

Calvin

NS/INC17013616/KH02

ASSIGNMENT

File No: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop No: _____
 Insured: **GBC 3770B**
 Policy No: **50 81694701-01 210817-290718**
 Claims No: **MT/0973396-002**
 Sum Insured: _____ Excess: _____
 Client's Record: _____
 Make of Vch: _____

| | |
|-----|-----|
| | |
| N.S | O/S |
| | |

(Policy Condition)

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

Bal. or Market Value: _____
 IDAO Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lm. Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Vehicle: **SHD41215** Reg: **27 Apr 20**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/B / Prime Mover
 Truck / Trailer or
 Make: **Hyundai Santa** 1991
 Colour: **Blue** A/C Insured: ☒ Std. M/N/A
 So Reading: **44087** T-Radio Insured: ☒ Std. M/N/A
 Eng No: _____
 C No: **KMHET41VM CA 82 4325**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD Rim or
 Tyre Size: F: **215/60R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or **Westlake**
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **11/12/17** D.O.A: **12/12/17**
 Survey held at: **CORE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/O / Rooftop or
Rear o/s
 The U/O / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction
SHD 11/15 - **NS/INC13014631/mh12** **DOA: 07/03/13** **IM**
GBC 3770B - **X** **43**
18/12/17 **Costed** **4/5 \$1050 / 28%, (Red: 1372.02:56%)**

RECEIVED

Date Time File Pass 12: ☐ : Preli. Report
2012 Typist ☒ : Final Report
 Date Time File Return 12: _____

Days Of Repair: **2**
 Resurvey No. of Trip: **1**

Add Fee: ☐ Ste Insco 3
☐ Rep Insco 3
☐ Tech Insco 3
☐ Res Insco 3

Survey Fee
 Transportation
 Fuel
 Other

160
 35
 195

Report Format: **TP**
 Lump Sum: **1050**



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/INC17023616/K1tb

73 BRAS BASAH ROAD

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

189556



Code: INC4

1. Policy Particulars : THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | GBC 3770B | Veh. Inspected | SHD 4121S |
| Policy No. | 5081694701-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 12/12/2017 |

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 | 11/12/2017 | Inspection Date | 12/12/2017 |
| 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 : 18/12/2017

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|--------------|
| 1 | MT/0970584-002 | SMRT TAXI PTE LTD | SHB 1056C | SLG 4640Y | 21/11/2017 | 16:20 | \$ 25,705.79 |
| 2 | MT/0973050-002 | COMFORT TRANSPORTATION | SHD 6523C | SKV 3462J | 10/12/2017 | 12:05 | \$ 2,661.58 |
| 3 | MT/0972731-002 | COMFORT TRANSPORTATION | SHD 4966X | SHC 6469G | 6/12/2017 | 16:10 | \$ 2,105.88 |
| 4 | MT/0973500-002 | COMFORT TRANSPORTATION | SHD 8566R | SHD 1555T | 13/12/2017 | 6:35 | \$ 2,451.58 |
| 5 | MT/0972998-002 | COMFORT TRANSPORTATION | SH 6306L | SIV 6367T | 09/12/2017 | 9:00 | \$ 2,307.96 |
| 6 | MT/0974203-001 | COMFORT TRANSPORTATION | SHA 4173H | FBM 1194A | 13/12/2017 | 2:05 | \$ 6,108.68 |
| 7 | MT/0972865 -002 | SMRT TAXI PTE LTD | SHB 445U | SJW 513Y | 7/12/2017 | 14:45 | \$ 4,449.83 |
| 8 | MT/0970787-002 | SMRT TAXI PTE LTD | SHB 1280X | YN 9336C | 21/11/2017 | 16:10 | \$ 9,153.61 |
| 9 | MT/0972556-002 | SMRT TAXI PTE LTD | SHC 4121Y | GBE 7752S | 5/12/2017 | 16:45 | \$ 4,998.11 |
| 10 | MT/0972155-002 | SMRT TAXI PTE LTD | SHD 6351G | SLT 2327Y | 2/12/2017 | 15:00 | \$ 7,617.96 |
| 11 | MT/0973396-002 | COMFORT TRANSPORTATION | SHD 4121S | GBC 3770B | 11/12/2017 | 17:15 | \$ 2,422.02 |

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 type="radio"/> | 5081694701-01 | FRESH HARVEST AND OCEAN FOOD | 53247748X | GCV | Comprehensive | GBC3770B | GBC3770B | 21/08/2017 | 29/07/2018 |

am: ARC Repair TP(CLSO)1
OMER
S COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

JOB CARD Sales Order:

JC NO.305097034

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SHD4121S | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL SONATA | DATE/TIME IN 11.12.2017 18:00 |
| YR OF MANU 27.04.2012 | TARGET DATE |
| CHASSIS CODE RMHET41VMCA824325 | COMPLETION DATE/TIME: |

NTUC

DUNT CARD NO.

JOB DESCRIPTION

ccident Date: 11.12.2017
ATURE: 3P 11.12.2017

/NO LABOR CODE DESCRIPTION
Zwing Lee - \$50

OKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SHD4121S LKE/KALVIN

Vehicle No.: SHD4121S

of Service Advisor Signature/Date Name of Service Advisor Date

eturned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

1. Date: 11/12/2017

Time Received: 18.00

2. ☐ New ☐ SPARK Kakis

Name of Customer : Mr. Pan

Contact No. : 9862 8250

Vehicle No. : SHD 41215

Make / Model / Colour : Sonata

Email :

3. Vehicle Type:
☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

5. Nature of Service:
☐ Jumpstart
☒ Recovery
☐ Change Tyre / Battery

4. Type of Towing:
☒ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

6. Parts Replaced/Remarks:

7. Location: S60 Angmo Kio me-lo

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi Back damaged

9. Preferred Workshop:
☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee)
☐ Others:

10. Odometer Reading : 44087
Fuel Level : F 1/4 1/2 3/4 E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☐ TZ ☐ YISHUN ☐ OTHERS TOWING
Name of Driver : Muzugan
Vehicle No. : YIC 985D
Time Dispatch : 18.00
Time of Arrival : 18.15
Time Completed : 19.15

FRONT
LEFT SIDE
RIGHT SIDE
REAR

: Cracked X : Dented
/ : Scratched O : Missing
Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

11/12/2017
Date

1818
Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COP

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 | 12/12/2017 10:37 |
| Date Of Accident | 11/12/2017 17:15 |
| Exact Location Of Accident | SERANGOON NORTH AVE 5 X ANG MO KIO AVENUE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------------|
| Vehicle Registration Number | SHD4121S |
| 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 | SONATA |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | TAXI |
| Insurance Company | |
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | MCOM0016 |
| Cover Note Number | |
| Driver | |
| Name of Driver | TAN GIM CHUAN (CHEN JINCHUAN) |
| NRIC No | S7131445F |
| Date Of Birth | 14/09/1971 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/09/1996 |
| Driving Experience | 21 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | JACKTAN1750@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | 560 #02-1750 ANG MO KIO AVENUE 10 |
| Postcode | 560560 |
| 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 | RAINING |
| Road Surface | WET |

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

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 | GBC3770B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | G SENGUTTUVAN |
| NRIC/Passport Number | S1846226E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

Details of Witness

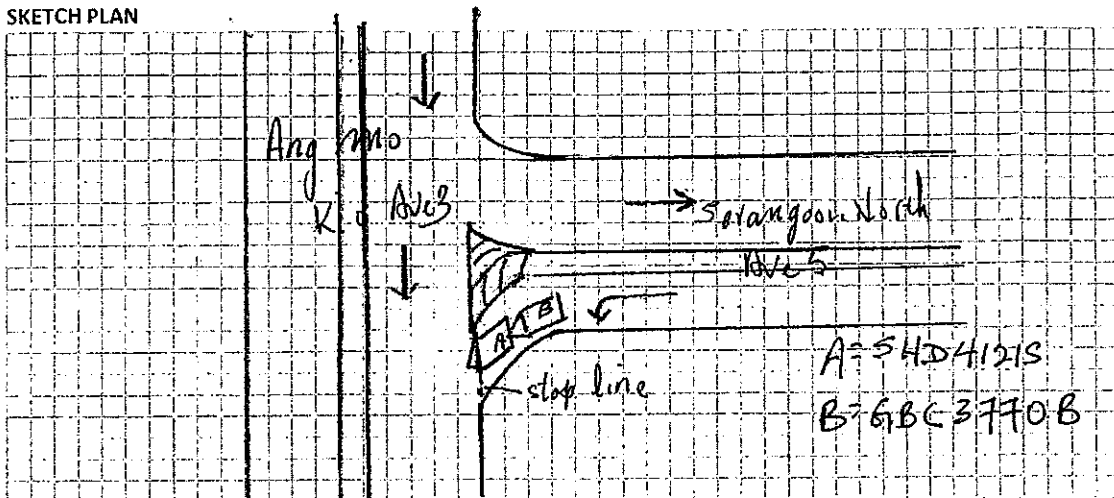
| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------------------------|
| Name | TAN GIM CHUAN (CHEN JINCHUAN) |
|------|-------------------------------|

| | |
|--|-----------------|
| Approximate Age | 46 |
| Injuries Sustain | NECK,BACK,CHEST |
| Injured person in which vehicle? | GBC3770B |
| Were seat belts worn? | YES |
| Was injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday late afternoon (11/12/17), it was raining while I drove along Serangoon North Ave 5.

As seen in the video, I then stopped my taxi when I reached junction of Ang Mo Kio Ave 3.

while waiting for clear traffic, I felt a sudden jolt and impact after a van B(6BC3770B) behind hit into the rear of my taxi.

I took photos at the scene.

I was issued 2 days MC following the accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CG REG NO 199303621R

Policyholder's Signature
Date & Time:

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

12/12. Llin Es Soon
CSO

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

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 193303921R

Policyholder's Signature
Date & Time:

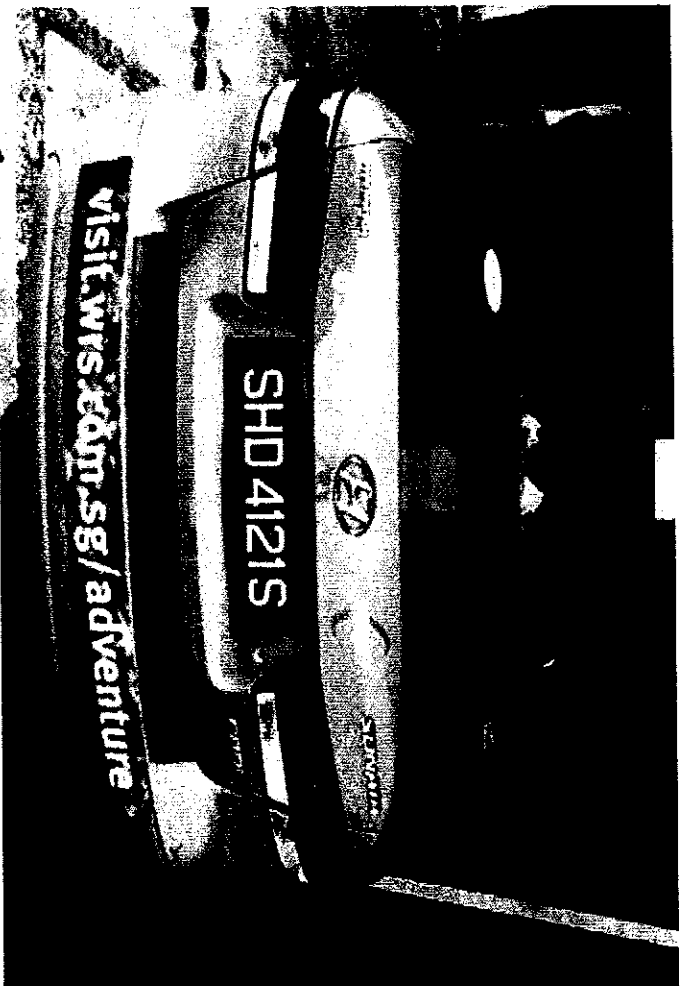
Driver's Signature
(If driver is not the policyholder)
Date & Time:

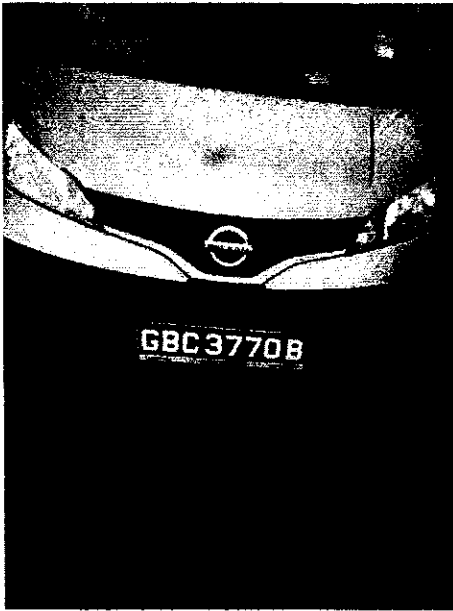
Lim Ee Soon
CSO

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

COMFORT TRANSPORTATION PTE. LTD.







COMFORTDELGRO ENGINEERING

Our Job Ref No 305097034

Date : 14/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD4121S CTPL

11.12.17

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

1. The repair job shall bill to: **NTUC** — **GBC3770B**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,050.00
Final Lumpsum Repair cost **\$1,050.00**

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kater

Date : 18/2/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4121S

DATE 12/12/2017 14:14

MAKE :

MODEL : HYUNDAI SONATA

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|----------------------|---|------|------------|---------------------------------|
| | Rear Bumper <i>Return</i> | | | \$ 578.40 |
| | Rear Bumper Reinforcement <i>85m</i> | | | \$ 483.30 |
| | Rear Bumper Clip <i>1pc</i> | | | \$ 22.00 |
| | Rear Bumper Sponge <i>X 1pc</i> | | | \$ 137.40 |
| | Rear Bumper Under Cover <i>X 5m</i> | | | \$ 185.80 |
| | Rear Bumper Protector (LH/RH) <i>LH X RH 45m</i> | | \$ 38.00 | \$ 76.00 |
| SUB TOTAL | | | | \$ 1,482.90 |
| LESS 20% | | | | \$ 296.58 |
| DISCOUNTED TOTAL | | | | \$ 1,186.32 |
| | Rear Bumper Reverse Sensor <i>5 LLL</i> | | <i>102</i> | \$ 135.70 |
| | Rear Bumper Rubber Mat <i>1pc</i> | | | \$ 50.00 |
| | Rear Bumper Advertisement Logo <i>1pc</i> | | | \$ 50.00 |
| | Rear Fender Advertisement Logo (LH/RH) <i>1pc</i> | | \$ 100.00 | \$ 200.00 |
| | | | | \$ 435.70 |
| Labour Charge | | | | |
| | Panel Beating | | | \$ 380.00 <i>200</i> |
| | Spray Painting Charge | | | \$ 200.00 <i>180</i> |
| | Wiring Charge | | | \$ 50.00 <i>Xm</i> |
| | Towing Fee | | | \$ 50.00 <i>Xm</i> |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 <i>20</i> |
| TOTAL LABOUR | | | | \$ 800.00 |
| ESTIMATE TOTAL | | | | \$ 2,422.02 |

Kalvin 16/11/17
12/12/17 15:30h.
2 Days
L/S
After Repair photo.

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey paint and spray painting
- To display damaged part(s) and resurvey
- Parts prices are subject to change
- Third party survey is on a "No Fault" basis
- No liability for damage caused
- Such estimates are to be reviewed and approved by the Insurance Company

Acknowledged: _____
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.


**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/INC17023616/K1tbe2 | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 02-01-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars : THIRD PARTY CLAIM | | | | |
| Insured Veh. | GBC 3770B | Veh. Inspected | SHD 4121S | |
| Policy No. | 5081694701-01 | Coverage (\$) | 0.00 | |
| Claim No. | MT/0973396-002 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 12/12/2017 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI SONATA | c.c | 1991 | |
| Engine No. | HIDDEN | Year of Reg. | 2012 | |
| Chassis No. | KMHET41VMCA824325 | Colour | BLUE | |
| Odometer | 44087 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 215/60 R16 | WEST LAKE | 7 mm | |
| L/H Front Tyre | 215/60 R16 | WEST LAKE | 7 mm | |
| R/H Rear Tyre | 215/60 R16 | WEST LAKE | 7 mm | |
| L/H Rear Tyre | 215/60 R16 | WEST LAKE | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 11/12/2017 | Inspection Date | 12/12/2017 | |
| 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4121S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|-------------|---------------------------|-------------------|
| | REPLACEMENT OF PARTS | | | |
| 1 | REAR BUMPER | DEFORMED | 578.40 | 578.40 |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 483.30 | - |
| 1 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 137.40 | - |
| 1 | REAR BUMPER UNDER COVER | SERVICEABLE | 185.80 | - |
| 2 | REAR BUMPER PROTECTOR (LH/RH) @\$38.00 | SERVICEABLE | 76.00 | - |
| | LESS 20% DISCOUNT | | -296.58 | -120.08 |
| | | | 1,186.32 | 480.32 |
| | NETT ITEMS | | | |
| 1 | REAR BUMPER REVERSE SENSOR (N) | SHORTED | 135.70 | 135.70 |
| | LESS 10% DISCOUNT | | - | -13.57 |
| | | | 135.70 | 122.13 |
| | SPECIAL NETT ITEMS | | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NECESSARY | 50.00 | 50.00 |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 | NECESSARY | 200.00 | 200.00 |
| | | | 300.00 | 300.00 |
| | LABOUR | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 550.00 | 220.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 200.00 | 180.00 |
| | TOWING FEE. | | 50.00 | - |
| | | | - | - |
| | | | - | - |
| | | | 800.00 | 400.00 |
| | GRAND TOTAL | | 2,422.02 | 1,302.45 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 1,050.00 |

Report Ref No. NS/INC17023616/K1tbe2

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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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