

Surveyor: Kalvin

REF:

NS/INC17023695 / Klbnz

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop this \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SKU 8437E  
 Policy No: 5092414844 040717 - 030718  
 Claims No: MT/0973342-002  
 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

Salvage / Market Value: \_\_\_\_\_  
 IDAO Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 30195 29 Jan 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O / Prime Mover  
 Truck / Trailer or  
 Make: Hyundai Santa Fe 1994  
 Colour: Blue A.C. Ins ed / Std / NI / NA  
 Sp Reading: 430212 T Radio: Ins ed / Std / NI / NA  
 Eng No: \_\_\_\_\_  
 C.No: KMHETKIVADA80X058  
 Gen. Cond: Good / P / Poor / Burnt  
 Steering: In order / J / Jammed / Leaked / Burnt or  
 Brake: In order / J / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD R / Rim or  
 Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Maxx  
 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. 13/2/17  
 Survey held at: COKE (Gang)  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
o/s Front  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHC 30195 - NS/INC12020726 / H/m

009: 24.10.12

Zak

SKU 8437E - x

4s

26/12/17 Contact 4s \$2050 / 2 Pys. (Red 207040, 50%)

RECEIVED 23 DEC 2017

Date/Time File Pass to?

☐ : Prell. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee

Transparency

Date/Time File Return to?

28/12 - typist

Add Fee:

☐ Site Insp. \$  
☐ Interview \$  
☐ Tech. Insp. \$  
☐ Weekend \$

Report Format:

Lump Sum / I.B.I. \$

2050/2

160

35

195

## Survey Department Check List (Case Handler)

Reference No.: NS/INC17023695/K/vb  
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

27/05/17

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/INC17023695/K1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-12-2017	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKU 8437E	Veh. Inspected	SHC 3019S	
Policy No.	5092414844	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	13/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	11/12/2017	Inspection Date	13/12/2017	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 27/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0974232-002	COMFORT TRANSPORTATION	SH 6740R	SHD 1580U	18/12/2017	12:40	\$ 1,609.80
2	MT/0975237-002	COMFORT TRANSPORTATION	SHC 3431J	SJW 1193E	16/12/2017	19:25	\$ 1,981.22
3	Not OI	COMFORT TRANSPORTATION	SHC 3872U	YK 1970P	19/12/2017	9:05	\$ 2,661.58
4	MT/0975239-001	COMFORT TRANSPORTATION	SHD 3643J	FV 9226U	18/12/2017	9:55	\$ 1,540.50
5	MT/0973342-002	COMFORT TRANSPORTATION	SHC 3019S	SKU 8437E	11/12/2017	18:00	\$ 4,120.40
6	MT/0974297-002	COMFORT TRANSPORTATION	SH 8885T	SKV 5507B	14/12/2017	12:35	\$ 4,418.13
7	MT/0975242-001	COMFORT TRANSPORTATION	SHC 1195D	SKE 3642X	14/12/2017	1:00	\$ 1,531.00
8	MT/0975243-001	COMFORT TRANSPORTATION	SHD 6825G	SIF 8753J	14/12/2017	8:25	\$ 4,013.36

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 checked="" type="radio"/>	5092414844	SURESH TRANSPORT SERVICE	53364271W	GPC	drive CLASSIC	SKU8437E	SKU8437E	04/07/2017	03/07/2018

## 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	12/12/2017 13:47
Date Of Accident	11/12/2017 18:00
Exact Location Of Accident	TAMPINES AVE 10 TO TAMPINES INDUSTRIAL AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC3019S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	HO SWEE YONG
NRIC No	S1543395G
Date Of Birth	20/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	YONG8011@YAHOO.COM

Address	161B #16-97 PUNGGOL CENTRAL
Postcode	822161
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	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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	KG UBI NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SKU8437E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	HO SWEE YONG
Approximate Age	55
Injuries Sustain	NECK,BACK,CHEST
Injured person in which vehicle?	SHC3019S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**SKETCH PLAN**

**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 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.
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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193303821R

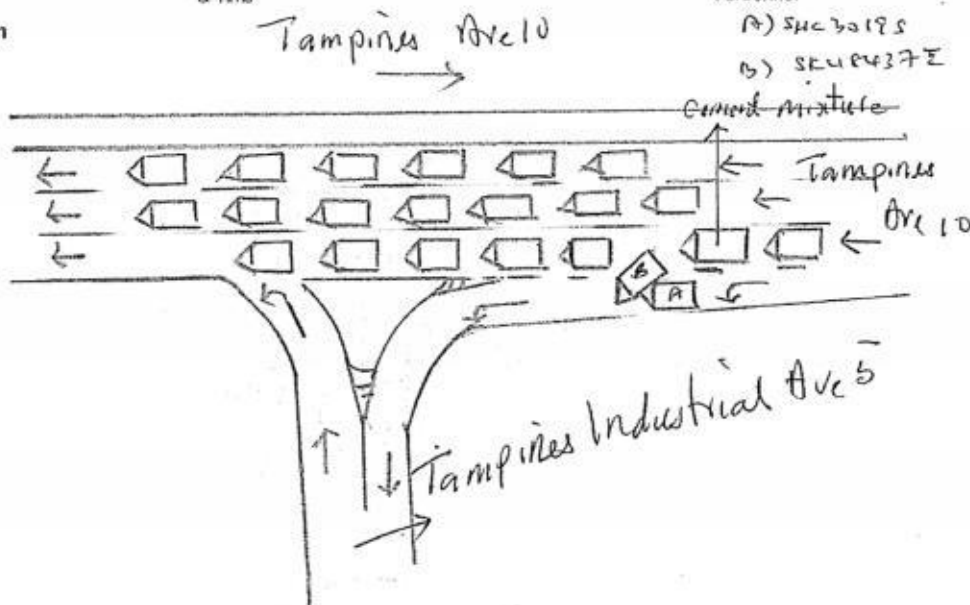
Lim Ee Soon  
CSO

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20171211/2180

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20171211/2180

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2017 20:42		Vide Report No.:		Station Diary No.: 64	
<b>Informant's Particulars</b>					
Name of Informant: HO SWEE YONG			Address: APT BLK 161B PUNGGOL CENTRAL #16-97 SINGAPORE 822161		
ID Type / ID No.: NRIC NO / S1543395G			Contact No.: Home/Office: Mobile: 96652866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 20/09/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2017 18:00	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 10  TOWARDS PASIR RIS BEFORE TAMPINES IND AVE 5				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3019S	Car					0
SKU8437E	Car	TOYOTA	ESTIMA	Silver		0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20171211/2180

2 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20171211/2180

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HO SWEE YONG	ID No.	S1543395G
Related Vehicle	SHC3019S (Car)	Contact No.	96652866
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2017	Date Discharge	11/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Name</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SKU8437E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 11/12/2017 at about 6.00pm, I was driving my comfort delgro taxi( SHC3019S) along Tampines Ave 10 towards Pasir Ris. I was on the extreme left lane, the only lane which was turning left ahead into Tampines Ind Ave 5. Suddenly, one silver Toyota Estima ( SKU8437E), which was on the lane to my right, swerved into my lane. I honked to warn of the danger however the car still continued to swerve into my lane, causing both our vehicles to collide.

The impact caused me to feel pain on my neck, which I later sought treatment for and received three days MC.

Both the other driver and I alighted and upon inspecting our vehicles, I discovered there were damages to the front right hand side of my taxi while there were damages to the front left side of the other vehicle.

The driver was one Dark-skinned middle-aged male. We did not get to exchange particulars on the spot due to the heavy traffic.



**SINGAPORE  
POLICE FORCE**



T/20171211/2180

3 of 3

Report No. T/20171211/2180

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 2 HIRMAN BIN ABDULL AZIZ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2017 20:42

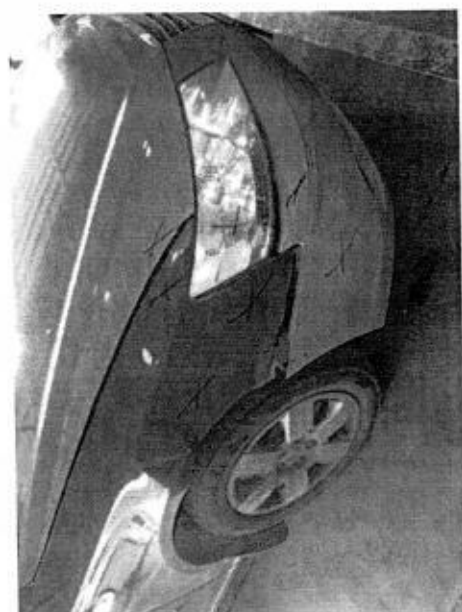
Officer In Charge Of Case:

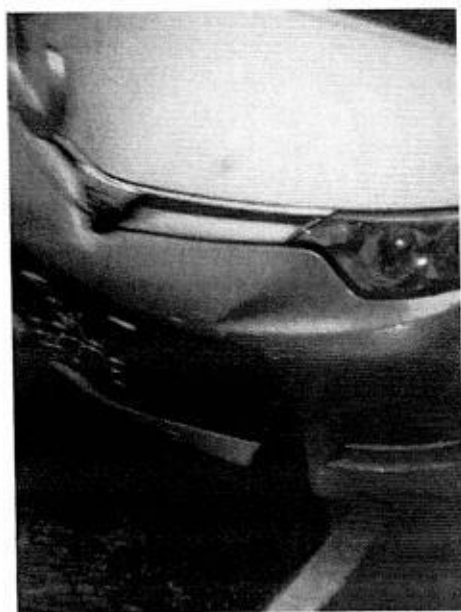
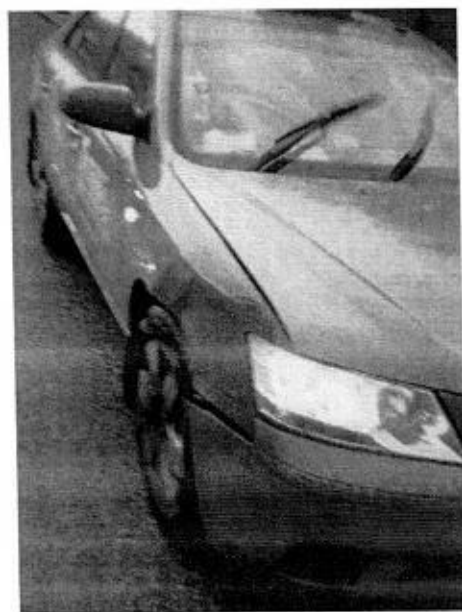
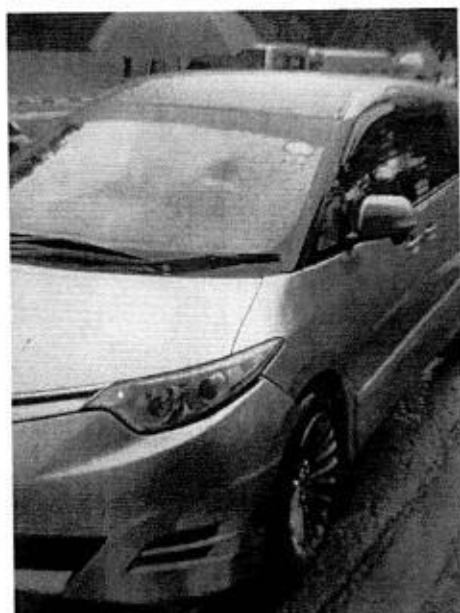
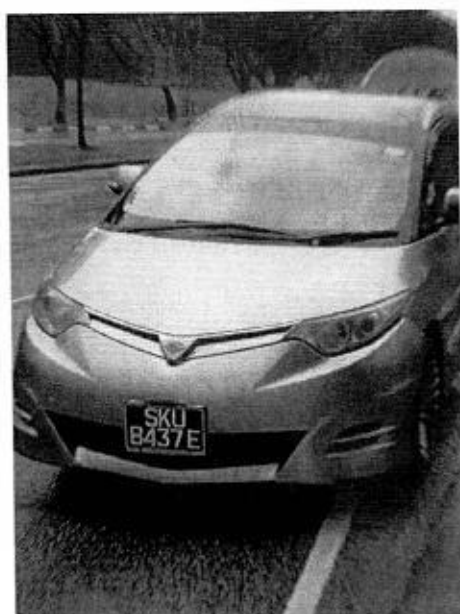
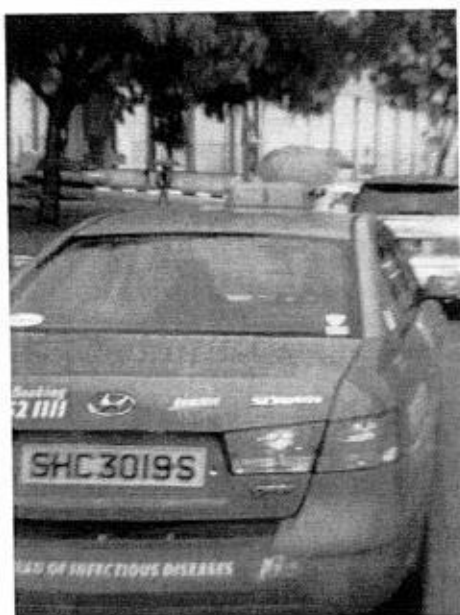
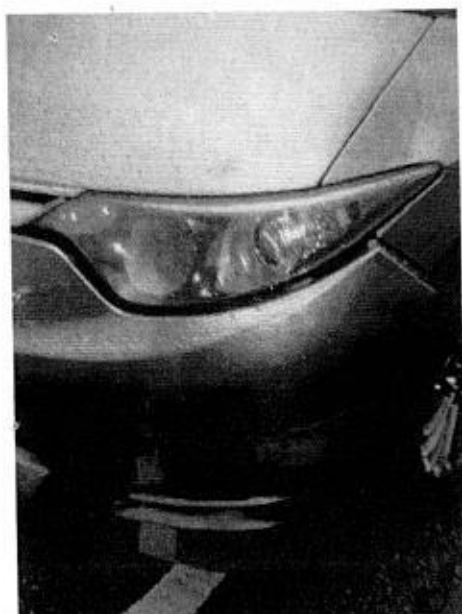
TP / AEIT /  
Sr Staff Sgt LEE SOON LYE  
Contact No.: 65476239

Classification Of Case:

Authentication Stamp

NP168









## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>11/12/17</u> Time Received: <u>1835</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR HO</u> Contact No.: <u>9665 2866</u> Vehicle No.: <u>SHC3019S</u> Make / Model / Colour: <u>SONATA</u> Email: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____ _____

7. Location: <u>1 TAMPINES IND AVES</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested	 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <u>[Signature]</u>
---	---	---

### Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: <u>[Signature]</u>
Name of Driver: <u>JIMMY</u>	
Vehicle No.: <u>4P 7646</u>	
Time Dispatch: <u>1835</u>	
Time of Arrival: <u>1905</u>	
Time Completed: _____	

### 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™.

Date: <u>11/12/17</u>	Time: <u>1905</u>	Signature of Customer: <u>[Signature]</u>
-----------------------	-------------------	---

### 14. WORKSHOP

Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____
--------------------------------------	-------------------------------	---

Team: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3789547

JC NO.305097252

OWNER  
S COMFORT TRANSPORTATION PTE LTD  
OMER NO 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO: SHC3019S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 11.12.2017 18:00
YR OF MANU 29.01.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA804058	COMPLETION DATE/TIME:

JOINT CARD NO.

JOB DESCRIPTION

Accident Date: 11.12.2017  
NATURE: 3P 11.12.2017

/NO LABOR CODE  
00010 23-01

DESCRIPTION  
TOWING FEE

#50

KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC3019S LKE/KALVIN

Vehicle No.: SHC3019S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



### REPAIR ESTIMATE\*

MAKE \_\_\_\_\_ :

DATE 12/12/2017 11:45

Page 1 of 1

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305097252

Date : 22/12/17

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC3019S 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 --- SKU8437E
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% \$2,050.00
  - Final Lumpsum Repair cost** \$2,050.00

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 : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kohn

Date : 26/12/17

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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/INC17023695/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 03-01-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKU 8437E	Veh. Inspected	SHC 3019S
Policy No.	5092414844	Coverage (\$)	0.00
Claim No.	MT/0973342-002	Excess (\$)	0.00
Assign From		Assign Date	13/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA804058	Colour	BLUE
Odometer	430212	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	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	11/12/2017	Inspection Date	13/12/2017
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
-------------------------------------	----------------

**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. SHC 3019S**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER PROTECTOR (RH)	CUT	29.20	29.20
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	20.10	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,023.00	-
1	HEADLAMP (RH)	GRAZED	797.90	797.90
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	TORN	86.00	86.00
	LESS 20% DISCOUNT		-617.60	-408.98
			2,470.40	1,635.92
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,050.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
	TOWING CHARGE.		50.00	-
			1,550.00	800.00
<b>GRAND TOTAL</b>			<b>4,120.40</b>	<b>2,535.92</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,050.00</b>

Report Ref No. NS/INC17023695/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.