

NS/INC17023788 / Kltbs2

## ASSIGNMENT

SHD 3061M <sup>23</sup>Jun 2016

From \_\_\_\_\_ Date \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop, this \_\_\_\_\_

of \_\_\_\_\_

Insured: SJR 8561 G

Policy No: 50A1027948 120517 - 110518

Claims No: MT/0973902-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vehicle: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

	
N/S	O/S

Est. or Market Value: \_\_\_\_\_

DAO 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

Van No: SHD 3861M Page: 2/6  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/6 Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai I40 No: 168r  
 Colour: Blue A/C Ins: 0 Ed / Std / NI / NA  
 So Reading: 133553 T/Fac: Ins: 0 Ed / Std / NI / NA  
 Eng/No:  
 C/No: K MHLB414A 64091492  
 Gen. Cond: Good / 0 / Poor / Burnt  
 Steering: Inorder / 0 / Jammed / Leaked / Burnt or  
 Brake: Inorder / 0 / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / 0 / STD A/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.Bel. <u>7</u> mm		R.Bel. <u>7</u> mm
L.Bel. <u>7</u> mm		L.Bel. <u>7</u> mm
D.O.A. <u>13/12/17</u>		D.O.A. <u>14/12/17</u>

 Survey held at: CHE (607 mg)  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
Rear  
 The U/C / Chassis frame / Body Structure affected due to collision

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

Date / Time	Action / Instruction
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SHD 3061M - 703/ALH10024695/111620392

DWA: 22052011

Zm

SJR 85MG - CS/CAL/1022195/Kum

Duf: 2610.11

P/F

19/12/21 Control P/P \$1252.61 / 2 Days Cred: 1208.97 .49%

Date-Time File #page 107

☐ : Prel. Report  
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip:

Sue/Fee

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1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

Add Fee:  \$  . 

	$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$ $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$ $\frac{1}{256} \times \frac{1}{256} = \frac{1}{65536}$	$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$ $\frac{1}{4} \times \frac{1}{4} = \frac{1}{16}$ $\frac{1}{16} \times \frac{1}{16} = \frac{1}{256}$ $\frac{1}{256} \times \frac{1}{256} = \frac{1}{65536}$
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<p>    National Bureau of Economic Research </p>	<p>    National Bureau of Economic Research </p>
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**Report Format:**

Lump Sum / I.B. 1252.61



# 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/INC17023788/K1tb

73 BRAS BASAH ROAD

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

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 8561G	Veh. Inspected	SHD 3061M
Policy No.	5091027945	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.
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# 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

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="13/12/2017 17:17"/>						
Vehicle No.(For Motor)	<input type="text" value="SJR8561G"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5091027945	W AUTO LEASING PTE LTD	201632885E	GPC	drive CLASSIC	SJR8561G	SJR8561G	12/05/2017	11/05/2018
<input type="button" value="Continue"/>									

# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579721  
 Mobile + 65 0381 0260 Facsimile + 65 0380 9735  
 Workshops  
 25 Liewing Drive Singapore 508509 24 Serangoon Loop Singapore 736158  
 363 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
 25 Pandan Road Singapore 602066 10 Delfi Avenue 1 Singapore 525537  
 323 Hill Road Singapore 706863

Date/Time: 14.12.2017 15:24 Page : 1

Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO305097894

OWNER IS COMFORT TRANSPORTATION PTE LTD OWNER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHD3061M MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 23.06.2016 CHASSIS CODE: KMHLB41UMGU091499	MILEAGE FUEL E.....1/2.....F DATE/TIME IN: 14.12.2017 11:20 TARGET DATE COMPLETION DATE/TIME:
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COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 13.12.2017  
 ATURE: 3P 13.12.17

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHD3061M

LIMITS

Vehicle No.: SHD3061M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

## 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 14:23
Date Of Accident	13/12/2017 11:30
Exact Location Of Accident	NEW UPP CHANGI RD BF TANAH MERAH CONDO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3061M
<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	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	CHIN YONG HOW
NRIC No	S1057351C
Date Of Birth	11/12/1947
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1971
Driving Experience	46 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	YHCHIN@SINGNET.COM.SG

Address	BLK 33 EUNOS CRESCENT #06-250
Postcode	400033
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)	3

#### 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

PLS REFER TO 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	SJR8561G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN JIE YING CELIN
NRIC/Passport Number	S8142189G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
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.

CONFIDENTIAL TRANSPORTATION PTE LTD.  
2015-2016-2017-2018

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.:

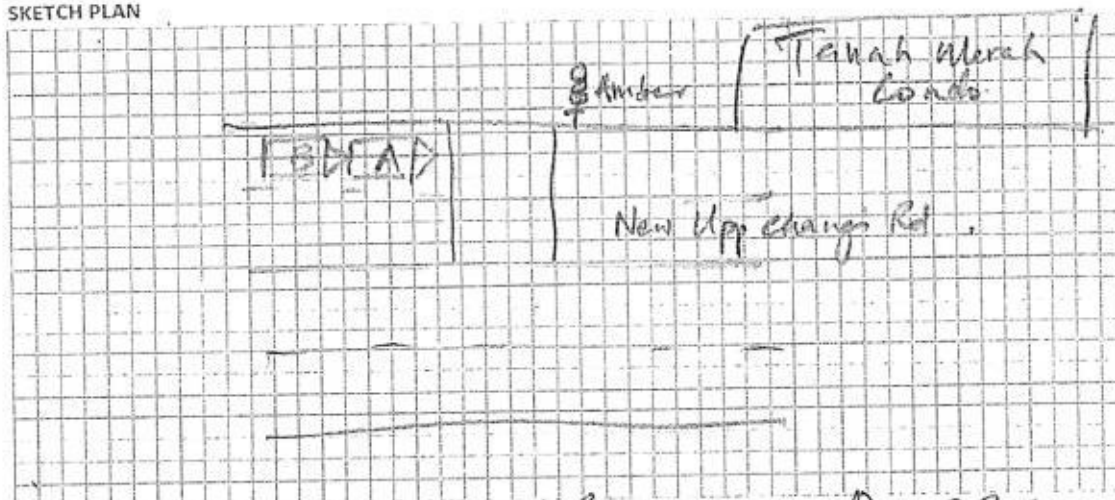
*[Signature]*  
S R Moorthy 14/12/17  
CSO

GIA/MAC SketchPlanForm\_V3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHD 3061M B) SJR 8561G  
On 13/12/17 at about 1130 hrs while I was A gradually slowed down and stopped before the pedestrian crossing traffic light that was already showing amber. Veh B collided on the rear portion of my stationary vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CZ REG NO. K07023318

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.:

SIATPAC Sketch Plan Form\_V2

*[Signature]* 14/12/17  
R. Moor  
GSC

## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305097894  
Date : 18/12/17

### FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN ANG  
Vehicle Reg No. : SHD3061M 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 --- SJR8561G
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$852.61
(b) Labour Charges	\$400.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,252.61</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
<b>Final Lumpsum Repair cost</b>	

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 : 19/12/17

### 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:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.12.2017

## REPAIR ESTIMATE

Time: 08:27:09

Page: 1

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

JOB NO : 305097894  
REGN NO : SHD3061M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 23.06.2016  
DATE/TIME IN : 14.12.2017 11:20  
ACCIDENT DATE : 13.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	BUMPER REAR	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	BUMPER CLIPS	10 L	22.00	20.00	17.60
0003 04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00	20.00	180.00
0004 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13
0005 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	<del>1.00</del>	50.00

SUB-TOTAL : 852.61

## JOB NATURE

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

SUB-TOTAL : 400.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 17.12.2017

Time: 08:27:09

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305097894  
REGN NO : SHD3061M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 23.06.2016  
DATE/TIME IN : 14.12.2017 11:20  
ACCIDENT DATE : 13.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,252.61

  
MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 3061M

DATE 14/12/2017

MAKE :

MODEL : HYUNDAI i40

NTUC-45

TS

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Detach</i>			\$ 603.60
	Rear Bumper Reinforcement <i>8mm</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>8mm</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>8mm</i>			\$ 49.00
	Rear Bumper Clips <i>me</i>			\$ 22.00
	Rear Bumper Sponge <i>8mm</i>			\$ 143.40
	Rear Bumper Under Cover <i>cl</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>shaded</i>		<i>1.0%</i>	\$ 135.70
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>380.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>180 SP</i>
	Wiring Charge			\$ <del>50.00</del> <i>xm 18</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>20 18</i>
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>
	<i>Kalvin LKK</i>			
	<i>14/12/17 1530 hrs</i>			
	<i>2 Days</i>			
	<i>P/P</i>			
	<i>Before Paint photo</i>			
	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 illegal modification(s) is allowed</li> <li>Supplementary demand(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> 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.			

**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/INC17023788/K1tbs2

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.	SJR 8561G	Veh. Inspected	SHD 3061M
Policy No.	5091027945	Coverage (\$)	0.00
Claim No.	MT/0973902-002	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.	2016
Chassis No.	KMHLB41UMGU091499	Colour	BLUE
Odometer	133553	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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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.
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**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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3061M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></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><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></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>1,252.61</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,252.61</b>

Report Ref No. NS/INC17023788/K1tbs2

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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