

NAME: Kalvin

REF:

NS/INC17023783 / Klgbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SKW 12173

Policy No: 5091812882 11-06-2017

Claims No: MT/0973636-002

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

Ball or Market Value: _____

IDAO Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 4854K Yr Reg: 6 Mar 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / 0 / Prime Mover

Truck / Trailer or

Make: Hyundai I40 cc: 1685

Colour: Blue A/C: _____ Ins: 0 / Std / Nil / NA

Sp. Reading: 618206 T. Radio: Ins: 0 / Std / Nil / NA

Eng No: _____

C No: 1KMHCB41MME4048533

Gen. Cond: Good / 0 / Poor / Burnt

Steering: Inord: 0 / Jammed / Leaked / Burnt or

Brake: Inord: 0 / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / 0 / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went like

Front _____ Rear _____

R.Bal: 7 mm R.Bal: 7 mm

L.Bal: 7 mm L.Bal: 7 mm

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

Survey held at: CPAE (Geyang)

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

Front n/s/s/s / Rear

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

Date / Time Action / Instruction

SHD 4854K - NS / INC17016460 / Klgbn2

DOF: 23087 ZMC
L/S

SKW 12173 - X

18/12/17 Calad 4581050 / 214,
Red: \$2278.54, 681.

RECEIVED 20 DEC 2017

Date/Time: File Pass to:

☐ : Preli. Report
☒ : Final Report

Date/Time: File Return to:

Report Format: 1P

Lump Sum / LE: \$ 1050.00

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos:

Others:

Add Fee:

☐ Site Insp: \$
☐ Interview: \$
☐ Tech. Insp: \$
☐ 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/INC17023783/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 14-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKW 1217J	Veh. Inspected	SHD 4854K
Policy No.	5091812882	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/12/2017

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	14/12/2017
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.
--

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 17:17"/>						
Vehicle No.(For Motor)	<input type="text" value="SKW1217J"/>								
<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"/>	5091812982	NEO R AND R PTE LTD	201026086E	GFT	drive CLASSIC	SKW1217J	SKW1217J	11/06/2017	
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0974410-001	SMRT TAXI PTE LTD	SHB 296H	FR 9507E	08/12/2017	20:30	\$ 5,881.40	\$ 1,750.00
2	MT/0972573-002	SMRT TAXI PTE LTD	SHB 5526L	PC 1212T	05/12/2017	11:55	\$ 11,118.80	\$ 3,804.26
3	MT/0973730-002	COMFORT TRANSPORTATION	SHA 4611K	SLB 3927D	13/12/2017	17:05	\$ 57,185.67	TOTAL LOSS
4	MT/0973608-002	COMFORT TRANSPORTATION	SHD 4961J	SLA 29X	13/12/2017	19:30	\$ 2,657.80	\$ 1,100.00
5	MT/0973636-002	COMFORT TRANSPORTATION	SHD 4854K	SKW 1217J	13/12/2017	8:45	\$ 3,328.54	\$ 1,050.00
6	MT/0971714-002	SMRT TAXI PTE LTD	SHD 6094Z	SLM 7705T	29/11/2017	1:50	\$ 13,427.15	\$ 5,700.00

Claim received from LKK

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 15:06
Date Of Accident	13/12/2017 08:45
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4854K
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	NG THONG ENG
NRIC No	S1592998G
Date Of Birth	10/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1981
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 401 FAJAR ROAD #10-211
Postcode	670401
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	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	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/20171213/2062

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	SKW1217J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ5510D
Vehicle Make/Model/Colour	HYUNDAI
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	NG THONG ENG
Approximate Age	
Injuries Sustain	BACK, NECK AND CHEST
Injured person in which vehicle?	SHD4854K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 401 FAJAR ROAD #10-211
Postcode	670401

Sketch Plan Pg. 1

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
REG NO. 10020221E

tan ee soon
2020

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.:

ADDITIONAL INFORMATION

4-6
5-6

SKETCH PLAN

As
attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police
Report
attached

DECLARATION

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

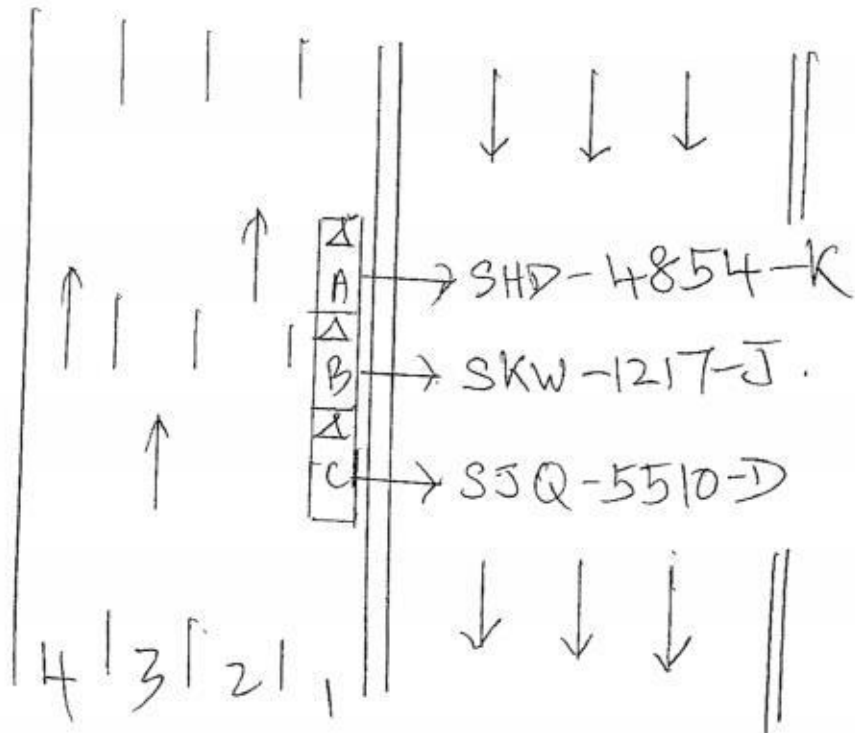
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821P

Policyholder's Signature
Date & Time:

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

Lim Ee Soon
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

PIE TOWARD CHANGI Airport





**SINGAPORE
POLICE FORCE**



T/20171213/2062

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

1 of 3

Report No. T/20171213/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2017 13:16		Vide Report No.:	Station Diary No.: 16
Informant's Particulars			
Name of Informant: NG THONG ENG		Address: APT BLK 401 FAJAR ROAD #10-211 SINGAPORE 670401	
ID Type / ID No.: NRIC NO / S1592998G		Contact No.: Home/Office: Mobile: 97666131	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 10/09/1963	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2017 08:45	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY BEFORE LORNIE EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4854K	TAXI				Slightly Damaged	1
SJQ5510D	Car				Slightly Damaged	0
SKW1217J	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**

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



T/20171213/2062

2 of 3

Report No. T/20171213/2062

CONTINUATION OF REPORT

Driver Name	NG THONG ENG	ID No.	S1592998G
Related Vehicle	SHD4854K (TAXI)	Contact No.	97666131
Hospital/Clinic	MEDILIFE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 13/12/2017 at about 8.45am, I was driving my vehicle, bearing plate number SHD4854K, on the Pan Island Expressway. At that time, I had one passenger on board my vehicle. Traffic was heavy and road surface was dry.

I was driving on the first lane, and I noticed the vehicles in front to be slowing down and coming to a stop. I had then slowed down gradually and managed to come to a complete stop. Shortly after stopping, I felt and impact coming from the rear of my vehicle.

Upon inspection, I discovered one vehicle bearing plate number SKW1217J which had collided into the rear bumper of my vehicle, and another vehicle bearing plate number SJQ5510D which was collided into the rear bumper of the said vehicle.

I wish to state that I sustained injuries and received 3 days on MC. I also wish to include that there is in car camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20171213/2062

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/20171213/2062

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 MOHAMED FADHLY BIN MOHAMED AYOP	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2017 13:16
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Date/Time: 14.12.2017 08:09

Page : 1

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305097583

OWNER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO 7010045

ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

IDENTIFICATION CARD NO.

REGN NO:

SHD4854K

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

13.12.2017 13:50

YR OF MANU

06.03.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU048533

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 13.12.2017

ATURE: 3P 13.12.17

/NO

LABOR CODE

DESCRIPTION

KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

No.: SHD4854K

LIMITS

Vehicle No.:

SHD4854K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4854K

DATE 13/12/2017

MAKE :

MODEL : HYUNDAI i40

NTUC - 4Sum

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem X ^{an}			\$ 27.20
	Boot Lid CRDI Plate X ^{an}			\$ 41.00
	Bootlid Moulding X ^{an}			\$ 85.00
	Bootlid i40 Emblem X ^{an}			\$ 41.00
	Bootlid Lower Garnish X ^{an}			\$ 398.00
	Rear Bumper ^{Panel}			\$ 603.60
	Rear Bumper Reinforcement X ^{an}			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X ^{an}		\$ 180.00	\$ 360.00
	Rear Bumper Sponge X ^{an}			\$ 143.40
	Rear Bumper Under Cover ^{cut}			\$ 225.00
	SUB TOTAL			\$ 2,428.55
	LESS 20%			\$ 485.71
	DISCOUNTED TOTAL			\$ 1,942.84
	Boot Lid Comfort Logo & Tel No. Sticker X ^{an}			\$ 30.00 Nett
	Rear Bumper Reverse Sensor X ^{an}			\$ 135.70 Nett
	Rear Bumper Advertisement Logo ^{an}			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) ^{an}		\$ 100.00	\$ 200.00 Nett
				\$ 415.70
	Labour Charge			
	Panel Beating			\$ ²⁰⁰ 350.00
	Spray Painting Charge			\$ ²⁰⁰ 400.00
	Wiring Charge			\$ 50.00 X ^{an}
	Tuff Kote			\$ 50.00 X ^{an}
	Remove/Refix Reverse Sensor			\$ 120.00 X ^{an}
	TOTAL LABOUR			\$ 970.00
	ESTIMATE TOTAL			\$ 3,328.54
<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.</p>				

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display damaged part(s) during resurvey.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis.
- No illegal modification(s) is allowed.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.

TOTAL LABOUR

Signature

Date:

Kq/mi 12/12/17

14/12/17 1030 hrs.

2 Days

45 After Repair plate

Our Job Ref No : 305097583
Date : 18/12/17

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4854K

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 --- SKW1217J

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,050.00

Final Lumpsum Repair cost \$1,050.00

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM 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:

**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/INC17023783/K1rbn2

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.	SKW 1217J	Veh. Inspected	SHD 4854K
Policy No.	5091812882	Coverage (\$)	0.00
Claim No.	MT/0973636-002	Excess (\$)	0.00
Assign From		Assign Date	14/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU048533	Colour	BLUE
Odometer	698206	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 PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	13/12/2017	Inspection Date	14/12/2017
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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**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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4854K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-485.71	-165.72
			1,942.84	662.88
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
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
			415.70	250.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	200.00
	-		-	-
	-		-	-
	-		-	-
			970.00	400.00
GRAND TOTAL			3,328.54	1,312.88

Report Ref No. NS/INC17023783/K1rbn2



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,050.00
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Report Ref No. NS/INC17023783/K1rbn2

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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