

Signature

Kalvin

REF:

NS/INC17024063 / KHB2

# 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: **SWW 1193E**  
Policy No. **50-77816575-01 030317-020318**  
Claims No. **MT/0979237-002**

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 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: **SHC3431J** Yr Regn: **28 Feb 2011**  
Type: **M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**

Truck / Trailer or

Make: **Hyundai Sonata** cc **1991**

Colour: **Blue** A/C Insured: **6** Std / NI / NA

Sp Reading: **168973** T-Radio Insured: **6** Std / NI / NA

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

C/No: **1CMHET41VMBA 205861**

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: **215/60R16**

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

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

TOYO / YOKO or **best (etc.)**

Front

Rear

R/Bal: **7** mm R/Bal: **2** mm

L/Bal: **7** mm L/Bal: **7** mm

D.O.A. **16/12/12** D.O.I. **19/12/12**

Survey held at **CO4E (1000)**

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

**Rear**

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

Date / Time Action / Instruction

**SHC 3431J 28/FEB/2011 13015037/3011**  
**SWW 1193E - X**

**DR: 230813 INC**  
**CP.**

**26/12/12 Confirmed P/P 8280/2 Pys. (Red: 1701.22 (85%))**

RECEIVED

Date/Time File Pass to?

☐ Preli. Report

Days Of Repair: **2**

☒ Final Report

Resurvey No. of Trip: **1**

11

Date/Time File Return to?

Survey Fee

Transportation

1-40

Access

...

...

...

Add Fee:

☐ Site Insp. S

☐ Inter. ew. S

☐ Tech. Insp. S

☐ Clean-up S

Report Format :

Lump Sum / I.B.I. : **280**

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/INC17024063/K1tb

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.	SJW 1193E	Veh. Inspected	SHC 3431J
Policy No.	5077816575-01	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	16/12/2017	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.
--

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 type="radio"/>	5077816575-01	WONG KEE HING	S0010597Z	GPC	drive CLASSIC	SJW1193E	SJW1193E	03/03/2017	02/03/2018

# 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 6740R	SHD 1580U	18/12/2017	12:40	\$ 1,609.80
2	MT/0975237-002	COMFORT TRANSPORTATION	SHC 3431J	SIW 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	SLF 8753J	14/12/2017	8:25	\$ 4,013.36

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305099042

Customer:

Customer Name: COMFORT TRANSPORTATION PTE LTD  
Customer No: 7010045  
Address: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

Customer Card No.

REGN NO: SHC3431J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 18.12.2017 12:05
YR OF MANU. 28.02.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA805861	COMPLETION DATE/TIME:

NTUC

JOB DESCRIPTION

Accident Date: 16.12.2017  
Nature: 3P 16.12.2017

/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

No.: SHC3431J LKE/KALVIN

Exit Pass

Vehicle No.: SHC3431J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## 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 14:18
Date Of Accident	16/12/2017 19:25
Exact Location Of Accident	STEVENS ROAD OPPOSITE DALVEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3431J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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	CHUA BEE HAI
NRIC No	S1502288D
Date Of Birth	11/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	282 CHOA CHU KANG AVENUE 3 #02-434
Postcode	S680282
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?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS SEE 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	SJW1193E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name	CHUA BEE HAI
Approximate Age	56
Injuries Sustain	BACK, NECK & BODY
Injured person in which vehicle?	SHC3431J
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	282 CHOA CHU KANG AVENUE 3 #02-434
Postcode	



**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 19577

*[Signature]* 18/12/17

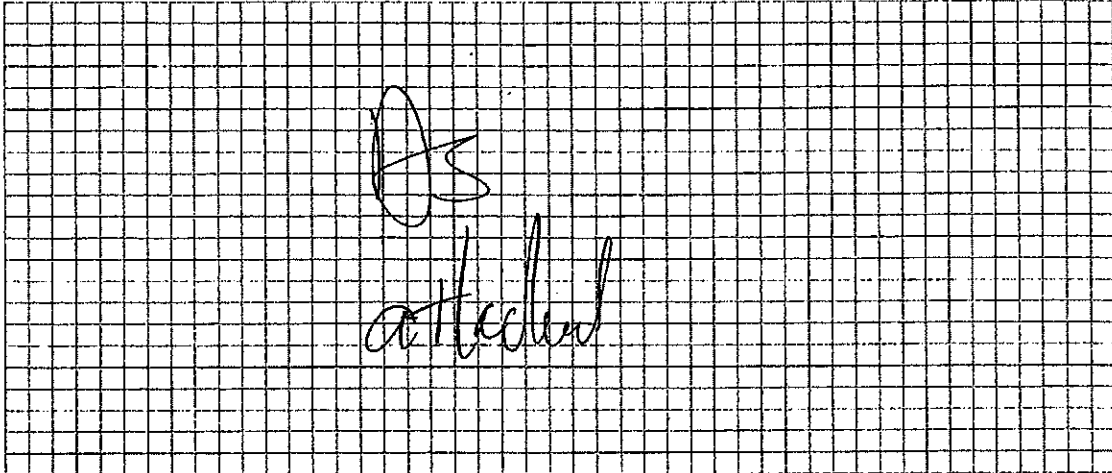
Lim Ee Soon  
CSO

Policyholder's Signature  
Date & Time:

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

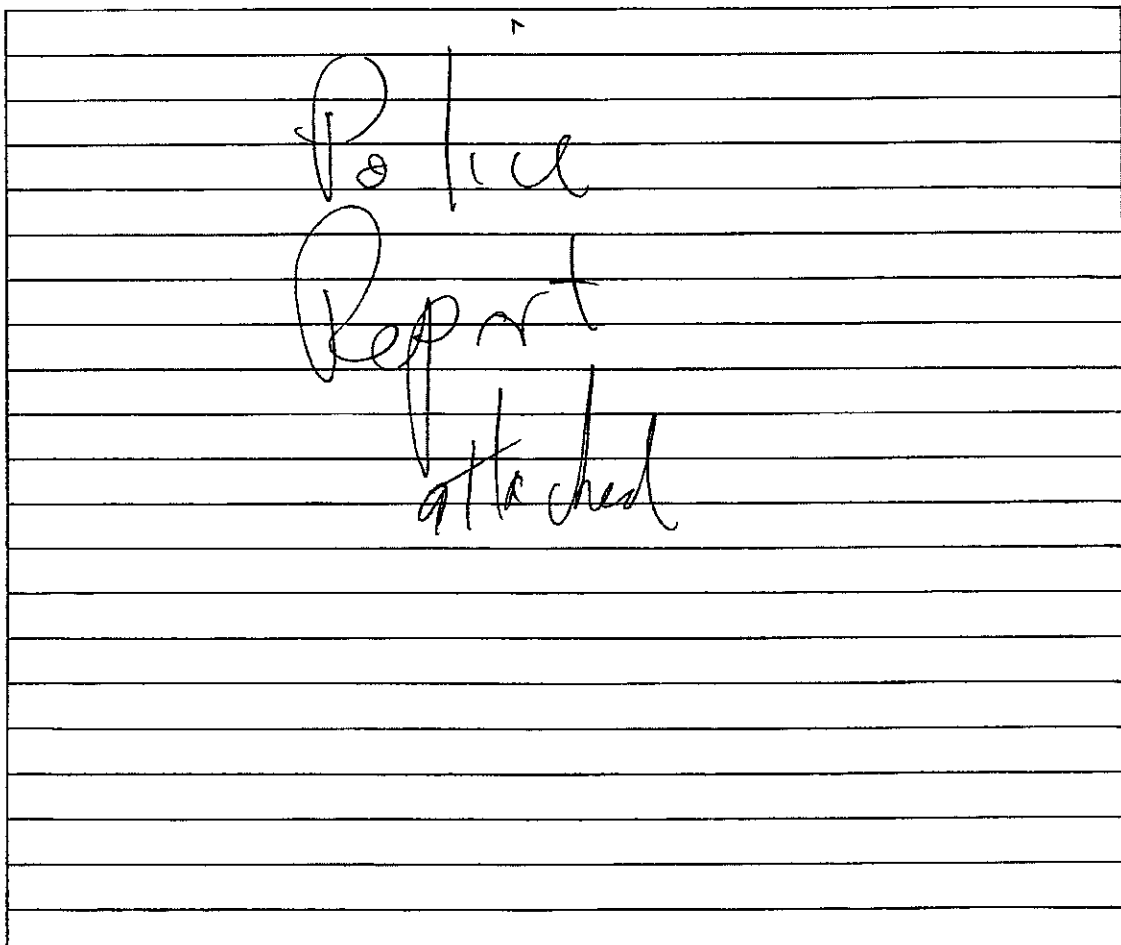
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



As attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

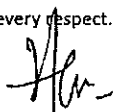


Police Report attached

DECLARATION

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

TRANSPORTATION PTE LTD  
LIC. NO. 10000551P

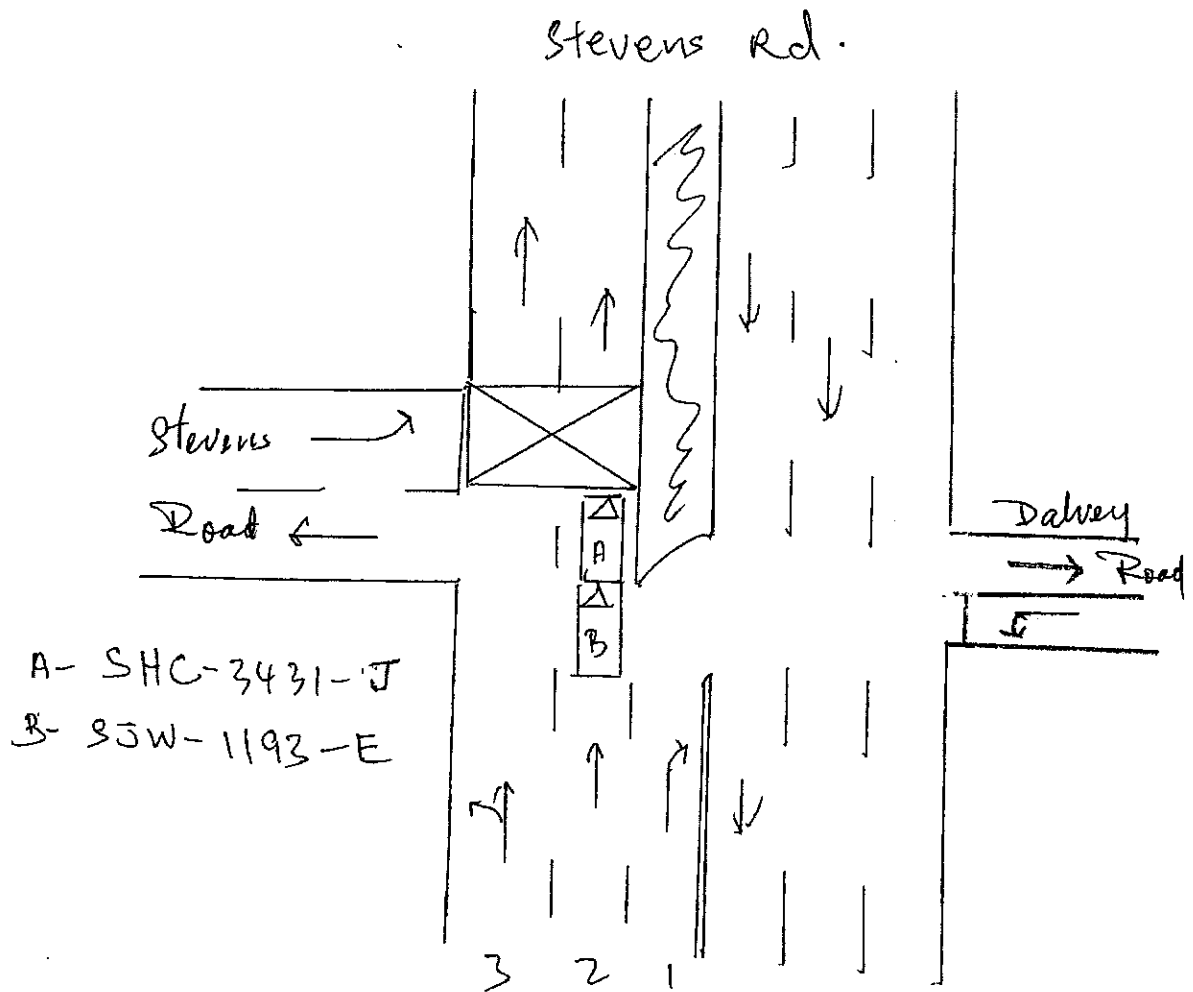


Policyholder's Signature  
Date & Time:

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

Lim Ee Soon  
CSO

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





**SINGAPORE  
POLICE FORCE**



T/20171218/2038

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20171218/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2017 11:20		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: CHUA BEE HAI			Address: APT BLK 282 CHOA CHU KANG AVENUE 3 #02-434 SINGAPORE 680282		
ID Type / ID No.: NRIC NO / S1502288D			Contact No.: Home/Office: Mobile: 92239083		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 11/10/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2017 19:25	Type of Location: Straight Road
Location: Along Road 1 STEVENS ROAD  FACING SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC3431J	Car					2
SJW1193E	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171218/2038

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20171218/2038

**CONTINUATION OF REPORT**

Driver			
Name	CHUA BEE HAI	ID No.	S1502288D
Related Vehicle	SHC3431J (Car)	Contact No.	92239083
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 16/12/2017 at about 1925hrs I was driving my taxi along Stevens road. There was a heavy jam and I stopped my car before the yellow box marking on the road. Suddenly I felt an impact from my rear. One black Kia(SJW1193E) collided into my rear. We came out of our vehicles and exchanged particulars and left the scene after which. My passengers were not injured.



**SINGAPORE  
POLICE FORCE**



T/20171218/2038

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20171218/2038

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

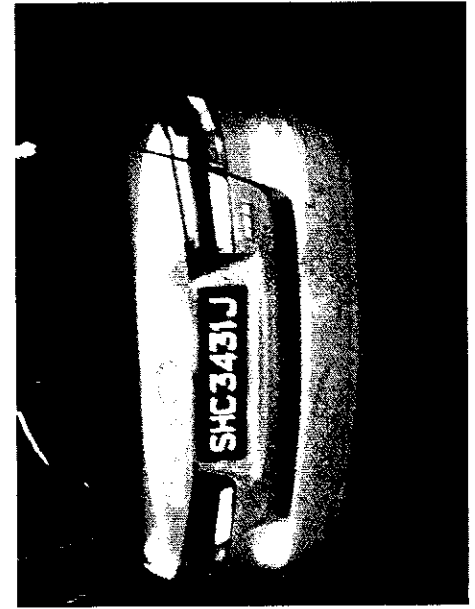
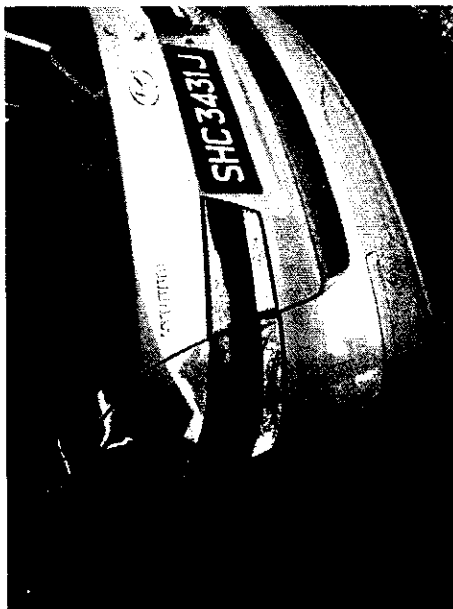
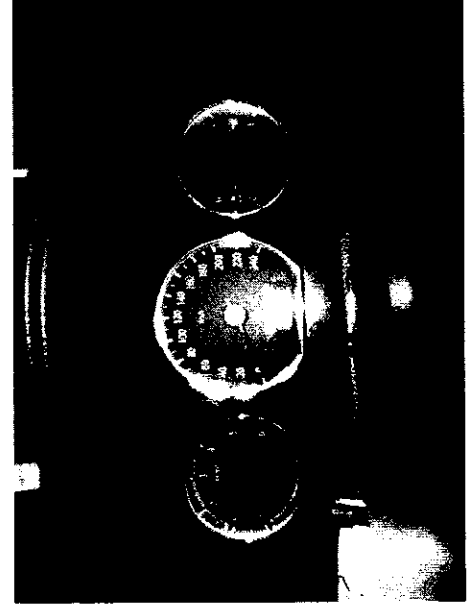
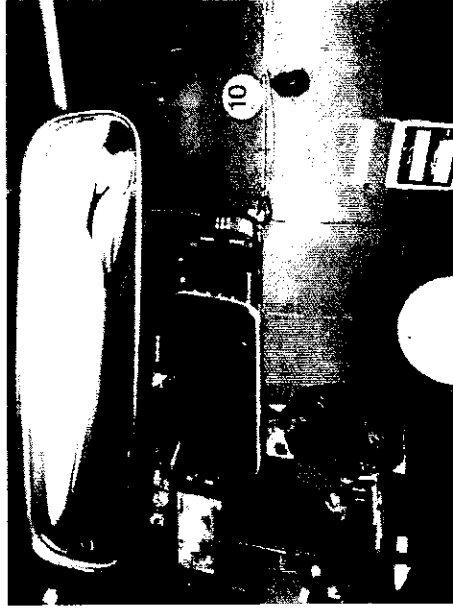
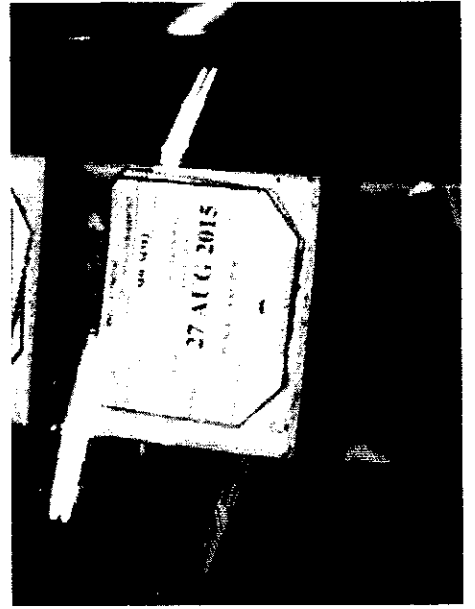
Date/Time:  
18/12/2017 11:20

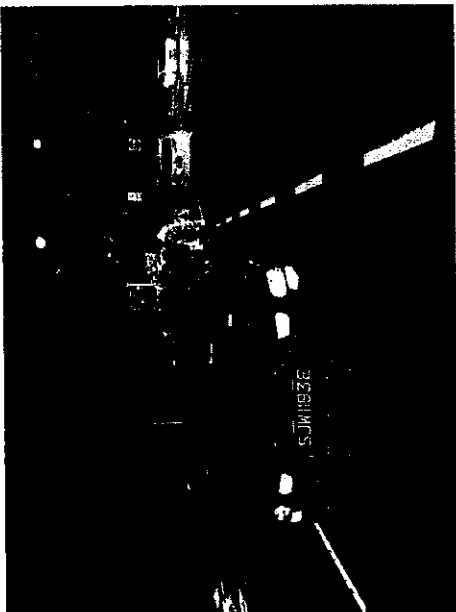
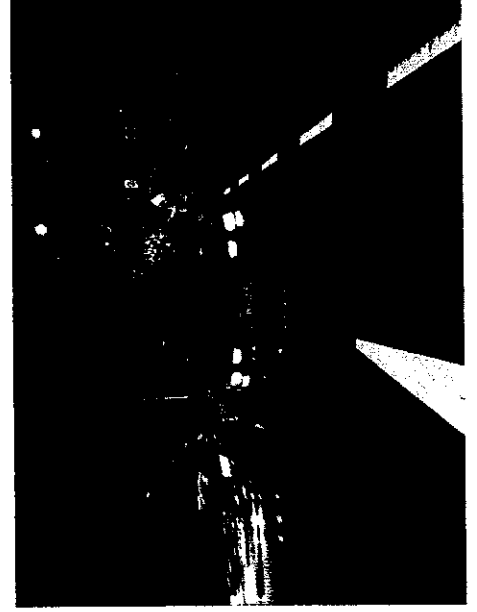
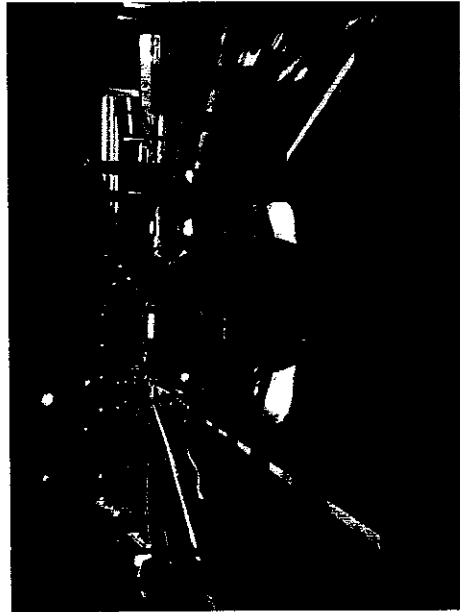
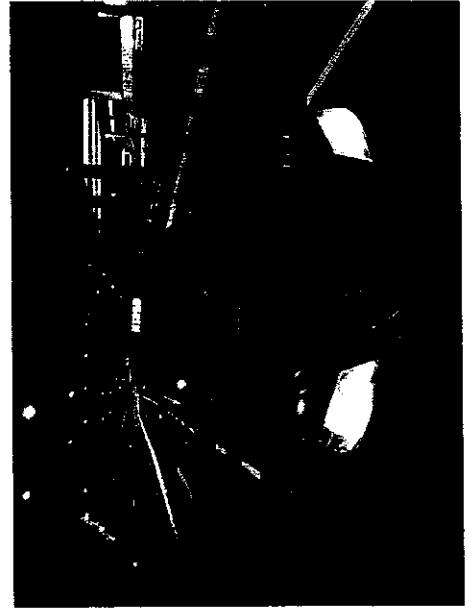
Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Classification Of Case:

Authentication  
NP168

**SINGAPORE  
POLICE FORCE**  
  
  
SIGNATURE







Our Job Ref No                305099042

Date                          :                22/12/17

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

To : \_\_\_\_\_ LKK  
Attn : Mr \_\_\_\_\_ KALVIN ANG  
Vehicle Reg No. SHC3431J CTPL

**Fax :**

16.12.17

1.	The repair job shall bill to:	<u>NTUC</u>	<u>---</u>	<u>SJW1193E</u>
2.	The finalized amount shall be:			
(a)	Spare Parts after List discount			
(b)	Labour Charges			
	<b>Total for Part-By-Part Repair Cost</b>			
(c.)	Lumpsum Repair (if applicable)			
	Total for Lumpsum repair cost after Less:		<u>20%</u>	
	<b>Final Lumpsum Repair cost</b>			<b>\$280.00</b>

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature :

Name : LIM KWOK ENG

Name

Tel : 62148316

Date \_\_\_\_\_

Fax : 65468156

**For Official Use Only**

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

Remarks:

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHC 3431J

DATE 18/12/2017 13:33

MAKE :

MODEL : HYUNDAI SONATA

*LKK/Kawani. Y/Sun*  
*NTUC*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X</i>			\$ 483.30
	Rear Bumper Clip <i>X</i>			\$ 22.00
	Rear Bumper Sponge <i>X</i>			\$ 137.40
	Rear Bumper Under Cover <i>X</i>			\$ 185.80
				</

**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/INC17024063/K1tbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-01-2018	
Code: INC4				
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>				
Insured Veh.	SJW 1193E	Veh. Inspected	SHC 3431J	
Policy No.	5077816575-01	Coverage (\$)	0.00	
Claim No.	MT/0975237-002	Excess (\$)	0.00	
Assign From		Assign Date	19/12/2017	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA805861	Colour	BLUE	
Odometer	168973	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	16/12/2017	Inspection Date	19/12/2017	
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.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days		



# 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 3431J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	REAR BUMPER	TO REPAIR	578.40	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
1	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
	LESS 20% DISCOUNT		-281.38	-
			1,125.52	-
	<b>SPECIAL NETT ITEMS</b>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	280.00
	<b>GRAND TOTAL</b>		<b>1,981.22</b>	<b>280.00</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>	<b>280.00</b>
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Report Ref No. NS/INC17024063/K1tbe2

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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