

Supervisor: Kalvin

NS/INC17023979/K1402

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop No: _____
 of: _____
 Insured: SJB 4580L
 Policy No: 5084359656-01 180817
 Claims No: MT/0974282-002
 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 |
| | |

Est. or Market Value: _____
 IDAO Accident Report: _____ 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: SH 7849E Reg: 14 May 2015
 Type: M/Gar / M/Cycle / Bus / Van / Lorry / 0 (Prime Mover)
 Truck / Trailer or
 Make: Hyundai Iko cc 168r
 Colour: Blu A/C Insul: 0 Std / NI / NA
 Se Reading: 365930 T Radior Insul: 0 Std / NI / NA
 Eng No: _____
 O-Net: KMHLD8414MF406895X
 Gen. Cond: Good / 0 / Poor / Burnt
 Steering / Inord: 0 / Jammed / Leaked / Burnt or
 Brake: Inord: 0 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD: 0 / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Westlake
 Front: 7 Rear: 7
 R.Bal: 7 mm R.Bal: 7 mm
 L.Bal: 7 mm L.Bal: 7 mm
 D.O.A: 17/12/17 D.O.I: 18/12/17
 Survey held at: COKE (Lanyu)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/O / Rooftop or
Rear
 The U/O / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction
22/12/17 SH 7849E - CC3/ALA 13004639 / H152y DIA: UT013 INC
SJB 4580L - X 4/5
(Return) 4/5 1230/322 (Red 1396.38, 389)

RECEIVED 26 DEC 2017

Date/Time File Pass to: ☐ : Preli. Report
☐ : Final Report
 Date/Time File Return to: 26/12-tylist
 Report Format: _____
 Lump Sum: 2300/2
 Days Of Repair: 3
 Resurvey No. of Trip: 1
 Add Fee: ☐ Site Insp: 5
☐ Inspected: 5
☐ Tech Insp: 5
☐ Rep/Amo: 5
 Survey Fee: _____
 Transportation: 160
35
195

Survey Department Check List (Case Handler)

Reference No.: NS/INC17023979/K1v6
 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

| | | | | | |
|---|------------------------|---|--|--|--|
| 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 | ✓ | | | |
|---|--------------------------------------|---|--|--|--|

(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 23/12/17
 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/INC17023979/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SJB 4580L | Veh. Inspected | SH 7849E |
| Policy No. | 5084359656-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 18/12/2017 |

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

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

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 17/12/2017 | 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. |
|--|

TP Claims against NTUC Income: Follow-Through Survey

Date : 22/12/2017

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/0972761-002 | CITYCAB PTE LTD | SHC 7093A | SLJ 9582H | 06/12/2017 | 20:40 | \$ 4,922.56 |
| 2 | MT/0974282-002 | COMFORT TRANSPORTATION | SH 7849E | SJB 4580L | 17/12/2017 | 12:00 | \$ 3,617.98 |
| 3 | MT/0974257-002 | COMFORT TRANSPORTATION | SHC 1218Y | SHB 8791S | 18/12/2017 | 18:30 | \$ 8,281.26 |

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 NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|---------------|----------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5084359656-01 | FYA RENTAL & LEASING | 53346385L | GFT | Third Party | SJB4580L | SJB4580L | 18/08/2017 | |

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 | 18/12/2017 14:05 |
| Date Of Accident | 17/12/2017 12:00 |
| Exact Location Of Accident | BEDOK RESERVOIR RD AFTER JLN DAMAI. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH7849E |
| 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 | 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-1572701MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN GUK ENG |
| NRIC No | S1461294G |
| Date Of Birth | 13/09/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/04/1986 |
| Driving Experience | 31 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 613A BEDOK RESERVOIR ROAD #11-1358 |
| Postcode | 471613 |
| 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) | 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 | SJB4580L |
| Vehicle Make/Model/Colour | MITSUBISHI |
| Details Of Properties | |
| Name of Driver | MUHAMMAD FAZRUL BIN NAZARUDIN |
| NRIC/Passport Number | S9337034A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

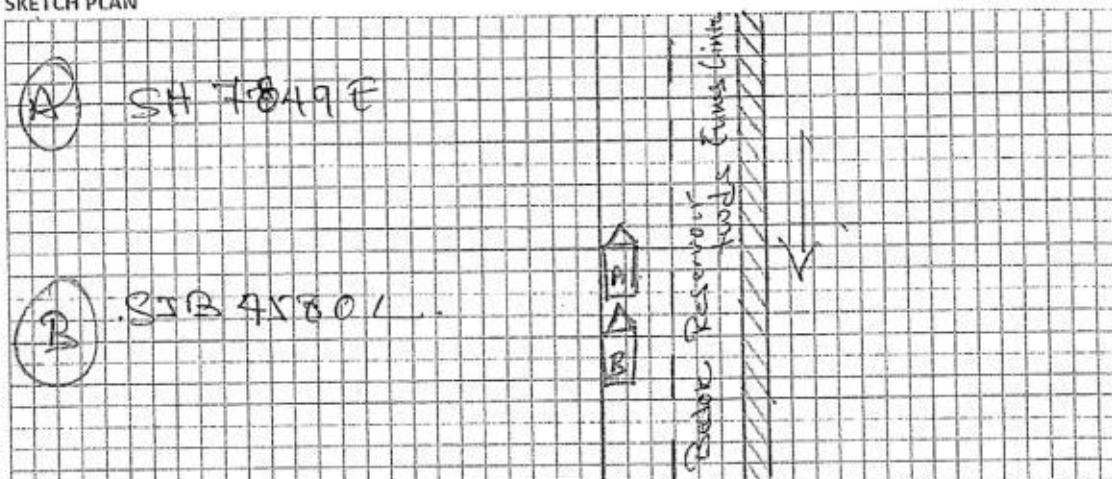
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIAIAC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17 Dec 2017 @ 1200hrs. I

veh-A was driving along Bedok reservoir Rd

towards Eunos linc, along the way I

veh A slow down on my 2nd lane to pick

up passengers after few sec veh B from rear

hit veh A rear. at the point of accident

I veh A no passengers.

DECLARATION

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

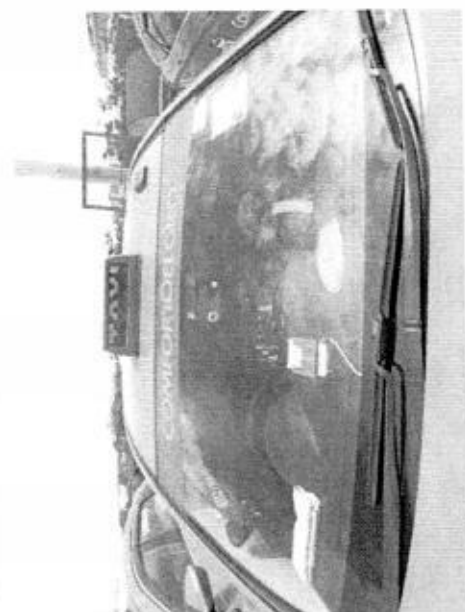
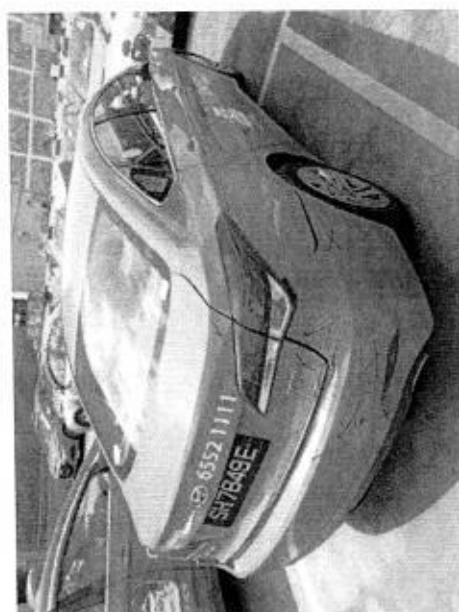
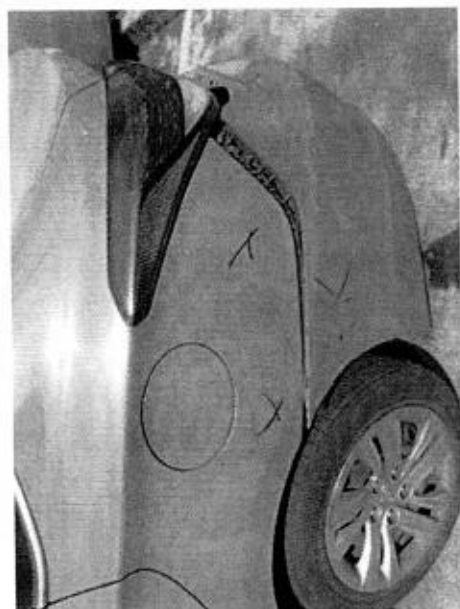
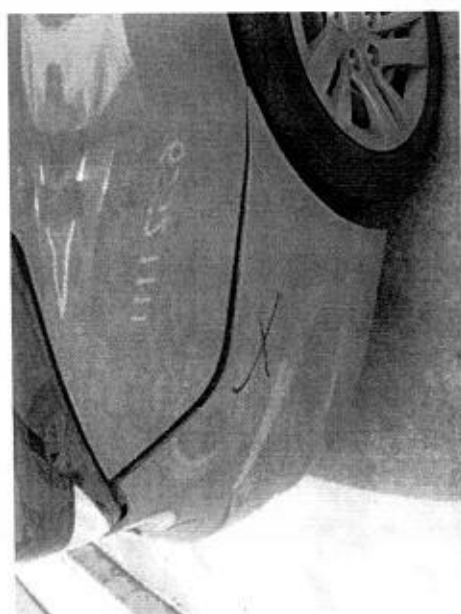
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

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.:

GURMC SketchPlanForm_V3



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305098966

OMER

REGN NO: SH 7849E

MILEAGE

COMFORT TRANSPORTATION PTE LTD

MAKE: HYUNDAI

FUEL

IS 7010045

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

383 SIN MING DRIVE

MODEL I-40

DATE/TIME IN
17.12.2017 14:20

ESS SOS BIN HING DRIVE
Singapore SINGAPORE 575717

65508755

YR OF MANU
14.05.2015

TARGET DATE

(R) 65508755 (O)

(P)

CHASSIS CODE
KMHLB41UMFU068954

COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 17.12.2017

ATURE: 3P 17.12.17

| /NO | LABOR CODE | DESCRIPTION |
|-----|------------|-------------|
|-----|------------|-------------|

MAILED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SH 7849E JU NTUC LKK

Vehicle No.: SH 7849E

f Service Advisor

Signature/Date

Name of Service Advisor

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

NT4C

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7849E

DATE 18/12/2017 15:49

Jumani

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|--|--|------|------------|-------------|---------|
| | Rear Bumper <i>Detail</i> | | | \$ 603.60 | |
| | Rear Bumper Reinforcement <i>one</i> | | | \$ 504.35 | |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>2 one</i> | | \$ 180.00 | \$ 360.00 | |
| | Rear Bumper Sponge <i>2 trim</i> | | | \$ 143.40 | |
| | Rear Bumper Under Cover <i>cut RH one</i> | | | \$ 225.00 | |
| | Rear Bumper Reflector Lamp (LH) <i>one</i> | | | \$ 32.00 | |
| | Rear Bumper Clips 10 pcs <i>one 49</i> | | | \$ 22.00 | |
| | <i>Rear Bumper side Bracket (LH/RH) one</i> | | \$ 98 | | |
| | SUB TOTAL | | | \$ 1,890.35 | |
| | LESS 20% | | | \$ 378.07 | |
| | DISCOUNTED TOTAL | | | \$ 1,512.28 | |
| | Rear Bumper Reverse Sensor <i>shorted</i> | | | \$ 135.70 | Nett |
| | Labour Charge | | | | |
| | Panel Beating- Repair Rear Fender, RH | | | \$ 750.00 | 600 |
| | Spray Painting Charge | | | \$ 950.00 | 540 |
| | Wiring Charge | | | \$ 50.00 | x 2 |
| | Tuff Kote | | | \$ 50.00 | x 2 |
| | Towing Charge | | | \$ 50.00 | x 2 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 | 20 |
| | <i>Kalun 16/1/14</i> | | | | |
| | TOTAL LABOUR | | | \$ 1,970.00 | |
| | ESTIMATE TOTAL | | | \$ 3,617.98 | 3696.38 |
| | <i>18/12/17 1555hrs.</i> | | | | |
| | <i>3 Days</i> | | | | |
| | <i>4/5</i> | | | | |
| | <i>After Repair</i> | | | | |
| 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. | | | | | |

| SUPPLEMENTARY OF PARTS AND LABOUR COSTS | | | |
|---|-----|----------|---------|
| DESCRIPTION | QTY | ESTIMATE | REMARKS |
| REAR BUMPER SIDE BRACKET LH | 1 | \$49.00 | |
| REAR BUMPER SIDE BRACKET RH | 1 | \$49.00 | |
| | | | |
| | | | |
| CHECK ITEM | | | |
| REAR BUMPER SPONGE | 1 | \$143.40 | |
| REAR BUMPER REINFORCEMENT BRACKET | 2 | \$360.00 | |
| | | | |
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| | | | |
| | | | |
| | | | |
| TOTAL: | | \$601.40 | JUMANI |

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305098966

Date : 21.12.17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 7849E

Date of Accident : 17/12/2017

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


1. The repair job shall bill to: NTUC --- SJB4580L
###
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% \$2,300.00
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 22/12/17

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 | | N | | |
| 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/INC17023979/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SJB 4580L | Veh. Inspected | SH 7849E |
| Policy No. | 5084359656-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/0974282-002 | 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. | KMHLB41UMFU068954 | Colour | BLUE |
| Odometer | 365930 | 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 | WEST LAKE | 7 mm |
| L/H Front Tyre | 205/60 R16 | WEST LAKE | 7 mm |
| R/H Rear Tyre | 205/60 R16 | WEST LAKE | 7 mm |
| L/H Rear Tyre | 205/60 R16 | WEST LAKE | 7 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 17/12/2017 | 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: | 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7849E

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|-----------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR BUMPER | DEFORMED | 603.60 | 603.60 |
| 1 | REAR BUMPER REINFORCEMENT | CRACKED | 504.35 | 504.35 |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00 | CRACKED | 360.00 | 360.00 |
| 1 | REAR BUMPER SPONGE | TORN | 143.40 | 143.40 |
| 1 | REAR BUMPER UNDER COVER | CUT | 225.00 | 225.00 |
| 1 | REAR BUMPER REFLECTOR LAMP (RH) | CRACKED | 32.00 | 32.00 |
| 10 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 2 | REAR BUMPER SIDE BRACKET (LH/RH) @\$49.00 | CRACKED | 98.00 | 98.00 |
| | LESS 20% DISCOUNT | | -397.67 | -397.67 |
| | | | 1,590.68 | 1,590.68 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SHORTED | 135.70 | 135.70 |
| | | | 135.70 | 135.70 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 920.00 | 620.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 1,000.00 | 540.00 |
| | TOWING CHARGE. | | 50.00 | - |
| | | | 1,970.00 | 1,160.00 |
| GRAND TOTAL | | | 3,696.38 | 2,886.38 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 2,300.00 |

Report Ref No. NS/INC17023979/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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