

Surveyor

Kalvin

REF: NS/INC17023970 / Klrbn2

ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: FBL 157U

Policy No. 5080200223-01 050517-040518

Claims No. MT/0973951-002

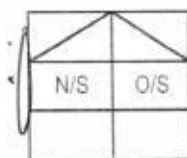
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: \_\_\_\_\_

IDAC 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC8634H Yr Regn: 5 Nov 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 338022 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCB 4/4A 64 08041

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/12/12 D.O.I. 18/12/12

Survey held at CDE (67m)

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

N/S R/Ly

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

Date / Time	Action / Instruction		
	SHC 8634H - CS/INC 0803 1466 / Cw	DA-05-1108	INC
	FBL 157U - X		L/S
26/12/12	Contract 1 L/S of 1200 / 2 hrs		
	Red: \$ 2553.56, 68%.		

RECEIVED 2 DEC 2012

Date/Time, File Pass to?

☐ : Preli. Report

1) typed

☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation: \_\_\_\_\_ \$ + RS: \_\_\_\_\_ \$

Photos

Others

Add Fee:

☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: 7P

Lump Sum / +B.I: (\$ 1200 )

TOTAL

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/INC17023970/K1rb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 18-12-2017	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBL 157U	Veh. Inspected	SHC 8634H	
Policy No.	5080200223-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	18/12/2017	
<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	15/12/2017	Inspection Date	18/12/2017	
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 : 27/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0972645-002	COMFORT TRANSPORTATION	SHC 8177K	FX 9366M	05/12/2017	21:05	\$ 2,900.10	\$ 785.70
2	MT/0973212-002	COMFORT TRANSPORTATION	SHA 3634B	SJE 5833K	09/12/2017	3:30	\$ 1,576.08	\$ 1,246.08
3	MT/0974344-002	COMFORT TRANSPORTATION	SHA 5827Z	GX 6775Z	18/12/2017	13:50	\$ 1,471.75	\$ 1,144.70
4	MT/0975372-001	COMFORT TRANSPORTATION	SHD 3174X	FY 8286L	21/12/2017	5:10	\$ 3,250.92	\$ 2,455.26
5	MT/0973951-002	COMFORT TRANSPORTATION	SHC 8634H	FBL 157U	15/12/2017	19:10	\$ 3,753.56	\$ 1,200.00
6	MT/0974441-002	COMFORT TRANSPORTATION	SH 7288Z	SJE 2095T	19/12/2017	15:00	\$ 2,535.58	\$ 1,790.78

Claim received from LKK

eBaoTech

GeneralClaim

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"/>	5080200223-01	TAN JIAN BING	S91352691	GMC	Third Party, Fire & Theft	FBL157U	FBL157U	05/05/2017	04/05/2018

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHD3174X
Vehicle to be Exported:	No
Intended De-registration Date:	27 Dec 2017
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	D4FDGU652164
Chassis No.:	KMHLB41UMGU091532
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,178.00
Original Registration Date:	23 Jun 2016
First Registration Date:	23 Jun 2016
Transfer Count:	0
Actual ARF Paid:	\$19,178.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jun 2024
PARF Rebate Amount:	\$14,383.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$30,142.00
<b>Total Rebate Amount:</b>	<b>\$44,525.00</b>
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Dec 2017

## 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	16/12/2017 11:41
Date Of Accident	15/12/2017 19:10
Exact Location Of Accident	TPE TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8634H
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TEO HOE PENG TERRANCE
NRIC No	S6920565H
Date Of Birth	20/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TEOTERRANCE45@YAHOO.COM.SG

Address	BLK 662B EDGEDALE PLAINS #04-674
Postcode	822662
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	FBL157U
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	TAN JIAN YI
NRIC/Passport Number	S9541537G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NO DAMAGED
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.
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5. Any false reporting may be referred to the Police for investigation.
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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:

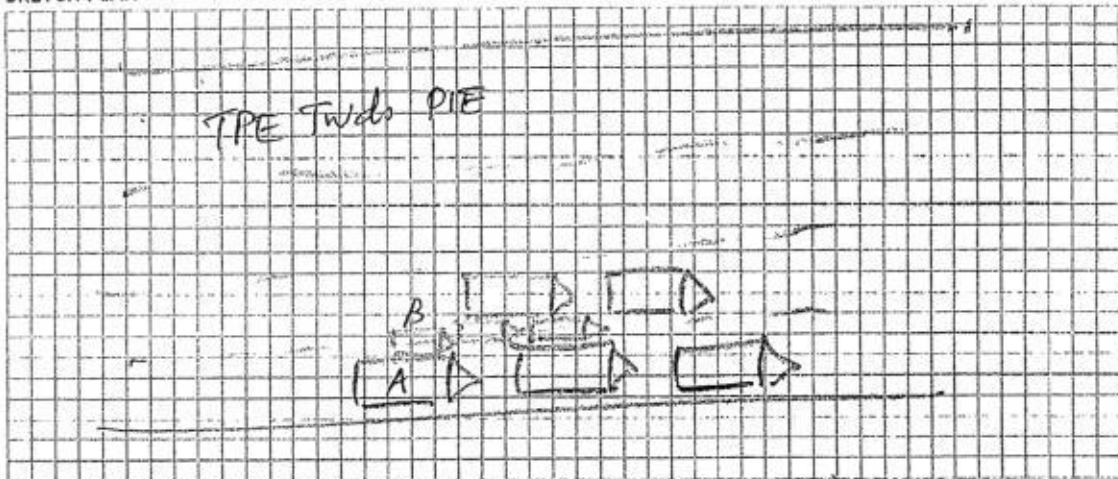
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GINIIMC SketchPlanForm\_V3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHC8634 H B) FBL1574

On 15/12/17 at about 1910hrs while I (Car A) slowed down due a traffic accident congestion ahead, Veh B collided on the left wing mirror of my vehicle and damaged it. My left doors were also dented.

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:

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

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

NTUC  
LHS

Date/Time: 16.12.2017 12:09 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305098520

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHC8634H MAKE HYUNDAI MODEL I-40 YR OF MANU 05.11.2015 CHASSIS CODE KMHLB41UMGU080411	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 15.12.2017 19:10 TARGET DATE COMPLETION DATE/TIME:
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JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 15.12.2017  
ATURE: 3P 15.12.17

/NO LABOR CODE DESCRIPTION

LKK - Kalut

BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Checklist No.: SHC8634H LIMTS	Exit Pass Vehicle No.: SHC8634H
Signature/Date	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8634H

DATE 18/12/2017 10:09

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (LH) <i>X repair</i>			\$ 1,403.00
	Front Door Gear / Regulator (LH) <i>X sec</i>			\$ 785.50
	Front Door Outer Handle (LH) <i>X sec</i>			\$ 53.00
	Front Door Outer Moulding (LH) <i>X sec</i>			\$ 63.70
	Front Door Mirror (LH) <i>— Buh</i>			\$ 980.50
	<i>Rear Door (LH) X repair</i>			
	<b>SUB TOTAL</b>			<b>\$ 3,285.70</b>
	<b>LESS 20%</b>			<b>\$ 657.14</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,628.56</b>
	Front Door Comfort Logo (LH) <i>— uc</i>			\$ 75.00 <b>Nett</b>
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>— sec</i>			\$ 80.00 <b>Nett</b>
				<b>\$ 155.00</b>
	<b>Labour Charge</b>			<i>20%</i>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>400.00</del> <i>36</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>X m</i>
	Transfer of Door			\$ <del>120.00</del> <i>X m</i>
	<b>TOTAL LABOUR</b>			<b>\$ 970.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,753.56</b>
<i>Kalin (LKK)</i> <i>11/ 18/12/17 1105h.</i> <i>2 P. 7,</i> <i>4/1</i> <i>After Repair photo</i>				
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 rem(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.				



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 15/12/17 Time Received:		3. Vehicle Type:	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : MR TEO Contact No. : 90027525 Vehicle No. : SHC 8634H Make / Model / Colour : COMFORT - I40 Email :		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
		4. Type of Towing:	
		<input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
		5. Nature of Service:	
		<input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
		6. Parts Replaced/Remarks:	
7. Location: 9 ELIAS RD -		8. Vehicle Tow - In Workshop:	
9. Preferred Workshop:		<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
<input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			
10. Odometer Reading : 338022		11. Radio / CD Player	
Fuel Level : F 1/4 1/2 3/4 E		<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS			
Name of Driver : Balan			
Vehicle No. : GV 55932			
Time Dispatch : 2010			
Time of Arrival : 2005			
Time Completed : 2025			
# : Cracked X : Dented / : Scatched O : Missing Signature of Customer			
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.			
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.			
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
15/12/17			
Date		Time	
		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305098520

Date : 26/12/17

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8634H

Date of Accident : 15-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 --- FBL 157U

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

\$1,200.00

**Final Lumpsum Repair cost**

**\$1,200.00**

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 26/2/17

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023970/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-01-2018

189556



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	FBL 157U	Veh. Inspected	SHC 8634H
Policy No.	5080200223-01	Coverage (\$)	0.00
Claim No.	MT/0973951-002	Excess (\$)	0.00
Assign From		Assign Date	18/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080411	Colour	BLUE
Odometer	338022	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	205/60 R16	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

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.

DAMAGES SEE DETAILS.

**5. General Information**

Accident Date	15/12/2017	Inspection Date	18/12/2017
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:	<b>2 Working Days</b>
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# National Assessment Centre Services

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

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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8634H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT DOOR (LH)	TO REPAIR	1,403.00	-
1	FRONT DOOR GEAR/REGULATOR (LH)	SERVICEABLE	785.50	-
1	FRONT DOOR OUTER HANDLE (LH)	SERVICEABLE	53.00	-
1	FRONT DOOR OUTER MOULDING (LH)	SERVICEABLE	63.70	-
1	FRONT DOOR MIRROR (LH)	BROKEN	980.50	980.50
1	REAR DOOR (LH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-657.14	-196.10
			2,628.56	784.40
<b>SPECIAL NETT ITEMS</b>				
1	FRONT DOOR COMFORT LOGO (LH)(SN)	NECESSARY	75.00	75.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
			155.00	155.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			970.00	580.00
<b>GRAND TOTAL</b>			<b>3,753.56</b>	<b>1,519.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,200.00</b>

Report Ref No. NS/INC17023970/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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