

Surveyor: Kalvin

REF: NS/INC17023701/Klgbn2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop/mis: _____
 of: _____
 Insured: GX 76429
 Policy No: 5084378124-01 080917-070918
 Claims No: MT/0973548-003
 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

Sal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 8502A (In Regt) 17 Sep 2015
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover
 Truck / Trailer or
 Make: Hyundai Ix0 168r
 Colour: Yellow A/C In 0 Std / Nil / NA
 Sp. Reading: 343326 T. Radio In 0 Std / Nil / NA
 Eng. No: _____
 C.No: KMHCB414M4407 9550
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: In 6 / Jammed / Leaked / Burnt or
 Brakes: In 6 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 6 / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front: _____ Rear: _____
 R. Bal: 7 mm L. Bal: 7 mm
 D.O.A: 12/12/17 13/12/17
 Survey held at: COSE (1.7 km)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHD 8502A - CC3/171117019190/Kiksg2

DA: 04.10.17

INC

GX 76429 - X

4s

2/1/18 continued 4s \$3150/4/17 (Red to 5609.12, 64%)

RECEIVED 04 JAN 2018

Date/Time File Pass to:

04/1/18

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee

Transportation

Date/Time File Return to:

1

Add Fee:

☐ Site Insp
☐ Interview
☐ Tech. Adv.
☐ Test and

\$

\$

\$

\$

Photo

Chart

Notes

Report Format:

TP

Lump Sum: 3150

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/INC17023701/K1qb				
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.	GX 7642S	Veh. Inspected	SHD 8502A	
Policy No.	5084378124-01	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	12/12/2017	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. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Cath): 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 (Culom): 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

✓			
✓			
✓			
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✓			
✓			
✓			
✓			

(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

✓			
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Check By:

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0974957-002	CITYCAB PTE LTD	SHA 9046J	SGY 2539K	22/12/2017	19:15	\$ 3,203.00
2	MT/0973548-003	CITYCAB PTE LTD	SHD 8502A	GX 7642S	12/12/2017	16:00	\$ 8,759.12
3	MT/0974935-002	COMFORT TRANSPORTATION	SH 9022K	SJB 7729G	21/12/2017	17:15	\$ 2,461.58

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="12/12/2017 17:09"/>						
Vehicle No. (For Motor)	<input type="text" value="GX7642S"/>								
<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"/>	5084378124-01	T DRAGON INDUSTRY CO	24837200M	GCV	Third Party	GX7642S	GX7642S	08/09/2017	07/09/2018
<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 13:37
Date Of Accident	12/12/2017 16:00
Exact Location Of Accident	CTE AFTER EXIT OF PIE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8502A
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	MOHAMED YUSRI BIN ARIAL
NRIC No	S1640533G
Date Of Birth	02/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1985
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	YUSRI@YAHOO.COM

Address	701 12-113 PASIR RIS DRIVE 10
Postcode	510701
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX7642S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SAM SUE KAI
NRIC/Passport Number	S1480801I
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDT1388Y
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LIU JIAHONG

NRIC/Passport Number

S8601543I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

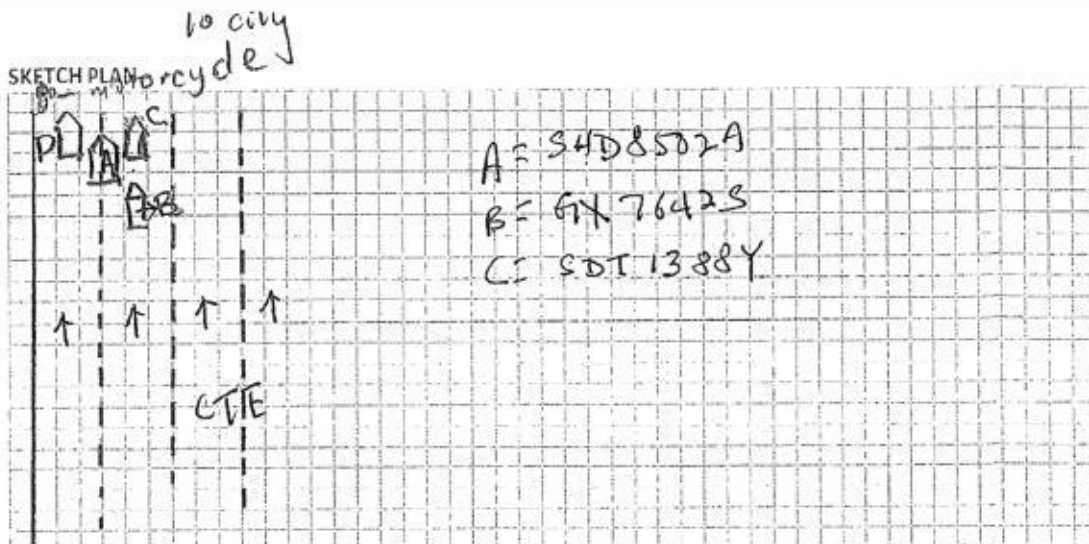
Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A motorcycle & car stop at the outermost lane. I signal to right lane & car C left mirror hit my right side mirror and we stopped immediately. No damage to both mirrors. After a while car B hit my taxi A back right rear and also hit the back of car C in the chain collision.

The impact damaged the rear bumper of my taxi and also the rear of car C (SDT1388Y).

Car B was a van (GX7642S) and its front was dented.

I took photos at the scene. No report of injury at the time of accident.

DECLARATION

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

CITYCAB PTE LTD
DO REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

13/12

Lim Ee Soon
CSO

Reporting Centre Personnel's Signature
Name:
Date & Time:

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

13/12

-Lim Ee Soon
CSO

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

OMFORDDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

255 Braddell Road Singapore 119073

Working + 65 6283 8283 Fax + 65 6283 8735

Workshops

88 Loyang Drive Singapore 508289

883 Sin Ming Drive Singapore 575717

25 Pandan Road Singapore 108266

2011, 2012, 2013, 2014, 2015, 2016, 2017

24 Serangoon Loop Singapore 758158

1 Sungei Kadut Way Singapore 728731

8 Delfi Avenue 1 Singapore 836337

N-TUC

LKK

Date/Time: 13.12.2017 14:45

Page : 1

Job: ARC Repair TP(CFS0)1

JOB CARD Sales Order:

JC NO.305097526

OWNER

S

OWNER NO

ESS

(R)

(P)

JUNT CARD NO.

CITYCAB PTE LTD

7010070

883 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

REGN NO

SHD8502A

MILEAGE

MAKE

HYUNDAI

FUEL

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

MODEL

I-40

12.12.2017 16:25

YR OF MANU

17.09.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU079550

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.12.2017

ATURE: 3P 12.12.17

NO

LABOR CODE

DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

o.: SHD8502A

LIMITS

Vehicle No.:

SHD8502A

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8502A

DATE 13/12/2017 16:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	Tail Lamp (RH)			\$ 565.60	
	Tail Lamp Quarter Panel (RH)			\$ 97.90	
	Rear Panel			\$ 592.30	
	Rear Panel Garnish			\$ 57.70	
	Rear Panel Lower Panel			\$ 495.50	
	Rear Fender (RH)			\$ 2,020.10	
	Rear Fender Inner Panel (RH)			\$ 1,190.50	
	Rear Fender Inner Lining (RH)			\$ 164.40	
	Rear Fender Air-Duct			\$ 51.60	
	Rear Fender Trim Board (RH)			\$ 188.75	
	Rear Windscreen Moulding			\$ 60.00	
	Rear Wheel Hub-Cap (RH)			\$ 150.70	
	SUB TOTAL			\$ 7,471.40	
	LESS 20%			\$ 1,494.28	
	DISCOUNTED TOTAL			\$ 5,977.12	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear Windscreen Sealant			\$ 46.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett 12
	Rear Tyre (RH)			\$ 216.00	Nett
				\$ 372.00	
	Labour Charge				
	Panel Beating			\$ 950.00	500
	Spray Painting Charge			\$ 800.00	540
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 100.00	20
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	50
	Remove/Refix Rear Windscreen Glass			\$ 120.00	100
	Remove/Refix Reverse Sensor			\$ 120.00	20
	Rear Wheel Alignment			\$ 120.00	X
	TOTAL LABOUR			\$ 2,410.00	
	ESTIMATE TOTAL			\$ 8,759.12	
<p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modifications is allowed Supplementary item(s) must be resurveyed and approved by insurance company <p>Acknowledged by Repairer</p> <p>Signature _____</p> <p>Date: _____</p>					
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.					



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>12/12/2017</u> Time Received: <u>1625</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 type="checkbox"/> Normal Tow <input checked="" 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 Mohd Yezuri</u> Contact No.: <u>93864405</u> Vehicle No.: <u>SKD 8502A</u> Make / Model / Colour: <u>I-40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	

7. Location: <u>66 Pong Gek Ave</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: <u>343326</u> Fuel Level: <input checked="" 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	
--	--	---	--

Job Attended		 #: Cracked X: Dented /: Scatched O: Missing Signature of Customer: _____	
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 Name of Driver: <u>Xiao</u> Vehicle No.: <u>165</u> <u>QW878D</u> Time Dispatch: <u>1655</u> Time of Arrival: <u>1705</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™.

<u>12/12/2017</u> Date	<u>1655</u> Time	<u>[Signature]</u> Signature of Customer
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14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305097526
Date : 26/12/17

FINALIZATION FORM

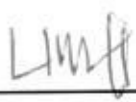
To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHD8502A Date of Accident : 12-Dec-17


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

1. The repair job shall bill to: NTUC --- GX7642S
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% \$3,150.00
Final Lumpsum Repair cost \$3,150.00

3. Estimated normal period for repairs: 4 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 : 2/1/18

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:

**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 ecribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023701/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-01-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GX 7642S	Veh. Inspected	SHD 8502A
Policy No.	5084378124-01	Coverage (\$)	0.00
Claim No.	MT/0973548-003	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.	2015
Chassis No.	KMHLB41UMGU079550	Colour	YELLOW
Odometer	343326	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	12/12/2017	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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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8502A

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 SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	TAIL LAMP (RH)	CRACKED	565.60	565.60
1	TAIL LAMP QUARTER PANEL (RH)	TO REPAIR	97.90	-
1	REAR PANEL	TO REPAIR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR	495.50	-
1	REAR FENDER (RH)	DENTED	2,020.10	2,020.10
1	REAR FENDER INNER PANEL (RH)	TO REPAIR	1,190.50	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR FENDER AIR-DUCT	SERVICEABLE	51.60	-
1	REAR FENDER TRIM BOARD (RH)	SERVICEABLE	188.75	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR WHEEL HUP-CAP (RH)	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-1,494.28	-649.86
			5,977.12	2,599.44
<u>NETT ITEMS</u>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR TYRE (RH)(SN)	SERVICEABLE	216.00	-
			292.00	46.00

Report Ref No. NS/INC17023701/K1qbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,510.00 900.00 2,410.00	690.00 560.00 1,250.00
	GRAND TOTAL		8,759.12	3,967.44
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,150.00

Report Ref No. NS/INC17023701/K1qbn2

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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