

Quotation: Kalvin

REF: NS/ENC17023787 / 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: SHD 1555T  
Policy No: 5095103893 20.10.2017  
Claims No: MT/0973500-002  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

NIS	OIS

Est. or Market Value: \_\_\_\_\_  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 2 days Res.: Yes or No  
Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
Vehicle: IN / OUT

Van No: SHD 8566R yr Reg: 15 Sep 2016  
Type: M.Car / M.Cycle / Bus / Van / Lorry / T.O. / Prime Mover /  
Truck / Trailer or  
Make: Hyundai I40 cc: 1685  
Colour: Yellow A/C: Ins Ed / Std / NI / NA  
Sp Reading: 13600 T Radio: Ins Ed / Std / NI / NA  
Eng No: \_\_\_\_\_  
C No: KM HLBX1UM h4093731  
Gen. Cond: Good / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Mod: Nil / S/Rim / STD / Rim or  
Tyre Size: F: 205/60R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Hankook  
Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
R.Bal: 2 mm L.Bal: 2 mm  
D.O.A: 13/12/17 D.O.I: 14/12/17  
Survey held at: CAGE (Geyang)  
Des. of Damages: Fnt / Rear / OIS / NIS / UIC / Rooftop or  
then  
The UIC / Chassis frame / Body Structure affected due to collision.

Date	Time	Action / Instruction
		SHD 8566R - X
		SHD 1555T - CS/III/2021331/Ucd1
18/10/17		GHA PIP \$1266.18/ 2 Pys. (Red \$1195.40, 49%)

RECEIVED 13 DEC 2017

Date/Time: File Pass of: ☐ : Preli. Report  
19/12/17 Amix ☐ : Final Report  
Date/Time: File Return of: \_\_\_\_\_

Days Of Repair: 2  
Resurvey No. of Trip: 1

Report Format: 71  
Lump Sum / I.B.I.T.S: 1266.18

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

Survey Fee: \_\_\_\_\_  
Transcription: \_\_\_\_\_  
Photos: \_\_\_\_\_  
Other: \_\_\_\_\_

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/INC17023787/K1qb

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.	SHD 1555T	Veh. Inspected	SHD 8566R
Policy No.	5095103893	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

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## 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.
--

Reference No.: NS/INC/7023787/196  
Policy Type: OD / (TP) TP RES / TL / EVA

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

Typist

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

[illegible]

- |   |                                       |
|---|---------------------------------------|
| 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                                |

); Case handler to make sure the surveyor completed all required information.

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

A handwriting practice sheet for the letter 'y'. It consists of two columns of horizontal lines. The left column contains ten 'y' characters written in a cursive style, demonstrating the correct stroke and placement within the lines. The right column is empty, providing space for additional practice.

C Damaged Vehicle Photographs Uploaded

--	--

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

✓	
✓	
✓	


C Resurvey photo Uploaded

✓			
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Case Handler                      Date 10/12/17

Date

21/05/2014

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	SIV 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 17:17"/>						
Vehicle No.(For Motor)	<input type="text" value="SHD1555T"/>								
<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"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1555T	SHD1555T	20/10/2017	
<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 15:54
Date Of Accident	13/12/2017 06:35
Exact Location Of Accident	AIRPORT BLVD TWDS T 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8566R
<b>Insured/Policyholder</b>	
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	TAN LYE HUAT
NRIC No	S1450986J
Date Of Birth	03/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/08/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 109B EDGEDALE PLAINS #11-115
Postcode	822109
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?	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	SHD1555T
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	81853759
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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

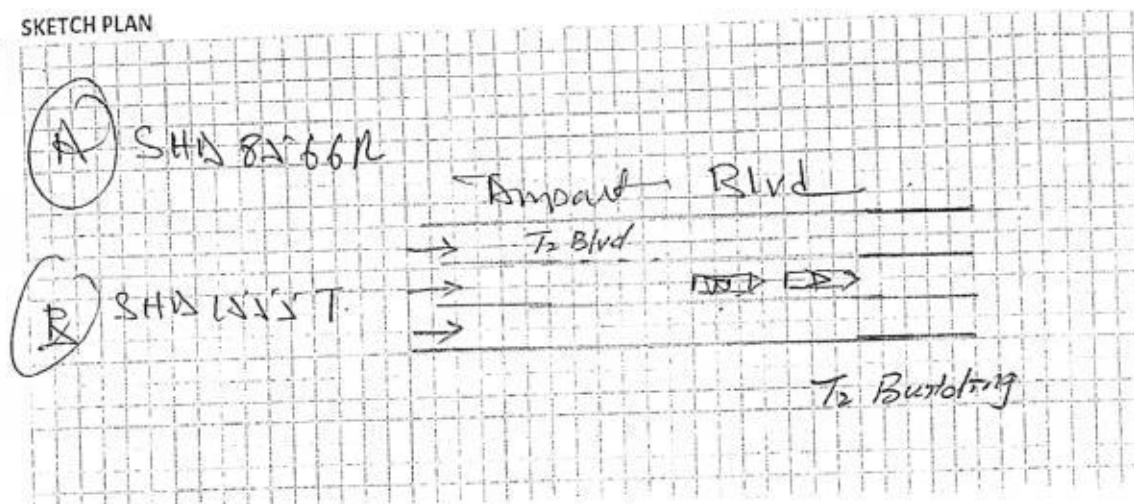
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 18 Dec 2017 @ 06.35h

I veh A truck carrying Airport T. 2  
 along the Airport Blvd. vehicle instant  
 slow down and stop. I veh A slow down  
 and stop. Suddenly Veh. B from rear  
 hit Veh. A rear. at the point of  
 accident I ferry a male passenger he was  
 OK. when veh A CLK with him.

DECLARATION

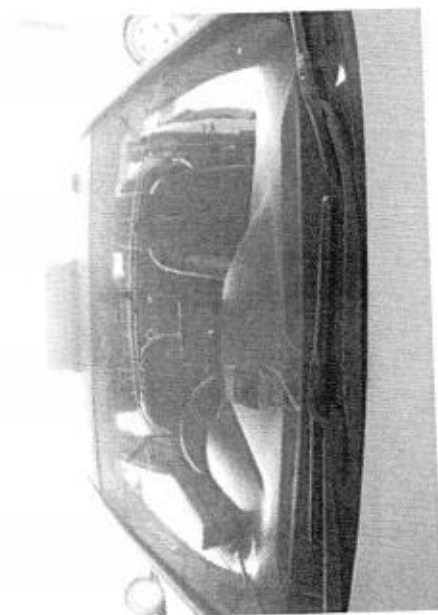
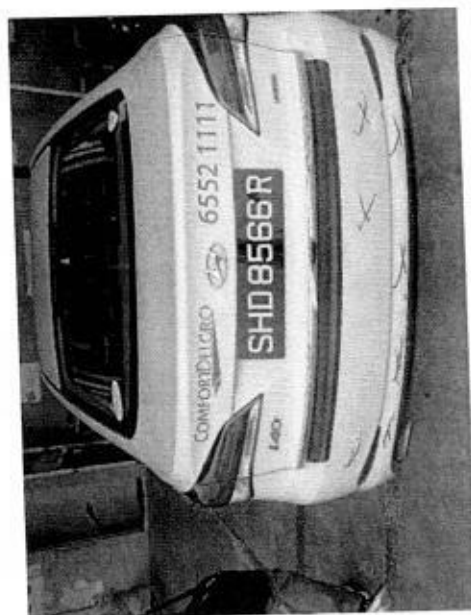
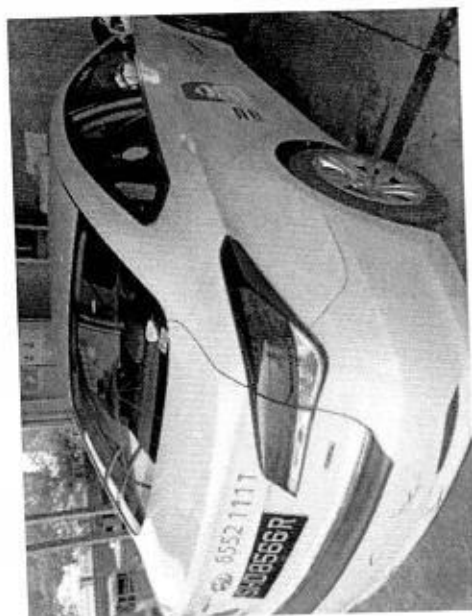
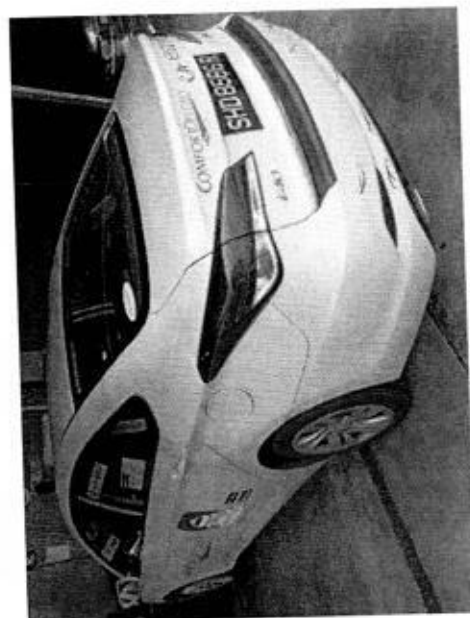
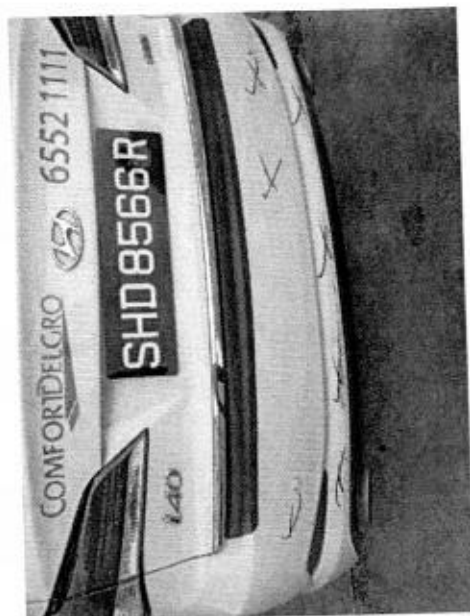
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

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

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



A member of COMFORTDELGRO

Date/Time: 13.12.2017 17:55

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305097569

CUSTOMER

REGN NO:

SHD8566R

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

13.12.2017 14:25

YR OF MANU

15.09.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU093731

COMPLETION DATE/TIME:

3 COUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 13.12.2017

NATURE: 3P 13.12.2017

S/N LABOR CODE DESCRIPTION

NTUC (SHD1555T-Premier) - taxi Rear Damage

Lick/Kalwin -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD8566R LARRY

Vehicle No.: SHD8566R

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

**REPAIR ESTIMATE\***

VEHICLE NO : SHD 8566R

MAKE :

MODEL : HYUNDAI i40

DATE 14/12/2017 10:39

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Refurb</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X</i>			\$ 49.00
	Rear Bumper Clips <i>ac</i>			\$ 22.00
	Rear Bumper Sponge <i>X</i>			\$ 143.40
	Rear Bumper Under Cover <i>at</i>			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor <i>shh</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Rubber Mat <i>ac</i>			\$ 50.00 <b>Nett</b>
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>380.00</del>
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>X</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>
<i>Kalure 1666</i> <i>14/12/17 142.6</i> <i>2 Days.</i> <i>PIP</i> <i>Before Paint photo</i>				
<div> LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No legal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> </div> <div> Acknowledged by Repairer  Signature:  Date: </div>				
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.				

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 legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 16.12.2017  
Time: 15:13:13  
Page: 1

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

JOB NO : 305097569  
REGN NO : SHD8566R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.09.2016  
DATE/TIME IN : 13.12.2017 14:25  
ACCIDENT DATE : 13.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

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

SUB-TOTAL : 866.18

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.12.2017

REPAIR ESTIMATE

Time: 15:13:13

Page: 2

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

JOB NO : 305097569  
REGN NO : SHD8566R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.09.2016  
DATE/TIME IN : 13.12.2017 14:25  
ACCIDENT DATE : 13.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,266.18

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305097569

Date : 17.12.2017

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD8566R

Date of Accident: 13.12.2017

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

1. The repair job shall bill to: NTUC SHD1555T(Premier)

2. The finalized amount shall be:

(a) Spare Parts after List discount \$866.18

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$1,266.18

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

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	\$5.35			
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



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NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC17023787/K1qbn2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 28-12-2017	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHD 1555T	Veh. Inspected	SHD 8566R
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0973500-002	Excess (\$)	0.00
Assign From		Assign Date	14/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093731	Colour	YELLOW
Odometer	136001	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	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
<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:		2 Working Days	



# National Assessment Centre Services

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Page No.: 1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8566R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
<b>GRAND TOTAL</b>			<b>2,461.58</b>	<b>1,266.18</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,266.18</b>

Report Ref No. NS/INC17023787/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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