

Signature

Kalvin

REF.

NS/CNC17021232/Krbn2

# 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: **FY 8286L**

Policy No: **5069635440-02 14012017-130118**

Claims No: **0710975372-001**

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle: IN / OUT

Date / Time Action / Instruction

**SHD 3174X - 1733 / III 16003651 / Gh3n2**

**FY 8286L - X**

**26/2/17 Control P/P \$2455.26 / 2 Pys.**

**Red: \$795.66, 24%.**

Van No

**SHD3174X**

**23 Jun 2016**

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

Truck / Trailer or

Make:

**Hyundai I40**

**cc 1685**

Colour

**Blue**

A/C Insured / Std / NI / NA

Sp. Reading

**226989**

T. Radio: Insured / Std / NI / NA

Eng No

C/No

**1CM HLB 444 A 64091532**

Gen. Cond. Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / 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.

**21/12/17**

D.O.I.

**21/12/17**

Survey held at:

**CPKE (17-1)**

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

**Front N/S**

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

RECEIVED 23 DEC 2017

Date/Time File Pass to:

☐

: Prelim. Report

1. **typist**

☒

: Final Report

Date/Time File Return to:

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee

Transportation

1.3-1.5

Sheet

Other

Report Format:

**TP**

Lump Sum / I.B. / S **2455.26**

Add Fee:

☐

Site Insp. \$

☐

Inter. Insp. \$

☐

Tech. Insp. \$

☐

Weekend \$

**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/INC17024232/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 21-12-2017



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |               |                |            |
|--------------|---------------|----------------|------------|
| Insured Veh. | FY 8286L      | Veh. Inspected | SHD 3174X  |
| Policy No.   | 5069635440-02 | Coverage (\$)  | 0.00       |
| Claim No.    |               | Excess (\$)    | 0.00       |
| Assign From  |               | Assign Date    | 21/12/2017 |

## 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  | 21/12/2017   | Inspection Date | 21/12/2017 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

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    | Tentative repair cost |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|-----------------------|
| 1    | MT/0972645-002   | COMFORT TRANSPORTATION          | SHC 8177K            | FX 9366M           | 05/12/2017       | 21:05            | \$ 2,900.10 | \$ 785.70             |
| 2    | MT/0973212-002   | COMFORT TRANSPORTATION          | SHA 3634B            | SJE 5833K          | 09/12/2017       | 3:30             | \$ 1,576.08 | \$ 1,246.08           |
| 3    | MT/0974344-002   | COMFORT TRANSPORTATION          | SHA 5827Z            | GX 6775Z           | 18/12/2017       | 13:50            | \$ 1,471.75 | \$ 1,144.70           |
| 4    | MT/0975372-001   | COMFORT TRANSPORTATION          | SHD 3174K            | FY 8286L           | 21/12/2017       | 5:10             | \$ 3,250.92 | \$ 2,455.26           |
| 5    | MT/0973951-002   | COMFORT TRANSPORTATION          | SHC 8634H            | FBL 157U           | 15/12/2017       | 19:10            | \$ 3,753.56 | \$ 1,200.00           |
| 6    | MT/0974441-002   | COMFORT TRANSPORTATION          | SH 7288Z             | SJE 2095T          | 19/12/2017       | 15:00            | \$ 2,535.58 | \$ 1,790.78           |

Claim received from LKK

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 checked="" type="radio"/> | 5069635440-02 | AZMAN BIN ZAJNI   | S1438684Z         | GMC     | Third Party | FY8286L     | FY8286L        | 14/01/2017    | 13/01/2018  |

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305100018

CUSTOMER  
R/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL (R) 65508755 (O)

|                                   |                                  |
|-----------------------------------|----------------------------------|
| REGN NO:<br>SHD3174X              | MILEAGE                          |
| MAKE:<br>HYUNDAI                  | FUEL<br>E.....1/2.....F          |
| MODEL<br>1-40                     | DATE/TIME IN<br>21.12.2017 09:00 |
| YR OF MANU<br>23.06.2016          | TARGET DATE                      |
| CHASSIS CODE<br>KMHLB41UMGU091532 | COMPLETION DATE/TIME:            |

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 21.12.2017  
NATURE: 3P 21.12.17

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHD3174X  
CHIANG @

Vehicle No.: SHD3174X

Name 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             | 21/12/2017 10:30                                   |
| Date Of Accident           | 21/12/2017 05:10                                   |
| Exact Location Of Accident | TELOK PAKU RD(TWDS LOYANG AVE) X CHANGI VILLAGE RD |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3174X                       |
| <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  | 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       | LEE TIEN SIONG        |
| NRIC No              | S0226775F             |
| Date Of Birth        | 29/08/1948            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 23/08/1974            |
| Driving Experience   | 43 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        |                       |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | 113 13-667 PASIR RIS STREET 11 |
| Postcode  | 510113                         |
| 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   | COLLIDED INTO MOTORCYCLIST |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | 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?  | YES   |
| If Yes, Please state which Police Station |       |
| POLICE STATION NAME [OTHER]               | TP HQ |
| Was notice of intended Prosecution given? | NO    |
| If Yes, against whom?                     |       |

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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         | FY8286L        |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Vehicle Category                    | MOTORCYCLE     |
| Name of Driver                      | AZMAN BIN ZAIN |
| NRIC/Passport Number                | S1438684Z      |
| Contact Number                      | 83942460       |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    | FRT RHT        |
| No. Of Passenger (Including Driver) |                |

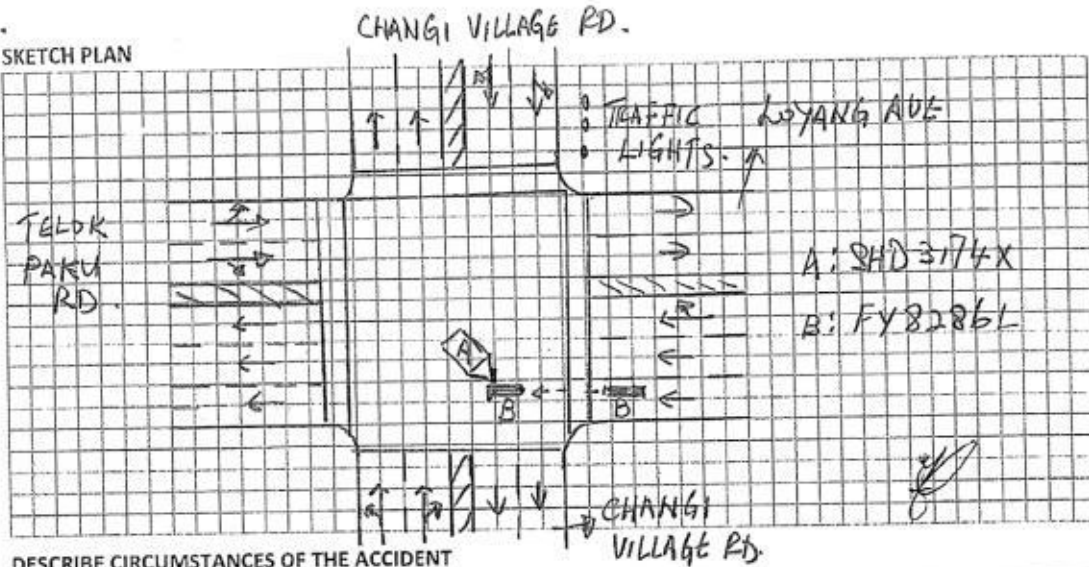
#### DETAILS OF INJURED PERSON 1

|   |                |
|---|----------------|
| Name  | AZMAN BIN ZAIN |
| Approximate Age                                     |                |
| Injuries Sustain                                    | NOT SURE       |
| Injured person in which vehicle?                    | FY8286L        |
| Were seat belts worn?                               |                |
| Was this injured conveyed to hospital by ambulance? | YES            |
| Address   |                |
| Postcode  |                |



Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report 7/20171221/2018.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 18202821R

Policyholder's Signature  
Date & Time:

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

21/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20171221/2018

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171221/2018

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |   |                    |                            |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>21/12/2017 06:56 |            | Vide Report No.:<br>G/20171221/0061 |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |   |                    |                            |
| Name of Informant:<br>LEE TIEN SIONG       |            |                                     | Address:<br>APT BLK 113 PASIR RIS ST 11 #13-667 HDB-PASIR RIS<br>SINGAPORE 510113 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S0226775F   |            |                                     | Contact No.:<br>Home/Office: Mobile: 97990878                                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:  |                    |                            |
| Sex:<br>Male                               | Age:<br>69 | Date of Birth:<br>29/08/1948        | Type of Informant:<br>Driver  |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:   |                    | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                                     | Driving Licence Information:<br>Class: 3  |                    | Date of Expiry:            |

|   |                                 |   |   |  |
|---|---------------------------------|---|---|--|
| <b>General Information of the Accident</b>  |                                 |   |   |  |
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>21/12/2017 05:10 | Type of Location:<br>T-Junction        |
| Location:<br>Along Road 1<br>TELOK PAKU ROAD<br>CHANGI VILLAGE ROAD<br>NEAR INDIAN TEMPLE |                                 |   |   |  |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>Two Way  |                                 | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>No Traffic          |
| Type of Collision:<br>Between Moving Vehicles - Head To Side                              |                                 |   |   | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |            |         |       |        |                     |                 |
|------------------------------------|------------|---------|-------|--------|---------------------|-----------------|
| Vehicle No.                        | Type       | Make    | Model | Color  | Condition           | No of Passenger |
| FY8286L                            | Motorcycle | PIAGGIO |       | Silver | Slightly<br>Damaged | 0               |
| SHD3174X                           | Car        | HYUNDAI |       | Blue   | Slightly<br>Damaged | 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/20171221/2018

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171221/2018

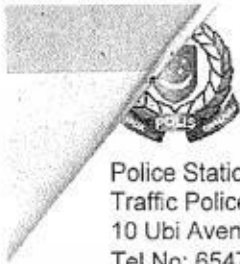
## CONTINUATION OF REPORT

|                                   |                      |                  |   |
|-----------------------------------|----------------------|------------------|---|
| <b>Rider</b>                      |                      |                  |   |
| Name                              | AZMAN BIN ZAIN       |                  | ID No. S1438684Z  |
| Related Vehicle                   | FY8286L (Motorcycle) |                  | Contact No. 83942460  |
| Hospital/Clinic                   | NIL                  |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                  | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury | Slight  |
| <b>Driver</b>                     |                      |                  |   |
| Name                              | LEE TIEN SIONG       |                  | ID No. S0226775F  |
| Related Vehicle                   | SHD3174X (Car)       |                  | Contact No. 97990878  |
| Hospital/Clinic                   | NIL                  |                  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                  | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                  | Degree of Injury | NIL   |

**Brief Details.**

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS COMING DOWN FROM TELOK PAKU TURNING INTO CHANGI VILLAGE, IT WAS ALREADY GREEN ARROW, THEN I SUDDENLY SEE HIM SPEEDING AT THE RED LIGHT, I TRIED TO E BRAKE BUT HE COULDN'T DODGE ME ALL THE WAY, HE HIT MY SIDE AND FELL OFF HIS BIKE. THEN PASSERSBY SAW THE ACCIDENT AND CALLED FOR AMBULANCE, THE RIDER GOT OFF THE BIKE AND TOLD ME TO NOT TO CALL FOR THE POLICE AS HE IS RUSHING OFF TO WORK. IN FACT WHEN THE AMBULANCE CAME DOWN THE PARAMEDIC SAID THE RIDER WAS FINE BUT PERSUADED HIM TO GO FOR A CHECK UP IN CASE SOMETHING WAS WRONG. I ALSO ADVISED HIM IF HE REALLY DONT FEEL WELL HE SHOULD GO FOR A CHECK UP ALSO, BUT HE SAID HE'S ALRIGHT. HE ENDED UP FOLLOWING THE AMBULANCE TO THE HOSPITAL WHILE I WAITED FOR THE TRAFFIC POLICE TO COME DOWN, AFTER TP CAME DOWN THEY TOOK MY STATEMENT, LOOKED AT MY TAXI AND ASKED ME TO COME DOWN TO TPHQ TO PASS IO ZULKARNAEN MY MEMORY CARD AND ALSO MAKE A TRAFFIC ACCIDENT REPORT.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20171221/2018

3 of 3

Report No. T/20171221/2018

**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:  
TP /  
TAN KIN WAH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

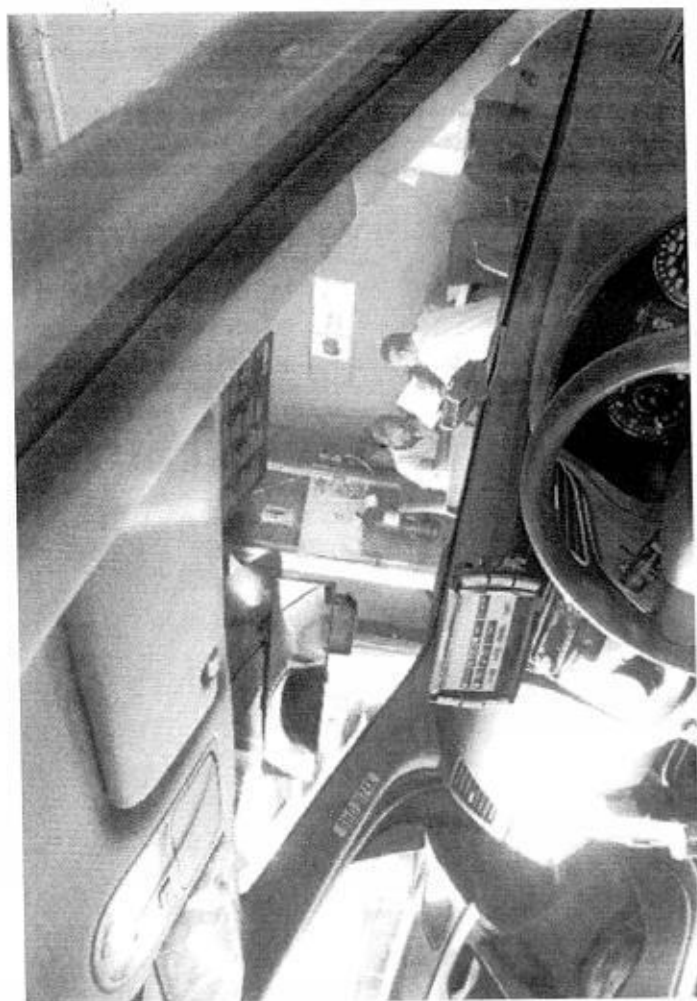
Signature Of Informant:

Date/Time:  
21/12/2017 06:56

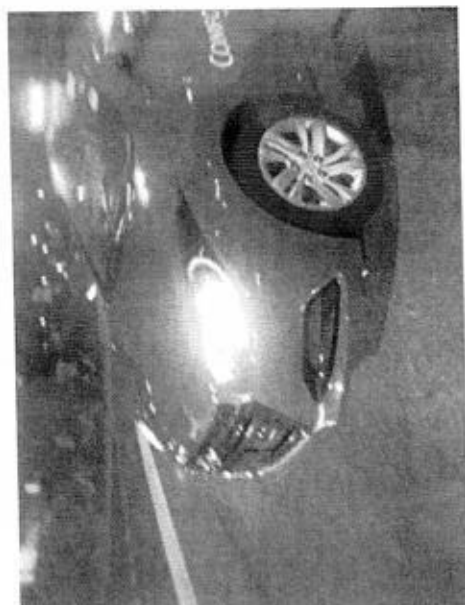
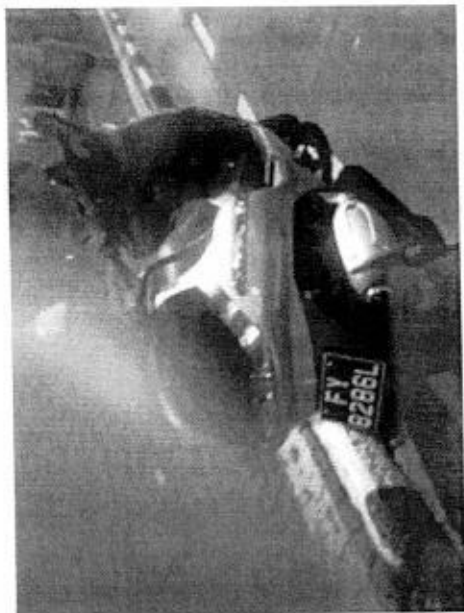
Classification Of Case:

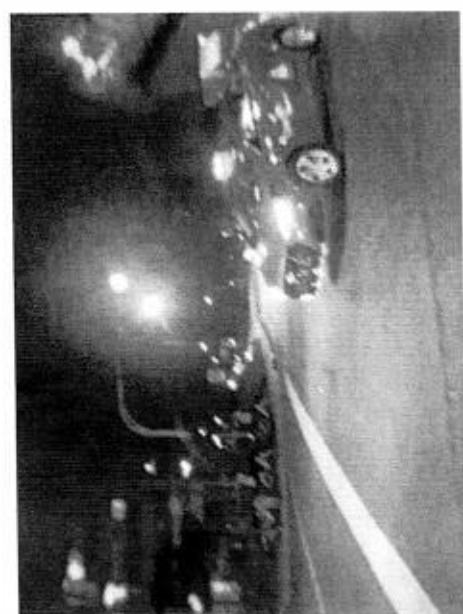


SINGAPORE  
POLICE FORCE









## Enquire PARF/COE Rebate for Registered Vehicle

|   |                                      |
|---|--------------------------------------|
| Vehicle Owner Particulars   |                                      |
| Owner ID Type:  | Company                              |
| Owner ID:   | 3821R                                |
| Vehicle Details   |                                      |
| Vehicle No.:  | SHC8634H                             |
| Vehicle to be Exported:   | No                                   |
| Intended De-registration Date:  | 27 Dec 2017                          |
| Vehicle Make:   | HYUNDAI                              |
| Vehicle Model:  | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR   |
| Primary Colour:   | Blue                                 |
| Manufacturing Year:   | 2015                                 |
| Engine No.:   | D4FDFU561952                         |
| Chassis No.:  | KMHLB41UMGU080411                    |
| Maximum Power Output:   | 100.0 kW (134 bhp)                   |
| Open Market Value:  | \$20,603.00                          |
| Original Registration Date:   | 05 Nov 2015                          |
| First Registration Date:  | 05 Nov 2015                          |
| Transfer Count:   | 0                                    |
| Actual ARF Paid:  | \$20,845.00                          |
| Intended PARF Rebate Details  |                                      |
| PARF Eligibility:   | Yes                                  |
| PARF Eligibility Expiry Date:   | 04 Nov 2023                          |
| PARF Rebate Amount:   | \$15,633.00                          |
| Intended COE Rebate Details   |                                      |
| COE Expiry Date:  | 04 Nov 2023                          |
| COE Category:   | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):  | 8                                    |
| PQP Paid:   | \$45,267.00                          |
| COE Rebate Amount:  | \$33,130.00                          |
| <b>Total Rebate Amount:</b>   | <b>\$48,763.00</b>                   |
| Message   |                                      |
| Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier. |                                      |

The information contained herein is correct as at 27 Dec 2017



REPAIR ESTIMATE\*

VEHICLE NO : SHD 3174X

DATE 21/12/2017 13:38

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour                   | Type | Unit Price  | Amount                             |
|-----|---|------|-------------|------------------------------------|
|     | Radiator Grille <i>an</i>                   |      |             | \$ 1,480.00                        |
|     | Front Bumper Cover <i>the</i>               |      |             | \$ 1,052.20                        |
|     | Front Bumper Sponge <i>Xue</i>              |      |             | \$ 142.20                          |
|     | Front Bumper Reinforcement <i>Xue</i>       |      |             | \$ 526.10                          |
|     | Front Bumper Bracket Top (LH/RH) <i>Xue</i> |      | \$ 22.40    | \$ 44.80                           |
|     | Front Bumper Bracket (LH) <i>Xue</i>        |      |             | \$ 24.60                           |
|     | <b>SUB TOTAL</b>                            |      |             | <b>\$ 3,269.90</b>                 |
|     | <b>LESS 20%</b>                             |      |             | <b>\$ 653.98</b>                   |
|     | <b>DISCOUNTED TOTAL</b>                     |      |             | <b>\$ 2,615.92</b>                 |
|     | Front Number Plate <i>missing</i>           |      | <i>-112</i> | \$ 25.00 <i>Nett 2250</i>          |
|     | Front No Plate Trim Cover <i>missing</i>    |      | <i>-112</i> | \$ 30.00 <i>Nett 27</i>            |
|     |   |      |             | <b>\$ 55.00</b>                    |
|     | <b>Labour Charge</b>                        |      |             | <b>200</b>                         |
|     | Panel Beating                               |      |             | \$ <del>380.00</del>               |
|     | Spray Painting Charge                       |      |             | \$ <del>200.00</del><br><i>180</i> |
|     | <b>TOTAL LABOUR</b>                         |      |             | <b>\$ 580.00</b>                   |
|     | <b>ESTIMATE TOTAL</b>                       |      |             | <b>\$ 3,250.92</b>                 |

*Kaluz 16/11/17*  
*21/12/17 1500h*  
*2 Days*  
*PIP*  
*Before Part photo*

LKK Auto Consultants hence 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 illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

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.



Thatcham escribe

## 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/INC17024232/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 03-01-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | FY 8286L       | Veh. Inspected | SHD 3174X  |
| Policy No.   | 5069635440-02  | Coverage (\$)  | 0.00       |
| Claim No.    | MT/0975372-001 | Excess (\$)    | 0.00       |
| Assign From  |                | Assign Date    | 21/12/2017 |

### 2. Vehicle Particulars & Condition

|              |                   |              |                    |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40       | c.c          | 1685               |
| Engine No.   | HIDDEN            | Year of Reg. | 2016               |
| Chassis No.  | KMHLB41UMGU091532 | Colour       | BLUE               |
| Odometer     | 226989            | 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 FRONT N/S PORTION.<br>DAMAGES SEE DETAILS. |
|---|

### 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 21/12/2017   | Inspection Date | 21/12/2017 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

### 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

### 5b. Estimate Days of Repair

|                                     |                |
|-------------------------------------|----------------|
| 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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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3174X

| Qty  | Description of Parts                                  | Condition   | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|-------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>                    |   |             |                           |                   |
| 1  | RADIATOR GRILLE                                       | CRACKED     | 1,480.00                  | 1,480.00          |
| 1  | FRONT BUMPER COVER                                    | DEFORMED    | 1,052.20                  | 1,052.20          |
| 1  | FRONT BUMPER SPONGE                                   | SERVICEABLE | 142.20                    | -                 |
| 1  | FRONT BUMPER REINFORCEMENT                            | SERVICEABLE | 526.10                    | -                 |
| 2  | FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40             | SERVICEABLE | 44.80                     | -                 |
| 1  | FRONT BUMPER BRACKET (LH)                             | SERVICEABLE | 24.60                     | -                 |
|  | LESS 20% DISCOUNT                                     |             | -653.98                   | -506.44           |
|  |   |             | 2,615.92                  | 2,025.76          |
| <b>NETT ITEMS</b>                              |   |             |                           |                   |
| 1  | FRONT NUMBER PLATE (N)                                | MISSING     | 25.00                     | 25.00             |
| 1  | FRONT NO PLATE TRIM COVER (N)                         | MISSING     | 30.00                     | 30.00             |
|  | LESS 10% DISCOUNT                                     |             | -                         | -5.50             |
|  |   |             | 55.00                     | 49.50             |
| <b>LABOUR</b>                                  |   |             |                           |                   |
|  | THATCHAM STANDARD REPAIR TIME ON BODY WORKS.          |             | 380.00                    | 200.00            |
|  | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. |             | 200.00                    | 180.00            |
|  |   |             | 580.00                    | 380.00            |
| <b>GRAND TOTAL</b>                             |   |             | <b>3,250.92</b>           | <b>2,455.26</b>   |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |   |             |                           | <b>2,455.26</b>   |

Report Ref No. NS/INC17024232/K1rbn2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Our Job Ref No : 305100018  
Date : 23/12/17

## COMFORTDELGRO ENGINEERING

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

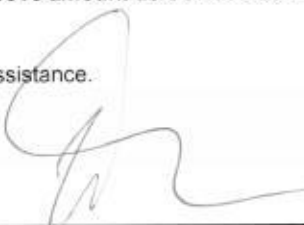

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHD3174X

Fax :

21/12/2017

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

1. The repair job shall bill to: NTUC FY8286L
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount \$2,075.26
    - (b) Labour Charges \$380.00
    - Total for Part-By-Part Repair Cost \$2,455.26**
    - (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.  
  
Signature :  
Name : CHIANG  
Tel : 62148314  
Fax : 65468156
- We confirm the estimates and finalized amount  
  
Signature :  
Name : KALVIN  
Date : 26/12/17

### 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:

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

JOB NO : 305100018  
REGN NO : SHD3174X  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 23.06.2016  
DATE/TIME IN : 21.12.2017 09:00  
ACCIDENT DATE : 21.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|                        |                           |     |          |       |          |
|------------------------|---------------------------|-----|----------|-------|----------|
| 0001 FNPS              | NO PLATE(S)               | 1 N | 55.00    | 10.00 | 49.50    |
| 0002 04-01-0103-2292-G | I40V3 COVER-FR BUMPER#    | 1   | 1,052.20 | 20.00 | 841.76   |
| 0003 04-01-0103-2164-G | I40V3 GRILLE ASSY-RADIATO | 1   | 1,480.00 | 20.00 | 1,184.00 |

SUB-TOTAL : 2,075.26

## JOB NATURE

|             |                             |        |
|-------------|-----------------------------|--------|
| 0000 L      | PANEL BEATING               | 200.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 180.00 |

SUB-TOTAL : 380.00

TOTAL : 2,455.26

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :