	Coverage (\$)	0.00
Claim No.	MT/0972702-001	Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093485	Colour	BLUE
Odometer	144080	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	30/11/2017	Inspection Date	04/12/2017
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3511G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	NECESSARY		
	REAR BUMPER RUBBER MAT (SN)		50.00	50.00
			50.00	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	280.00
GRAND TOTAL			770.00	330.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				330.00

Report Ref No. NS/INC17023004/K1tbn2

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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