

Kalin

REF:

NS/INC17023246/K1qbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SJE 9714UPolicy No: 5069377014-03 14.11.17 - 13.11.18Claims No: MT/0977568-02

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

Bel. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Date / Time Action / Instruction

SH 9736J - OS/FC116020279 / K1qbn2OCA: 24.10.16INCSJE 9714U - NA / INC11026536 / 02DA: 23.12.114511/12/17 Contact 4552500 / 3 Rep. (Red 4 3347.14, 57%)

RECEIVED 12 DEC 2017

Date/Time File Pass to: ☐ : Preli. Report11/12/17 h1qbn2 ☐ : Final Report

Date/Time File Return to: _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee

Transcription

Add Fee: ☐

Site Insp \$

Interview \$

Test \$

Test \$

11/12/17

Phone

Sheet

195

Report Format: TPLump Sum: 2500



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/INC17023246/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 9714U	Veh. Inspected	SH 9736J
Policy No.	5069377014-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/12/2017

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	06/12/2017	Inspection Date	06/12/2017
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.
--

Reference No. : NS/INC17075746/Kqb
Policy Type: OD /TP/ TP RES / TL / EVA

Reference No. : NS/INC17075746/Kqb
Policy Type: OD /TP/ TP RES / TL / EVA

SA 9736J
Typist

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

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

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

[illegible]

C Damaged Vehicle Photographs Uploaded

✓			
---	--	--	--

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

✓	
✓	
✓	

C Resurvey photo Uploaded

1	2
3	4

Case Handler Date 11/12/17

Case Handler

Date _____

*C: Critical *N: Non-Critical

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0972899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8798T	GT 4825Y	06/12/2017	11:50	\$ 2,461.58
2	MT/0973099-001	COMFORT TRANSPORTATION PTE LTD	SHA 7410D	PC 2227U	05/12/2017	7:20	\$ 1,160.48
3	MT/0973100-001	COMFORT TRANSPORTATION PTE LTD	SHC 1143D	SJL 5872K	02/12/2017	23:00	\$ 2,482.10
4	MT/0971943-002	COMFORT TRANSPORTATION PTE LTD	SH 8352P	GBB 4456H	30/11/2017	19:30	\$ 2,143.20
5	MT/0972810-002	CITYCAB PTE LTD	SHA 663L	SKT 3994B	06/12/2017	12:00	\$ 2,458.81
6	MT/0972568 -002	COMFORT TRANSPORTATION PTE LTD	SH 9736J	SJE 9714U	06/12/2017	10:25	\$ 5,847.14

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="06/12/2017 17:49"/>						
Vehicle No.(For Motor)	<input type="text" value="SJE9714U"/>								
<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"/>	5069377014-03	LIM YEE CHEN	S7660374Z	GPC	drive CLASSIC	SJE9714U	SJE9714U	14/11/2017	13/11/2018
<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	06/12/2017 15:09
Date Of Accident	06/12/2017 10:25
Exact Location Of Accident	SLIP RD FROM CTE TWDS YIO CHU KANG RD(UPP THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9736J
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	SONATA-2.0 (A)

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 BENG CHYE
NRIC No	S1442183A
Date Of Birth	27/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	BENGCHYET@YAHOO.COM

Address	BLK 310 CLEMENTI AVENUE 4 #07-291
Postcode	120310
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?	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)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE9714U
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	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TAN BENG CHYE
Approximate Age	
Injuries Sustain	NECK, SHOULDER AND BACK
Injured person in which vehicle?	SH9736J
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 310 CLEMENTI AVENUE 4 #07-291
Postcode	120310

DETAILS OF INJURED PERSON 2

Name	UNKNOWN(PAX)
Approximate Age	
Injuries Sustain	FELT DISCOMFORT TO HIS BODY.
Injured person in which vehicle?	SH9736J
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

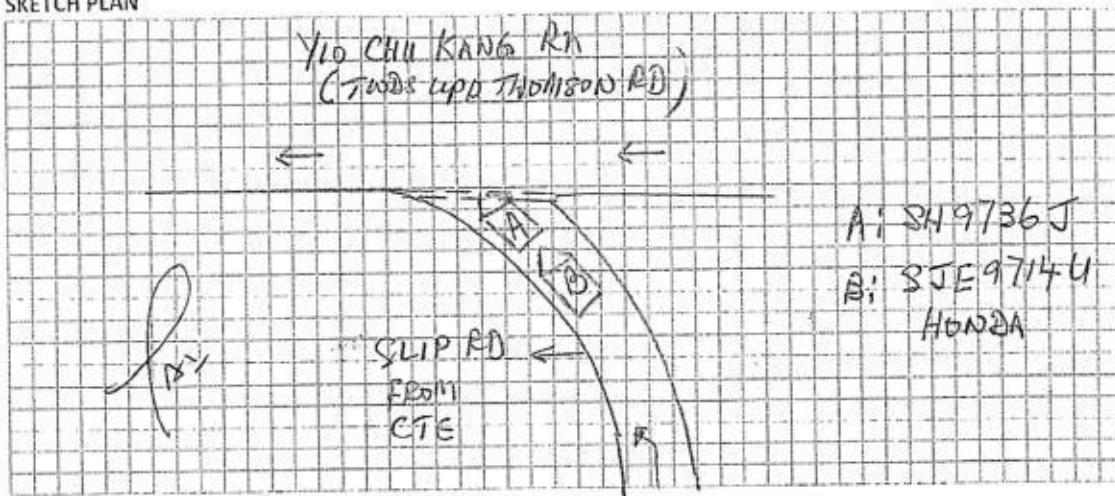
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

APPROVED BY THE POLICE



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. 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.:

Describe Circumstances of the Accident

On 06 Dec 2017 at about 10:25 hrs I was driving along a Slip Rd from CTE heading towards the direction of Yio Chu Kang Rd.

As I approached the give way lines I reduced my taxi speed and gradually come to a stop at the give way lines to give way to the traffic from my right.

Suddenly a few seconds later a Honda car SJE9714U came from behind collided onto the Rear Portion of my taxi.

02 male passengers on board my taxi. One of them complained of discomfort to his body. I advised him to see a Doctor later on. As for me I felt pain to my neck, shoulder and back. I will see a Doctor later on.

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

Witnessed by Reporting
Centre Personnel

Date/Time: 06.12.2017 15:40

Page : 1

am: WE ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305095451

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (R) (O)
(P)

REGN NO: SH 9736J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 06.12.2017 14:00
YR OF MANU 23.06.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA811783	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 06.12.2017
ATURE: 3P 06.12.17

/NO LABOR CODE DESCRIPTION

Rear

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SH 9736J

LIMITS

Vehicle No.: SH 9736J

f 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 : SH 9736J

DATE 6/12/2017 15:49

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid — <i>net</i>			\$ 1,349.50
	Boot Lid Rubber <i>X sue</i>			\$ 110.90
	Boot Lid Lock Upper <i>X sue</i>			\$ 132.10
	Boot Lid Lock Lower <i>X sue</i>			\$ 30.30
	Boot Lid Sonata Plate — <i>net</i>			\$ 43.60
	Boot Lid Hyundai Plate — <i>net</i>			\$ 24.20
	Boot Lid 'H' Emblem — <i>net</i>			\$ 26.10
	Boot Lid CRDI Plate — <i>net</i>			\$ 22.70
	Boot Lid Lamp (LH/RH) <i>X sue</i>	\$	230.20	\$ 460.40
	Rear Bumper — <i>net</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X sue</i>			\$ 483.30
	Rear Bumper Clip — <i>net</i>			\$ 22.00
	Rear Bumper Sponge <i>X sue</i>			\$ 137.40
	Rear Bumper Under Cover <i>X sue</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X sue</i>	\$	38.00	\$ 76.00
	Tail Lamp (LH) <i>X sue</i>			\$ 344.00
	Rear Panel <i>X sue</i>			\$ 391.80
	Rear Panel Garnish <i>X sue</i>			\$ 95.80
	SUB TOTAL			\$ 4,514.30
	LESS 20%			\$ 902.86
	DISCOUNTED TOTAL			\$ 3,611.44
	Boot Lid Comfort Logo & Tel No. Sticker <i>net</i>			\$ 30.00 Nett
	Boot Lid Advertisement Logo — <i>net</i>			\$ 100.00 Nett
	Rear Bumper Reverse Sensor <i>X sue</i>			\$ 135.70 Nett
	Rear Bumper Advertisement Logo — <i>net</i>			\$ 50.00 Nett
	Rear Bumper Rubber Mat — <i>net</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>net</i>	\$	100.00	\$ 200.00 Nett
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 600.00 <i>500</i>
	Wiring Charge			\$ 50.00 <i>X sue</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X sue</i>
	TOTAL LABOUR			\$ 1,670.00
	ESTIMATE TOTAL			\$ 5,847.14

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 surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305095451
Date : 08/12/17

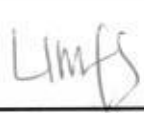
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SH 9736J Date of Accident : 06-Dec-17

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

1. The repair job shall bill to: NTUC --- SJE9714U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,500.00
Final Lumpsum Repair cost \$2,500.00
3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 11/12/17

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. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

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/INC17023246/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 9714U	Veh. Inspected	SH 9736J
Policy No.	5069377014-03	Coverage (\$)	0.00
Claim No.	MT/0972568-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMB811783	Colour	BLUE
Odometer	256568	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	06/12/2017	Inspection Date	06/12/2017
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:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9736J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
2	BOOT LID LAMP (LH/RH) @\$230.20	SERVICEABLE	460.40	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	TAIL LAMP (LH)	SERVICEABLE	344.00	-
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-902.86	-413.30
			3,611.44	1,653.20
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			565.70	430.00

Report Ref No. NS/INC17023246/K1qbn2



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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,020.00 650.00 1,670.00	400.00 560.00 960.00
	GRAND TOTAL		5,847.14	3,043.20
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00

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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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