

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: SJE 2792P

Policy No. 5090648089 280417-270418

Claims No. MT/0972214-003

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 / FR Seen: \_\_\_\_\_ Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No. SHC 3205X Yr Regn 31 Jan 2011

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai Santa C.O. 1921

Colour: Blue A/C: \_\_\_\_\_ Ins: 6 Std / NI / NA

Sp. Reading: 121646 T/Radio: Ins: 6 Std / NI / NA

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

CINo: KMHETXIVABA 804604

Gen. Cond: Good / F / Poor / Burnt

Steering: Inorder / J / Jammed / Leaked / Burnt or

Brake: Inorder / J / Jammed / Leaked / Burnt or

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

Tyre Size: F: 25/60R16

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

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

TOYO / YOKO or Maxxis

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

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

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

D.O.A. 4/12/17 D.O.I. 6/12/17

Survey held at CPE (Long)

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

Rear

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

Date / Time Action / Instruction

SHC 3205X - NS/INC13000199/Hlym

QA: 3/12/12 ZAC

SJE 2792P - NS/INC16023402/Kgh3nz

DOF: 05/12/16 Y/S

11/12/17 Confirmed 45 \$2900 / 31/17 (Red 2153.62, 4290)

RECEIVED 12 DEC 2017

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

to ☐ : Final Report

Date/Time File Return to?

12/12 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transaction:

3 - P.S. 15

Photos:

Others:

Add Fee: ☐ : Site Insp \$

☐ : Interview \$

☐ : Techn. Insp \$

☐ : Weekend \$

Report Format:

Lump Sum / I.B.I. \$ 2900

160
35
195

## Survey Department Check List (Case Handler)

Reference No. : NS/INC 17023251 / Klvb  
 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 11/12/17  
 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/INC17023251/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.	SJE 2792P	Veh. Inspected	SHC 3205X
Policy No.	5090648039	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

--

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0971003-002	SMRT TAXIS PTE LTD	SHB 5289X	SLL 2472C	20/11/2017	14:40	\$24,786.78	\$10,550.00
2	MT/0973267-001	SMRT TAXIS PTE LTD	SHB 268P	FT 9299U	1/12/2017	9:05	\$4,341.40	\$1,100.00
3	MT/0972092-002	SMRT TAXIS PTE LTD	SHF 179S	SGS 4228B	3/12/2017	3:10	\$4,339.88	\$1,700.00
4	MT/0973271-001	SMRT TAXIS PTE LTD	SHB 5239R	FE 1205Y	5/12/2017	9:50	\$389.50	\$80.00
5	MT/0971608-002	SMRT TAXIS PTE LTD	SHB 5288Z	PC 5447G	28/11/2017	13:15	\$10,285.60	\$1,600.00
6	MT/0972214-003	COMFORT TRANSPORTATION PTE LTD	SHC 3205X	SJE 2792P	4/12/2017	8:35	\$5,053.62	\$2,900.00

Claim received from LKK

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="04/12/2017 17:49"/>						
Vehicle No.(For Motor)	<input type="text" value="SJE2792P"/>								
<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"/>	5090648039	SIA BOON LEONG	S26674991	GPC	drive CLASSIC	SJE2792P	SJE2792P	28/04/2017	27/04/2018
					<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	05/12/2017 14:41
Date Of Accident	04/12/2017 08:35
Exact Location Of Accident	BISHAN ST 21 X MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3205X
<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	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	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	TAN HOCK KEE
NRIC No	S0200105E
Date Of Birth	10/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1970
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 210 ANG MO KIO AVENUE 3 #08-1616
Postcode	560210
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20171204/2177

#### 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	SJE2792P
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Name of Driver	SIA BOON LEONG
NRIC/Passport Number	S2667499I
Contact Number	96263531
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 HOCK KEE

Approximate Age

Injuries Sustain

BACK, NECK AND BODY

Injured person in which vehicle?

SHC3205X

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

BLK 210 ANG MO KIO AVENUE 3  
#08-1616

Postcode

560210



**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

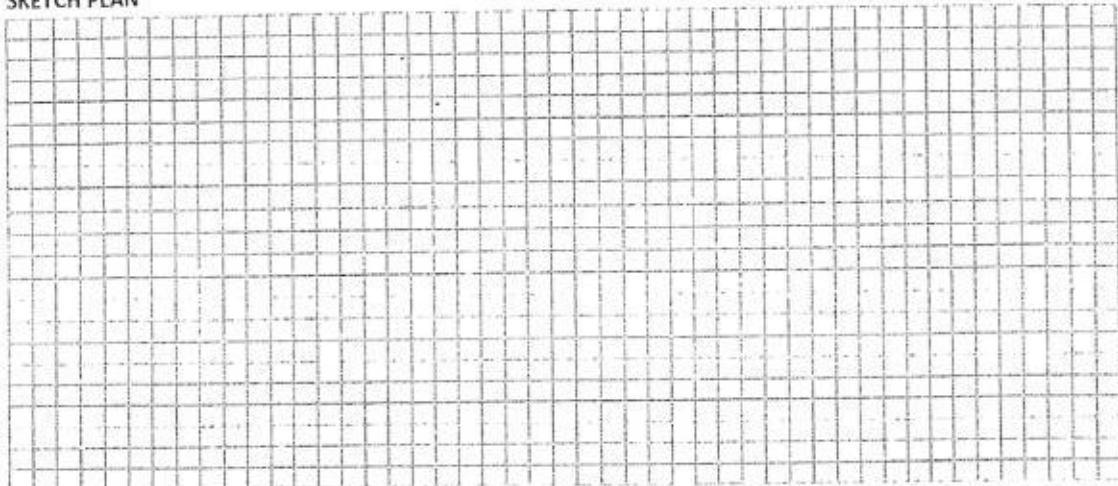
Policyholder's Signature  
Date & Time:

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

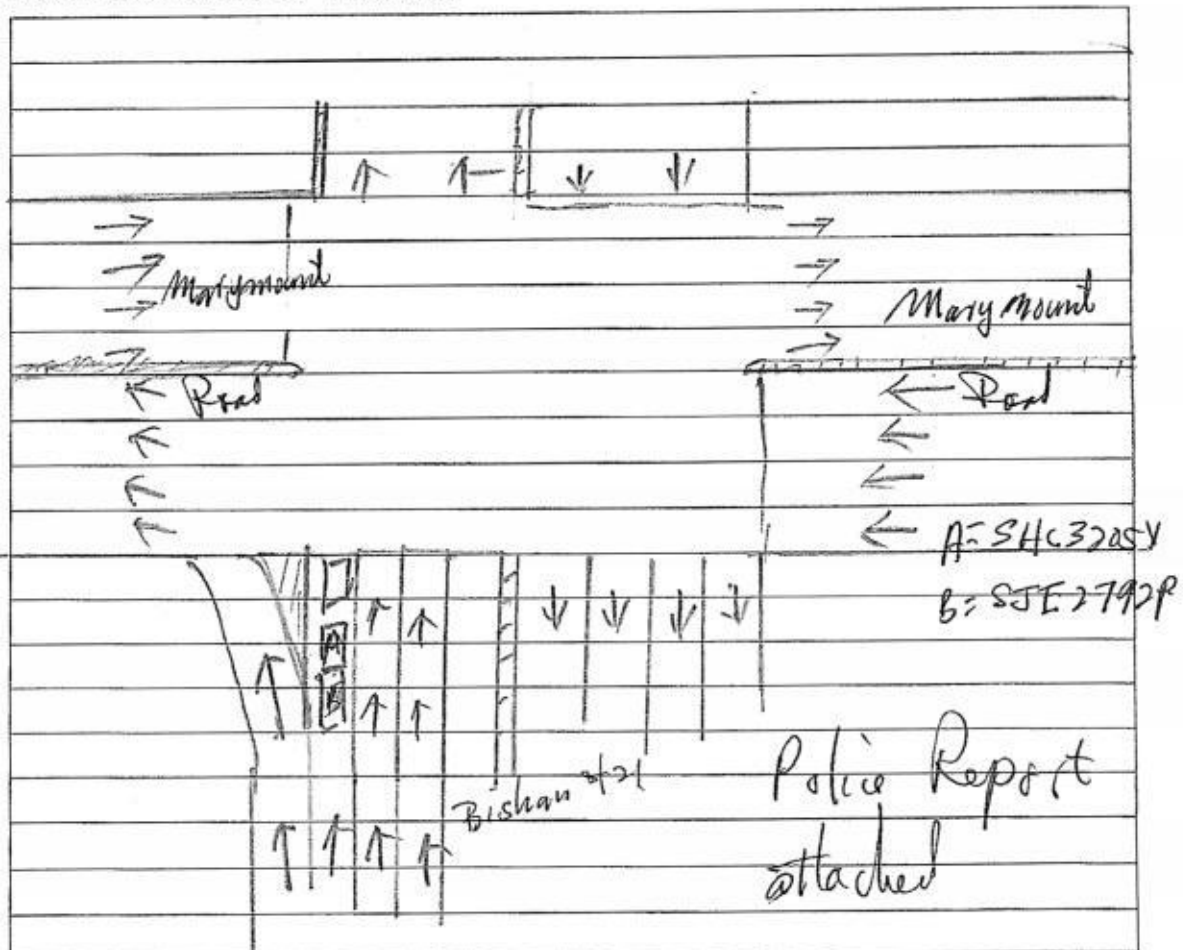
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



## DECLARATION

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

CCMFORT TRANSPORTATION PTE LTD  
CP. REG. NO. 1000036015

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.:

GR-BAC Sketch Plan Form\_V2

5/12.

Lim Ee Soon  
CSO



**SINGAPORE  
POLICE FORCE**



T/20171204/2177

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20171204/2177

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/12/2017 22:10	Vide Report No.:	Station Diary No.: 260
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**Informant's Particulars**

Name of Informant: TAN HOCK KEE			Address: APT BLK 210 ANG MO KIO AVENUE 3 #08-1616 SINGAPORE 560210	
ID Type / ID No.: NRIC NO / S0200105E			Contact No.:	Mobile: 91770669
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 66	Date of Birth: 10/06/1951	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2017 08:35	Type of Location: Straight Road
Location: Along Road 1 BISHAN STREET 21				
TOWARDS THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHC3205X	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Grey	Slightly Damaged	1
SJE2792P	Car	SUZUKI	SX4 1.6HB AT	Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20171204/2177

2 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20171204/2177

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN HOCK KEE	ID No.	S0200105E
Related Vehicle	SHC3205X (Car)	Contact No.	91770669
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Sia Boon Leong	ID No.	S2667499I
Related Vehicle	SJE2792P (Car)	Contact No.	96263531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am working as a taxi driver for comfort and my vehicle registration number is SHC3205X.

On 04/12/2017 at about 0835 while I was driving along Bishan Street 21 towards Thomson road at the most left lane. As the traffic light in front of me was red as such I stopped my vehicle. However shortly after the traffic light turns green, I felt at collision from the rear. I came out of my vehicle and discovered that the vehicle bearing SJE2792P behind hit the rear of my vehicle. We exchanged particulars and left the scene after that.

There is one passenger in my taxi at the point of time and she informed she is not injured and I do not have her particulars. No ambulance and TP at scene. I suffered neck and back pain after the accident and visited a polyclinic at Blk683 Hougang Avenue 8 #01-901 and I received 3 days MC from 04/12/2017 to 06/12/2017. My vehicle's rear bumper was dented as a result from the accident.

Particular of the other driver:

SJE2792P  
Sia Boon Leong  
S2667499I  
Blk 474 Ang Mo Kio Avenue 10 #12-846  
HP: 96263531



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20171204/2177

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Report No. T/20171204/2177

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20171204/2177

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Report No. T/20171204/2177

**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:

F /  
Sgt 2 TAY YU ZHI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/12/2017 22:10

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt LEE SOON LYE  
Contact No.: 65476239

Classification Of Case:

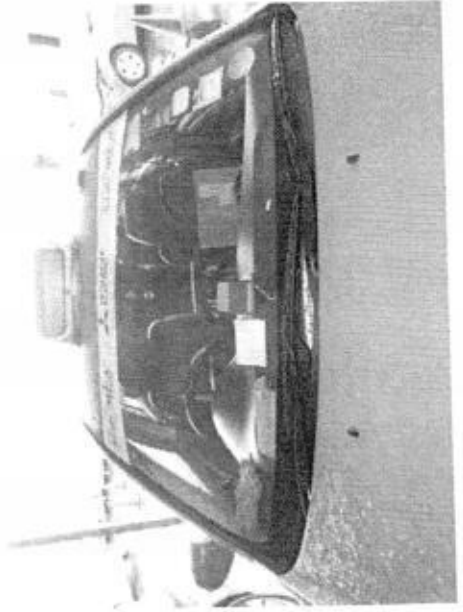
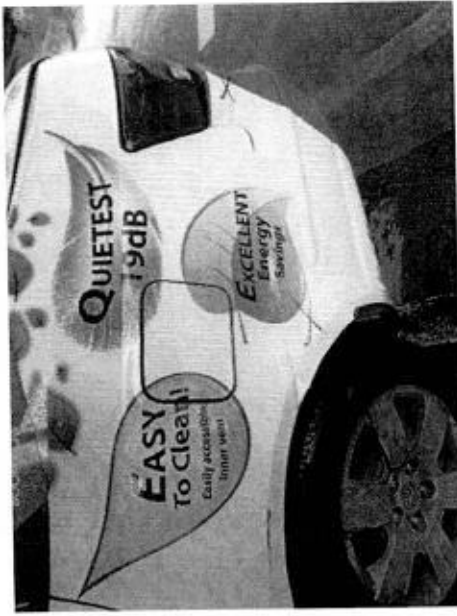
Authentication Stamp  
NP168



Signature:

SN 085

Singapore Police Force





Date/Time: 05.12.2017 17:19

Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO.305095091

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC3205X	
CUSTOMER NO. 7010045		MAKE	FUEL
ADDRESS 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
65508755		SONATA	05.12.2017 11:55
L. (R) (P)		YR OF MANU.	TARGET DATE
		31.01.2011	
SCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHET41VMBA804604	

JOB DESCRIPTION

Accident Date: 04.12.2017

NATURE: 3P 04.12.2017

LABOR CODE

DESCRIPTION

NTUC - taxi rear damage  
LKK/Kalms -

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3205X  
LARRY

Vehicle No.: SHC3205X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 3205X

NOTUC

DATE 5/12/2017 12:10

MAKE :

MODEL : HYUNDAI SONATA

DOA: 04.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid — Bent			\$ 1,349.50	
	Boot Lid Rubber X sue			\$ 110.90	
	Boot Lid Lock Upper X — cm			\$ 132.10	
	Boot Lid Lock Lower X sue			\$ 30.30	
	Boot Lid Sonata Plate — ne			\$ 43.60	
	Boot Lid Hyundai Plate — ne			\$ 24.20	
	Boot Lid 'H' Emblem — ne			\$ 26.10	
	Boot Lid CRDI Plate — ne			\$ 22.70	
	Rear Bumper — Bent			\$ 578.40	
	Rear Bumper Reinforcement — cm			\$ 483.30	
	Rear Bumper Clip — ne			\$ 22.00	
	Rear Bumper Sponge — cm			\$ 137.40	
	Rear Bumper Under Cover X sue			\$ 185.80	
	Rear Bumper Protector (LH/RH) X repair	\$	38.00	\$ 76.00	
	Rear Panel X repair			\$ 391.80	
	Rear Panel Garnish X sue			\$ 95.80	
	<b>SUB TOTAL</b>			<b>\$ 3,709.90</b>	
	<b>LESS 20%</b>			<b>\$ 741.98</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,967.92</b>	
	Boot Lid Comfort Logo & Tel No. Sticker — ne			\$ 30.00	Nett
	Rear Bumper Reverse Sensor — sketched			\$ 135.70	Nett
	Rear Bumper Advertisement Logo — ne			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — ne	\$	100.00	\$ 200.00	Nett
				<b>\$ 415.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 850.00	400
	Spray Painting Charge			\$ 600.00	580
	Wiring Charge			\$ 50.00	X4
	Tuff Kote			\$ 50.00	20
	Remove/Refix Reverse Sensor			\$ 120.00	20
	<b>TOTAL LABOUR</b>			<b>\$ 1,670.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,053.62</b>	
	<p>LKK Auto &amp; Tyre Centre Ltd. is not responsible for the accuracy of the information provided by the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged parts during resurvey</li> <li>To provide confirmation</li> <li>Third party survey is on a "without prejudice" basis</li> <li>No illegal modifications allowed</li> <li>Supplementary items must be resurveyed and is subject to final approval from Insurance Company.</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>				
	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.				

Larry Ng

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305095091

Date : 08/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3205X

Date of Accident: 04/12/17

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

1. The repair job shall bill to: NTUC SJE2792P

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:

**Final Lumpsum Repair cost**

**\$2,900.00**

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kelvin

Date :

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023251/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 21-12-2017



Code: INC4

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

Insured Veh.	SJE 2792P	Veh. Inspected	SHC 3205X
Policy No.	5090648039	Coverage (\$)	0.00
Claim No.	MT/0972214-003	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.	KMHET41VMBA804604	Colour	BLUE
Odometer	121646	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	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

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:	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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3205X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	CRACKED	132.10	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
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-741.98	-563.86
			2,967.92	2,255.44
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			415.70	415.70
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,020.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
			1,670.00	980.00

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GRAND TOTAL		5,053.62	3,651.14
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,900.00

Report Ref No. NS/INC17023251/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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