Simple Kalin REF: NS/INC170)	14158/KHbez
	IGNMENT
From: Date Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tali / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To inspect Vehicle No:	Make Make Make Make Colour Make Make Colour Make Make
at Workshop m/s	Colour Yellon AC Instreed / Std / NI / NA
of Old On AD	Sp Reading / 6 9 835 T Radio Invored / Std / NI / NA
Insured SL9 9204P	Eng/No:
Policy No. 50 9491 0330 11.10-17 -1010 2018 Claims No. WTT/0974335-602	GiNo: KAHUSHUMG93687 Gen Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD GRim or
	Tyre Size: F: 205/601/6
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Hankok.
Sal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? 'Yes or No	R/Bal 7 mm R/Bal 7 mm
GIA / PR Seen: Consistent? Yes or No	LBai 7 mm LBai 1 mm
Est. Repairs: days Res.: Yes or No	D.O.A 19/11/17 301 20/11/12
Lum Sum: % 3 Val.: Yes or No	Survey held at (16E (107-5)
CA / REV / REP. / 24 HRS	Des. of Damages Frt Rear O/S N/S U/C Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction SHB STONC - CC3/PYN 30 IST 4 SIS POMP NO/TNC 70 10 10 10 10 10 10 10	
Cate Time File Pass to : Preli. Report D	ays Of Repair:
1) 28 12 419 Final Report R	esurvey No. of Trip: \Survey Fee \160
Add Fee:	Site Insp. (\$ 9.4.27 %)
	Inten.e.; \$ == 35
Report Format:	Team 11,5 (\$ 192
_ump Sum / I.B.): -3 4021.72	Veered S



National Assessment Centre Services

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





CHILD CONTRACTOR OF THE PROPERTY.



NTU	IC INCOME INSUI	RANCE CO-OPERATIVE LTD		NS/INC1702415	
		AD UNION HOUSESINGAPORE	Date:	20-12-2017	
			Code:	INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLS 9209P	Veh. Ir	spected	SHB 3721C
	Policy No.	5094910330	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From	100 T	Assig	n Date	20/12/2017
2.		Vehicle Parti	culars 8	Condition	to the same of the
	Make & Model	_	c.c		0
	Engine No.	HIDDEN	Year o	f Reg.	
	Chassis No.		Colou		
	Odometer	_	Steeri	ng	
	Brakes		Modifi	cation	
	General				
<u>3. </u>	* A	Conditi	ons of	「yres tariiyayay	
		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	on of Da	mages	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
5.		General	Inform	ation 💮 🔭	Market Ma
	Accident Date	19/12/2017	Inspec	tion Date	20/12/2017
	Survey held at	COMFORTDELGRO ENGINEER	ING PTE	LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.		(i4) Re	marks	THE SERVICE TO SERVICE	
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, WI	HOUT P	REJUDICE" BASIS.	REPAIRS.

Policy Search Page 1 of 1

· eBaoTech								Gene	eralClaim	
Hello, NAC_PAYA_UBI_80	0601		TO A KNOW PROPERTY.			,	Change La	nguage	· Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	19/12	2/2017 16:49	
	Vehicle	No.(For Mator)	SLS9209P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	·2)	5094910330	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLS9209P	SLS9209P	11/10/2017	10/10/2018

TP Claims against NTUC Income: Follow-Through Survey

Date: 26/12/2017

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
П	MT/0972761-002	CITYCAB PTE LTD	SHC 7093A	HZ826 ∏S	06/12/2017	20:40	\$ 4,922.56	\$ 3,365.12
7	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 4580L	17/12/2017	12:00	\$ 3,617.98	\$ 2,300.00
m	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	S1678 8H2	18/12/2017	18:30	\$ 8,281.26	\$ 3,305.41
4	MT/0974171-002	COMFORT TRANSPORTATION	SH 8013T	PC 5891G	16/12/2017	15:10	\$ 5,981.28	\$ 3,100.00
2	MT/0975063-001	COMFORT TRANSPORTATION	SHA 4023H	S11 4585G	20/12/2017	16:00	\$ 2,687.18	\$ 1,050.00
9	MT/0974335-002	CITYCAB PTE LTD	SHB 3721C	3LS 9209P	19/12/2017	10:20	\$ 8,998.32	\$ 4,021.72
7	MT/0974427-002	COMFORT TRANSPORTATION	SHC 3831M	39926 HIS	19/12/2017	13:40	\$ 5,120.68	\$ 2,400.00
8	MT/0974118-002	COMFORT TRANSPORTATION	SHC 2390A	FBE 2508P	15/12/2017	13:20	\$ 4,007.44	\$ 2,600.00
6	MT/0972888-002	COMFORT TRANSPORTATION	SHA 7786U	SKR 4692B	07/12/2017	20:45	\$ 4,241.64	\$ 1,950.00
10	10 MT/0972695-002	COMFORT TRANSPORTATION	SHC 1987K	0696 585	06/12/2017	15:10	\$ 4,853.62	1,750.00

Claim received from LKK

COMFORTO LONG ENGINEERING

A member of **ComfortDelgro**

Date/Time: 19.12.2017 16:56

eam: ARC Repair TP(CFSO)1 JOB C	ARD Sales Order:	JC NO305099367
TOMER	REGN NO. SHB3721C	MILEAGE
MS CITYCAB PTE LTD TOMER NO. 7010070	MAKE: HYUNDAI	FUEL EF
TOMER NO 7010070 RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL I-40 19	DATE/TIME IN 12.2017 11:10
(R) 65551188 (O)	YR OF MANU 15.09.2016	TARGET DATE
COUNT CARD NO.	CHASSIS CODE KMHLB41UMGU093683	COMPLETION DATE/TIME:
JOB DESCI	RIPTION	adipuna ne remitante e mente se amo il retere del 1990 mente

Accident Date: 19.12.2017 NATURE: 3P 19.12.2017

₽/NO

returned to Service Reception upon collection

LABOR CODE

DESCRIPTION

MTUC - taxi Loft from doming LKK/Kalmi-

ECKED 8	& PASSED OUT BY:		·	
	SERVICE ADVIS	OR		CUSTOMER'S SIGNATURE
owledger	ment Slip		Exit Pass	
3: 0.: le No.:	rsila Psul	LARRY	Vehicle No.: SHB37210	;
of Servi	ce Advisor	Signature/Date	Name of Service Advisor	

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 witholding 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 12:13
Date Of Accident	19/12/2017 10:20
Exact Location Of Accident	MERCHANT ROAD MOVING TOWARDS EU TONG SEN ST

DETAILS OF OWN VEHICLE	
 	——————————————————————————————————————

SINGAPORE

SHB3721C

Insured/Policyholder

Vehicle Registration Number

Country/State of Loss

Name Of Registered Owner CITYCAB PTE LTD

Co Reg No 199502839G

Email Address FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI

Model 140

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-15072702MFSH

Cover Note Number

Driver

Name of Driver CHONG KIANG LEONG

NRIC No S1731170J
Date Of Birth 03/12/1965
Occupation OUTDOOR
Date Of Driving Pass 29/03/1984

Driving Experience 33 YEARS AND 8 MONTHS

Gender MALE

Mobile Number Fax Number

Contact Number

EMail Address CHONG_KIANG_LEONG@HOTMAIL.COM

BLK 219B BEDOK CENTRAL Address

#15-16

Postcode 462219

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions **CLEAR**

DRY Road Surface

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) NO

soliciting/offering accident claims assistance.

2 Number of Passengers (Including Driver)

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 YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS9209P Vehicle Make/Model/Colour TOYOTA

Details Of Properties

PANG HEE JIT LATVAIN Name of Driver

NRIC/Passport Number S7702200G

Contact Number

Address Postcode

Insurance Company Name

RH FRONT Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 "Purnoses")
- (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.

CITYCAB PTE LTD CO. REG. NO. 1995028300 Chong

19/12.

Lim Ee Soon CSO

Reporting Centre Personnel's Signature

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

Name: NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN		
 	marth	mtRd - Joseph
H		
 		
		Merchant
		N=34B372(C)
En la	ng Sen	2 6 2 6 2 9 2 9 9
		PPP
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
	\sim	
	13	
	·	_
	Phaile	
DECLARATION I/We declare the foregoing particulars	are true in every respect	
I/We declare the foregoing particulars CITYCAB PTE LTD CO. REG. NO. 199502839G	ore true in every respect.	(a.l =
GO, REG. NO. 1880020080	Chong	Q Lim Ee Soon CSQ
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No

Date & Time:

Sketch Plan Pg. 3

SHB 3721 C

ACCIDENT STATEMENT

This morning(19/12/2017), I ferried a male passenger from Jurong to his destination at China Town.

After exiting CTE, I drove along Merchant Road towards the destination.

As seen in the video footage, while I continued to move forward intending to turn right into New Bridge Road, it was car B(SLS 9209P) that caused the accident when it abruptly changed from lane 3 into the path I was moving along.

I did not notice car B filtering across from lane 3 as I was focusing my attention on the signal at the junction ahead.

I took photos at the scene following the accident.

I found the left front of my taxi was damaged in the collision while the right front to car B sustained dents.

My passenger was not injured.

I affirmed the above-statement is true and correct.

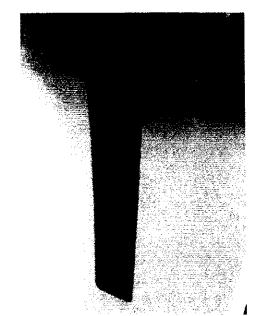
Driver name : Chong Kiang Leong

NRIC NO : S 1731170J Date: 19/12/2017

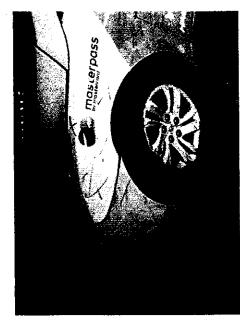
CA

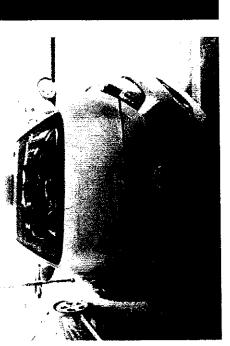
Recorded by Alex Lim



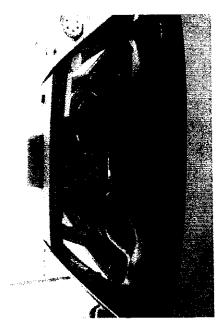














COMFORTDELGRO ENGINEERING

or J	lob Ref	fNo.	30509	99367			
Date : 22.12.2017			ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969				
INA	LIZATI	ION FO	RM			Fax: 654	
· · · ·	···			KK		Fax :	
	· –					I QA.	
ttn 				ALVIN			10 10 0017
ehic	cle Reg	No.	: SHB37	210	Date	e of Accident:	19.12.2017
he s	survey	and est	imates of the	e repairs of the a	bove-mentioned	vehicle are as f	ollows:-
	The r	repair jo	b shall bill to) ;	NTUC		SLS9209P
		•					
	The f	inalized	amount sha	all be:			
	(a)	Spare	Parts after	List discount			\$2,961.7
	(b) Labour Charges				\$1,060.0		
		Total	for Part-By	-Part Repair Co	st		\$4,021.7
	(c.)			(if applicable) n repair cost afte	r Less:		
				Repair cost		-	W
	Estim	nated no	ormal period	for repairs:	3wo	rking days.	
	We s	hall tre		•		-	no reply from you
	We s withi	shall tre in 7 wo	at the abov	e amount as Co	rrect and Conf	irmed if there is	
	We s withi	shall tre in 7 wo	at the abov rking days	e amount as Co	rrect and Conf	irmed if there is	
	We s withi	shall tre in 7 wo	at the abov rking days	e amount as Co	rrect and Conf	irmed if there is	
	We s withi Than	shall tre in 7 wo	at the abov rking days	e amount as Co	rrect and Conf We fin	irmed if there is e confirm the esti alized amount	
	We s withi Than	shall tre in 7 woo ok you fo ature :	at the abov rking days or your assis	e amount as Co	rrect and Conf We fin Sig	irmed if there is e confirm the esti alized amount gnature:	
	We s within Than Signa Name	shall tre in 7 woo ok you fo ature :	at the abov rking days or your assis	e amount as Co	rrect and Conf We fin Sig Na	e confirm the estialized amount	
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	We s within Than Signa Name Tel Fax	shall tre in 7 woo sk you fo ature : e : :	at the aboverking days or your assis 6214 8316 6546 8156	e amount as Co	rrect and Conf We fin Sig Na	e confirm the estialized amount	
	We s within Than Signa Name Tel Fax	shall tre in 7 woo ok you fo ature :	at the aboverking days or your assis 6214 8316 6546 8156	e amount as Co	rrect and Conf We fin Sig Na	e confirm the estialized amount	
	We s within Than Signa Name Tel Fax	shall tre in 7 woo sk you fo ature : e : :	at the aboverking days or your assis 6214 8316 6546 8156	e amount as Co	rrect and Conf We fin Sig Na	e confirm the estialized amount	
or (We s within Than Signa Name Tel Fax	shall tre in 7 wor ik you fo	at the above rking days or your assistant for your	e amount as Co	rrect and Conf We fin Sig Na Da Document Attached	e confirm the estialized amount gnature: ame:	Cald 2 6/2/2
or (We s within Than Signa Name Tel Fax Official	ature : e : it Use O	at the above rking days or your assistant for your	e amount as Co	rrect and Conf Winter Signal Na Da Document Attached Yes or No	e confirm the estialized amount gnature: ame:	Cald 2 6/2/2
P Lo	We s within Than Signa Name Tel Fax Official	thall trein 7 work k you for ature : e : ituse O item	at the above rking days or your assistant for your	e amount as Co	rrect and Conf Winter Signal Na Da Document Attached Yes or No	e confirm the estialized amount gnature: ame:	Cald 2 6/2/2
R La	We s within Than Signa Name Tel Fax Official	ature: e: IUse O Item Rate P/E Income	at the aboverking days or your assistant of the second of	e amount as Co	rrect and Conf Winter Signal Na Da Document Attached Yes or No	e confirm the estialized amount gnature: ame:	Cald 2 6/2/2
or (We s withi Than Signa Name Tel Fax Official cental R oss of I urvey F TA Sea	ature: e: IUse O Item Rate P/E Income	at the aboverking days or your assis or your assis 6214 8316 6546 8156 nly Paid	e amount as Co	rrect and Conf Winter Signal Na Da Document Attached Yes or No	e confirm the estialized amount gnature: ame:	Cald 2 6/2/2

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.12.2017 Time: 20:55:17

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO MILEAGE MAKE

305099367 SHB3721C 000000000 HYUNDAI

MODEL I-40

DATE OF REGN DATE/TIME IN

15.09.2016

19.12.2017 11:10

ACCIDENT DATE

75.00

: 19.12.2017

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2292-G I40V3 COVER-FR BUMPER# 1 1,052.20 20.00 841.76

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 22.00 20.00 17.60

0003 04-01-0103-0781-A I40V2 LAMP ASSY-HEAD LH# 1 1,388.00 20.00 1,110.40

1 150.70 20.00 120.56

1 619.00 20.00 495.20

0007 28-01-0103-0007-A (140)FRT DOOR LOGO CCTPL 1 75.00

0008 03-01-0103-0098-G I40VC WHEEL ASSY-STEEL 1 351.90 20.00 281.52

SUB-TOTAL : 2,961.72

JOB NATURE

Advetisement - Front Fender - LH 100.00 0000 L

400.00 PANEL BEATING 0001 L

540.00 0002 23-502 SPRAYPAINT ON AFFECTED AREA

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.12.2017 Time: 20:55:17

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

: 305099367

REGN NO MILEAGE : SHB3721C

MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN : 15.09.2016 DATE/TIME IN : 19.12.2017 11:10

ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 17-01 WIRING CHARGE

20.00

SUB-TOTAL : 1,060.00

TOTAL : 4,021.72

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHILCE NO: SHB3721C MAKE : HYUNDAI

DOA: 19.12.17

DEL	: i40			te : 2	20.12.2017
Qty	Parts Description / Labour	Туре	Unit Price		Amount
1	Front Bumper / full of			\$	1,052.20
1	Front Bumper Sponge X 54	į		\$	142.20
1	Front Bumper Reinforcement **			\$	526.10
10	Front Bumper Clips /		\$2.20	\$	22.00
1	Front Bumper Grille – LH X 5 14	i		\$	40.30
1	Front Bumper Bracket – LH 🗶 🗸 🗸			\$	24.60
1	Headlamp – LH			\$	1,388.00
1	Headlamp Support Panel			\$	1,067.50
1	Front Fender – LH			\$	619.00
1	Front Fender Shield – LH 75			\$	169.80
1	Front Wheel Rim – I.H. 1/1/4			\$	351.90
1	Front Wheel Cover – LH			\$	150.70
1	Front Wheel bearing – LH			\$	258.50
1	Front Shock Absorber – LH X			\$	342.20
1	Front Shock Absorber Mounting – LH			\$	75.10
1	Front Lower Arm – LH			\$	715.10
1	Knuckle Arm – LH			\$	582.95
1	Bonnet X			\$	1,526.00
	SUB TOTAL			\$	9,054.15
	LESS 20%			İ	1,810.83
	DISCOUNTED TOTAL			\$	7,243.32
1	Advertisement – LHF Fender			\$	100.00
	Front Poor Logo - all			\$	75.00
	v 1. WH			\$	0.00
	Labour Charge 20/12/19	L 15	sks		44
	Labour Charge	, , ,			400
1	ranel beautify 7 //65	13		\$	600.00
1	Spray Painting Charge			\$	600.00
1	Wiring Charge		1 pto-6	\$	80.00
1	Tuff Kote	0 2	1 246	\$	80.00
1		P 4 12	7 P.	\$	200. 00
1	Front Wheel Alignment			\$	120.00
	LKK AST O BALLANDOLIR	nce notify	/	\$	1,680.00
	the Repairer of the follow • To resurvey before/after spra	y painting	Ì		
	• To resurvey belorist and the state of the	uring resur	vey		
1	• To resurvey before after spra • To resurvey before after spra • To resurvey before after sprace • To resurvey before after sprace • Parts prices are subject to be • Parts prices are subject to be	nfirmation	indice" basis	\$	8,923.32
erry r	Third party survey is on a series of the series of th	l limed			+ 175.00
	No illegal modification(s) is to	LA FORUTVI	oved and		9092.32
s is ar	Supplementary item(s) must be subject to final approval to initial estimate based on a visual inspection of the red after the vehicle is surveyed by a matery supplementary item(s) must be a supplementary item(s) must be supplementary item(s). The supplementary item(s) must be supplementary item(s) must be supplementary item(s) must be supplementary item(s).	above \	ehicle. The fina	al rep	air quantum wil

Date: Page 1 of 1



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





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NTUC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC17024158	/K1tbe2		
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	D UNION HOUSESINGAPORE	Date:	03-01-2018 INC4			
	Policy Particulars					
1. Insured Veh.	SLS 9209P	T	spected	SHB 3721C		
				0.00		
Policy No.	5094910330	Cover				
Claim No.	MT/0974335-002	Exces		0.00		
Assign From		Assign		20/12/2017		
2. Vehiclo:Particulars/490ndition						
Make & Model	HYUNDAI 140	c.c		1685		
Engine No.	HIDDEN	Year o	f Reg.	2016		
Chassis No.	KMHLB41UMGU093683	Colou		YELLOW		
Odometer	169835	Steeri	ng	IN ORDER		
Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM		
General	FAIR					
3270415-20	Transfer Condition	onsiola	V.C.			
	Size	Make		Balance		
R/H Front Tyre	205/60 R16	HANKO	OK	7 mm		
⊔/H Front Tyre	205/60 R16	HANKO	ОК	7 mm		
R/H Rear Tyre	205/60 R16	HANKO	OK	7 mm		
L/H Rear Tyre	205/60 R16	HANKO	ОК	7 mm		
4.	Description	nior Da	meng i	50 2 (A) (A) (A) (A) (A) (A) (A)		
THE VEHICLE SU	STAINED DAMAGES AT THE N/S	7				
DAMAGES SEE D	FTAII S					
	General	Inform	alion			
Accident Date	19/12/2017		tion Date	20/12/2017		
Survey held at	COMFORTDELGRO ENGINEER	<u> </u>				
	59 LOYANG DRIVE SINGAPORE 508969					
5а ээгн н	- R	marks				
A)THE INSPECTION	ON WAS CONDUCTED ON A'WIT			REPAIRS.		
<u>′</u>	Estimate					

ESTIMATED NORMAL PERIOD FOR REPAIR:

3 Working Days



National Assessment Centre Services

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3721C

Qty	Description of Parts 2	ં ઉનાઇધિના	More in Mark	907.40016.00 14.400
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
10	FRONT BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	FRONT BUMPER GRILLE - LH	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET - LH	CRACKED	24.60	24.60
1	HEADLAMP - LH	GRAZED	1,388.00	1,388.00
1	HEADLAMP SUPPORT PANEL	SERVICEABLE	1,067.50	-
1	FRONT FENDER - LH	DENTED	619.00	619.00
1	FRONT FENDER SHIELD - LH	SERVICEABLE	169.80	-
1	FRONT WHEEL RIM - LH	BENT	351.90	351.90
1	FRONT WHEEL COVER - LH	GRAZED	150.70	150.70
1	FRONT WHEEL BEARING - LH	SERVICEABLE	258.50	-
1	FRONT SHOCK ABSORBER - LH	SERVICEABLE	342.20	-
1	FRONT SHOCK ABSORBER MOUNTING - LH	SERVICEABLE	75.10	-
1	FRONT LOWER ARM - LH	SERVICEABLE	715.10	-
1	KNUCKLE ARM - LH	SERVICEABLE	582.95	-
1	BONNET	SERVICEABLE	1,526.00	-
	LESS 20% DISCOUNT		-1,810.83	-721.68
			7,243.32	2,886.72
	SPECIAL NETT ITEMS			
1	ADVERTISEMENT - LHF FENDER (SN)	NECESSARY	100.00	100.00
1	FRONT DOOR LOGO (SN)	NECESSARY	75.00	75.00
			175.00	175.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,000.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		680.00	540.00
			1,680.00	960.00

Report Ref No. NS/INC17024158/K1tbe2





GRAND TOTAL		9,098.32	4,021.72

RECOMMENDED COST OF REPAIRS (CONFIRMED)

Report Ref No. NS/INC17024158/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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