

Signature

Kalvin

REF:

NS/INC17024079/Klvbnz

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 SHB 87918

Policy No. 5095103893 30.10.2017

Claims No. MT/0974257-002

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 1218Y

Yr Regn:

13 Dec 2017

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

Truck / Trailer or

Make:

Hyundai Ix0

cc 1685

Colour:

Blue

A/C

Insured / Std / NI / NA

Sp Reading

3013

T Radio

Insured / Std / NI / NA

Eng/No:

C/No:

1CMHLDK14MH6078625

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

Hankook

Front

Rear

R/Bal

7

mm

R/Bal

7

mm

L/Bal

7

mm

L/Bal

7

mm

D.O.A.

18/12/17

D.O.A.

19/12/17

Survey held at

COGE (67-22)

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

Rear N/S

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

Date / Time Action / Instruction

SHC 1218Y - NS/FCL15000154/Rgbk3

DATA: 31-12-17

2M

SHB 87918 - NA/INC17011703/13

DATA: 130617

PIA

22/12/17 Confirmed PIP \$ 3305.41 / 3Pty. (Red 4975.85, 6017)

RECEIVED 23 DEC 2017

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

2) 26/12- typist

Report Format:

Lump Sum / I.B.I: \$ 3305.41

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. Insp \$

☐

Weekend \$

Survey Fee:

Transportation

Food & Bev \$

Phone

Print

160

35

195

Survey Department Check List (Case Handler)

Reference No.: NS/INC17024079/Klvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

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

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

(4) System - (Views/Merimen)

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

Check By: VERON 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/INC17024079/K1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-12-2017	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHB 8791S	Veh. Inspected	SHC 1218Y	
Policy No.	5095103893	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	18/12/2017	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.				

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	SUJ 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 NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHB8791S	SHB8791S	20/10/2017	

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	19/12/2017 09:05
Date Of Accident	18/12/2017 18:30
Exact Location Of Accident	FINLAYSON GREEN(TWDS MARINA BLVD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1218Y
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-15072701MFSH
Cover Note Number	

Driver

Name of Driver	PHUA HOCK LYE
NRIC No	S1481613E
Date Of Birth	23/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	HOCKLYEP3@GMAIL.COM

Address	551 02-55 CHOA CHU KANG STREET 52
Postcode	680551
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)	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

SEE ATTACH.

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	SHB8791S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	97739909
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

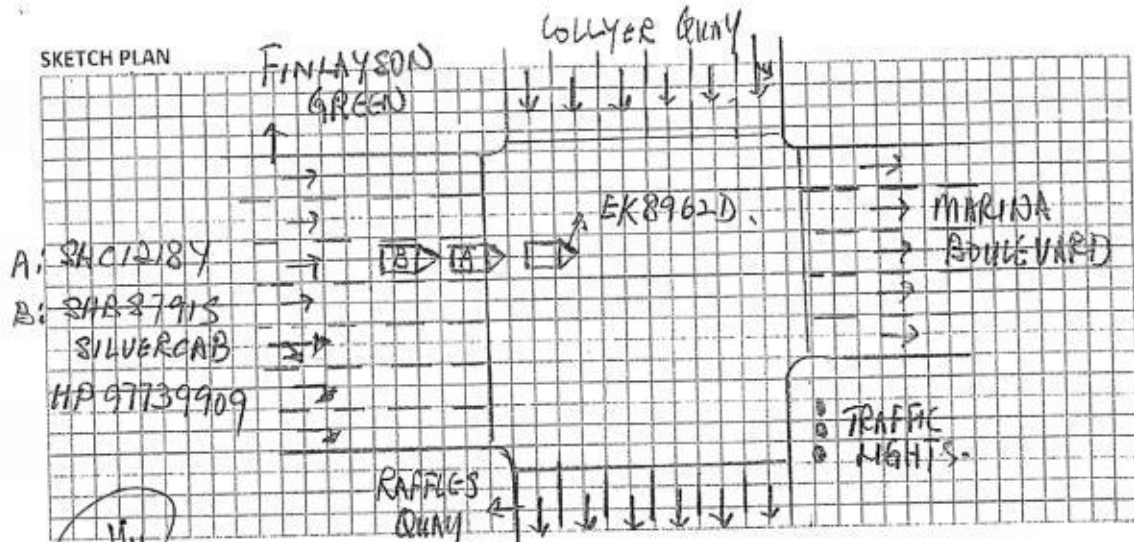
DETAILS OF INJURED PERSON 1

Name	PHUA HOCK LYE
------	---------------

Approximate Age	56
Injuries Sustain	NECK,CHEST
Injured person in which vehicle?	SHC1218Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMET TRANSPORTATION PTE LTD
Policyholder's Signature: 189303821R
Date & Time:

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

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

Describe Circumstances of the Accident

On 18 Dec 2017 at about 18:30 hrs I was driving on the third lane from the left along Finlayson Green heading towards the direction of marina Boulevard.

As I approached the traffic junction of Collyer Quay/Raffles Quay the traffic lights are green hence I slowly proceeded to drive across the junction. Suddenly the front car EK8962D braked and stopped. I immediately braked and stopped as well. Fortunately I was able to brake in time.

However a split second later a Silvercab taxi SHB8791S came from behind collided onto the Rear Portion of my taxi.

No passenger on board my taxi. No injury at the point of the accident. But after the accident I felt pain to my neck and chest. I will consult a doctor later on.

Declaration

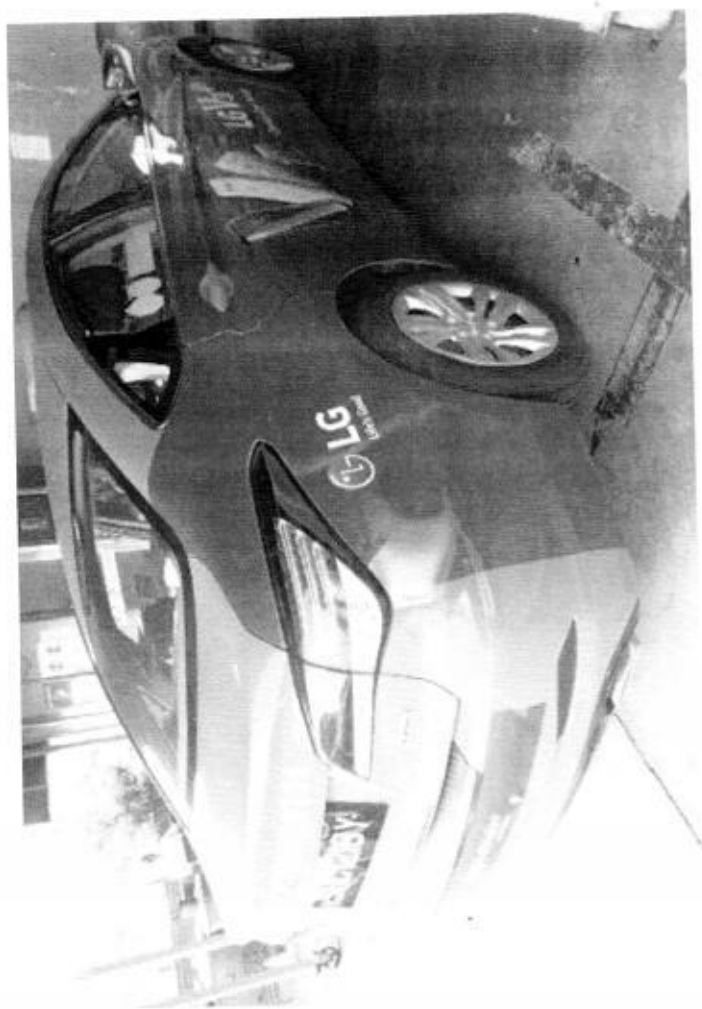
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 192303821R

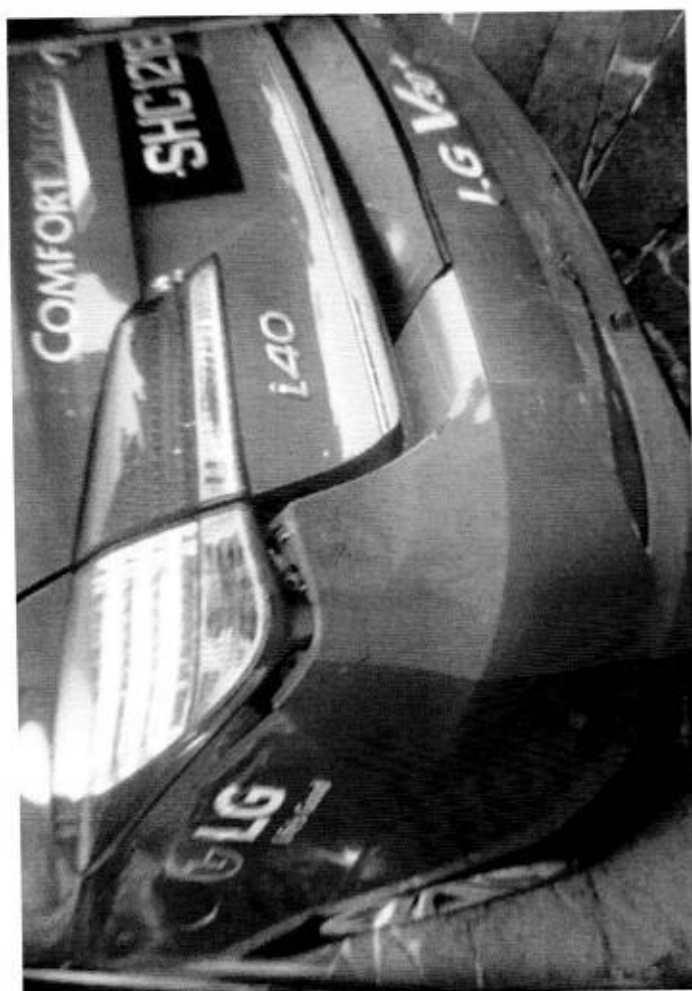
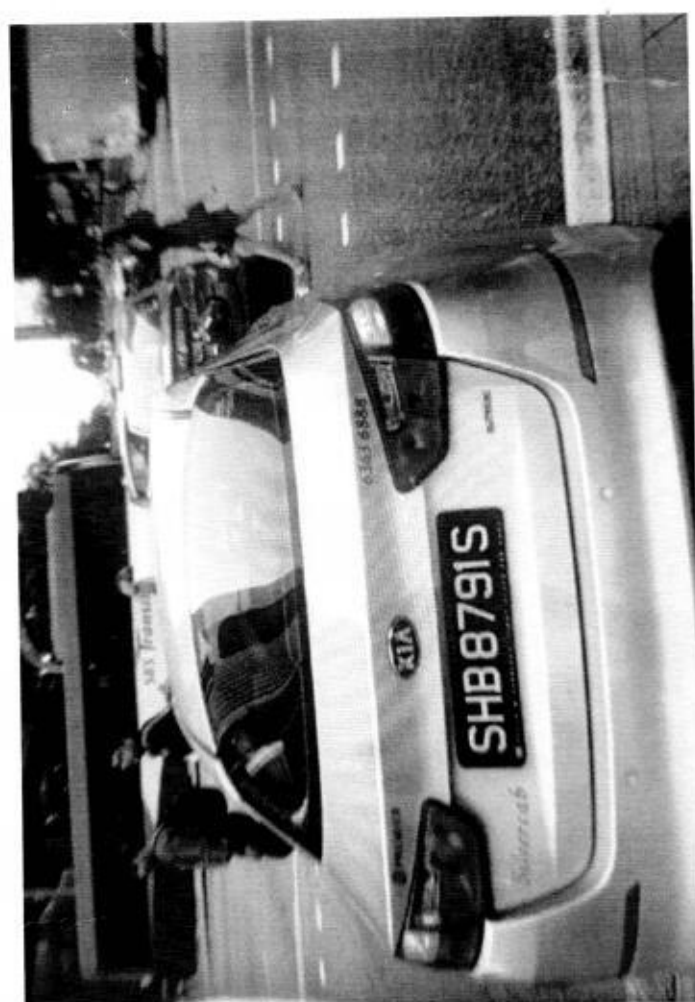
Policyholder's Signature/Date &
Time

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

Witnessed by Reporting
Centre Personnel



1832



Item: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3791066 JC NO.305099116

CUSTOMER NO. IS: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO. SHC1218Y	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 18.12.2017 22:18
	YR OF MANU. 13.12.2017	TARGET DATE
	CHASSIS CODE KMHLB41UMHU098625	COMPLETION DATE/TIME

Accident Date: 18.12.2017
NATURE: 3P 18.12.17

NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

<p>Receipt Slip</p> <p>No.: SHC1218Y JU NTUC LKK</p> <p>Signature/Date</p>	<p>Exit Pass</p> <p>Vehicle No.: SHC1218Y</p> <p>Name of Service Advisor</p> <p>To be kept by Security Guard</p>
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Returned to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1218Y

DATE 19/12/2017 10:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		180.00	\$ 360.00
	Rear Bumper Side Bracket		49.00	\$ 98.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH)			\$ 32.00
	Rear Panel			\$ 592.30
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 495.50
	Exhaust Pipe Insulator			\$ 58.55
	Exhaust Silencer			\$ 954.00
	Exhaust Pipe Hanger			\$ 58.55
	Rear Fender (LH)			\$ 2,020.10
	Rear Fender Inner Lining (LH)			\$ 164.40
	Rear Windscreen Moulding			\$ 60.00
	SUB TOTAL			\$ 6,449.45
	LESS 20%			\$ 1,289.89
	DISCOUNTED TOTAL			\$ 5,159.56
	Rear Bumper Reverse Sensor		10%	\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		100.00	\$ 200.00
	Rear Windscreen Sealant			\$ 46.00
	Labour Charge			\$ 481.70
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 800.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	TOTAL LABOUR			\$ 2,640.00
	ESTIMATE TOTAL			\$ 8,281.26

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.

Affine-LKK

Jumani

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey

Parts prices are subject to confirmation

Third Party Survey is on a "Without Prejudice" basis

No legal implication(s) is allowed

Insurance Company must be resurveyed and must obtain approval from Insurance Company

Trust the Repairer

Kalvin LKK

19/12/17 1400h

30 days

PIP

Before Paint photo

Nett 12-13

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

VEHICLE NO. : SHC1218Y
JOB CARD NO. 305099116
ACC.DATE 18.12.17

SURVEY BY : LKK-KALVIN

DATE : _____

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
CHECK ITEM			
EXHAUST PIPE LH	1	\$954.00	
REAR BUMPER REINFORCEMENT BRACKET	1	\$180.00	
LABOUR			
RENEW EXHAUST PIPE ASSY		\$60.00	
TOTAL:		\$1,194.00	JUMANI

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.12.2017

Time: 18:06:56

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 : 305099116
REGN NO : SHC1218Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.12.2017
DATE/TIME IN : 18.12.2017 22:18
ACCIDENT DATE : 18.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0851-G	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13
0005 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	1.00-	50.00
0006 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0007 04-01-0103-0742-G	I40VC STAY-RR BUMPER LH	1	180.00	20.00	144.00
0008 02-01-0103-0086-G	I40VC PIPE-EXHAUST FR	1	954.00	20.00	763.20

SUB-TOTAL : 1,785.41

JOB NATURE

0000 L	PANEL BEATING- REAR	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	540.00
0002 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 21.12.2017

Time: 18:06:56

Page: 2

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

JOB NO : 305099116
REGN NO : SHC1218Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.12.2017
DATE/TIME IN : 18.12.2017 22:18
ACCIDENT DATE : 18.12.2017

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0003 L	REMOVE/REFIX REVERSE SENSOR				20.00		
0004 20-06	REMOVE/REFIX EXHAUST PIPE TO ASST REP				60.00		
0005 20-05	RENEW ADVERTISMENT STICKER-				250.00		
SUB-TOTAL :					1,520.00		
TOTAL :					3,305.41		

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305099116
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. : SHC1218Y Date of Accident : 18/12/2017

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

1. The repair job shall bill to: NTUC --- SHB8791S
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,785.41
 - (b) Labour Charges ### \$1,520.00
 - Total for Part-By-Part Repair Cost \$3,305.41
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 3 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 6546 8156

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/INC17024079/K1vbn2			
73 BRAS BASAH ROAD		Date: 28-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Barcode	
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHB 8791S	Veh. Inspected	SHC 1218Y
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0974257-002	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.	2017
Chassis No.	KMHLB41UMHU098625	Colour	BLUE
Odometer	3013	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 REAR N/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	18/12/2017	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.			
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. SHC 1218Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	N/S BENT / O/S SERVICEABLE	360.00	180.00
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	32.00	32.00
1	REAR PANEL	TO REPAIR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR	495.50	-
1	EXHAUST PIPE INSULATOR	SERVICEABLE	58.55	-
1	EXHAUST SILENCER	BENT	954.00	954.00
1	EXHAUST PIPE HANGER	SERVICEABLE	58.55	-
1	REAR FENDER (LH)	TO REPAIR	2,020.10	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-1,289.89	-403.32
			5,159.56	1,613.28
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00

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National Assessment Centre Services

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			346.00	300.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,790.00	730.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		850.00	540.00
			2,640.00	1,270.00
GRAND TOTAL			8,281.26	3,305.41
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,305.41

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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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