

Kalvin

REF:

NS/INC17023384 / K196n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop No: _____

of: _____

Insured: **SLJ 9583H**

Policy No: **509067 11093 280417 - 370418**

Claims No: **MT/0972761-02**

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

Ball. or Market Value: _____

IDAO Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHC 7093A** Reg: **12 May 2016**

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

Truck / Trailer or

Make: **Hyundai Z40** cc: **1685**

Colour: **Yellow** A/C: **0** Insur: **0** Std / NI / NA

So Reading: **241252** T Radio: **0** Std / NI / NA

Eng No: _____

C No: **KMHCB814444088857**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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 **Tring 6.**

Front: **2** mm Rear: **2** mm

R/Bal: **2** mm L/Bal: **2** mm

D.O.A: **6/12/17** D.O.I: **8/12/17**

Survey held at: **CAGE (Gang)**

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

N/S Front

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

Date / Time Action / Instruction

SHC 7093A - NS/TC17018983 / U1602

DA: **210917 ZAC**

SLJ 9583H - X

22/12/17 Continued P/P \$3365.12 / 3 Pgs. (P/P \$1557.44, 32%)

RECEIVED 22 DEC 2017

Date/Time File Pass to:

☐ Preli. Report
☐ Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

Photo

Direct

Add Fee:

☐ Site Insp
☐ Interview
☐ Tech Insp
☐ Workshop

\$

\$

\$

\$

Report Format:

7P

Lump Sum / Bill: \$

3365.12

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/INC17023384/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-12-2017	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLJ 9582H	Veh. Inspected	SHC 7093A	
Policy No.	5090674093	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	08/12/2017	
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	08/12/2017	
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.				

Survey Department Check List (Case Handler)

Reference No.: NS/INC/7073384/Hgb
Policy Type: OD (TP) / TP RES / TL / EVA

SAC 7093A

Case Handler

Typist

Admin (Cath): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Kevin): 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

✓			
✓			
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✓			
✓			

(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:

[Signature]
Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0972761-002	CITYCAB PTE LTD	SHC 7093A	SLJ 9582H	06/12/2017	20:40	\$ 4,922.56
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 4580L	17/12/2017	12:00	\$ 3,617.98
3	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	SHB 8791S	18/12/2017	18:30	\$ 8,281.26

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090674093	MOKHTAR BIN ARJFF	S1110038D	GPC	drive CLASSIC	SLJ9582H	SLJ9582H	28/04/2017	27/04/2018

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 13:56
Date Of Accident	06/12/2017 20:40
Exact Location Of Accident	A M K AVE 3 > HOUGANG AVE 2 X CTE > CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7093A
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	CHUA MUI MAI
NRIC No	S1132666H
Date Of Birth	16/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/07/1973
Driving Experience	44 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	607 CHOA CHU KANG STREET 62 #08-117
Postcode	S680607
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 ON COLLISION
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)	1

Details of Police Action

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

Circumstances of Accident

PLS 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	SLJ9582H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOKHTAR
NRIC/Passport Number	S1110038D
Contact Number	83132031
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	CHUA MUI MAI
------	--------------

Approximate Age	62
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SHC7093A
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	607 CHOA CHU KANG STREET 62 #08-117
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.
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

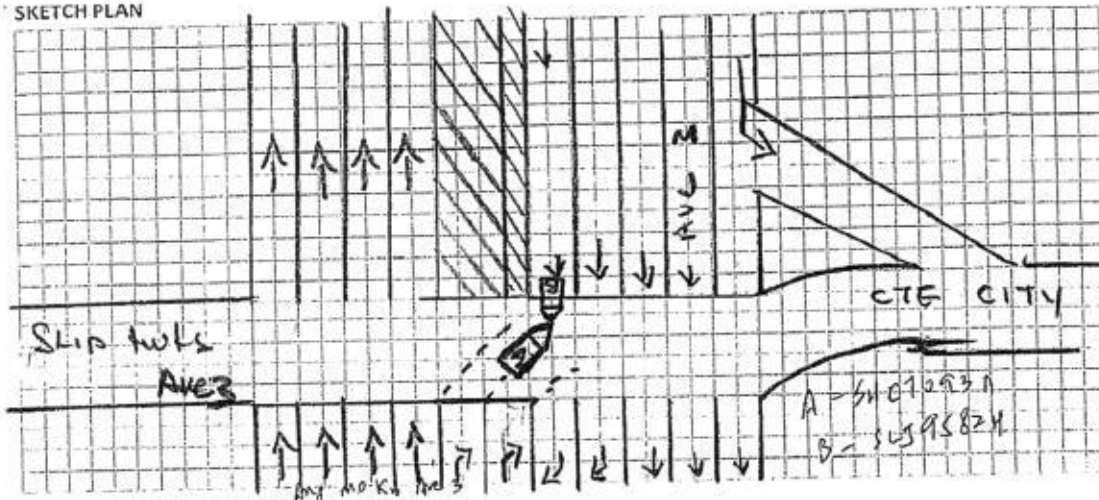
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 6 Dec 2017 @ 20.40 hr I veh A

was driving along Slip Ave 3 towards Huguen Ave 2

I veh A turning to my right towards CTE - CITY.

I was when A was at X. Junction the moment

the traffic light change green I veh. A just move

Suddenly veh B hit veh A front. at the

point of accident there was no passenger

in veh. A.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. REG. NO. 1995028200

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:







A member of COMFORTDELGRO

Date/Time: 08.12.2017 09:15 Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305095785

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

REGN NO.	SHC7093A	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU.	12.05.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU088857	COMPLETION DATE/TIME:

SCOUNT CARD NO.

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

Exit Pass

Vehicle No.: SHC7093A CHIANG @

Vehicle No.: SHC7093A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7093A

DATE 8/12/2017 10:39

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Detail</i>			\$ 562.30 <i>1052</i>
	Front Bumper Sponge <i>Xm</i>			\$ 142.20
	Front Bumper Reinforcement <i>Xm</i>			\$ 526.10
	Front Bumper Bracket Top (LH) <i>2 cr</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xm</i>			\$ 9.20
	Headlamp Support Panel Assy <i>Xm</i>			\$ 1,067.50
	Headlamp (LH) <i>hazel</i>			\$ 1,388.00
	Front Fender (LH) <i>best</i>			\$ 619.00
	Front Fender Shield (LH) <i>Xm</i>			\$ 169.80
	Front Fender Retainer <i>Xm</i>			\$ 9.20
	Under Cover (Front Left) <i>Xm</i>			
	SUB TOTAL			\$ 4,515.70
	LESS 20%			\$ 903.14
	DISCOUNTED TOTAL			\$ 3,612.56
	Front Fender Advertisement Logo (LH) <i>ne</i>			\$ 100.00 <i>Nett</i>
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 <i>400</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Aircon & Refill Gas			\$ 150.00 <i>Xm</i>
	TOTAL LABOUR			\$ 1,210.00
	ESTIMATE TOTAL			\$ 4,922.56
				5314.32
	<i>Kalvin 11/11/17</i> <i>8/12/17 11:40 hrs</i> <i>3 Days</i> <i>PIP</i> <i>Before Point photo</i>			
<div><div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be used for the purpose of the estimate only.</div><div>• To be 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COMFORTDELGRO ENGINEERING

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

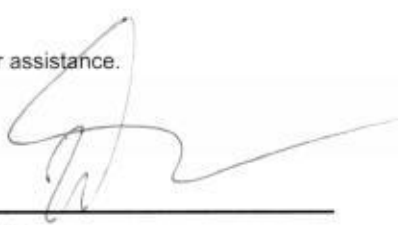

Our Job Ref No : 305095785
Date : 21/12/17

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC7093A

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 SLJ9582H
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,465.12
 - (b) Labour Charges \$900.00
 - Total for Part-By-Part Repair Cost \$3,365.12**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
 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 :  Signature : 
Name : CHIANG Name : KALVIN
Tel : 62148314 Date : 22/12/17
Fax : 65468156

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.12.2017

REPAIR ESTIMATE

Time: 13:34:07

Page: 1

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

JOB NO : 305095785
 REGN NO : SHC7093A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 12.05.2016
 DATE/TIME IN : 07.12.2017 12:30
 ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2292-G	I40V3 COVER-FR BUMPER#	1	1,052.00	20.00	841.60
0002 04-01-0103-0574-G	I40VC PANEL-FENDER LH#	1	619.00	20.00	495.20
0003 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0004 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	22.40	20.00	17.92

SUB-TOTAL : 2,465.12

JOB NATURE

0000 20-05	FRT FENDER ADVERTISEMENT	100.00
0001 L	PANEL BEATING front	400.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0003 17-01	CHECK ALL LIGHTING	20.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 900.00

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

JOB NO : 305095785
REGN NO : SHC7093A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 07.12.2017 12:30
ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,365.12

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

Thatcham escribe

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023384/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 9582H	Veh. Inspected	SHC 7093A
Policy No.	5090674093	Coverage (\$)	0.00
Claim No.	MT/0972761-002	Excess (\$)	0.00
Assign From		Assign Date	08/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU088857	Colour	YELLOW
Odometer	241252	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	TRIANGLE	7 mm
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm

4. Description of Damages

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

5. General Information

Accident Date	06/12/2017	Inspection Date	08/12/2017
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 7093A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	1,052.00	1,052.00
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-1,001.08	-616.28
			4,004.32	2,465.12
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		760.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,210.00	800.00
	GRAND TOTAL		5,314.32	3,365.12
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,365.12

Report Ref No. NS/INC17023384/K1qbn2

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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