

Signature

Calvin

REF:

NS/INC17023219/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: FBJ 730A

Policy No: 3076279658-01 18/12/16 - 17/12/17

Claims No: MT/0972594-002

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 43554

Vr Regn:

25 Jan 2015

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

Truck / Trailer or

Make:

Hyundai Z80

cc 1685

Colour:

Blue

A.O:

Insured / Std / NI / NA

Sp. Reading

349057

T.Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHL D84444475119

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R-6

R:

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

TOYO / YOKO or

Wet / Ice

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

4/2/2

D.O.A.

6/12/17

Survey held at

CPH (Logan)

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

Ms Wing Mirror

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

Date / Time Action / Instruction

SHB 43554 - 003/FQZ1400658/Hlra3w2

DOA: 050414 ZAC

FBJ 730A - NSN/INC17023219/KLV

DOA: 01/12/17 L/S

7/12/17 6.45 \$750 / 1 Pgy (Red 809.40, 539)

RECEIVED 11 DEC 2017

Date/Time: File Pass to?

☐

: Preli. Report

( )

☐

: Final Report

Date/Time: File Return to?

( )

11/12 - typst

Report Format:

Lump Sum / I.B.I: \$ 750/2

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation

1.00 \$ - PREL

Phone

Other

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

Weekend: \$

TOTAL

160

35

195

# Survey Department Check List (Case Handler)

Reference No.: NS/INC170 23249/KVB  
 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	✓			
---	--------------------------------------	---	--	--	--

## (3) Workshop Estimate/Assignment Form

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

## (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: 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/INC17023249/K1vb

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.	FBJ 730A	Veh. Inspected	SHB 4355U
Policy No.	5076279658-01	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	04/12/2017	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.
--

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	SMRT TAXI PTE LTD	SHF 242S	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	SJP 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.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5076279658-01	AB RAHMAN BIN MOHD UNI	S2160878E	GMC	Third Party, Fire & Theft	FBJ730A	FBJ730A	18/12/2016	17/12/2017

## 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	05/12/2017 15:26
Date Of Accident	04/12/2017 17:30
Exact Location Of Accident	HOSPITAL DRIVE X ENTRANCE TO BLK 1 A & E DEPT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4355U
<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	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	ELANCHELIAN S/O K MANICKAM
NRIC No	S7429499E
Date Of Birth	10/09/1974
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1996
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ELAN33@YAHOO.COM.SG

Address	BLK 536 ANG MO KIO AVENUE 10 #10-2565
Postcode	560536
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	FBJ730A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD ZULQARNAIN BIN BOYMEN
NRIC/Passport Number	S8722093A
Contact Number	93375661
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NO DAMAGE
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. 192302351R

Policyholder's Signature  
Date & Time:

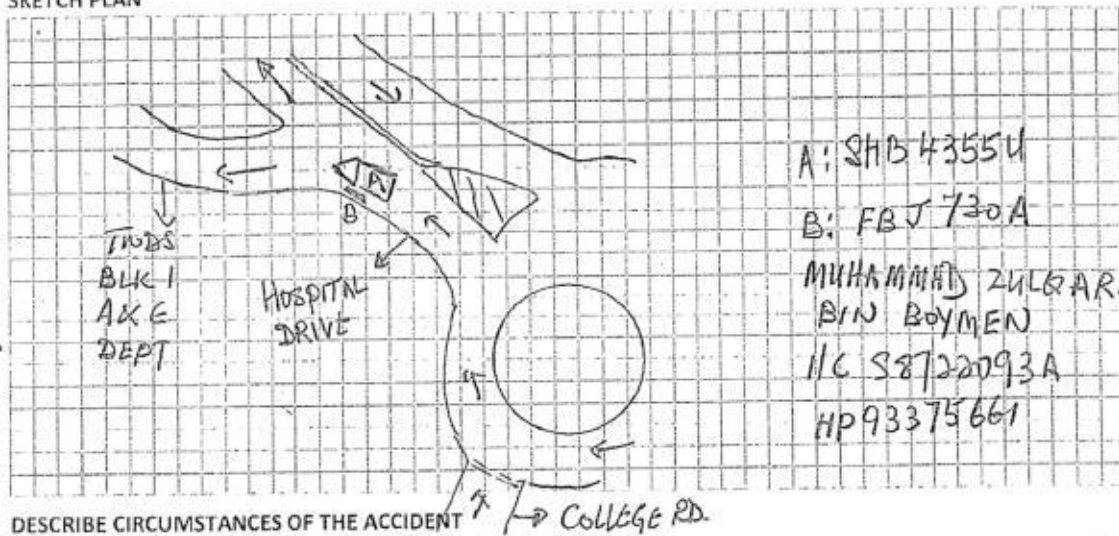
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

## DECLARATION

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

COMFORT TRANSPORTATION PIA LLC  
CO. REG. NO. 102207231R

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.:

SIAMAC Sketch Page Form 1/2

### Sketch Plan Pg. 3

Describe Circumstances of the Accident
On 04 Dec 2017 at about 17:30 hrs after exiting out from the College Rd Roundabout I
maintained my taxi within my lane at the same time I switched on my left hand signal lights to
alert other road users of my intention to turn left towards Block 1 A & E Dept.
As I approached the entrance to Blk 1 along Hospital Drive I further reduced my taxi speed to
make a left turn towards the entrance.
At the point of turning left, suddenly a motorcycle FB1730A coming from my left squeezed
through a small gap between my taxi and the road kerb. As a result of this, the right hand side
front handle of the motorcycle hit the left hand side wing mirror casing of my taxi thus
damaging it in the process.
01 lady passenger on board my taxi. No injury at the point of the accident.
After I have had alighted my passenger at the A & E Dept, the rider of the motorcycle offer
to repair my taxi. He suggested that I follow him to his workshop Daiho Auto Service at Bukit
Merah Lane. I acceded to his request and subsequently follow him to the workshop.
At the workshop the mechanic Mr Lim inspected the damage and told the rider there is no
second hand part for the wing mirror assembly. The new one will cost more than \$300.00.
The rider Mr Muhammad, ic S8722093A told me that he cannot afford the amount and he
directed me to file an insurance claim against his insurer.

#### Declaration

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

JAWAHT TRANSPORTATION PTE LTD  
CO. REG. NO. 192203321R

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



A member of COMFORTDELGRO

Date/Time: 05.12.2017 16:52 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3787900

JC NO 305095047

CUSTOMER  
V/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65508755 (O)  
(P)  
SCOUT CARD NO.

REGN NO	SHB4355U	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU	25.06.2015	DATE/TIME IN
CHASSIS CODE	KMHLB41UMGU075119	05.12.2017 14:10
		TARGET DATE
		COMPLETION DATE/TIME:

NTUC

Accident Date: 04.12.2017  
NATURE: 3P 04.12.2017/B-  
S/NO LABOR CODE

JOB DESCRIPTION  
Left Wing Mirror.  
DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB4355U  
FZ NTUC LKK

Vehicle No.: SHB4355U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

ie returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB 4355U

DATE 6/12/2017 10:08

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) <i>Broken</i>			\$ 980.50
	<b>SUB TOTAL</b>			<b>\$ 980.50</b>
	<b>LESS 20%</b>			<b>\$ 196.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 784.40</b>
	Front Door Coloured Comfort Logo (LH) <i>X 1</i>			\$ 75.00 <b>Nett</b>
	Front Door Advertisement Logo (LH) <i>X 1</i>			\$ 100.00 <b>Nett</b>
				<b>\$ 175.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>300.00</del> <i>50</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,559.40</b>
<i>Kelvin (U/K)</i> <i>6/12/17 1505</i> <i>1 Day</i> <i>45</i> <i>After Repairs p/le</i>				LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company  Acknowledged by Repairer 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.				

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305095047  
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. : SHB4355U

Date of Accident : 04.12.2017

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

1. The repair job shall bill to: NTUC -- FBJ 730A
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% \$750.00  
**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 1 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 : Calvin

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

Thatcham escribe

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023249/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-12-2017

189556



Code: INC4

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

Insured Veh.	FBJ 730A	Veh. Inspected	SHB 4355U
Policy No.	5076279658-01	Coverage (\$)	0.00
Claim No.	MT/0972594-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075119	Colour	BLUE
Odometer	399057	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR.  
DAMAGES SEE DETAILS.

**5. General Information**

Accident Date	04/12/2017	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:	1 Working Days
-------------------------------------	----------------



# 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. SHB 4355U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT DOOR MIRROR (LH)	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-196.10	-196.10
			784.40	784.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT DOOR COLOURED COMFORT LOGO (LH)(SN)	NOT NECESSARY	75.00	-
1	FROTN DOOR ADVERTISEMENT LOGO (LH)(SN)	NOT NECESSARY	100.00	-
			175.00	-
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		300.00	120.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		300.00	50.00
			600.00	170.00
GRAND TOTAL			1,559.40	954.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				750.00

Report Ref No. NS/INC17023249/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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