

Surveyor: Kalvin

REF: NS/WNC 17023786/Klvbnz

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: GBA 58692  
 Policy No: 5084994253-01 300817-290818  
 Claims No: MT/0973733-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
 (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 / RR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

N.S.	O.S.

Veh No: SHD 41384 Yr Reg: 27 Apr 2012  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O / Prime Mover /  
Truck / Trailer or  
 Make: Hyundai Santa Fe 2011  
 Colour: Blue A/C: Ins Od: Std / Nil / NA  
 Sp Reading: 152646 T.Radio: Ins Od: Std / Nil / NA  
 Eng No: \_\_\_\_\_  
 C.No: ICMHE741VM CAB24479  
 Gen. Cond: Good / F / Poor / Burnt  
 Steering: Inor / Jammed / Leaked / Burnt or  
 Brake: Inor / Jammed / Leaked / Burnt or  
 Mod: Nil / SiRim / STD A / or  
 Tyre Size F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Wext/1.0  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 7 mm R.Bal: 7 mm  
 L.Bal: 7 mm L.Bal: 7 mm  
 D.O.A. 13/12/12 D.O.I. 14/12/12  
 Survey held at: COAE (Gym)  
 Des. of Damages: FR / Rear / O/S / N/S / U/C / Rooftop or  
Pen  
 The U/C / Chassis frame / Body Structure affected due to collision:

Date	Time	Action / Instruction
		SHD 41384 - CO3 / FCL15012972 / Klvbnz
		GBA 58692 - X
18/12/12		Cost of \$2600 / 3 days (Red 2478.82, 489)

DATA 260715 Inc  
 U.S.

RECEIVED 23 DEC 2012

Date/Time File Pass to?  : Prel. Report  
 : Final Report.  
 Date/Time File Return to? 26/12 - typist  
 Report Format: \_\_\_\_\_  
 Lump Sum / L.B.I. IS: 2600/p

Days Of Repair: 3  
 Resurvey No. of Trip: 1  
 Add Fee:  Site Insp: \$ \_\_\_\_\_  
 Interview: \$ \_\_\_\_\_  
 Tech. Pkgs: \$ \_\_\_\_\_  
 Weekend: \$ \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transcription: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

160
35
195

## Survey Department Check List (Case Handler)

Reference No.: NS/INC/7323786/Klvb  
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

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

**Surveyor (** \_\_\_\_\_ **):** Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

Check By: VERON 23/12/17  
 Case Handler Date

\*C: Critical \*N: Non-Critical



# 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/INC17023786/K1vb			
73 BRAS BASAH ROAD		Date: 14-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBA 5869Z	Veh. Inspected	SHD 4138U
Policy No.	5084994253-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	13/12/2017	Inspection Date	14/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

Date : 20/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0973733-002	COMFORT TRANSPORTATION	SHD 4138U	GBA 5869Z	13/12/2017	18:30	\$ 5,078.82
2	MT/0973984-002	COMFORT TRANSPORTATION	SHD 3473H	PC 3357X	16/12/2017	13:15	\$ 3,512.96
3	MT/0974088-002	CITYCAB PTE LTD	SHA 473T	SJM 9474U	15/12/2017	17:00	\$ 2,347.68
4	MT/0973041-002	COMFORT TRANSPORTATION	SHC 1446E	SLR170E	10/12/2017	13:30	\$ 1,233.50
5	MT/0973902-002	COMFORT TRANSPORTATION	SHD 3061M	SJR 8561G	13/12/2017	11:30	\$ 2,461.58
6	MT/0974506-002	CITYCAB PTE LTD	SH 9111L	SIG 397A	18/12/2017	10:15	\$ 2,534.88

Hello, NAC\_PAYA\_UBI\_800601

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[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident   
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5084994253-01	LANTRO (S) PTE LTD	200810982Z	GCV	Comprehensive	GBA5869Z	GBA5869Z	30/08/2017	29/08/2018

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	14/12/2017 09:26
Date Of Accident	13/12/2017 18:30
Exact Location Of Accident	PIE TWDS CHANGI (NEAR LORNIE RD )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4138U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	YIP MAIU SENG
NRIC No	S1671284A
Date Of Birth	16/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 330 SEMBAWANG CLOSE #13-375
Postcode	750330
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	DRIZZLING
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)	2

#### 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

REFER 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	GBA5869Z
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Name of Driver	CALVIN TAN HONG MING
NRIC/Passport Number	
Contact Number	96200533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**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. 199303821R

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.:

14/12/17

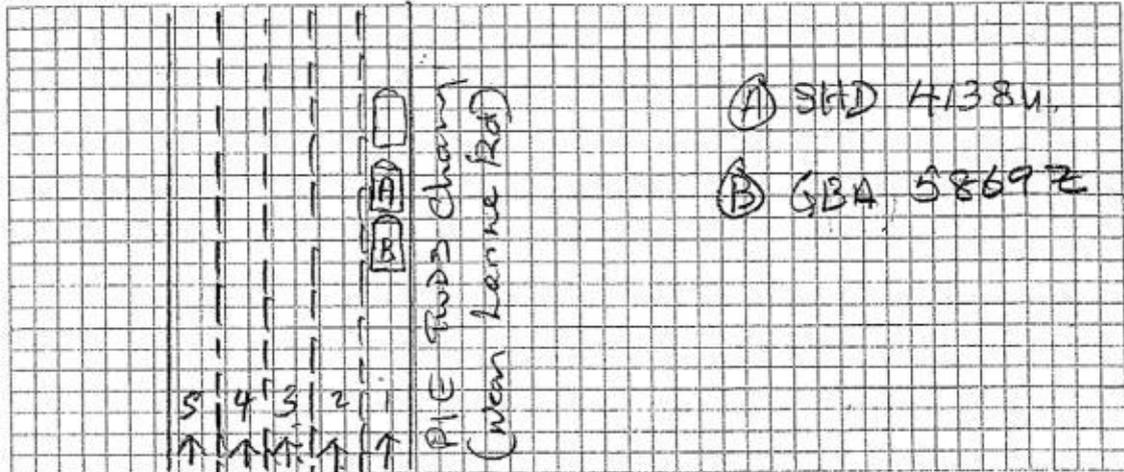
Jackson Han  
CSO

COMFORT TRANSPORTATION PTE LTD

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th/12/2017 at about 1830 hrs, I vehicle A was driving along PTE toward Changi (Near Lanne Rd) on the most right lane, the road surface was wet. As a car in front of me applied brake and stop. But I also applied footbrake and stop. Complete. A few second later, vehicle B came from the back and bang onto vehicle A rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

14/12/17 Jackson  
Jackson Heng  
CEO

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.:



**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHD 4138U

DATE 14/12/2017

MAKE :

MODEL : HYUNDAI SONATA

NTUC-4S

TS

LKE - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Pat</i>			\$ 1,349.50
	Boot Lid Rubber <i>X su</i>			\$ 110.90
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- ne</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>- ne</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>- ne</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- ne</i>			\$ 22.70
	Rear Bumper <i>- Pch</i>			\$ 578.40
	Rear Bumper Reinforcement <i>✓ org</i>			\$ 483.30
	Rear Bumper Clip <i>- ne</i>			\$ 22.00
	Rear Bumper Sponge <i>✓ tna</i>			\$ 137.40
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X repair</i>	\$	38.00	\$ 76.00
	Tail Lamp (LH) <i>- ne</i>			\$ 344.00
	Rear Panel <i>X repair</i>			\$ 391.80
	Rear Panel Garnish <i>X su</i>			\$ 95.80
	<b>SUB TOTAL</b>			<b>\$ 4,053.90</b>
	<b>LESS 20%</b>			<b>\$ 810.78</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,243.12</b>
	Boot Lid Comfort Logo & Tel No. Sticker <i>- ne</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70
				<b>\$ 165.70</b>
	<b>Labour Charge</b>			
	Panel Beating <i>1 Calvin 11/11/14</i>			\$ <del>850.00</del> <sup>400</sup>
	Spray Painting Charge <i>14/12/17 1400hr</i>			\$ <del>600.00</del> <sup>360</sup>
	Wiring Charge <i>3 hrs</i>			\$ <del>50.00</del> <sup>20</sup>
	Tuff Kote <i>LLS</i>			\$ <del>50.00</del> <sup>20</sup>
	Remove/Refix Reverse Sensor <i>After Repair &amp; U</i>			\$ <del>120.00</del> <sup>Xm</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 1,670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,078.82</b>

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

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.

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305097833

Date : 18/12/17

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD4138U

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 --- GBA5869Z
2. The finalized amount shall be:
 

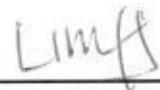
(a) Spare Parts after List discount	
(b) Labour Charges	
<b>Total for Part-By-Part Repair Cost</b>	
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$2,600.00</u>
<b>Final Lumpsum Repair cost</b>	<b><u>\$2,600.00</u></b>

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
 Name : LIM 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: **REAR BUMPER SPONGE AND REINFORCEMENT – REPLACED**



# 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/INC17023786/K1vbn2			
73 BRAS BASAH ROAD		Date: 28-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBA 5869Z	Veh. Inspected	SHD 4138U
Policy No.	5084994253-01	Coverage (\$)	0.00
Claim No.	MT/0973733-002	Excess (\$)	0.00
Assign From		Assign Date	14/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824479	Colour	BLUE
Odometer	152646	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	13/12/2017	Inspection Date	14/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



## National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4138U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOWER LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
1	REAR PANEL	TO REPAIR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-810.78	-606.24
			3,243.12	2,424.96
<b>SPECIAL NETT ITEMS</b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			165.70	30.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,020.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	380.00
			1,670.00	800.00
<b>GRAND TOTAL</b>			<b>5,078.82</b>	<b>3,254.96</b>

Report Ref No. NS/INC17023786/K1vbn2



<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,600.00</b>
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**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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