

Signature

Kalin

REF:

NS/INC17024 062/Hlgbe2

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: PC 983H

Policy No: 5074506214-02 06.10.17 - 05.10.18

Claims No: MY10974165-002

Sum Insured:

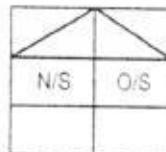
Excess:

(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: 7 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:

SHC397L

Yr Regn:

12 Mar 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T₀ / Prime Mover /

Truck / Trailer or

Make:

Hyundai Ix0

C.C.

1685

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp Reading:

443641

T/Radio

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLP414MF4065457

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F:

205/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front

Rear

R/Bal:

2

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A.

17/12/17

D.O.A.

19/12/17

Survey held at

CDE (Long)

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

n/s B/L

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

Date / Time Action / Instruction

SHC 397L - 003 / ALG 12013479 / Hlg2+2y

DA: 070712

INC 45

21/12/17

Confirmed PIP \$ 735 / 20p. (Red 41712.80, 70%)

RECEIVED 21 DEC 17

Date/Time File Pass to?

☐

Preli. Report

1: 21/12/17

☐

Final Report

Date/Time File Return to?

2:

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee

Transportation

P.L.S. + P.S. \$

Per diem

Total

Add Fee:

☐

Site Insp. \$

☐

Interview \$

☐

Tech. Insp. \$

☐

Week-end \$

Report Format:

TP

Lump Sum / I.B.I. \$

735

140

35

149



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/INC17024062/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 983H	Veh. Inspected	SHC 3973L
Policy No.	5074506214-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

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	19/12/2017
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.
--

Survey Department Check List (Case Handler)

Reference No.: NS/INC1704062/K196
 Policy Type: OD / TP / RES / TL / EVA

SHC 3973L

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin): 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:

Calvin 21/12/17

Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/12/2017

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/0974613-001	COMFORT TRANSPORTATION	SHC 2492P	SLQ 2300P	10/12/2017	2:50	\$ 38,537.65	TOTAL LOSS
2	MT/0974113-002	COMFORT TRANSPORTATION	SHD 4942P	GBC 7893D	16/12/2017	23:35	\$ 13,720.90	\$ 6,450.00
3	MT/0974165-002	COMFORT TRANSPORTATION	SHC 3973L	PC 983H	17/12/2017	17:00	\$ 2,447.80	\$ 735.00
4	MT/0973989-002	COMFORT TRANSPORTATION	SHB 4019R	SKC 8233X	16/12/2017	12:20	\$ 3,389.36	\$ 1,950.00
5	MT/0974329-002	COMFORT TRANSPORTATION	SHC 3610J	SFH 8613R	17/12/2017	16:15	\$ 3,823.58	\$ 1,000.00

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"/>	5074506214-02	VIVOO HOLIDAYS PTE. LTD.	201017632D	GBS	Comprehensive	PC983H	PC983H	06/10/2017	05/10/2018

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	18/12/2017 11:03
Date Of Accident	17/12/2017 17:00
Exact Location Of Accident	KEPPEL VIADUCT IN THE DIRECTION TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3973L
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	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	FANG YEW FUI
NRIC No	S1374298G
Date Of Birth	08/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 116B RIVERVALE DRIVE #14-28
Postcode	542116
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)	2

Details of Police Action

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

Circumstances of Accident

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	PC983H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN TEIK HOOI
NRIC/Passport Number	S7176032D
Contact Number	91022855
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

IMPORTANT NOTICE

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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. 199203921R

Policyholder's Signature
Date & Time:

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

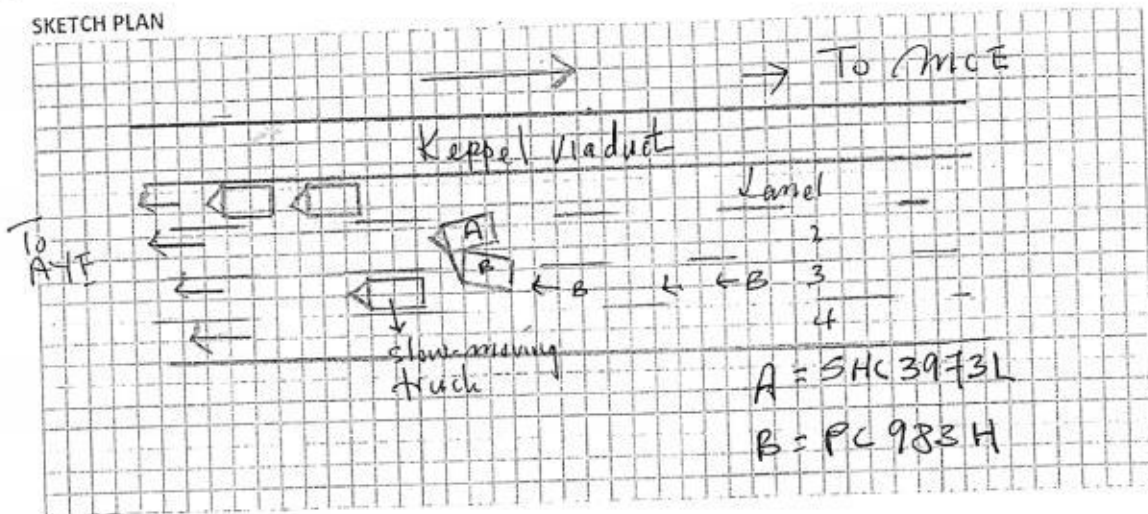
Reporting Centre Personnel's Signature
Name: Ee Soon
NRIC/FIN No.:

641414C SketchPlanForm_V0



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO REG NO 192203321R

18/12

En Soon
CSO

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.:

G:\RAC_SketchPlanForm_V2

Sketch Plan Pg. 3

SHC 3973 L

- ACCIDENT STATEMENT

I travelled on MCE yesterday afternoon (17/12/2017) ferrying a male passenger on the way to Vivocity.

As seen in the video footage, while I moved on the fast lane, vehicle B (PC 983H), a white passenger van, was seen moving on other lane on the left side of the expressway.

As further shown in the video footage, after exiting MCE, I changed from lane 1 to lane 2 on Keppel Viaduct as I was preparing to exit into Keppel Road in the junction ahead. I only veered to this lane after checking it was clear traffic on lane 2 and safe to do so.

However, when I had shifted to this lane, it was vehicle B that hit into the left front of my car after it shifted to the same lane in avoiding a slow-moving truck ahead on lane 3 it was moving alone.

The right front to vehicle B sustained minor dents.

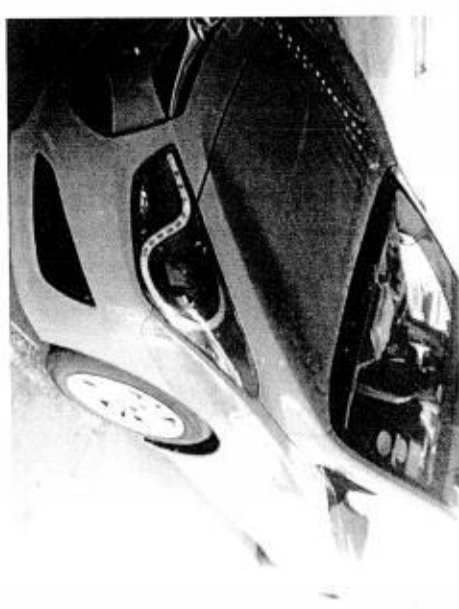
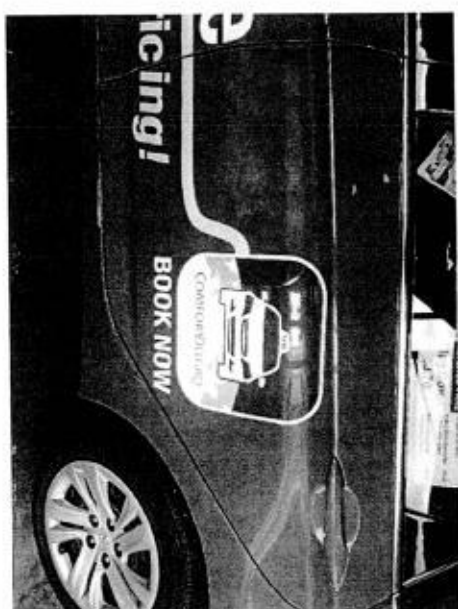
I took photos at the scene.

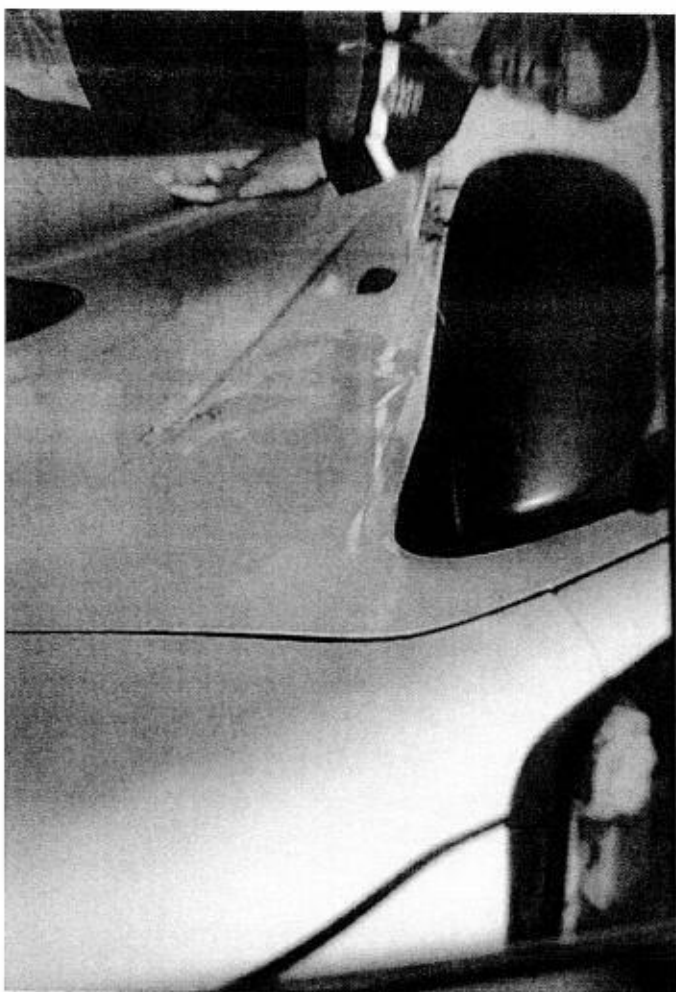
No report of injury at the time of accident.

I affirmed the above-statement is true and correct.

Driver name : Fang Yew Fui
NRIC NO : S 1374298G
Date: 18/12/2017

Recorded by Alex Lim





SINGAPORE ACCIDENT STATEMENT

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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.
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ACCIDENT STATEMENT

Date Of Report	18/12/2017 11:03
Date Of Accident	17/12/2017 17:00
Exact Location Of Accident	KEPPEL VIADUCT IN THE DIRECTION TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3973L
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	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	FANG YEW FUI
NRIC No	S1374298G
Date Of Birth	08/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305098732

OWNER IS COMFORT TRANSPORTATION PTE LTD OWNER NO 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (R) 65508755 (Q) (P)		REGN NO SHC3973L	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 18.12.2017 08:35
		YR OF MANU 12.03.2015	TARGET DATE
JUNT CARD NO.		CHASSIS CODE KMHLB41UMFU065457	COMPLETION DATE/TIME:

Accident Date: 17.12.2017
 Nature: 3P 17.12.17/C

JOB DESCRIPTION

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

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC3973L JU NTUC LKK

Vehicle No.: SHC3973L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3973L

DATE 18/12/2017 16:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (LH) <i>x repair</i>			\$ 619.00
	Front Fender Shield (LH) <i>x 50%</i>			\$ 169.80
	Front Fender Retainer <i>x 50%</i>			\$ 9.20
	Front Door Mirror (LH) <i>x repair</i>			\$ 980.50
	SUB TOTAL			\$ 1,778.50
	LESS 20%			\$ 355.70
	DISCOUNTED TOTAL			\$ 1,422.80
	Front Fender Advertisement Logo (LH) <i>— net</i>			\$ 100.00
	Front Door Comfort Logo (LH) <i>— net</i>			\$ 75.00
				\$ 175.00
	Labour Charge			
	Panel Beating			\$ 350.00 <i>200</i>
	Spray Painting Charge			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>x an</i>
	Tuff Kote			\$ 50.00 <i>x an</i>
	TOTAL LABOUR			\$ 850.00
	ESTIMATE TOTAL			\$ 2,447.80
<i>Kalvin LKK</i> <i>19/12/17 1130h</i> <i>2 Pys</i> <i>4/5</i> <i>After Rep 20th</i>				
<div> LKK Auto Consultants hereby notify the Repairer of the following: • To resurvey before after spray painting. • To display damaged parts during resurvey. • Parts prices are subject to confirmation. • Third party survey is on a "Without Prejudice" basis. • No illegal modification is allowed. • Supplier must be resurveyed and is subject to removal from Insurance Company. Ackn: Signat: Date: </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

After - LKK

Jumani

**COMFORTDELGRO
ENGINEERING**Our Job Ref No : 305098732Date : 20.12.17ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : KALVINVehicle Reg No. : SHC3973LDate 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 --- PC 983H
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$75.00
 - (b) Labour Charges ### \$660.00
 - Total for Part-By-Part Repair Cost** \$735.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

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

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

5. Thank you for your assistance.

We confirm the estimates and
finalized amountSignature : Name : JUMANITel : 6214 8315Fax : 6546 8156Signature : Name : KalvinDate : 21/12/17**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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 20.12.2017
Time: 12:05:58
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 : 305098732
REGN NO : SHC3973L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.03.2015
DATE/TIME IN : 18.12.2017 08:35
ACCIDENT DATE : 17.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA I 75.00 0.00 75.00

SUB-TOTAL : 75.00

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

0002 20-05 RENEW ADVERTISMENT STICKER- 100.00

SUB-TOTAL : 660.00

TOTAL : 735.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**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/INC17024062/K1qbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 983H	Veh. Inspected	SHC 3973L
Policy No.	5074506214-02	Coverage (\$)	0.00
Claim No.	MT/0974165-002	Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU065457	Colour	BLUE
Odometer	443641	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 N/S BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	17/12/2017	Inspection Date	19/12/2017
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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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. SHC 3973L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT FENDER (LH)	TO REPAIR	619.00	-
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT DOOR MIRROR (LH)	TO REPAIR	980.50	-
	LESS 20% DISCOUNT		-355.70	-
			1,422.80	-
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
1	FRONT DOOR COMFORT LOGO (LH) (SN)	NECESSARY	75.00	75.00
			175.00	175.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		400.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			850.00	560.00
GRAND TOTAL			2,447.80	735.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				735.00

Report Ref No. NS/INC17024062/K1qbe2

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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