

Surveyor

Kalvin

REF:

NS/INC17023099/Klvbn2

# 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: SLC 8158T

Policy No: 5082204587-01 250817 - 240818

Claims No: MT/0972139-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SH 8278X Yr Regn: 5 JUL 2017

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798

Colour: Blue A.C. Ins: 6 / Std / NI / NA

Sp. Reading: 53661 T.Radio: Ins: 0 / Std / NI / NA

Eng.No: \_\_\_\_\_

C.No: JTDKB3F40 035 61165

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inord: 6 / Jammed / Leaked / Burnt or

Brake: Inord: 6 / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD 6 / Rim or

Tyre Size: F: 195/65 R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

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

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

D.O.A. 3/12/17 D.O.I. 5/12/17

Survey held at: CD4E (6742)

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

Rear N/S.

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

Date / Time Action / Instruction

SH 8278X - CS3/FCL17019449/Wb

DU9: 240317

INC

SLC 8158T - X

P/P

7/12/17 Contact P/P \$1360.60 / 2 Pys (Red 925.18, 40N)

RECEIVED 11/12/2017

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

☐ : Final Report

Date/Time: File Return to?

11/12 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

3-PS

Photos

Others

Add Fee: ☐ Site Insp: \$

☐ Interview: \$

☐ Tech. Invs: \$

☐ Weekend: \$

Report Format:

Lump Sum / I.B.I.: \$ 1360.60

TOTAL

## Survey Department Check List (Case Handler)

Reference No. : NS INC17023099 K1V6  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
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				

**Surveyor (** ): 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: VERON 8/12/17  
 Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/INC17023099/K1vb

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.	SLC 8158T	Veh. Inspected	SH 8278X
Policy No.	5082204587-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

## 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	03/12/2017	Inspection Date	05/12/2017
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

Date: 08/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0972139-002	COMFORT TRANSPORTATION PTE LTD	SH 8278X	SLC 8158T	03/12/2017	13:20	\$ 2,285.78	\$ 1,360.60
2	MT/0972594-002	COMFORT TRANSPORTATION PTE LTD	SHB 4355U	FBI 730A	04/12/2017	17:30	\$ 1,559.40	\$ 750.00
3	MT/0967034-002	SMART TAXI PTE LTD	SHF 7425	SIL 4746Z	23/10/2017	17:30	\$ 29,293.50	\$ 14,150.00
4	MT/0971684-002	COMFORT TRANSPORTATION PTE LTD	SHC 8443S	SHB 8982H	29/11/2017	2:30	\$ 1,327.04	\$ 560.00
5	MT/0972089-002	COMFORT TRANSPORTATION PTE LTD	SHC 1351U	SIP 319D	03/12/2017	1:45	\$ 3,507.04	\$ 900.00
6	MT/0973057-001	CITYCAB PTE LTD	SHD 8531R	SFM 1303E	04/12/2017	4:55	\$ 2,411.58	\$ 1,080.48

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="03/12/2017 18:09"/>						
Vehicle No.(For Motor)	<input type="text" value="SLC8158T"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082204587-01	ENG JUN YIN	S9010311C	GPC	drive CLASSIC	SLC8158T	SLC8158T	25/08/2017	24/08/2018
<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 13:37
Date Of Accident	03/12/2017 13:20
Exact Location Of Accident	LENTOR AVENUE IN THE DIRECTION TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH8278X
<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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	SOH KHEE SAN
NRIC No	S1154055D
Date Of Birth	29/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 128 YISHUN STREET 11 #06-299
Postcode	760128
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)	2

#### 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 REFER TO 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	SLC8158T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ENG JUN YIN
NRIC/Passport Number	S9010311C
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## 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.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO 192202321R

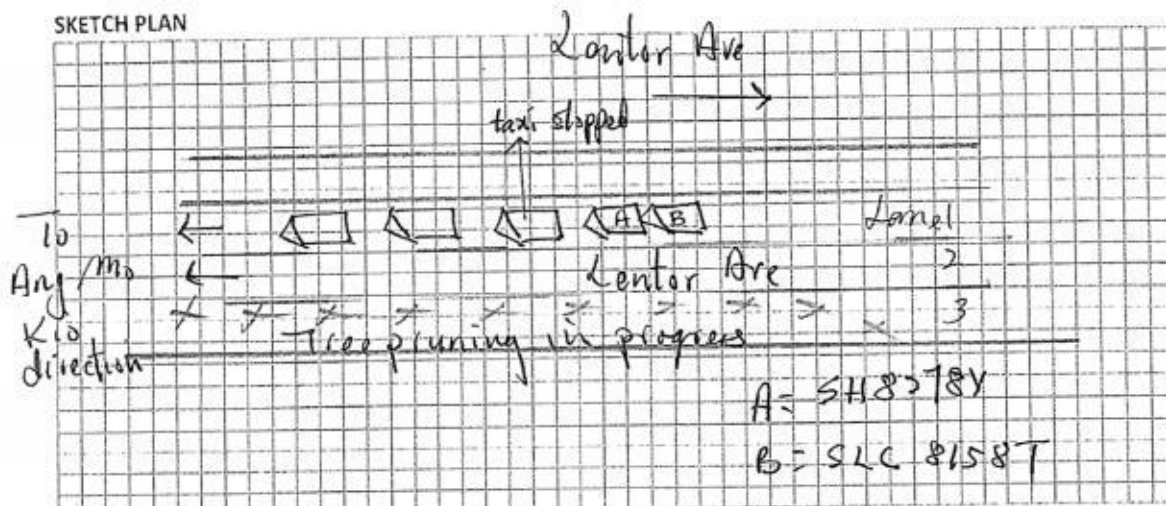
Policyholder's Signature  
Date & Time:

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

*Lim Boon*  
CSC  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday afternoon (3/12/17), I travelled on Lentor Ave in the direction towards Ang Mo Kio.

As seen in the video, when a taxi in front stopped on the stretch of road where tree pruning was in progress, I followed suit and stopped behind.

It was under such situation I felt jolt and impact after car B (SLC 8158T) behind hit into the rear of my taxi.

I took photos of the scene and also took down particulars of driver B before parting the

@Carle.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG NO 199203321R

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

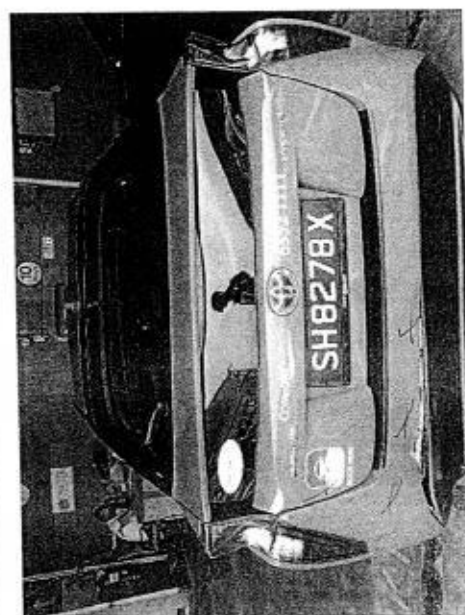
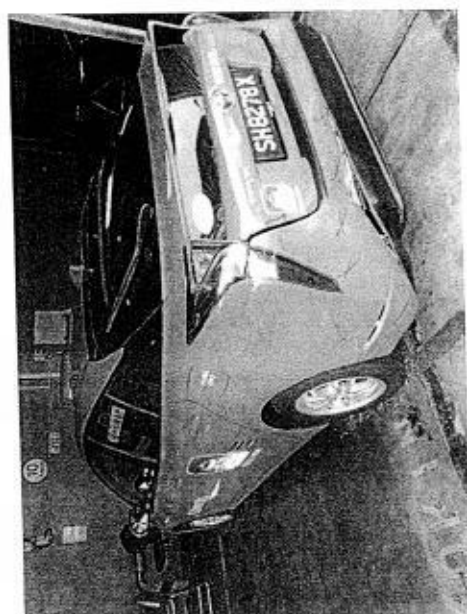
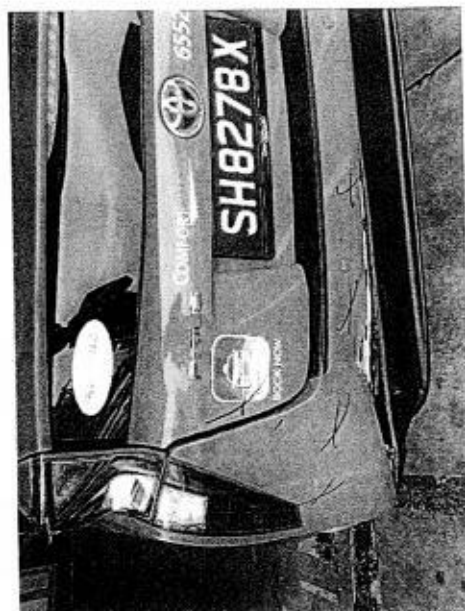
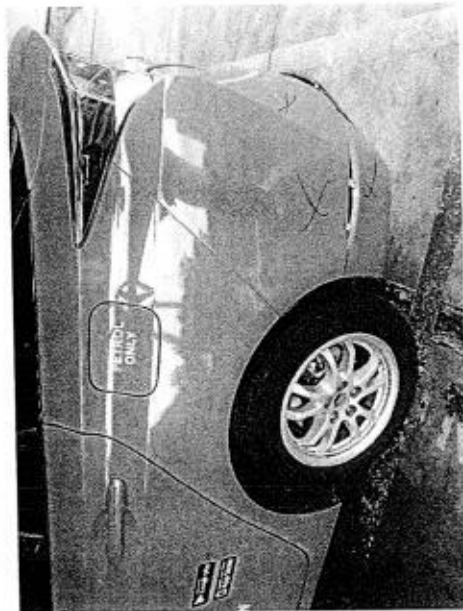
Lim Ee Soon  
CSO

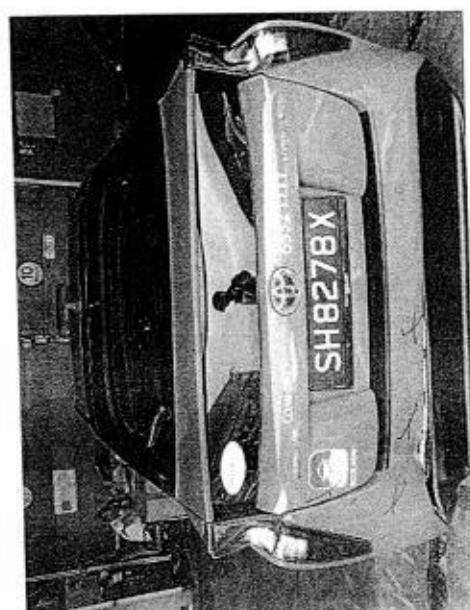
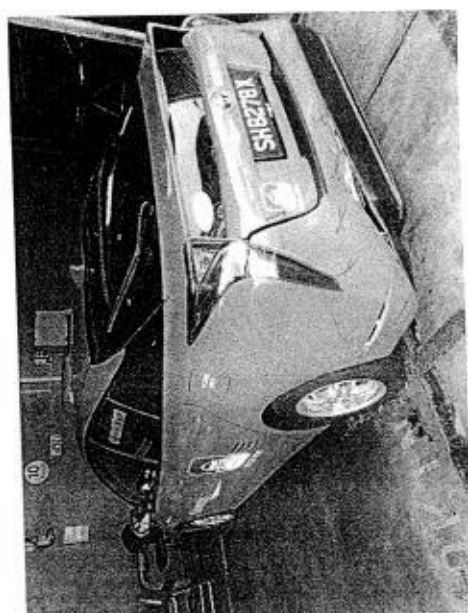
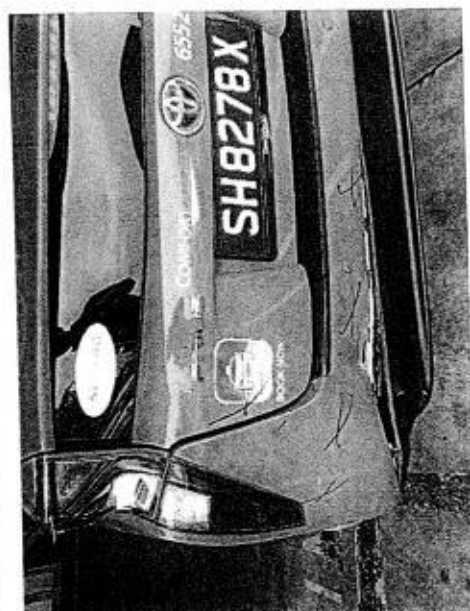
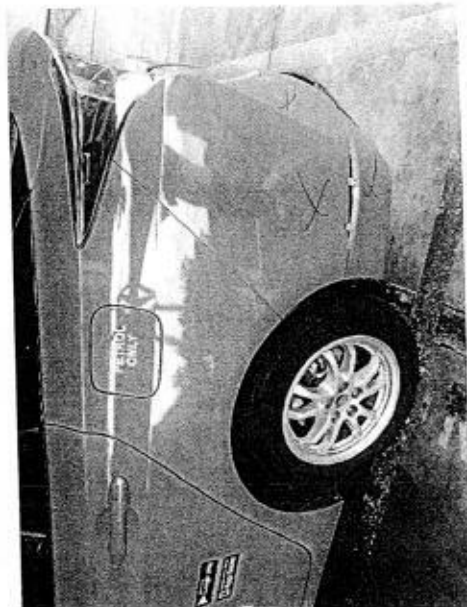
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARAC SketchPlanForm\_V2





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3787521

JC NO 305094517

STOMER COMFORT TRANSPORTATION PTE LTD /MS 7010045 STOMER NO 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 (R) (P) (O)		REGN NO: SH 8278X	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)03	DATE/TIME IN 12.2017 13:20
		YR OF MANU 05.07.2017	TARGET DATE
		CHASSIS CODE JTDRB3FU003561165	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 03.12.2017  
NATURE: 3P 03.12.2017/B

REAR

S/NO LABOR CODE DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

3:  
O.:  
le No.: SH 8278X FZ NTUC LKK

Vehicle No.: SH 8278X

s of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard





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

JOB NO : 305094517  
 REGN NO : SH 8278X  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 05.07.2017  
 DATE/TIME IN : 03.12.2017 13:20  
 ACCIDENT DATE : 03.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	2.50-	135.70

SUB-TOTAL : 910.60

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 20-05	PRIG4 REAR BUMPER MAT	50.00
0002 L	SPRAY PAINTING CHARGE	180.00
0003 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 450.00

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

JOB NO : 305094517  
REGN NO : SH 8278X  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 03.12.2017 13:20  
ACCIDENT DATE : 03.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,360.60

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094517

Date : 07.12.2017

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8278X

Date of Accident : 03.12.2017

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

1. The repair job shall bill to: NTUC SLC8158T
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$910.60
  - (b) Labour Charges \$450.00
  - Total for Part-By-Part Repair Cost** \$1,360.60
  - (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 : 7/12/17

### 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/INC17023099/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-12-2017

189556



Code: INC4

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

Insured Veh.	SLC 8158T	Veh. Inspected	SH 8278X
Policy No.	5082204587-01	Coverage (\$)	0.00
Claim No.	MT/0972139-002	Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003561165	Colour	BLUE
Odometer	53661	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm

**4. Description of Damages**

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

Accident Date	03/12/2017	Inspection Date	05/12/2017
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**

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. SH 8278X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR	232.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-460.02	-258.30
			1,380.08	774.90
<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.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	400.00
<b>GRAND TOTAL</b>			<b>2,285.78</b>	<b>1,360.60</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,360.60</b>

Report Ref No. NS/INC17023099/K1vbn2

**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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