

Surveyor **Kalvin**

REF: **NS/WC17023700/Klgbn2**

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: **FBM 1194A**

Policy No: **5092758501 180717 - 170718**

Claims No: **MT/0974203-001**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehl: _____

(Policy Condition)

Remark: The veh 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: **2** days Res.: Yes or No

Lum Sum: _____ % 3.Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

N/S	O/S

Veh No: **SHA 417 3H** Yr Reg: **24 Nov 2016**

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

Truck / Trailer or _____

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

Colour: **Blue** A.O. Ins: **6** Std / Nil / NA

Sp. Reading: **102333** T. Radio Ins: **0** Std / Nil / NA

Eng. No: _____

C. No: **KMHCB414AH4096590**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: **205 / 60 R 16**

R: _____

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

TOYO / YOKO or **Harada**

Front: _____ Rear: _____

R.Bal. **7** mm L.Bal. **7** mm

D.O.A. **13/14/17** D.O.I. **13/12/17**

Survey held at: **CDSE (10742)**

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

Ken

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

Date / Time	Action / Instruction
	SHA 417 3H - 004 / 17001507 / pbxxx
	FBM 1194A - X
18/14/17	Collec P/P \$1225.20 / 2 Pp.
	(Red \$ 4883.48 + 80%)

RECEIVED 13 DEC 2017

Date/Time File Pass to: ☐ Prel. Report

14/12 typist ☐ Final Report

Date/Time File Return to: _____

Report Format: **TP**

Lump Sum / I.B.I: **1225.20**

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee: _____

Transportation: _____

Add Fee: ☐ Site Inst \$ ☐ Interview \$ ☐ Tech. Fee \$ ☐ Weekend \$

160
35
195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023700/K1qb

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-12-2017
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBM 1194A	Veh. Inspected	SHA 4173H
Policy No.	5092758501	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

--

5. General Information

Accident Date	13/12/2017	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.
--

Survey Department Check List (Case Handler)

Reference No.: NS/INC/7073700/K196
Policy Type: OD / TP / RES / TL / EVA

SHA 41734

Case Handler

Typist

Admin (Carlin): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

- C Reference No.
- C Customer Code
- N Assign From
- C Assign Date
- C Veh No (Inspected)
- C Veh No (Insured)
- C D.O.A
- C Policy No
- C Claim No
- C Insurance Authorisation (CA /REV/REP)
- C Report Type
- C Weekend Charges
- N Survey held at/Repairer
- C Excess

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

Surveyor (Carlin): 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:

Carlin 19/02/17

Case Handler

Date

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	SJV 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	SIW 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.	<input type="text"/>	Date of Accident	<input type="text" value="13/12/2017 17:09"/>						
Vehicle No.(For Motor)	<input type="text" value="FBM1194A"/>								
<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"/>	5092758501	FARIZ BIN MOHD FERDZ	S9118881C	GMC	Comprehensive	FBM1194A	FBM1194A	18/07/2017	17/07/2018
<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 09:55
Date Of Accident	13/12/2017 02:05
Exact Location Of Accident	PIE (TUAS) > CTE ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4173H
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	CHOW TUCK HENG
NRIC No	S1454981A
Date Of Birth	19/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1981
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	THCHOW88@GMAIL.COM

Address	539 ANG MO KIO AVENUE 10#17-2575
Postcode	S560539
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?	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 [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM1194A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	FARIZ BIN MOHD FEROZ
NRIC/Passport Number	S9118881C
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	FARIZ BIN MOHD FEROUZ
Approximate Age	
Injuries Sustain	HAND
Injured person in which vehicle?	FBM1194A
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

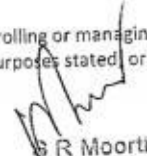
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R



Policyholder's Signature
Date & Time:

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

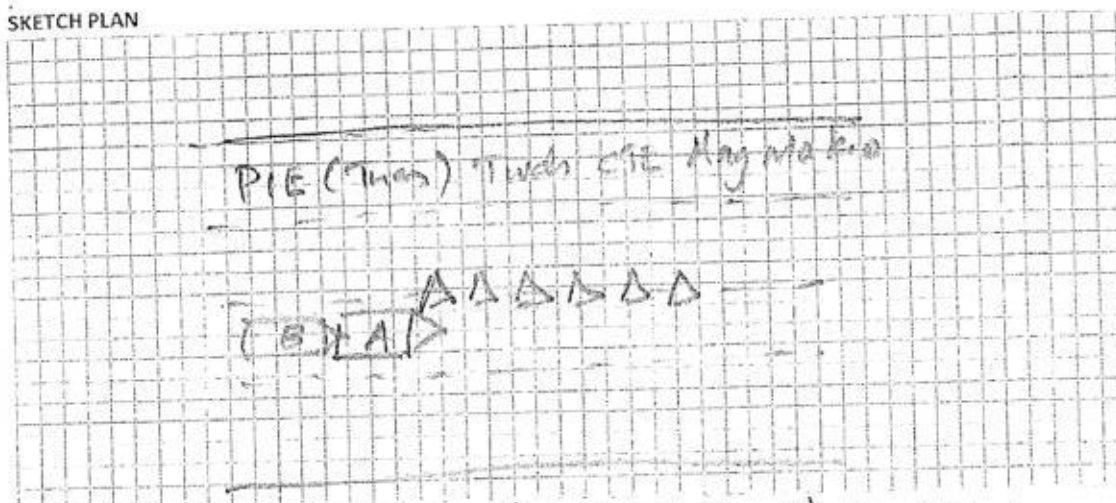
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


R Moorthy
CSO
13/12/17

REPORTING CENTRE PERSONNEL'S SIGNATURE



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SHA 4173 H B) FBM 1194 A

Refer Police Report - T/20171213/2011

DECLARATION

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

COMFORT TRANSPORTATION P/L
CO. REG. NO. 100

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.:

13/12/17
R Moorthy
CSO



**SINGAPORE
POLICE FORCE**



T/20171213/2011

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171213/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2017 03:58		Vide Report No.: G/20171213/0054		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOW TUCK HENG			Address: APT BLK 539 ANG MO KIO AVE 10 #17-2575 HDB-ANG MO KIO SINGAPORE 560539		
ID Type / ID No.: NRIC NO / S1454981A			Contact No.: Home/Office: Mobile: 94562129		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 19/09/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2017 02:05	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS ANG MO KIO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBM1194A	Motorcycle	KTM	RC200	White		0
SHA4173H	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		1



**SINGAPORE
POLICE FORCE**



T/20171213/2011

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20171213/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	FARIZ BIN MOHD FEROUZ	ID No.	S9118881C
Related Vehicle	FBM1194A (Motorcycle)	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
Driver			
Name	CHOW TUCK HENG	ID No.	S1454981A
Related Vehicle	SHA4173H (TAXI)	Contact No.	94562129
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG PIE, GOING TOWARDS ANG MO KIO CTE ON THE 2ND LANE FROM THE RIGHT. THERE WERE ROAD WORKS IN THE CENTER OF THE ROAD AT THE TIME BUT NO SIGNALS OR NOTICES WERE SHOWN, CAUSING THE TRAFFIC TO BE SLOW. WHEN I SAW THE CONES ON MY LANE, I SLOWED DOWN TO AVOID THE CONES AND SUDDENLY FELT AN IMPACT FROM THE REAR OF MY VEHICLE.

I THEN STOPPED MY VEHICLE AND ALIGHTED. I SAW THAT THE MOTORIST WAS LYING ON THE GROUND SO I TOOK OUT THE HAZARD SIGN BOARD TO WARN OTHER VEHICLES. ANOTHER VEHICLE DRIVER PASSED BY AND HELPED CALLED THE POLICE. I THEN HELPED THE RIDER REMOVE HIS GLOVE AND DIRECTED THE TRAFFIC UNTIL THE POLICE AND AMBULANCE CAME.

THE RIDER WAS THEN CONVEYED TO THE HOSPITAL VIA AN AMBULANCE.

I WISH TO STATE THAT I HAVE AN IN CAR CAMERA.

7



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171213/2011

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Report No. T/20171213/2011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20171213/2011

4 of 4

Report No. T/20171213/2011

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:

TP /

ZENG ZI CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

[Handwritten Signature]

Date/Time:

13/12/2017 03:58

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579719
Marine + 65 6363 6260 Facsimile + 65 6362 2751

Workshops
89 Lorong Drive Singapore 508909
383 Sin Ming Drive Singapore 575717
40 Pandan Road Singapore 609286
343 Raffles Place Singapore 068603
14 Serangoon Singapore 759156
7 Sengkang Khatay Way Singapore 728791
6 Dafu Avenue 1 Singapore 539537

Date/Time: 13.12.2017 12:13

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC No.305097505

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

REGN NO: SHA4173H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 13.12.2017 08:45
YR OF MANU 24.11.2016	TARGET DATE
CHASSIS CODE KMHLB41UMHU096590	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 13.12.2017
ATURE: 3P 13.12.17

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHA4173H

LIMITS

Vehicle No.: SHA4173H

f Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Service Advisor

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4173H

MAKE :

MODEL : HYUNDAI i40

NTUC - CP/P)

DATE 13/12/2017 13:42

LKK - Katrin

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid X <i>sc</i>			\$ 1,681.40	
	Boot Lid Rubber X <i>sc</i>			\$ 115.80	
	Boot Lid Lock Upper X <i>sc</i>			\$ 137.90	
	Boot Lid Lock Lower X <i>sc</i>			\$ 31.70	
	Boot Lid 'H' Emblem X <i>sc</i>			\$ 27.20	
	Boot Lid CRDI Plate X <i>sc</i>			\$ 41.00	
	Bootlid Moulding X <i>sc</i>			\$ 85.00	
	Bootlid i40 Emblem X <i>sc</i>			\$ 41.00	
	Bootlid Lower Garnish X <i>sc</i>			\$ 398.00	
	Rear Bumper <i>sc</i>			\$ 603.60	
	Rear Bumper Reinforcement X <i>sc</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) X <i>sc</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket X <i>sc</i>		\$ 49.00	\$ 98.00	
	Rear Bumper Clips <i>sc</i>			\$ 22.00	
	Rear Bumper Sponge <i>sc</i>			\$ 143.40	
	Rear Bumper Under Cover <i>sc</i>			\$ 225.00	
	Rear Panel X <i>sc</i>			\$ 592.30	
	Rear Panel Garnish X <i>sc</i>			\$ 57.70	
	Rear Panel Lower Panel X <i>sc</i>			\$ 495.50	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.12.2017

Time: 19:23:39

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305097505
REGN NO : SHA4173H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 24.11.2016
DATE/TIME IN : 13.12.2017 08:45
ACCIDENT DATE : 13.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88
0002 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00
0003 04-01-0101-0111-G	BUMPER CLIPS	10 L	22.00	20.00	17.60
0004 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	2.00	50.00
0005 04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1	143.40	20.00	114.72


SUB-TOTAL : 845.20

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 380.00

TOTAL : 1,225.20


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305097505
Date : 15/12/17

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHA4173H

Fax :
Date of Accident : 13-Dec-17

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

1. The repair job shall bill to: NTUC --- FBM1194A
2. The finalized amount shall be:

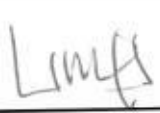
(a) Spare Parts after List discount	\$845.20
(b) Labour Charges	\$380.00
Total for Part-By-Part Repair Cost	\$1,225.20
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	


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 T S
Tel : 62148398
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				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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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



NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC17023700/K1qbn2	
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.	FBM 1194A	Veh. Inspected	SHA 4173H
Policy No.	5092758501	Coverage (\$)	0.00
Claim No.	MT/0974203-001	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.	KMHLB41UMHU096590	Colour	BLUE
Odometer	102333	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	13/12/2017	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	



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Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4173H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	SERVICEABLE	1,681.40	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	41.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NOT NECESSARY	41.00	-
1	BOOTLID LOWER GARNISH	SERVICEABLE	398.00	-
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	-
2	REAR BUMPER SIDE BRACKET @ \$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR PANEL	SERVICEABLE	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	SERVICEABLE	495.50	-
	LESS 20% DISCOUNT		-1,132.17	-198.80
			4,528.68	795.20
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			80.00	50.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		850.00	200.00

Report Ref No. NS/INC17023700/K1qbn2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	180.00
			1,500.00	380.00
	GRAND TOTAL		6,108.68	1,225.20
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,225.20

Report Ref No. NS/INC17023700/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAE, 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.



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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023700/K1qbn2

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.	FBM 1194A	Veh. Inspected	SHA 4173H
Policy No.	5092758501	Coverage (\$)	0.00
Claim No.	MT/0974203-001	Excess (\$)	0.00
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Make & Model	HYUNDAI I40	c.c	1685
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DAMAGES SEE DETAILS.

5. General Information

Accident Date	13/12/2017	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
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