

ASSIGNMENT

From: _____ Date: _____	Veh No: <u>SHB 2248J</u> Vt Regn: <u>25 Aug 2016</u>
Estimated Cost: _____	Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
<u>OD / TP / WS / TP RES / OD RES / EVA / INV / MV</u>	Truck / Trailer or _____
To inspect Vehicle No: _____	Make: <u>Hyundai Ix0</u> Cc: <u>1685</u>
at Workshop no: _____	Colour: <u>Yellow</u> A/C: <u>Ins 6</u> Std / NI / NA
of _____	Sp. Reading: <u>274936</u> T. Radio: <u>Ins 0</u> Std / NI / NA
Insured: <u>SGD 2855H</u>	Eng No: _____
Policy No: <u>5041978282-07 14017-130218</u>	C No: <u>1CM HL B 414M 640 93537</u>
Claims No: <u>MT/097410-001</u>	Gen. Cond: Good / <u>6</u> / Poor / Burnt
Sum Insured: _____ Excess: _____	Steering: Inor <u>6</u> / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inor <u>6</u> / Jammed / Leaked / Burnt or
Make of Veh: _____	Modl: Nil / S/Rim / STD <u>6</u> Rim or
(Policy Condition)	Tyre Size: F: <u>205/65 R 16</u>
Remark: The veh had commenced its repair at the time of inspection.	R: _____
	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO / YOKO or <u>Triangle</u>
Bal. or Market Value: _____	Front: _____ Rear: _____
IDAO Accident Report: _____ Consistent?: Yes or No	R. Bal. <u>7</u> mm
GIA / PR. Seen: _____ Consistent?: Yes or No	L. Bal. <u>7</u> mm
Est. Repairs: _____ days Res: Yes or No	D.O.A. <u>11/2/12</u> D.O.I. <u>17/2/17</u>
Lump Sum: _____ % 3 Val: Yes or No	Survey held at: <u>1045 (67mg)</u>
CA / REV / REP. / 24 HRS	Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Date: _____ Person Contacted: _____	<u>Rear</u>
	The U/C / Chassis frame / Body Structure affected due to collision.



Date / Time: _____ Action / Instruction: SHB 2248J - 003 / ALH 1401636 / Hlwy 303 Ddt: 070814 INC
SGD 2855H - X P/P
18/12/17 Combined P/P \$1502.61 / 2 P's. (Red 1478.97, 439)

RECEIVED 1 8 DEC 2017

Date/Time File Pass to: _____	<input type="checkbox"/> : Prel. Report	Days Of Repair: <u>2</u>	Survey Fee: <u>160</u>
1) _____	<input type="checkbox"/> : Final Report	Resurvey No. of Trip: <u>1</u>	Transportation: _____
Date/Time File Return to: _____		Add Fee: <input type="checkbox"/> Site Insp \$ _____	Photo: <u>35</u>
2) _____		<input type="checkbox"/> Interview \$ _____	Chart: _____
Report Format: <u>TP</u>		<input type="checkbox"/> Tech. Insp \$ _____	
Lump Sum: <u>(5) \$1502.61</u>		<input type="checkbox"/> Weekend \$ _____	<u>195</u>

Survey Department Check List (Case Handler)

Reference No. : **NS/INC 17023698/Kvb**
 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	✓			
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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: **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/INC17023698/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 13-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGD 2855H	Veh. Inspected	SHB 2248J
Policy No.	5041978282-07	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/12/2017

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

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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.
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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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="11/12/2017 17:09"/>						
Vehicle No. (For Motor)	<input type="text" value="SGD2855H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5041978282-07	SANASEE PHILLIPS ROY	S00304142	GPC	Third Party, Fire & Theft	SGD2855H	SGD2855H	14/02/2017	13/02/2018
<input type="button" value="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	13/12/2017 08:48
Date Of Accident	11/12/2017 17:20
Exact Location Of Accident	UPPER SERANGOON RD TWDS SENGKANG B4 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2248J
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	ONG KHOON HUA
NRIC No	S1296509E
Date Of Birth	03/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 177 LOMPANG ROAD #22-06
Postcode	670177
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20171212/2110

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	SGD2855H
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

ONG KHOON HUA

Approximate Age

Injuries Sustain

NECK, SHOULDER AND BACK

Injured person in which vehicle?

SHB2248J

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

BLK 177 LOMPANG ROAD
#22-06

Postcode

670177

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN

A: SHB2248J

B: SGD2855H

MAZDA

U.P.P

SERANGOON RD.

HOUANG CENTRAL

TRAFFIC LIGHTS

TWO SENGKANG

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

HOUANG CENTRAL

HOUANG AVE 5

Refer to P/Report T/20171212/2110

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

PolicyHolder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20171212/2110

1 of 3

Report No. T/20171212/2110

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 15:11		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: ONG KHOON HUA			Address: APT BLK 177 LOMPANG ROAD #22-06 SINGAPORE 670177		
ID Type / ID No.: NRIC NO / S1296509E			Contact No.: Home/Office: Mobile: 97913522		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 03/09/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2017 17:20	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD TOWARDS SENGKANG				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGD2855H	Car					0
SHB2248J	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171212/2110

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20171212/2110

CONTINUATION OF REPORT

Driver			
Name	ONG KHOON HUA	ID No.	S1296509E
Related Vehicle	SHB2248J (Car)	Contact No.	97913522
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	12/12/2017	Date Discharge	12/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 11/12/2017 at about 1720hr, I was in my vehicle SHB2248J waiting for the green light at the junction of Serangoon Road towards Sengkang. As I was waiting, a vehicle SGD2855H collided into the rear of my vehicle. I got out of the vehicle to take photos of the damages but did not exchange particulars with the other driver. Due to the collision, there is a dent at the rear of my vehicle. At that point of time, my passenger did not require any medical assistance.

I wish to state that I went to the doctor on 12/12/2017 and received 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20171212/2110

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20171212/2110

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 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Am

Signature Of Interpreter:

Not applicable

Date/Time:

12/12/2017 15:11

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430



Signature:

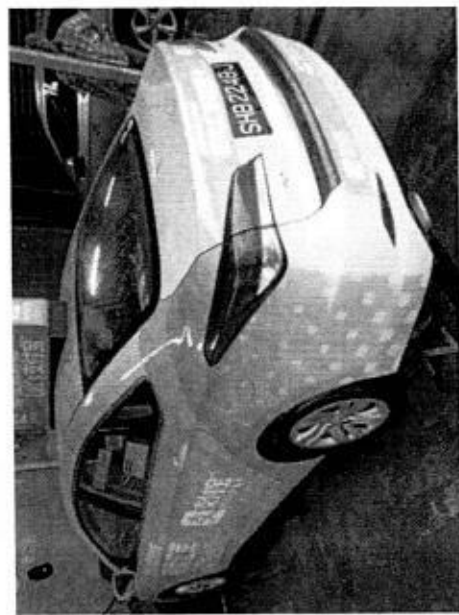
Singapore Police Force

Classification Of Case:

SN 162

Authentication Stamp

NP168



Member of COMFORTDELGRO

Date/Time: 13.12.2017 09:47

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305097460

TOMER

REGN NO:
SHB2248J

MILEAGE

MS CITYCAB PTE LTD

MAKE:
HYUNDAI

FUEL

7010070

E.....1/2.....F

TOMER NO. 383 SIN MING DRIVE

MODEL
I-40

DATE/TIME IN
12.12.2017 16:20

RESS Singapore SINGAPORE 575717

YR OF MANU
25.08.2016

TARGET DATE

(R) 65551188

(O)

(P)

NTUC

CHASSIS CODE
KMHLE41UMGU093537

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.12.2017

NATURE: 3P 11.12.2017

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedgement Slip

Exit Pass

No.: SHB2248J

LKE/KALVIN

Vehicle No.:

SHB2248J

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 2248J

DATE 13/12/2017 9:51

MAKE :

MODEL : HYUNDAI i40

LKK/kalvin pbyP
 NTUC

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 12.13
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 435.70	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	Xm
	R/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 2,681.58	

Kalvin (LKK)
 13/12/17 1050hrs
 2 Days
 PIP
 Before Paint job

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to change
- Third party surveys on a "Withhold" basis
- No illegal modification is allowed
- Supplementary work must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer
 Signature
 Date

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

JOB NO : 305097460
REGN NO : SHB2248J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 12.12.2017 16:20
ACCIDENT DATE : 11.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	603.60	20.00	482.88
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	225.00	20.00	180.00
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13
0005 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60

SUB-TOTAL : 852.61

JOB NATURE

0000 20-05	RENEW ADVERTISEMENT STICKER-	250.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0003 L	REMOVE & REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 650.00

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

JOB NO : 305097460
REGN NO : SHB2248J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 12.12.2017 16:20
ACCIDENT DATE : 11.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,502.61

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : _____

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305097460

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. : SHB2248J CCPL

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 --- SGD2855H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$852.61
 - (b) Labour Charges \$650.00
 - Total for Part-By-Part Repair Cost** \$1,502.61
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Calvin

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				
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/INC17023698/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.	SGD 2855H	Veh. Inspected	SHB 2248J	
Policy No.	5041978282-07	Coverage (\$)	0.00	
Claim No.	MT/0974110-001	Excess (\$)	0.00	
Assign From		Assign Date	13/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU093537	Colour	YELLOW	
Odometer	234936	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	TRIANGLE	7 mm	
L/H Front Tyre	205/65 R16	TRIANGLE	7 mm	
R/H Rear Tyre	205/65 R16	TRIANGLE	7 mm	
L/H Rear Tyre	205/65 R16	TRIANGLE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR 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:		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. SHB 2248J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<u>SPECIAL NETT ITEMS</u>				
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 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
	-		-	-
	-		-	-
	-		-	-
			720.00	400.00
GRAND TOTAL			2,681.58	1,502.61



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RECOMMENDED COST OF REPAIRS (CONFIRMED)		1,502.61
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Report Ref No. NS/INC17023698/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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