

Subject: Kalvin

REF:

NS/INC17033515/Klvb02

ASSIGNMENT

17/11/2016

From: _____ Date: _____
Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop this: _____

of: _____

Insured: SGJ 4049Z

Policy No: 5014921688-11 110717 - 100718

Claims No: MT/0972947-002

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

Bel. or Market Value: _____

IDAC 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

Date: _____ Person Contacted: _____

Vehicle IN / OUT

Van No: SHC 8625J Yr Reg: 17/11/2016

Type: M/Car / M/Cycle / Bus / Van / Lorry / 0 / Prime Mover /

Truck / Trailer or

Make: Hyundai Z40 cc 1600

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

Sp Reading: 137550 T Radio Ins 6 Std / NI / NA

Eng No: _____

O No: KMHCBK14M64085732

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inor 6 / Jammed / Leaked / Burnt or

Brake: Inor 6 / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / 6 STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front 7 mm Rear 7 mm

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

D.O.A. 8/12/12 D.O.I. 11/12/14

Survey held at CDAC (Long)

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 8625J - CC6/11/1603703/UW0372 DA: 150716 JM

SGJ 4049Z - X PIP

18/11/17 Call PIP \$1086.18 / 2 P.p. (Red 1375.40, 551)

RECEIVED 9 DEC 2017

Date/Time File Pass to: ☐ Preli. Report

☐ Final Report

Date/Time File Return to:

2

Report Format: TP

Lump Sum: 1086.18

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Tech. Insp \$

☐ Web. Insp \$

Survey Fee

Transportation

Ins. & P.I. \$

Phone

Diner

Other

Total

160
35
195

Survey Department Check List (Case Handler)

Reference No. : NS/INC 17023515 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	✓			
---	--------------------------------------	---	--	--	--

(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

18/12/17

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/INC17023515/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 11-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGJ 4049Z	Veh. Inspected	SHC 8625J
Policy No.	5014921688-11	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

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	08/12/2017	Inspection Date	11/12/2017
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/0972974-002	CITYCAB PTE LTD	SHC 879X	SJB 9482D	8/12/2017	20:55	\$3,113.20	\$1,850.00
2	MT/0973282-002	COMFORT TRANSPORTATION PTE LTD	SHC 8208E	SJD 2935A	12/12/2017	1:40	\$4,386.00	\$1,950.00
3	MT/0974110-001	CITYCAB PTE LTD	SHB 2248J	SGD 2855H	11/12/2017	17:20	\$2,681.58	\$1,502.61
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/0972754-002	CITYCAB PTE LTD	SHB 4898U	SJL 8592Z	6/12/2017	18:30	\$3,174.52	\$2,050.00
6	MT/0974119-001	COMFORT TRANSPORTATION PTE LTD	SH 7765M	SKU 4012Z	10/12/2017	21:00	\$2,006.48	\$710.95
7	MT/0973164-002	COMFORT TRANSPORTATION PTE LTD	SHD 4119A	SJB 9304K	9/12/2017	15:40	\$1,836.32	\$650.00

General Claim

eBaoTech

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

08/12/2017 18:26

SGJ4049Z

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5014921688-11	KARIM B AHMAD	S0221969G	GPC	Third Party, Fire & Theft	SGJ4049Z	SGJ4049Z	11/07/2017	10/07/2018

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	09/12/2017 09:24
Date Of Accident	08/12/2017 20:20
Exact Location Of Accident	KEAT HONG CLOSE (SLIP RD) TWDS CHOA CHU KANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8625J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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	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	CHONG KHET KIONG
NRIC No	S2535463Z
Date Of Birth	26/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	108 #04-302 BEDOK RESERVOIR ROAD
Postcode	470108
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)	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

SEE ATTACH.

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

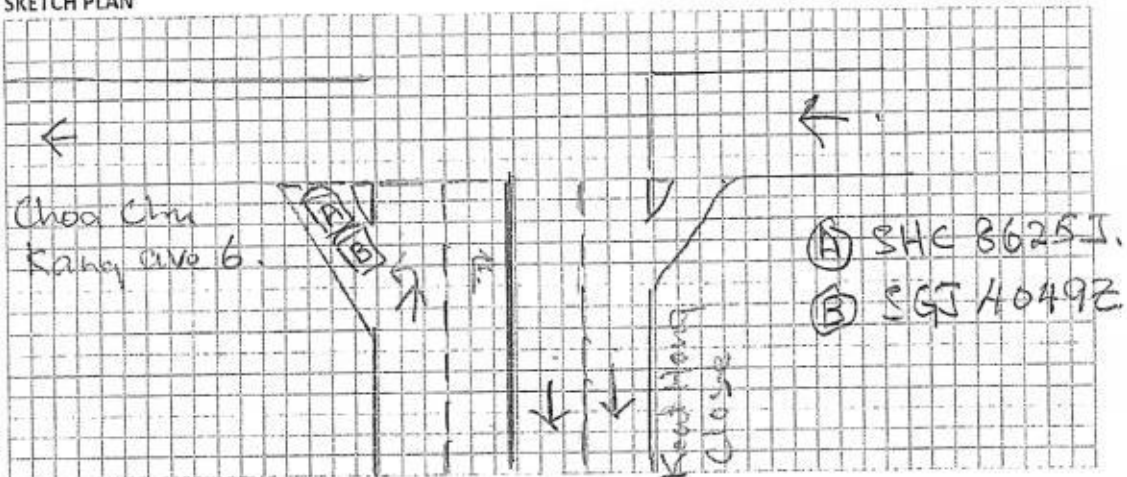
Vehicle Registration Number	SGJ4049Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MADIHAH BINTI KARIM
NRIC/Passport Number	S9128023Z
Contact Number	90050392
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8th/12/2017 at about 2020hrs, I vehicle A was driving along Keat Hong Close (slip road) toward Choa Chu Kang ave 6. I was stop at the give way line. A few second later vehicle B came from my rear and collided onto vehicle A rear portion.

DECLARATION

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

COMFORT TRANSPORTATION Pte Ltd
CC REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

9/12/17
Jackson Heng
N. S. Mantiam (CSO)

Reporting Centre Personnel's Signature
Name:

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.

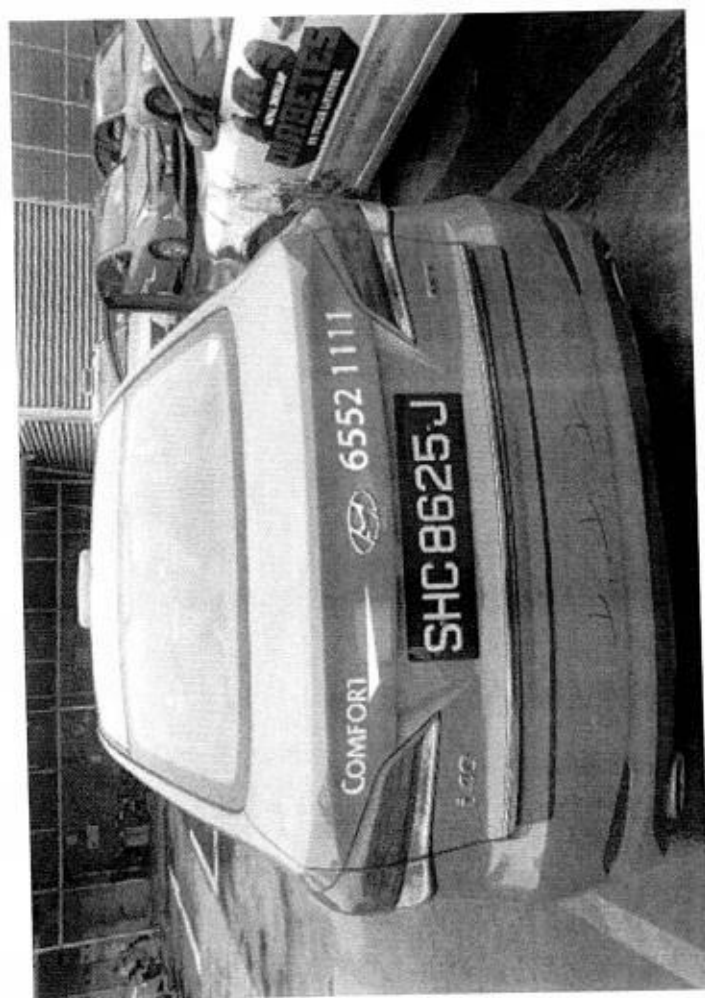
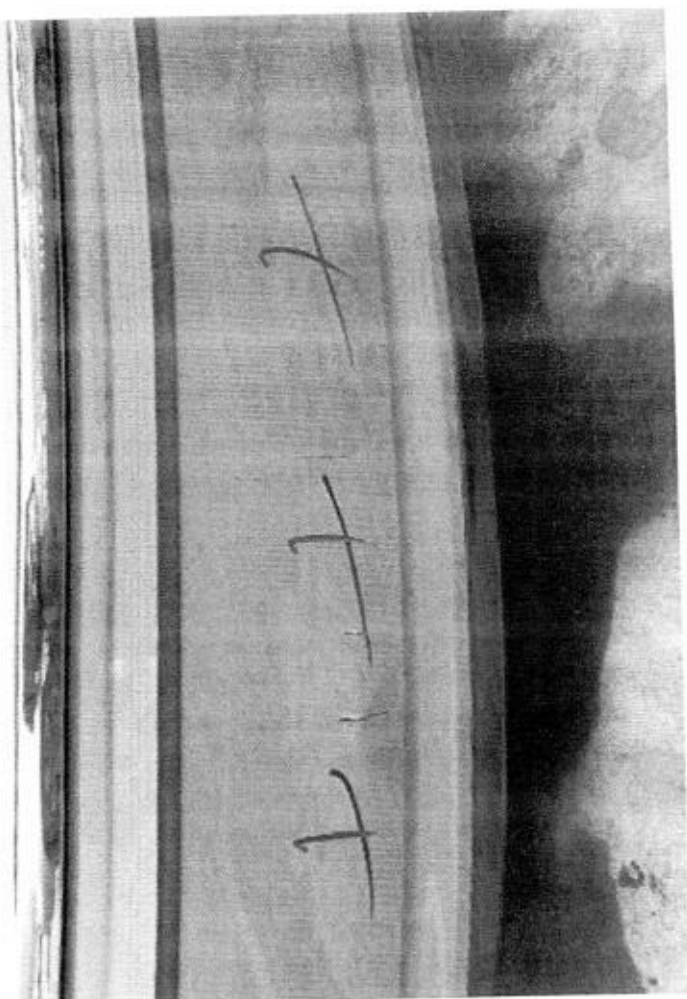
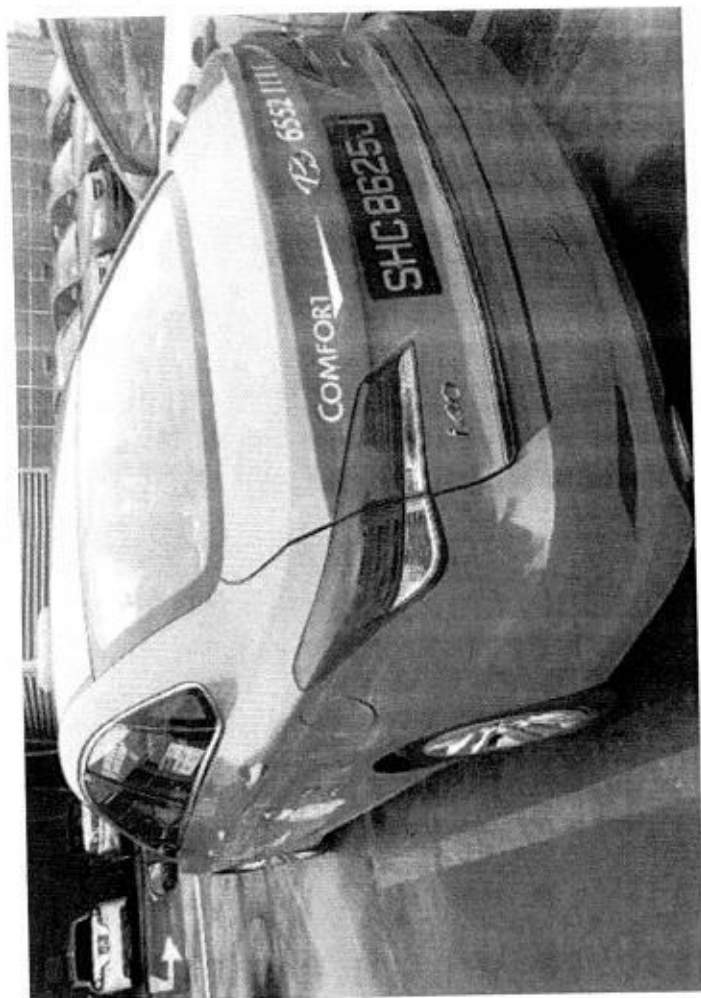
IMPORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

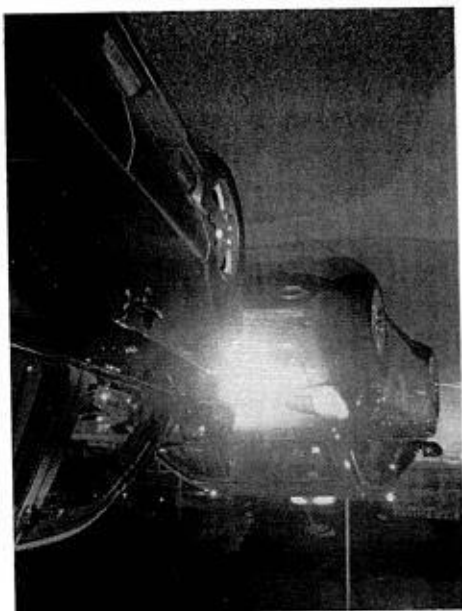
Policyholder's Signature
Date & Time:

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

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

9/12/17
Jackson Heng
N. S. Maniam (CSO)





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 508286
3270 Road Singapore 578849
24 Serangoon Loop Singapore 758156
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 09.12.2017 10:58

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3788860

JC NO.305096189

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
IR/MS 7010045
CUSTOMER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
EL. (R) 65508755 (O)
(P)

REGN NO. SHC8625J	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 09.12.2017 08:30
YR OF MANU 17.03.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU085752	COMPLETION DATE/TIME:

ISCOUNT CARD NO.

Accident Date: 08.12.2017

NATURE: 3P 08.12.17/B

JOB DESCRIPTION

REAR

NTUC
SGT 4049Z

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

ie:

no.:

cle No.:

SHC8625J

FZ NTUC LKK

Vehicle No.:

SHC8625J

ie of Service Advisor

Signature/Date

Name of Service Advisor

Date

e returned to Service Reception upon collection

To be kept by Security Guard

Fz
Fauzy

DATE 9/12/2017 10:02

LEAR

MAKE :

MODEL : HYUNDAI i40

MODEL : HYUNDAI i40		Qty	Parts Description/ Labour	Type	Unit Price	Amount
			Rear Bumper ✓			\$ 603.60
			Rear Bumper Reinforcement ?			\$ 504.35
			Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00
			Rear Bumper Side Bracket ?			\$ 49.00
			Rear Bumper Clips ✓			\$ 22.00
			Rear Bumper Sponge ?			\$ 143.40
			Rear Bumper Under Cover X			\$ 225.00

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC / LKK

Fz Fauzy

VEHICLE NO : SHC 8625G

DATE 9/12/2017 10:02

MAKE :

REAR

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket			\$ 49.00	
	Rear Bumper Clips			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge			200	
	Panel Beating			\$ 380.00	
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	X 2
	R/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,461.58	

Kalvi (LKK)
 11/12/17 11:55h
 2 Days
 P/P
 Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No legal action (claim) is allowed
 • Supplemental work (s) 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: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305096189
REGN NO : SHC8625J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 09.12.2017 08:30
ACCIDENT DATE : 08.12.2017

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	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00
0003	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	0.20	135.70

SUB-TOTAL : 668.58

JOB NATURE

0000	20-05	HYUNDAI BUMPER COVER CLIP REAR				17.60
0001	L	PANEL BEATING			200.00	
0002	L	SPRAY PAINTING CHARGE			180.00	
0003	L	REMOVE/REFIX REVERSE SENSOR			20.00	

SUB-TOTAL : 417.60

TOTAL : 1,086.18

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305096189
Date : 14.12.2017

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC8625J Date of Accident : 08/12/17

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


1. The repair job shall bill to: NTUC --- SGJ4049Z
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$686.18
 - (b) Labour Charges ### \$400.00
 - Total for Part-By-Part Repair Cost \$1,086.18**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
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.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 18/12/17

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:

**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/INC17023515/K1vbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGJ 4049Z	Veh. Inspected	SHC 8625J
Policy No.	5014921688-11	Coverage (\$)	0.00
Claim No.	MT/0972947-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085752	Colour	BLUE
Odometer	137550	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	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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	08/12/2017	Inspection Date	11/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8625J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
GRAND TOTAL			2,461.58	1,086.18
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,086.18

Report Ref No. NS/INC17023515/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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