

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: GX 8202Y  
 Policy No: 5001560348-13 250917 - 240918  
 Claims No: my 10977433-102  
 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: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 7836J /r Regn: 29 Sep 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai I40 cc 1685  
 Colour: Blue A/C: Ins Red / Std / NI / NA  
 Sp. Reading: 16322 T/Radio: Ins Red / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCBK14A 64092648  
 Gen. Cond: Good / F / Poor / Burnt  
 Steering: Inord~~er~~ / Jammed / Leaked / Burnt or  
 Brake: Inord~~er~~ / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / S A/Rim or  
 Tyre Size F: 205/60 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or West/ake.  
 Front 7 mm Rear 7 mm  
 R/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 2/12/17 D.O.I. 4/2/17  
 Survey held at: CDHE (logos)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Ra o/s  
 The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time Action / Instruction

SHA 7836J - X  
GX 8202Y - NA / INC12024518/e1  
5/12/17 Colone PIP \$2342.74 / 2 days  
(Red \$993.80, 30%)

DN: 19122012

INC PIP

RECEIVED 03 DEC 17

Date/Time File Pass to? ☐ : Preli. Report

06/12/17 ☐ : Final Report

Date/Time File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Insp (\$)

☐ Weekend (\$)

Photo:

Other:

Report Format: 7P

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

2342.74)

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/INC17023011/K1qb

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.	GX 8202Y	Veh. Inspected	SHA 7836J
Policy No.	5001564348-13	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

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## 5. General Information

Accident Date	02/12/2017	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.
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# Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin** (Cathy): 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** (Kevin): 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

✓			
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## (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

✓			
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Check By:

Case Handler

Date

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.	<input type="text"/>	Date of Accident	<input type="text" value="02/12/2017 10:14"/>						
Vehicle No.(For Motor)	<input type="text" value="GX8202Y"/>								
<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"/>	5001564348-13	HURRICANE TRANSPORT SERVICES	40871900A	GCV	Third Party	GX8202Y	GX8202Y	25/09/2017	24/09/2018
					<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	04/12/2017 07:44
Date Of Accident	02/12/2017 09:30
Exact Location Of Accident	FRANKEL AVE TWDS KEMBANGAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7836J
<b>Insured/Policyholder</b>	
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-15072701MFSH
Cover Note Number	

### Driver

Name of Driver	INTAZAR HUSSAIN SHAH
NRIC No	S0144841B
Date Of Birth	26/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	14/07/1969
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	IHS51@HOTMAIL.COM

Address	546 #08-17 PASIR RIS STREET 51
Postcode	510546
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
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)	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

SEE ATTACH.

#### 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

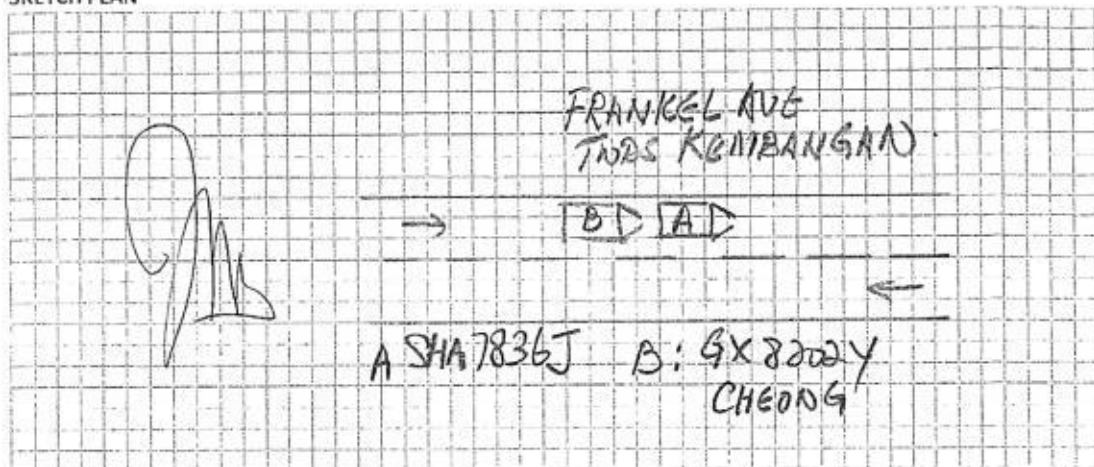
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8202Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEONG
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	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/12/17 at about 0930 HRS I stopped my car on the leftmost lane along Frankel Ave with my hazard warning lights switched on to answer a phone call.

Suddenly a few seconds later a Van GX8202Y came from behind collided on the Rear Right of my stationary taxi.

No pix on board my taxi. No injury at the point of the accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303921R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:



**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:

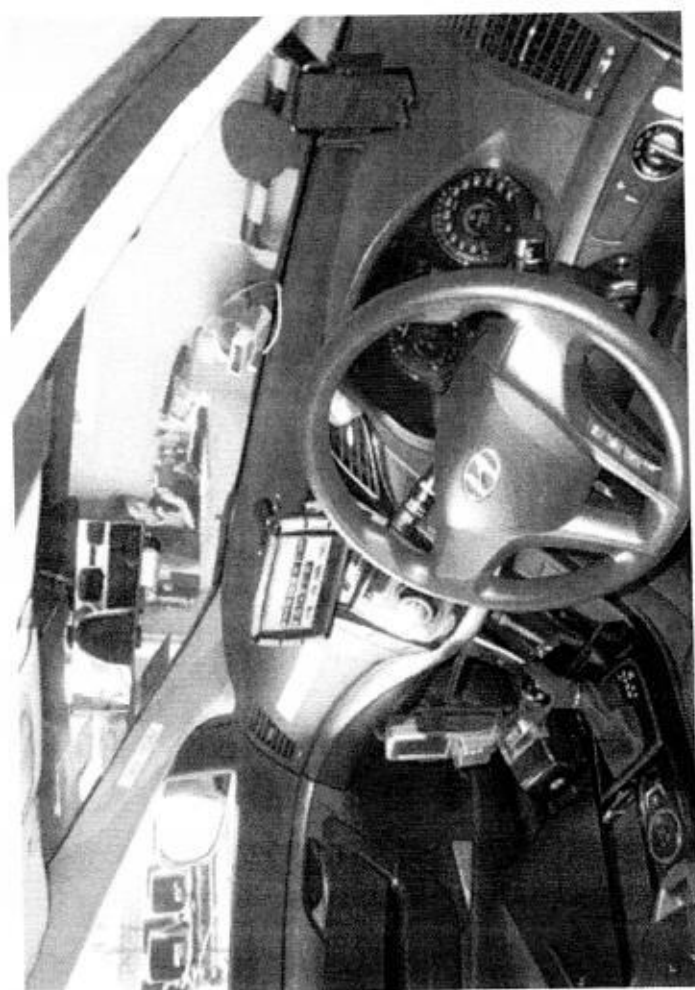
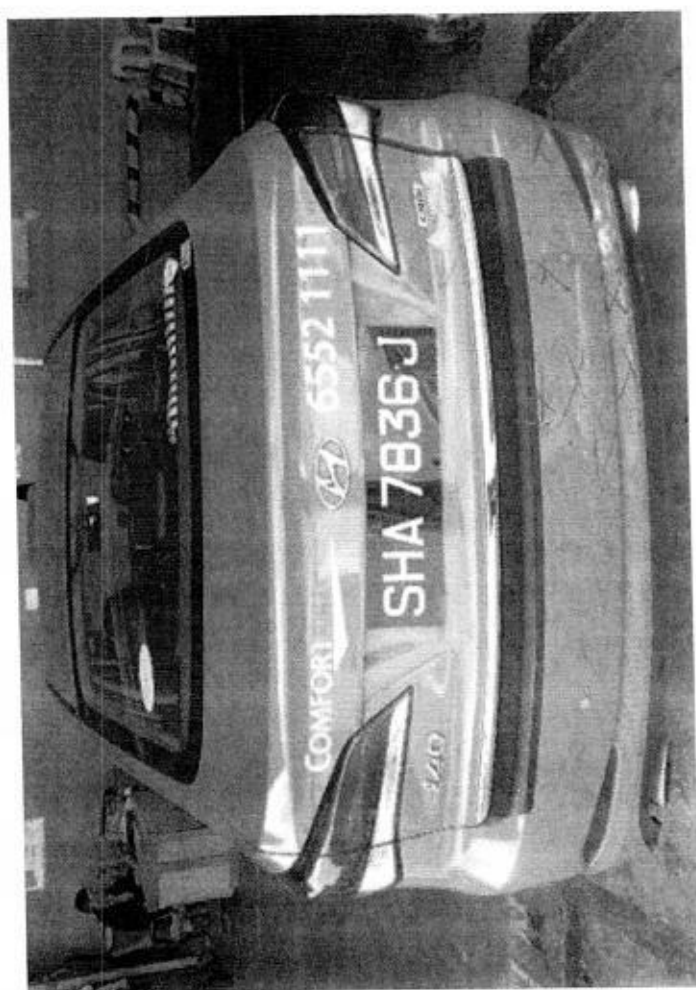
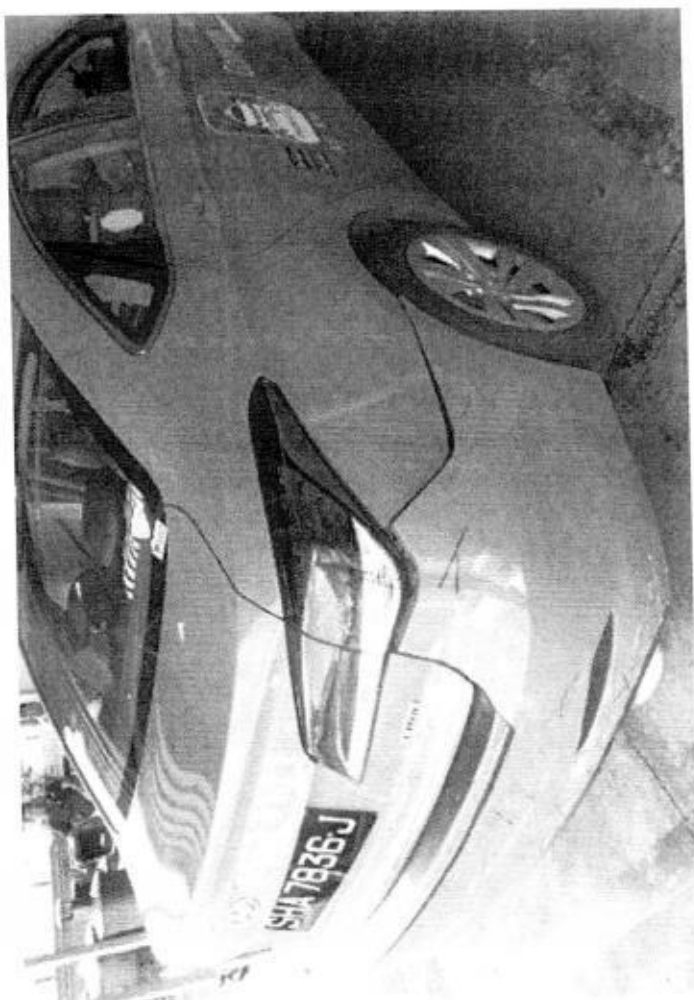
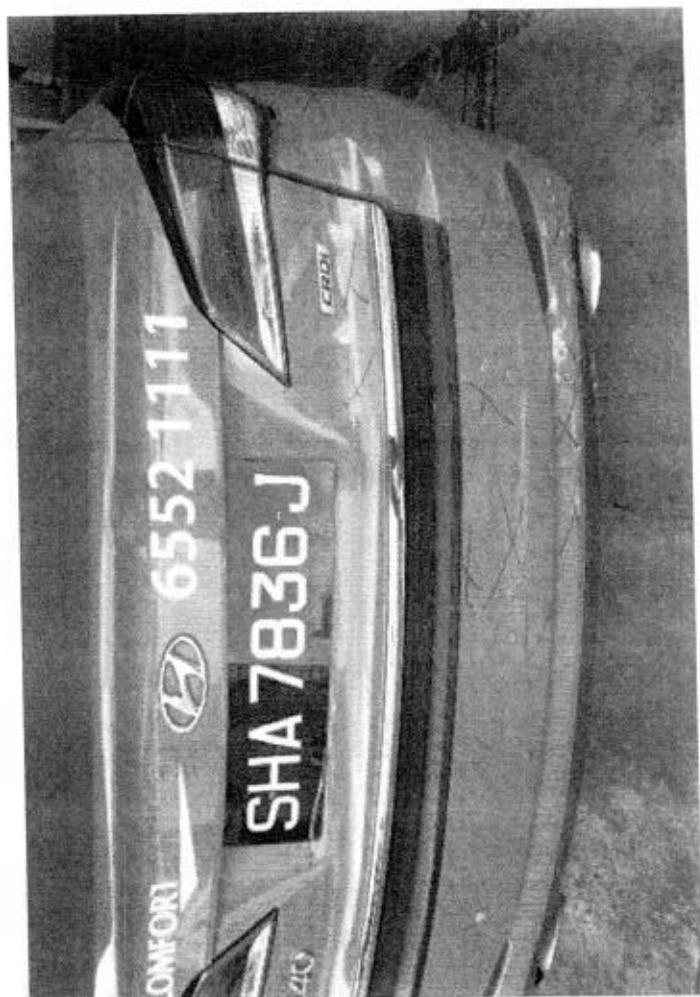
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

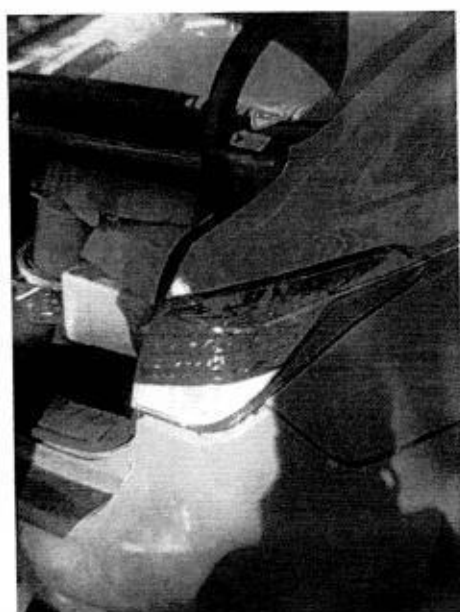
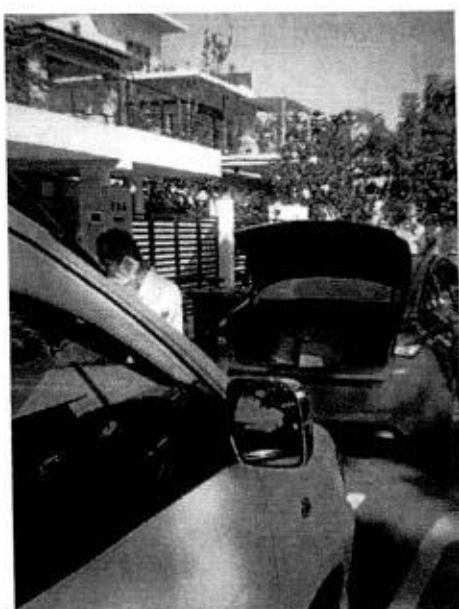
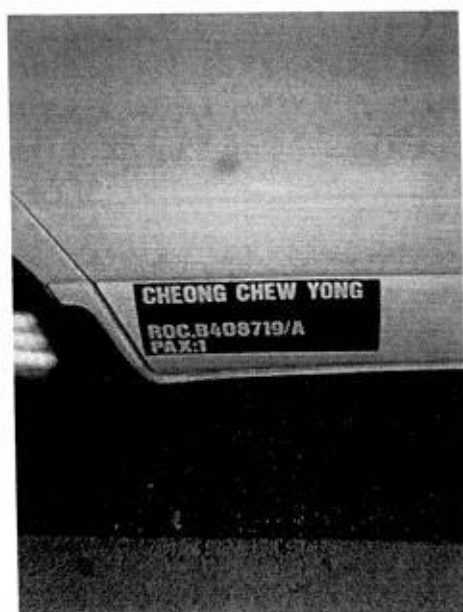
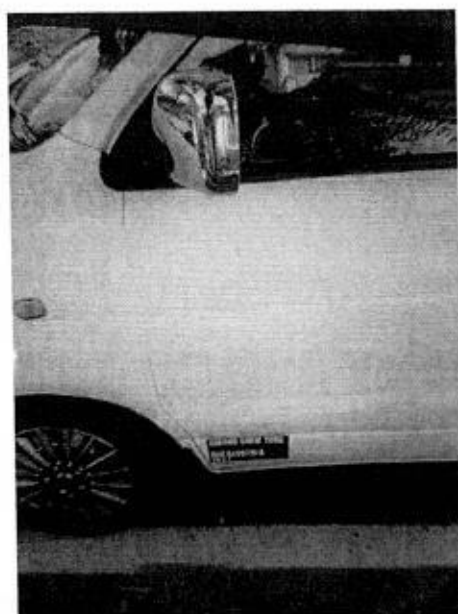
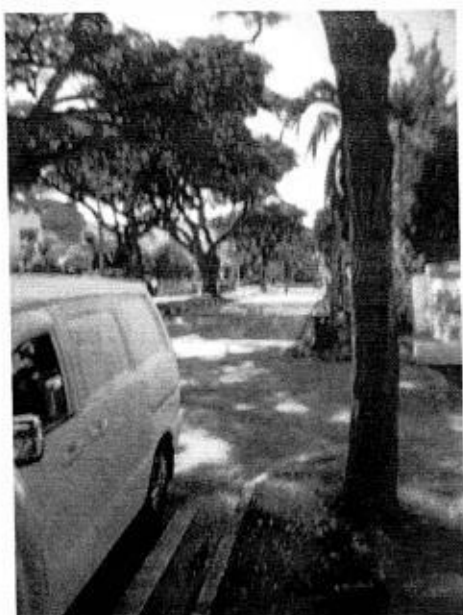
COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

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.:





COMFORTDELGRO  
ENGINEERING

ComfortDelGro Engineering Pte Ltd

111, Singapore Road, Singapore 111111

Tel: 6342 1111 Fax: 6342 1111

Workshops

25 Chong Drive, Singapore 439525

383 Sin Ming Drive, Singapore 575717

45 Pandan Road, Singapore 609346

350, 111 Road, Singapore 111111

24 Serangoon Road, Singapore 231111

7 Serangoon Road, Singapore 722111

6 Delo Avenue 1, Singapore 230111

A member of COMFORTDELGRO

Date/Time: 04.12.2017 09:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305094320

CUSTOMER	REGN NO: SHA7836J	MILEAGE
VMS CUSTOMER NO ADDRESS Singapore SINGAPORE 575717 65508755	MAKE: HYUNDAI MODEL I-40 YR OF MANU 29.09.2016 CHASSIS CODE KMHLB41UMGU093648	FUEL E.....1/2.....F DATE/TIME IN 02.12.2017 11:45 TARGET DATE COMPLETION DATE/TIME:
COUNT CARD NO.		

## JOB DESCRIPTION

Accident Date: 02.12.2017  
NATURE: 3P 02.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Rear damage
		LKK/Kalvin -

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA7836J

LARRY

Vehicle No.: SHA7836J

Larry Ng

Signature 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\*

VEHICLE NO : SHA 7836J

MAKE :

MODEL : HYUNDAI i40

N.T.M.C

DATE 4/12/2017 10:25

D.O.A: 02.12.2017

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper / <i>Rebrand</i>			\$ 603.60
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>2/1ra</i>			\$ 49.00
	Rear Bumper Clips <i>X an</i>			\$ 22.00
	Rear Bumper Sponge <i>Xsu</i>			\$ 143.40
	Rear Bumper Under Cover <i>cut</i>			\$ 225.00
	<i>Boot Lid lower harness x repair</i>			
	<i>Rear exhaust (RH)</i>			
	<i>Moulding centre piece (Rear Bootlid)</i>			
	<b>SUB TOTAL</b>			\$ 1,907.35
	<b>LESS 20%</b>			\$ 381.47
	<b>DISCOUNTED TOTAL</b>			\$ 1,525.88
	<i>57.90</i>			
	Rear Bumper Reverse Sensor <i>shhl</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
				<b>\$ 750.00</b>
	<b>TOTAL LABOUR</b>			
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>
	<i>1 call 10/11/17</i>			
	<i>4/12/17 1050hrs.</i>			
	<i>2 Days</i>			
	<i>P/P</i>			
	<i>Before Paint phts</i>			
	<i>Larry Ng</i>			
	<i>200</i>			
	<i>400</i>			
	<i>360</i>			
	<i>X/m</i>			
	<i>20</i>			
	<i>3536.54</i>			
	<i>3290.38</i>			

LKK Auto Care - Terms & Conditions  
 the Repaired Vehicle must be:  
 • To remain with the repairer until the vehicle is ready for collection  
 • To display damaged parts during the repair  
 • Parts prices are subject to change  
 • Third party claims must be made within 30 days of completion  
 • Non-payment of invoice will result in the repairer taking legal action  
 • Supplier's liability must be accepted by the customer  
 • is subject to the approval of the insurance company

Acknowledged by Reparer  
 Signature:  
 Date:

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.



[illegible]

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

JOB NO : 305094320  
 REGN NO : SHA7836J  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 29.09.2016  
 DATE/TIME IN : 02.12.2017 11:45  
 ACCIDENT DATE : 02.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00
0003 04-01-0103-0787-G	I40VC EMBLEM-I40	1	41.00	20.00	32.80
0004 04-01-0103-0786-G	I40VC EMBLEM-CRDI	1	41.00	20.00	32.80
0005 04-01-0103-0783-G	I40VC BRKT ASSY-RR BUMPER	1	49.00	20.00	39.20
0006 04-01-0103-0785-G	I40VC MLDG-CR PIECE	1	57.70	20.00	46.16
0007 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70		135.70
0008 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0009 02-01-0103-0054-G	I40VC MUFFLER ASSY-RH	1	954.00	20.00	763.20

SUB-TOTAL : 1,762.74

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00

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

JOB NO : 305094320  
REGN NO : SHA7836J  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 29.09.2016  
DATE/TIME IN : 02.12.2017 11:45  
ACCIDENT DATE : 02.12.2017

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 L REMOVE/REFIX REVERSE SENSOR	20.00				

SUB-TOTAL : 580.00

TOTAL : 2,342.74

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094320

Date : 05/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7836J

Date of Accident: 02/12/17

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

1. The repair job shall bill to: NTUC GX8202Y

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,762.74

(b) Labour Charges \$580.00

**Total for Part-By-Part Repair Cost \$2,342.74**

(c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 5/12/17

### 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				
3. Survey Fees				
4. LTA Search Fee	\$5.35			
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/INC17023011/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 07-12-2017



Code: INC4

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

Insured Veh.	GX 8202Y	Veh. Inspected	SHA 7836J
Policy No.	5001564348-13	Coverage (\$)	0.00
Claim No.	MT/0972433-002	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.	KMHLB41UMGU093648	Colour	BLUE
Odometer	163222	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 REAR O/S PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	02/12/2017	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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**National Assessment Centre Services**

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7836J**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	CRACKED	49.00	49.00
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	BOOT LID LOWER GARNISH (NPA)	TO REPAIR	-	-
1	REAR EXHAUST - RH	BENT	954.00	954.00
1	BOOT I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOT CRDI EMBLEM	NECESSARY	41.00	41.00
1	BOOT MOULDING CRDI PIECE	NECESSARY	57.70	57.70
	LESS 20% DISCOUNT		-600.21	-394.26
			2,400.84	1,577.04
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
	-		-	-
	-		-	-
	-		-	-
			950.00	580.00
<b>GRAND TOTAL</b>			<b>3,536.54</b>	<b>2,342.74</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,342.74</b>

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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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