

Kabin

REF: N8/2NC17023312/Krbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s: \_\_\_\_\_

of \_\_\_\_\_

Insured: FX 9366M

Policy No: 5078250473-01 080417 - 070418

Claims No: MT/097264S-002

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

(Client's Record)

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

(Policy Condition)

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

N/S	O/S

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

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

GIA / FR 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: SHC 8177K Yr Regn: 9Zn 206

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

Truck / Trailer or

Make: Hyundai Ieo 16A

Colour: Blue A/C: Insured 6 / Std / NI / NA

Sp. Reading: 184231 T/Radio: Insured 0 / Std / NI / NA

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

C/No: KAHCB414A64091522

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: 205/60R16

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

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

TOYO / YOKO or H.K.K.

Front: 7 mm

R/Bal: 7 mm

L/Bal: 7 mm

D.O.A: 5/12/7

Survey held at: CD4E (Lynn)

Des. of Damages: Fnt / 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 8177K - 003 / AUG 17023312 / K1ub3

DOA: 04/11/7 Zn

FX 9366M - x

P/P

27/11/7 Continued P/P \$ 785.70 / 2 hrs

Est: \$ 2114.40, 73%

RECEIVED 23 DEC 2017

Date/Time File Pass to?

☐ : Preli. Report☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

\$ - \$3.30

Photos:

Chart:

Add Fee: ☐ Site Insp \$☐ Interview \$☐ Tech Insp \$☐ Weekend \$

Report Format: TP

Lump Sum / I.B.I: \$ 785.70

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/INC17023312/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 07-12-2017



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FX 9366M	Veh. Inspected	SHC 8177K
Policy No.	5078250473-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	07/12/2017

## 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	07/12/2017
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: 27/12/2017

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/0972645-002	COMFORT TRANSPORTATION	SHC 8177K	FX 9366M	05/12/2017	21:05	\$ 2,900.10	\$ 785.70
2	MT/0973212-002	COMFORT TRANSPORTATION	SHA 3634B	SIE 5833K	09/12/2017	3:30	\$ 1,576.08	\$ 1,246.08
3	MT/0974344-002	COMFORT TRANSPORTATION	SHA 5827Z	GX 6775Z	18/12/2017	13:50	\$ 1,471.75	\$ 1,144.70
4	MT/0975372-001	COMFORT TRANSPORTATION	SHD 3174X	PY 8286L	21/12/2017	5:10	\$ 3,250.92	\$ 2,455.26
5	MT/0973951-002	COMFORT TRANSPORTATION	SHC 8634H	FBL 157U	15/12/2017	19:10	\$ 3,753.56	\$ 1,200.00
6	MT/0974441-002	COMFORT TRANSPORTATION	SH 7288Z	SIE 2095T	19/12/2017	15:00	\$ 2,535.58	\$ 1,790.78

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="05/12/2017 17:19"/>						
Vehicle No. (For Motor)	<input type="text" value="FX9366M"/>								
<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"/>	5078250473-01	CHEAH SEANG CHIN	S8385737D	GMC	Third Party	FX9366M	FX9366M	08/04/2017	07/04/2018
<input type="button" value="Continue"/>									

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHC8177K
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU649789
Chassis No.:	KMHLB41UMGU091325
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,074.00
Original Registration Date:	09 Jun 2016
First Registration Date:	09 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,074.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Jun 2024
PARF Rebate Amount:	\$14,305.00
Intended COE Rebate Details	
COE Expiry Date:	08 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$29,961.00
<b>Total Rebate Amount:</b>	<b>\$44,266.00</b>
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Dec 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	06/12/2017 15:42
Date Of Accident	05/12/2017 21:05
Exact Location Of Accident	TOH GUAN ROAD X TOH GUAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8177K
<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	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 SEE HUA
NRIC No	S1557810F
Date Of Birth	07/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TURLAN@SINGNET.COM.SG

Address	BLK 444 HOUGANG AVENUE 8 #07-1599
Postcode	530444
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

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

#### Circumstances of Accident

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	FX9366M
Vehicle Make/Model/Colour	HONDA MOTORCYCLE
Details Of Properties	
Name of Driver	JINA
NRIC/Passport Number	
Contact Number	96911258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Lim Ee Soon  
CSO

Policyholder's Signature  
Date & Time:

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

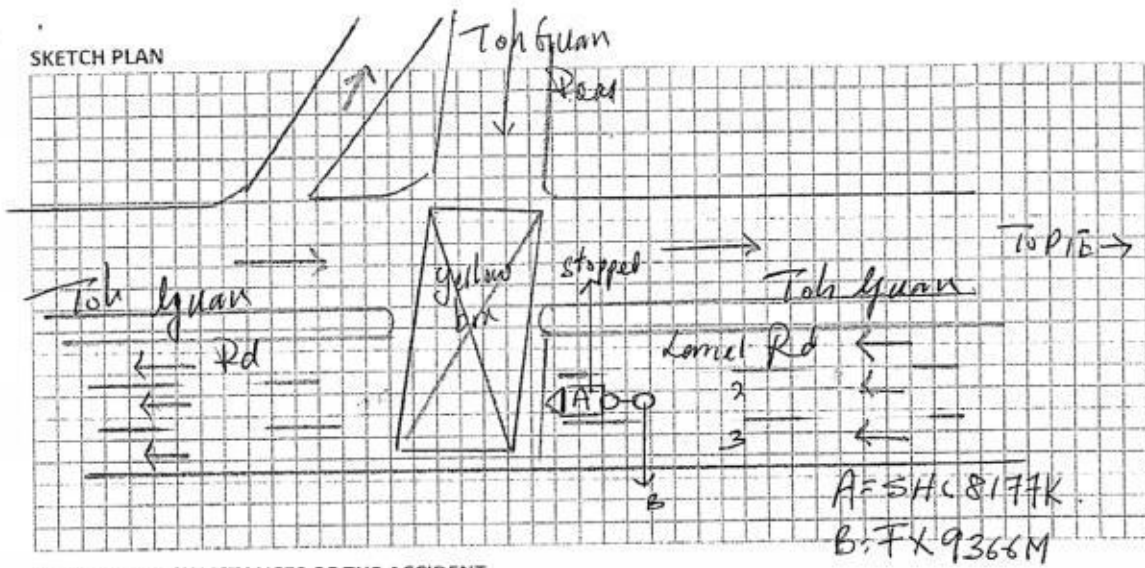
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REMARKS OF SERVICE PROVIDER

4 - 7  
8 - 9

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As 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:

GIATAC SketchPlanForm\_V3

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

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

Lim Bo Soon  
CSO

Sketch Plan Pg. 3

SHC 8177 K

- ACCIDENT STATEMENT

Last night (05/12/2017) I ferried a male passenger from city to his destination at vicinity of Toh Guan Road.

After exiting PIE, I travelled on Toh Guan Road at the time traffic flow was not heavy.

As seen in the video footage, it was red light in my direction when I reached the T-junction of Toh Guan Road and as such, I stopped on my lane( middle lane of the 3-lane road).

While I was still waiting for green light to emerge, suddenly I felt a light jerk and impact when it was a motor cycle B( FX 9366M)behind that hit into the middle portion of the rear bumper of my taxi.

I immediately alighted to render assistance to the rider, a female Chinese.

I also took photos at the scene.

The rider disclaimed injury although she had fallen off the bike following the accident.

The front of the m/cycle B was dented.

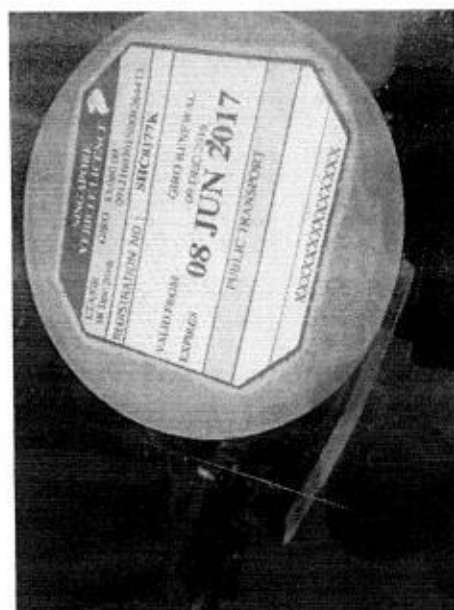
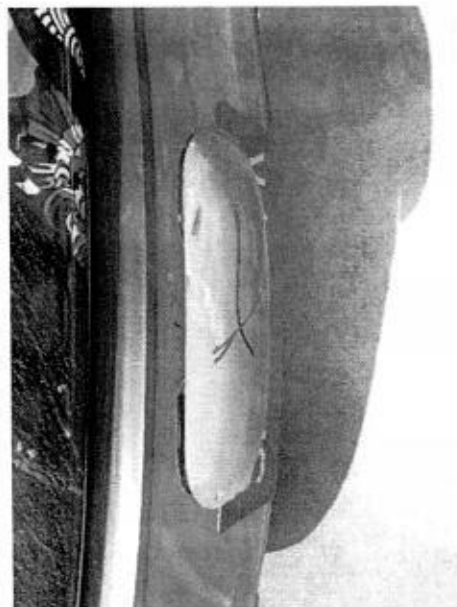
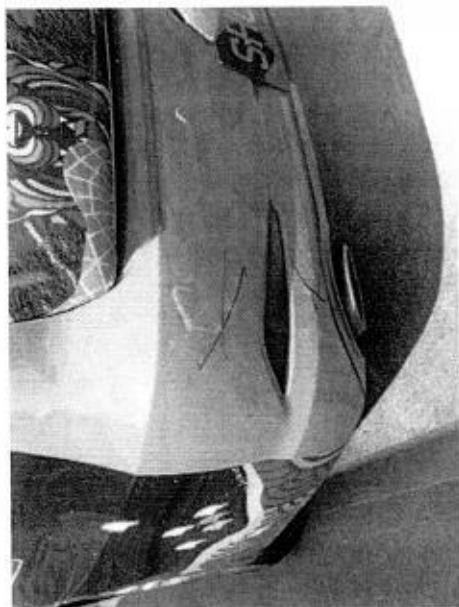
My passenger was not injured.

I affirmed the above statement is true and correct.

Driver name : Tan See Hua  
NRIC NO : S 1557810F  
Date: 06/12/2017

Recorded by Alex Lim





Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305095525

CUSTOMER		REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHC8177K	
VMS 7010045		MAKE:	FUEL
CUSTOMER NO 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....F
ADDRESS Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
65508755 (O)		I-40	05.12.2017 22:35
L (R) (P)		YR OF MANU	TARGET DATE
		09.06.2016	
SCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMGU091325	

JOB DESCRIPTION

Accident Date: 05.12.2017  
NATURE: 3P 05.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Rear damage
		LKK/Kalmi -

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

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
e:		Vehicle No.:	
lo.:		SHC8177K	
le No.:		LARRY	
Signature/Date		Name of Service Advisor	
Larry Ng		Date	
e of Service Advisor		To be kept by Security Guard	
e returned to Service Reception upon collection			

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8177K

DATE 7/12/2017 10:44

MAKE :

DOA: 05.12.2017

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Licence Lamp (LH/RH) <i>X su</i>		\$ 33.95	\$ 67.90	
	Rear Bumper <i>X repair</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>X su</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>	\$	180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>X su</i>	\$	49.00	\$ 98.00	
	Rear Bumper Clips <i>X "</i>			\$ 22.00	
	Rear Bumper Sponge <i>X "</i>			\$ 143.40	
	Rear Bumper Under Cover <i>X su</i>			\$ 225.00	
	<b>SUB TOTAL</b>			<b>\$ 2,024.25</b>	
	<b>LESS 20%</b>			<b>\$ 404.85</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,619.40</b>	
	Rear No.Plake <i>X su</i>			\$ 25.00	Nett
	Rear Bumper Reverse Sensor <i>— skel</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>— "</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>X "</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>— "</i>	\$	100.00	\$ 200.00	Nett
	License Plate Cover <i>X <del>skel</del> su</i>			\$ 100.00	Nett
				<b>\$ 560.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>	
	Wiring Charge			\$ <del>50.00</del> <i>20</i>	
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>X</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 720.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,900.10</b>	
<p><i>1 call 1 CLK</i></p> <p><i>7/12/17 1415h.</i></p> <p><i>2 days</i></p> <p><i>PIP</i></p> <p><i>After Repair photo</i></p>					
<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.</p>					

Larry Ng

LKK Auto Consultants hereby notify the Reparer of the following:

- To estimate the cost of spray painting
- To estimate damaged parts during resurvey
- Parts or resurvey is on a "without prejudice" basis
- To estimate the cost of labour
- Supplier's quotation must be resurveyed and is subject to the approval from Insurance Company

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 08.12.2017  
Time: 09:53:22  
Page: 1

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

JOB NO : 305095525  
REGN NO : SHC8177K  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 09.06.2016  
DATE/TIME IN : 05.12.2017 22:35  
ACCIDENT DATE : 05.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS 1 135.70 0.00 135.70  
0002 04-01-0103-1150-A I40VC PROTECTOR MAT 1 50.00 0.00 50.00

SUB-TOTAL : 185.70

JOB NATURE

0000 L Advetisement - Rear Fenders - LH/RH 200.00  
0001 L PANEL BEATING 200.00  
0002 23-502 SPRAYPAINT ON AFFECTED AREA 180.00  
0003 L REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 600.00

TOTAL : 785.70

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305095525  
Date : 27.12.2017

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

### FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHC8177K Date of Accident: 05/12/17


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

1. The repair job shall bill to: NTUC FX9366M
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$385.70
(b) Labour Charges	\$400.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$785.70</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	
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 : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kalvin  
Date : 27/12/17

### 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/INC17023312/K1rbn2				
73 BRAS BASAH ROAD		Date: 03-01-2018		
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Code: INC4		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FX 9366M	Veh. Inspected	SHC 8177K	
Policy No.	5078250473-01	Coverage (\$)	0.00	
Claim No.	MT/0972645-002	Excess (\$)	0.00	
Assign From		Assign Date	07/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091325	Colour	BLUE	
Odometer	184231	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	7 mm	
L/H Front Tyre	205/60 R16	HANKOOK	7 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/12/2017	Inspection Date	07/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.				
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		

**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 8177K**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
2	LICENCE LAMP (LH/RH) @\$33.95	SERVICEABLE	67.90	-
1	REAR BUMPER	TO REPAIR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-404.85	-
			1,619.40	-
<b>SPECIAL NETT ITEMS</b>				
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	LICENSE PLATE COVER (SN)	SERVICEABLE	100.00	-
			560.70	385.70
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
	-		-	-
	-		-	-
	-		-	-
			720.00	400.00
<b>GRAND TOTAL</b>			<b>2,900.10</b>	<b>785.70</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>785.70</b>

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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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