

Surrey

Kalin

REF:

NS/2NC17023314 / 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 29640**Policy No: **50 88065 762** **170207 - 0703018**Claims No: **MT/0972815-002**

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 / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SHB 2278Y** Yr Regn: **22 Dec 2016**Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: **Hyundai I40** C.C. **1685**Colour: **Yellow** A/C: **6** Insured / Std / NI / NASp. Reading: **163145** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **K MHL0419MH4097807**Gen. Cond: Good / F~~o~~ / Poor / BurntSteering: In~~o~~ / Jammed / Leaked / Burnt orBrake: In~~o~~ / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **Wipac**

Front

Rear

R/Bal. **7** mm R/Bal. **7** mmL/Bal. **7** mm L/Bal. **7** mmD.O.A. **6/12/17** D.O.I. **7/12/17**Survey held at **CD45 (67-23)**

Des. of Damages: Frt / 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

SHB 2278Y - NBA / msh17022261 / X**DOA: 28/11/17****ZAC****FBJ 29640 - X****P/P****20/12/17 Insured P/P \$2068.40 / 20yrs (Red 305.60, 1490)****clerk/12**

RECEIVED 27 DEC 2017

Date/Time / File Pass to:

☐ : Preli. ReportDays Of Repair: **2**1) _____
Date/Time / File Return to:☐ : Final ReportResurvey No. of Trip: **1**

Survey Fee:

2) **27/12 - typist**Add Fee: ☐ Site Insp. / \$

Transportation

☐ Interview / \$

) Photo

☐ Techn. Insp. / \$

) Chart

☐ Weekend / \$

Report Format:

Lump Sum / I.B.I. / \$ **2068.40**

TOTAL

160**35****195**

Survey Department Check List (Case Handler)

Reference No. : NS INC 170 23314 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		Y-Date	N-Date	Y-Date	N-Date
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 23/12/17
 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/INC17023314/K1vb

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.	FBJ 2964D	Veh. Inspected	SHB 2278Y
Policy No.	5088065762	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	06/12/2017	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

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/0972815-002	CITYCAB PTE LTD	SHB 2278Y	FBI 2964D	6/12/2017	22:15	\$2,394.00	\$2,068.40
2	MT/0973808-002	COMFORT TRANSPORTATION PTE LTD	SHA 5875J	SHC 6453B	14/12/2017	20:15	\$3,524.64	\$1,450.00
3	MT/0975146-001	COMFORT TRANSPORTATION PTE LTD	SHA 7365B	SJB 516A	16/12/2017	2:40	\$900.00	\$550.00
4	MT/0972947-002	COMFORT TRANSPORTATION PTE LTD	SHC 8625J	SGJ 4049Z	8/12/2017	20:20	\$2,461.58	\$1,086.18
5	MT/0975147-001	COMFORT TRANSPORTATION PTE LTD	SHC 1015R	GZ 210R	16/12/2017	15:00	\$3,243.80	\$2,299.43
6	MT/0975149-001	COMFORT TRANSPORTATION PTE LTD	SH 8328K	SIU 3979C	20/12/2017	21:50	\$2,077.25	\$810.95

Claim received from LKK

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5088065762	AJMAN RAYYAN BIN AHMAD	S90432381	GMC	Third Party, Fire & Theft	FBJ2964D	FBJ2964D	17/02/2017	07/03/2018

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	07/12/2017 11:55
Date Of Accident	06/12/2017 22:15
Exact Location Of Accident	CTE IN THE DIRECTION TWDS AMK ON BRADDELL FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2278Y
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-15072702MFSH
Cover Note Number	

Driver

Name of Driver	LEONG WENG FATT
NRIC No	S1153912B
Date Of Birth	02/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 131 JALAN BUKIT MERAH #04-1597
Postcode	160131
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	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	FBJ2964D
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

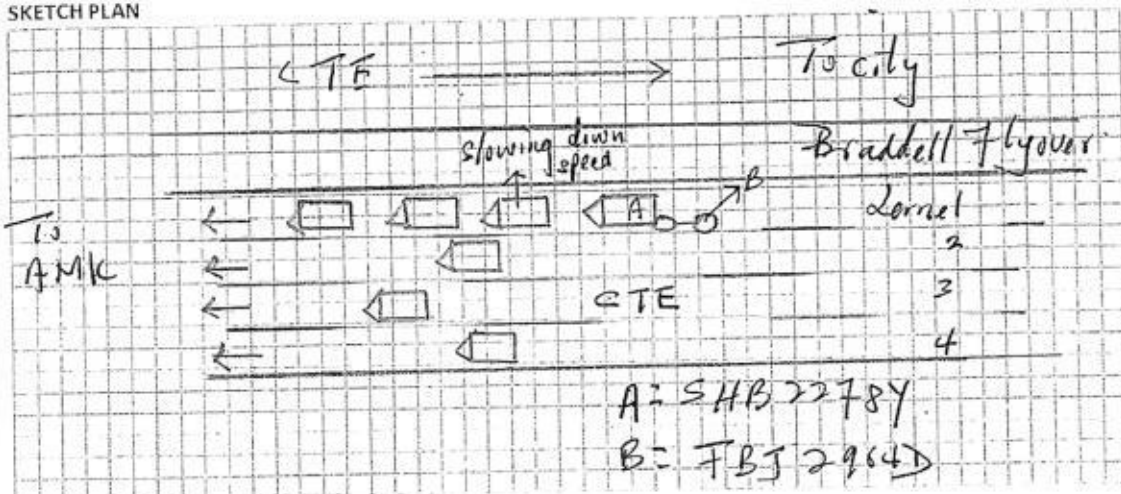
Policyholder's Signature
Date & Time:

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 attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

Lim Ee Soon
CSO

SHB 2278Y

- ACCIDENT STATEMENT

Yesterday night (06/12/2017) I ferried a female passenger from city in a trip to her destination at Sembawang

It was heavy traffic when I travelled on CTE during the journey.

Wary of the road situation, I kept a safe distance while following behind other cars on the fast lane of the expressway.

As seen in the video footage, when the red private car in front braked abruptly while crossing Braddell Flyover, I braked to slow down my speed while keeping the travelling path within space of my lane.

But as I was reducing the speed, it was motor cycle B(FBJ 2964D) behind that collided into rear left side of my taxi under the situation.

I took photo of the m/cycle B at the scene.

The m/cycle rider was a male Malay who claimed that he did not suffer any physical injury. He also declined exchange of particulars.

I found minor scratching dents to the rear left portion of my taxi following the accident.

My passenger was not injured.

I affirmed the above-statement is true and correct.



Driver name : Leong Weng Fatt
NRIC NO : S 1153912B
Date: 07/12/2017

Recorded by Alex Lim



A member of COMFORTDELGRO

Date/Time: 07.12.2017 13:20 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: JC NO.305095687

CUSTOMER
CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
L. (R) (O)
(P)
SCOUT CARD NO.

Chiung

REGN NO: SHB2278Y	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.12.2017 10:55
YR OF MANU 22.12.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU097807	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.12.2017
NATURE: 3P 06.12.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHB2278Y
Signature/Date: CHIANG @

Exit Pass

Vehicle No.: SHB2278Y

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

MAKE :

DATE 7/12/2017 15:31

Chiang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>/ Detail</i>			\$ 603.60
	Rear Bumper Reflector Lamp (LH) X SM			\$ 32.00
	Rear Bumper Clips 10 pcs <i>- m</i>			\$ 22.00
	Boot Lid Lamp (LH) <i>- ca</i>			\$ 556.80
	Tail Lamp (LH) <i>- ca</i>			\$ 565.60
	SUB TOTAL			\$ 1,780.00
	LESS 20%			\$ 356.00
	DISCOUNTED TOTAL			\$ 1,424.00
	Rear Bumper Rubber Mat <i>/ m</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>m</i>	\$	100.00	\$ 200.00
				\$ 250.00
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 720.00
	ESTIMATE TOTAL			\$ 2,394.00
	Kalvin LUK 7/12/17 1540hrs 2 Days PIP Before Paint photo			
	LKK Auto Consultants - We notify the Repairer that we will: • To resurvey before after spray painting • To deploy damaged parts to third surveyor • Parts prices are subject to confirmation • Third party survey is done without prejudice basis • No illegal modification is allowed • Supplemental claims 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.				

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305095687
REGN NO : SHB2278Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 07.12.2017 10:55
ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0003 04-01-0103-0581-A	I40VC LAMP ASSY-RR COMB O	1	565.60	20.00	452.48
0004 04-01-0103-0584-G	I40V2 LAMP ASSY-RR COMB I	1	556.80	20.00	445.44
0005 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00

SUB-TOTAL : 1,448.40

JOB NATURE

0000 20-05	REAR FENDER ADVERTISEMENT	200.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003 17-01	CHECK ALL LIGHTING	20.00
0004 20-05	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 620.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305095687
REGN NO : SHB2278Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 07.12.2017 10:55
ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,068.40

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305095687
Date : 05/12/17

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


FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB2278Y
Fax :
06/12/17

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

1. The repair job shall bill to: NTUC FBJ2964D
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,448.40
(b) Labour Charges	\$620.00
Total for Part-By-Part Repair Cost	\$2,068.40
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	_____
Final Lumpsum Repair cost	_____
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.


Signature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

We confirm the estimates and finalized amount

Signature : 

Name : KALVIN

Date : 20/12/17

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:



Thatcham escribe

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023314/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 04-01-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBJ 2964D	Veh. Inspected	SHB 2278Y
Policy No.	5088065762	Coverage (\$)	0.00
Claim No.	MT/0972815-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097807	Colour	YELLOW
Odometer	163145	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 REAR N/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	06/12/2017	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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 2278Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	32.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	BOOT LID LAMP (LH)	CRACKED	556.80	556.80
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
	LESS 20% DISCOUNT		-356.00	-349.60
			1,424.00	1,398.40
SPECIAL NETT ITEMS				
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
			250.00	250.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	240.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	420.00
GRAND TOTAL			2,394.00	2,068.40
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,068.40

Report Ref No. NS/INC17023314/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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.