

Kalvin

NS/INC17023870/Klvbn2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop / ms _____
 of _____
 Insured: SKV 5507B
 Policy No: 5073706103-02 220917-220918
 Claims No: MT/0974297-002
 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

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

Veh No: SH 8885T Reg: 15 Jun 2017
 Type: M.Car / M.Cycle / Bus / Van / Lorry / 0 / Prime Mover
 Truck / Trailer or
 Make: Toyota Prius cc: 1798
 Colour: Blue A/C Ins: 0 Std / NI / NA
 Sp. Reading: 97450 T. Radio: Ins: 0 Std / NI / NA
 Eng. No: _____
 C.No: JTPKBJF490355808x
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: In 6 / Jammed / Leaked / Burnt or
 Brakes: In 6 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / 6 D A/Rim or
 Tyre Size: F: 195/65R15
 R: 7
 ES: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R. Bal: 7 mm R. Bal: 7 mm
 L. Bal: 7 mm L. Bal: 7 mm
 D.O.A: 14/12/17 D.O.I: 15/12/17
 Survey held at: CAGE (6771)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s Body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
SH 8885T - NS/INC11020083 / H/vm
SKV 5507B - X

DA: 28/12/2017

Inz
P/p

26/12/17 Blue P/P \$1174.23 / 2 P/m (Red 3243.90, 7370)

Date/Time File Pass to: ☐ : Preli. Report
☐ : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: 1

Survey Fee
 Transcription

Date/Time File Return to:

: 28/12 - typist

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

Phone
 Email

Report Format:
 Lump Sum / I.B.I: \$ 1174.23

160
35
195

Survey Department Check List (Case Handler)

Reference No.: NS/INC17033870/Kvb
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)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 27/12/17
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC17023870/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 5507B	Veh. Inspected	SH 8885T
Policy No.	5073706103-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/12/2017

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	14/12/2017	Inspection Date	15/12/2017
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 : 27/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0974232-002	COMFORT TRANSPORTATION	SH 674DR	SHD 1580U	18/12/2017	12:40	\$ 1,609.80
2	MT/0975237-002	COMFORT TRANSPORTATION	SHC 3431J	SJW 1193E	16/12/2017	19:25	\$ 1,981.22
3	Not OI	COMFORT TRANSPORTATION	SHC 3872U	YK 1970P	19/12/2017	9:05	\$ 2,661.58
4	MT/0975239-001	COMFORT TRANSPORTATION	SHD 3643J	FV 9226U	18/12/2017	9:55	\$ 1,540.50
5	MT/0973342-002	COMFORT TRANSPORTATION	SHC 3019S	SKU 8437E	11/12/2017	18:00	\$ 4,120.40
6	MT/0974297-002	COMFORT TRANSPORTATION	SH 8885T	SKV 5507B	14/12/2017	12:35	\$ 4,418.13
7	MT/0975242-001	COMFORT TRANSPORTATION	SHC 1195D	SKE 3642X	14/12/2017	1:00	\$ 1,531.00
8	MT/0975243-001	COMFORT TRANSPORTATION	SHD 6825G	SIF 8753J	14/12/2017	8:25	\$ 4,013.36

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[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"/>	5073706103-02	QUEK SOO NGOH	S13877001	GPC	drive CLASSIC	SKV5507B	SKV5507B	23/09/2017	22/09/2018

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 16:39
Date Of Accident	14/12/2017 12:35
Exact Location Of Accident	YISHUN AVE 6 OPEN AIR CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8885T
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	TOYOTA
Model	PRIUS HYBRID 4G
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	OO SEE ZONG
NRIC No	S1195585A
Date Of Birth	20/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1976
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 243 TAMPINES STREET 21 #11-403
Postcode	521243
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	SIDE SWIPE
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)	1

Details of Police Action

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

Circumstances of Accident

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	SKV5507B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ONG BUN TEK
NRIC/Passport Number	
Contact Number	96261353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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.

Policyholder's Signature
Date & Time:

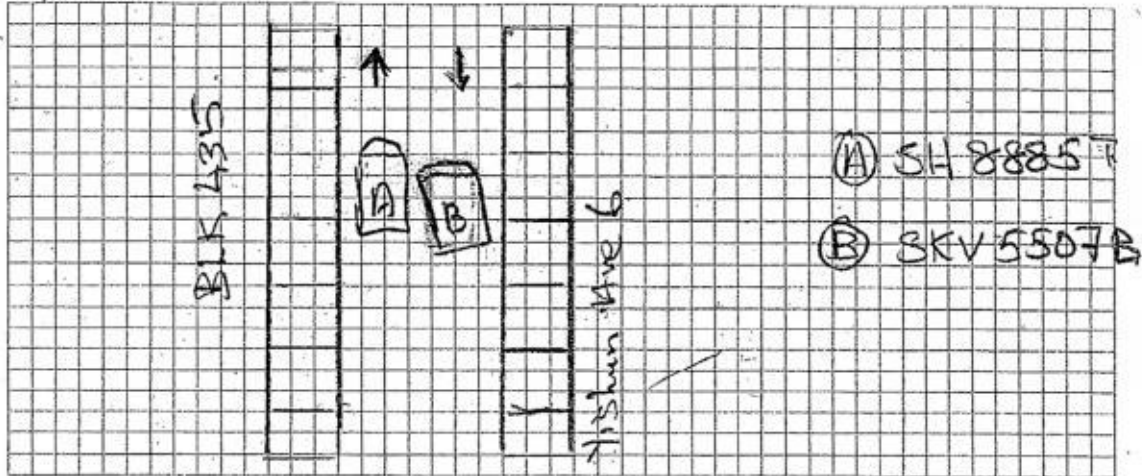

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

646146 SketchPlanForm_V2



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14th/12/2017 at about 1235 hrs, I, Vehicle A was driving along Yishun ave 6 Open car parked. There was two way traffic, As a vehicle B was in front of me driving slow and he was more to the right end, when I horn him, then I keep to left and going straight, when I was parallel with him suddenly he left lane and collided onto my vehicle A right front portion causing the damage.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Jackson Heng
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Workshops

59 Loring Drive Singapore 538285	28 Barkua Loop Singapore 758158
383 Sun Ming Drive Singapore 576217	7 Sungei Kadut Way Singapore 723797
43 Pandan Road Singapore 602290	6 Tolly Avenue 1 Singapore 529597
354 S. B. Road Singapore 686600	

Date/Time: 15.12.2017 08:28 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305097939

COMER	REGN NO: SH 8885T	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: TOYOTA	FUEL E.....1/2.....F
COMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL PRIUS HYBRID(G4)21.	DATE/TIME IN 12.2017 15:30
RESS 65508755	YR OF MANU 15.06.2017	TARGET DATE
(R) (P)	CHASSIS CODE JTDKE3FU903558684	COMPLETION DATE/TIME:
OUNT CARD NO.		

JOB DESCRIPTION

ccident Date: 14.12.2017
ATURE: 3P 14.12.17

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

40.	SH 8885T	LIMITS	Vehicle No.:	SH 8885T
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Service Advisor	Signature/Date	Name of Service Advisor	Date
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REPAIR ESTIMATE

VEHICLE NO : SH 8885T

MAKE :

MODEL : TOYOTA PRIUS

NTUC-CPI/P)

15/12/2017

TS

LKK - Kalvin

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>x repair</i>			\$ 490.50
FRONT BUMPER CLIPS <i>x m</i>			\$ 22.00
BRACKET, FRONT BUMPER SIDE, RH <i>x 500</i>			\$ 77.00
FRONT FENDER HYBRID EMBLEM, RH <i>- all</i>			\$ 86.50
PANEL SUB-ASSY, FRONT DOOR, RH <i>+ M²</i>			\$ 1,227.00
MIRROR ASSY, OUTER REAR VIEW, RH <i>x repair</i>			\$ 1,374.00
FRONT WHEEL HUB CAP <i>- hand</i>			\$ 175.80
			\$ 84.70
SUB TOTAL			\$ 3,537.50
LESS 25%			\$ 884.38
DISCOUNTED TOTAL			\$ 2,653.13
FRONT DOOR COMFORT LOGO <i>- m</i>			\$ 75.00
LABOUR CHARGE			
Panel Beating			\$ 600.00
Spray Painting Charge			\$ 700.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 100.00
Transfer of Door			\$ 120.00
FRT Wheel Alignment			\$ 120.00
TOTAL LABOUR			\$ 1,690.00
ESTIMATE TOTAL			\$ 4,418.13
			4354.60

LKK Auto Centre hereby 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 is allowed

Supplementary work must be surveyed and is subject to approval from Insurance Company

Acknowledged by Customer

Signature:

Date:

Kalvin LKK

15/12/17 11:35hrs

3 Pgs.

P/P

Before Paint photo

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

Our Job Ref No : 305097939

Date : 26/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8885T

Date of Accident : 14-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 --- SKV5507B
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$264.22
 - (b) Labour Charges \$910.00
 - Total for Part-By-Part Repair Cost \$1,174.22**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

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 : 26/12/17

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:

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

JOB NO : 305097939
REGN NO : SH 8885T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 15.06.2017
DATE/TIME IN : 14.12.2017 15:30
ACCIDENT DATE : 14.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2297-G	FRT FENDER HYBRID RH	1	86.50	25.00	64.87
0002 03-01-0302-2057-G	FRT WHEEL CAP RH	1	175.80	25.00	131.85
0003 28-01-0103-0003-A	Frt Door COMFORTDELGRO RH	1	75.00	10.00	67.50


SUB-TOTAL : 264.22

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	590.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 910.00

TOTAL : 1,174.22


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO



Thatcham escribe


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/INC17023870/K1vbn2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 03-01-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKV 5507B	Veh. Inspected	SH 8885T
Policy No.	5073706103-02	Coverage (\$)	0.00
Claim No.	MT/0974297-002	Excess (\$)	0.00
Assign From		Assign Date	15/12/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU903558684	Colour	BLUE
Odometer	97450	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/12/2017	Inspection Date	15/12/2017
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:		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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8885T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	TO REPAIR	490.50	-
1	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	BRACKET,FRONT BUMPER SIDE,RH	SERVICEABLE	77.00	-
1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	86.50	86.50
1	PANEL SUB-ASSY,FRONT DOOR,RH	TO REPAIR	1,227.00	-
1	MIRROR ASSY,OUTER REAR VIEW,RH	TO REPAIR	1,374.00	-
1	FRONT WHEEL HUB CAP	GRAZED	175.80	175.80
	LESS 25% DISCOUNT		-863.20	-65.57
			2,589.60	196.73
NETT ITEMS				
1	FRONT DOOR COMDORT LOGO (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		890.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		800.00	610.00
			1,690.00	910.00
GRAND TOTAL			4,354.60	1,174.23
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,174.23

Report Ref No. NS/INC17023870/K1vbn2

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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