

Signature

Kalin

REF:

NS/INC17023250/K1rbn2

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:

GW 507B

Policy No:

5070398734-02 04032017

Claims No:

MT/0972476-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHC3557E

Yr Regn:

26 Feb 2013

Type: M.Car / M.Cycle / Bus / Van / Lorry / T6 / Prime Mover /

Truck / Trailer or

Make:

Hyundai Santa

cc

1991

Colour:

Blue

A/C:

Insured

Std / NI / NA

Sp. Reading:

554643

T/Radio:

Insured

Std / NI / NA

Eng No:

C No:

KMHET41VMDA833526

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60 R16

R:

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

TOYO / YOKO or

Handmade

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

5/12/12

D.O.I.

6/12/12

Survey held at

CARE (Chung)

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

SHC 3557E - NS/FCL15003501 / TL43W2

DA: 300115

ZNC

GW 507B - FCL/AXA16007913 / TLW352

DA: 270516

4/s

11/12/12

Costed 45 \$ 1300 / 2011.

Red: \$ 3558.34, 737.

RECEIVED 11 DEC 2017

Date/Time: File Pass to?



Preli. Report

1) *Imprest*

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: \$

) \$ + RS: \$

) Short

) Other

Report Format:

TP

Lump Sum / Fee: \$

1300

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/INC17023250/K1rb

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.	GW 507B	Veh. Inspected	SHC 3557E
Policy No.	5070398734-02	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	05/12/2017	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.
--

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="05/12/2017 17:49"/>						
Vehicle No.(For Motor)	<input type="text" value="GW507B"/>								
<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"/>	5070398734-02	PIYA AUTO PTE LTD	201503255W	GFT	Third Party, Fire & Theft	GW507B	GW507B	04/03/2017	
					<input type="button" value="Continue"/>				

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/0966662-002	COMFORT TRANSPORTATION PTE LTD	SHB 4977A	SJZ 5474C	20/10/2017	21:50	\$ 11,064.80	\$ 5,750.00
2	MT/0965716-003	COMFORT TRANSPORTATION PTE LTD	SHA 4247D	YL 1453K	14/10/2017	19:10	\$ 2,431.58	\$ 1,345.38
3	MT/0971843-002	COMFORT TRANSPORTATION PTE LTD	SHA 7047U	SJM 2865X	30/11/2017	13:20	\$ 1,077.88	\$ 325.00
4	MT/0972173-002	COMFORT TRANSPORTATION PTE LTD	SHB 4334E	SGB 771P	02/12/2017	1:20	\$ 3,454.86	\$ 2,900.00
5	MT/0972476-002	COMFORT TRANSPORTATION PTE LTD	SHC 3557E	GW 507B	05/12/2017	16:35	\$ 4,858.34	\$ 1,300.00
6	MT/0973066-001	COMFORT TRANSPORTATION PTE LTD	SH 8484S	SIW 8777A	05/12/2017	1:05	\$ 610.00	\$ 300.00

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 08:33
Date Of Accident	05/12/2017 04:35
Exact Location Of Accident	SUNGEI KADUT CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3557E
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	MOHAMAD NOR HAIZAD BIN JOHARI
NRIC No	S7418625D
Date Of Birth	29/05/1974
Occupation	INDOOR
Date Of Driving Pass	22/05/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	HAIZAD1974@GMAIL.COM

Address	87 CIRCUIT ROAD #03-985
Postcode	S370087
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES EAST NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE 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	GW507B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KASI SOUNDRAPANDIAN
NRIC/Passport Number	G2283747N
Contact Number	90390977
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD NOR HAIZAD BIN JOHARI
Approximate Age	42
Injuries Sustain	BACK, NECK, ARM
Injured person in which vehicle?	SHC3557E
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	87 CIRCUIT ROAD #03-985
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.
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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 12000000000000000000

Policyholder's Signature
Date & Time:

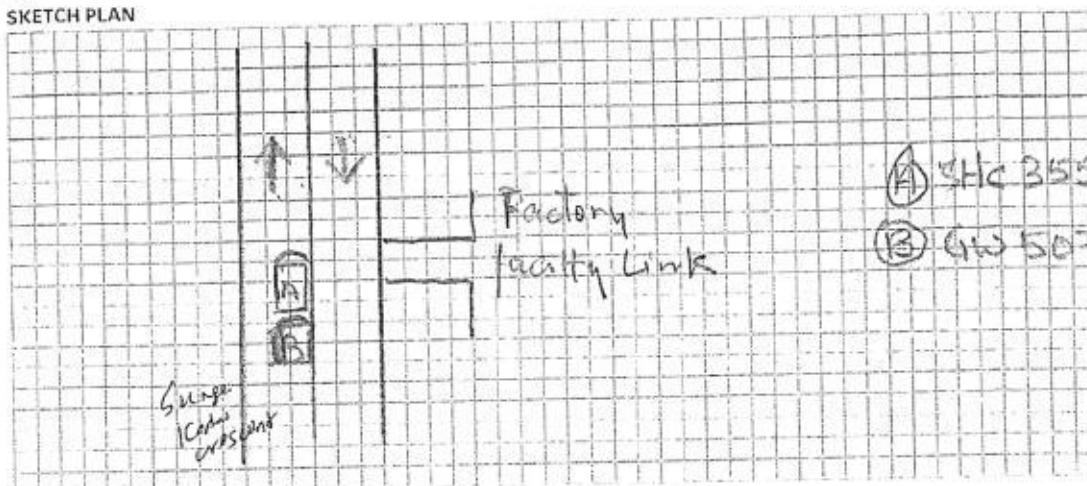
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

5/12/17
Jackson Hong
CSO

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report attach T/2071205/2085

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303911R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

5/12/17 Jackson
Jackson Hong
CEO

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171205/2085

1 of 3

Report No. T/20171205/2085

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 15:00	Vide Report No.:	Station Diary No.: 28
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MOHAMAD NOR HAZAD BIN JOHARI			Address: APT BLK 87 CIRCUIT ROAD #03-985 SINGAPORE 370087		
ID Type / ID No.: NRIC NO / S7418625D			Contact No.: Home/Office: Mobile: 91807429		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 29/05/1974	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/12/2017 04:35	Type of Location: Straight Road
Location: Along Road 1 SUNGEI KADUT CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW507B	Van					0
SHC3557E	Car					1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171205/2085

2 of 3

Report No. T/20171205/2085

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD NOR HAIZAD BIN JOHARI		ID No. S7418625D
Related Vehicle	SHC3557E (Car)		Contact No. 91807429
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/12/2017	Date Discharge	05/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the mentioned date and time, I was driving along Sungei Kadut crescent with the intention of turning right towards the warehouse but I stopped my vehicle as to check if the entrance is close. However, while my vehicle was at a stop, suddenly one van from the back hit onto my rear causing damages to my left rear portion of my vehicle. I did signaled that I wanted to turn right at that point of time even though there were no traffic. The van driver did mentioned that he was rushing for delivery and he had accidentally hit onto the back of my vehicle. Nobody was injured at that point of time and photographs of the accident was taken. Particulars exchanged with the van driver.

I felt pain later onwards and went to seek medical attention in which I received 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20171205/2085

3 of 3

Report No. T/20171205/2085

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /
Sgt 2 IBRAHIM BIN CHEMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/12/2017 15:00

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168



SN 102

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

NAAC
Rear

ComfortDelGro Engineering Pte Ltd

276 Bras Basah Road Singapore 189570

Hotline: 65 6381 6285 Fax: 65 6381 6700

Workshops:

39 Loyang Drive Singapore 508666

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609285

322 Bedok Road Singapore 469506

24 Serangoon Road Singapore 758150

75 Serangoon Road Singapore 758151

6 Delfi Avenue 1 Singapore 630637

Date/Time: 06.12.2017 09:32

Page : 1

Sam: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305095171

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

REGN NO: SHC3557E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 05.12.2017 15:50
YR OF MANU 26.02.2013	TARGET DATE
CHASSIS CODE KMHET41VMDA833526	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 05.12.2017
ATURE: 3P 05.12.17

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC3557E LIMITS

Vehicle No.: SHC3557E

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 : SHC 3557E

DATE 6/12/2017

MAKE :

MODEL : HYUNDAI SONATA

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X sue</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>X an</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>X an</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>X an</i>			\$ 26.10
	Boot Lid CRDI Plate <i>X an</i>			\$ 22.70
	Rear Bumper <i>— behl</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X sue</i>			\$ 483.30
	Rear Bumper Clip <i>— an</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) <i>— at</i>			\$ 38.00
	Tail Lamp (LH) <i>— ca</i>			\$ 344.00
	SUB TOTAL			\$ 3,528.30
	LESS 20%			\$ 705.66
	DISCOUNTED TOTAL			\$ 2,822.64
	Boot Lid Comfort Logo & Tel No. Sticker <i>X an</i>			\$ 30.00 Nett
	Boot Lid Advertisement Logo <i>X an</i>			\$ 100.00 Nett
	Rear Bumper Reverse Sensor <i>— slh</i>			\$ 135.70 Nett
	Rear Bumper Advertisement Logo <i>— an</i>			\$ 50.00 Nett
	Rear Bumper Rubber Mat <i>— an</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— an</i>		\$ 100.00	\$ 200.00 Nett
	<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification is allowed Supplementary items must be resurveyed and is subject to final approval from insurance Company <p>Acknowledged by Repairer: Signature: Date:</p> </div>			\$ 565.70
	Labour Charge			
	Panel Beating			\$ 850.00 <i>200</i>
	Spray Painting Charge			\$ 400.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>X an</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,470.00
	ESTIMATE TOTAL			\$ 4,858.34

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

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

Our Job Ref No : 305095171

Date : 08/12/17

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3557E

Date of Accident : 05-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 --- GW 507B

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% \$1,300.00

Final Lumpsum Repair cost **\$1,300.00**

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 : 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:

**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/INC17023250/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GW 507B	Veh. Inspected	SHC 3557E
Policy No.	5070398734-02	Coverage (\$)	0.00
Claim No.	MT/0972476-002	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.	2013
Chassis No.	KMHET41VMDA833526	Colour	BLUE
Odometer	554643	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	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	05/12/2017	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:	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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3557E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	SERVICEABLE	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	NOT NECESSARY	43.60	-
1	BOOT LID HYUNDAI PLATE	NOT NECESSARY	24.20	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	26.10	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	22.70	-
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	-
1	REAR BUMPER PROTECTOR (LH)	CUT	38.00	38.00
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
	LESS 20% DISCOUNT		-705.66	-196.48
			2,822.64	785.92
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMOFRT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	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	435.70
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,020.00	240.00

Report Ref No. NS/INC17023250/K1rbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	180.00
			1,470.00	420.00
	GRAND TOTAL		4,858.34	1,641.62
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,300.00

Report Ref No. NS/INC17023250/K1rbn2

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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