

SALES

Kalvin

REF:

NS/INC17024239/Klgp12

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 STJ 4585G

Policy No. 5076480311-02 16.12.17

Claims No. MT/0975063-002

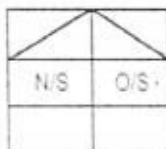
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Van No SHA 4023H Page: 29 Oct 2015
Type: M/Car / M/Cycle / Bus / Van / Lorry / T/B / Prima Mover /

Truck / Trailer or

Make Hyundai I40 cc 1685

Colour Blue A/C Insured / Std / NI / NA

Sp Reading 408/96 T Radio Insured / Std / NI / NA

Eng No:

C No: KM HLB 414M 64 07 9857

Gen. Cond: Good / F / Poor / Burnt

Steering Inor 6 / Jammed / Leaked / Burnt or

Brake Inor 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 / STD A/Rim or

Tyre Size F: 205/60R16

R: 4

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

TOYO / YOKO or Hanko 1K

Front

R/Bal 7 mm R/Bal 7 mm

L/Bal 7 mm L/Bal 7 mm

D.O.A. 20/12/12 D.O.I. 21/12/17

Survey held at C04E (67-2)1

Des. of Damages: Fnt / 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

SHA 4023H - X

STJ 4585G - NA / EQZ 11002246 / W1

DOA: 04022011

26/12/17 Confirmed 4/5 of 105% 2017. (Red 1637.18, 61%)

ZAC

4/5

RECEIVED 28 DEC 2017

Date/Time: File Pass to?

☐ : Prelim. Report

26/12 11:15 AM

☐ : Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

Other Fees

Other

Other

Other

Other

Add Fee:

☐ Site Insp \$

☐ Interview \$

☐ Tech. Insp \$

☐ Weekend \$

Report Format:

Lump Sum / 1.2 / 1.3

7p

1050

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/INC17024239/K1qb

73 BRAS BASAH ROAD

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



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 4585G	Veh. Inspected	SHA 4023H
Policy No.	5076480311-02	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	20/12/2017	Inspection Date	21/12/2017
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.
--

ЗА 40234

Reference No.: NS/INC/7024739/1
Policy Type: OD (TP) / TP RES / TL / EVA

Typist

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

(1) Office Assign Form

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

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

(1) Assignment Form

-
- A handwriting practice sheet for the letter 'v'. It consists of two vertical columns of boxes. The left column contains ten boxes, each with a cursive 'v' written in it. The right column contains ten empty boxes for practice.

(2) System - (Views/Merimen)

- | | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|

(3) Workshop Estimate/Assignment Form

- | | |
|---|--|
| ✓ | |
| | |
| | |
| ✓ | |
| | |
| | |
- | | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

(4) System - (Views/Merimen)

- | | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Case Handler Chen Date 26/12/17

Date _____

*C: Critical *N: Non-Critical

21/05/2014

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
1	MT/0972761-002	CITYCAB PTE LTD	SHC 7093A	SUJ 9582H	06/12/2017	20:40	\$ 4,922.56	\$ 3,365.12
2	MT/0974282-002	COMFORT TRANSPORTATION	SH 7849E	SJB 4580L	17/12/2017	12:00	\$ 3,617.98	\$ 2,300.00
3	MT/0974257-002	COMFORT TRANSPORTATION	SHC 1218Y	SHB 8791S	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
5	MT/0975063-001	COMFORT TRANSPORTATION	SHA 4023H	SUJ 4585G	20/12/2017	16:00	\$ 2,687.18	\$ 1,050.00
6	MT/0974335-002	CITYCAB PTE LTD	SHB 3721C	SLS 9209P	19/12/2017	10:20	\$ 8,998.32	\$ 4,021.72
7	MT/0974427-002	COMFORT TRANSPORTATION	SHC 3831M	SJH 9266E	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
9	MT/0972888-002	COMFORT TRANSPORTATION	SHA 7786U	SKR 4692B	07/12/2017	20:45	\$ 4,241.64	\$ 1,950.00
10	MT/0972695-002	COMFORT TRANSPORTATION	SHC 1987K	GBG 969U	06/12/2017	15:10	\$ 4,853.62	\$ 1,750.00

Claim received from LKK

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5076480311-02	VFM PTE. LTD.	201523773K	GFT	Third Party	SJ14585G	SJ14585G	16/12/2017	

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	21/12/2017 13:46
Date Of Accident	20/12/2017 16:00
Exact Location Of Accident	JLN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4023H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	TAN YEW TENG
NRIC No	S1501040A
Date Of Birth	14/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TONYTANYT@GMAIL.COM

Address	428 05-31 PASIR RIS DRIVE 6
Postcode	510428
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
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	SJJ4585G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID JOSEPH ANTHONY
NRIC/Passport Number	S0516200I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1



Name	TAN YEW TENG
Approximate Age	56
Injuries Sustain	BACK,NECK
Injured person in which vehicle?	SHA4023H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Refer Police Report attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SHAA023H B) STJ4585G

Refer Police Report = 7/20171221/2001

DECLARATION

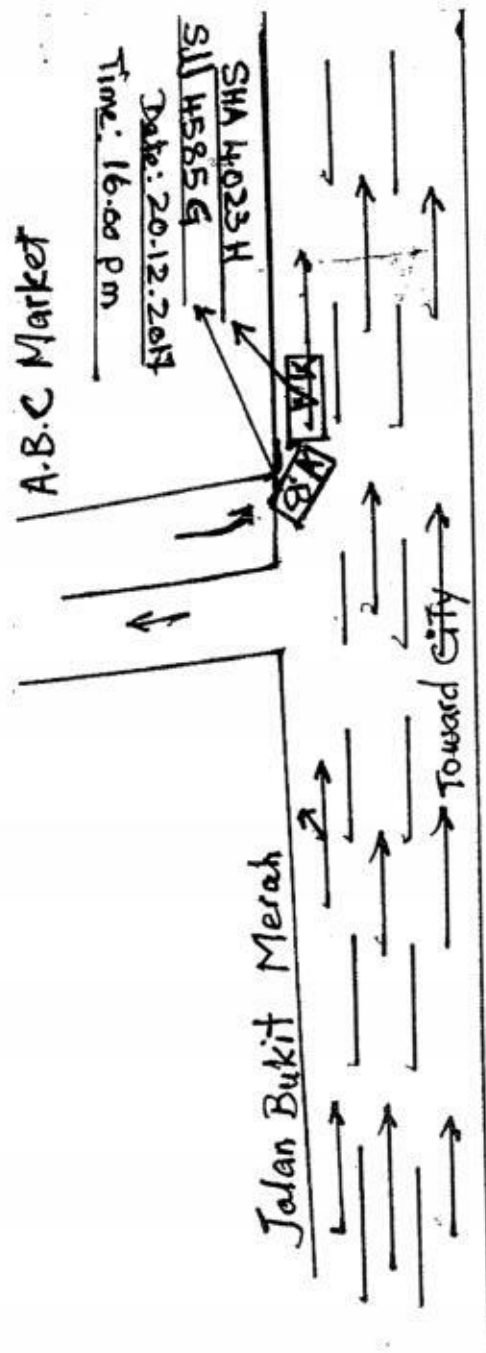
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE. LTD.
CO REG NO 182503821R

Policyholder's Signature
Date & Time:

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

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





**SINGAPORE
POLICE FORCE**



T/20171221/2001

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20171221/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 00:03	Vide Report No.:	Station Diary No.: 2
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Informant's Particulars

Name of Informant: TAN YEWE TENG			Address: APT BLK 428 PASIR RIS DR 6 #05-31 SINGAPORE 510428	
ID Type / ID No.: NRIC NO / S1501040A			Contact No.: Home/Office: Mobile: 98562139	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 14/12/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2017 16:00	Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Towards To Chinatown				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4023H	Car				Slightly Damaged	0
SJJ4585G	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20171221/2001

2 of 3

Report No. T/20171221/2001

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	TAN YEW TENG	ID No.	S1501040A
Related Vehicle	SHA4023H (Car)	Contact No.	98562139
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	20/12/2017	Date Discharge	20/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	David Joseph Anthony	ID No.	S0516200I
Related Vehicle	SJJ4585G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/12/2017 at about 1600hrs, I was driving a Taxi, registration plate number SHA4023H and was travelling along Jalan Bukit Merah. At that time, I was driving at the extremely left lane. While I was driving, one vehicle registration plate number SJJ4585G from a small lane near the ABC Market came out from the lane and hit my rear portion of my vehicle.

I suffered some injuries on my back area.



**SINGAPORE
POLICE FORCE**



T/20171221/2001

3 of 3

Report No. T/20171221/2001

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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 /

Staff Sgt IDRIS BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/12/2017 00:03

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BO

Contact No.: 65476219



**SINGAPORE
POLICE FORCE**

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



T/20171221/2002

1 of 2

Report No. T/20171221/2002

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No	0
Report Number	T/20171221/2002
Vide Report Number	T/20171221/2001
Date/Time of Report Made	21/12/2017 00:13
Place Report Lodged	Traffic Police Division HQ
Type of Informant	Driver
Name of Informant	Tan Yew Teng
ID Type / ID No.	NRIC NO / S1501040A
Home/Office	
Mobile	98562139
Email	
Type of Accident	Injury / Others
Drink Drive it	No
Anyone conveyed by ambulance	No
Date/Time of Accident	20/12/2017 16:00

Brief Facts.

Refer to report T/20171221/2001, I further wish to state that my neck also suffered some injuries.



T/20171221/2002

2 of 2

Report No. T/20171221/2002

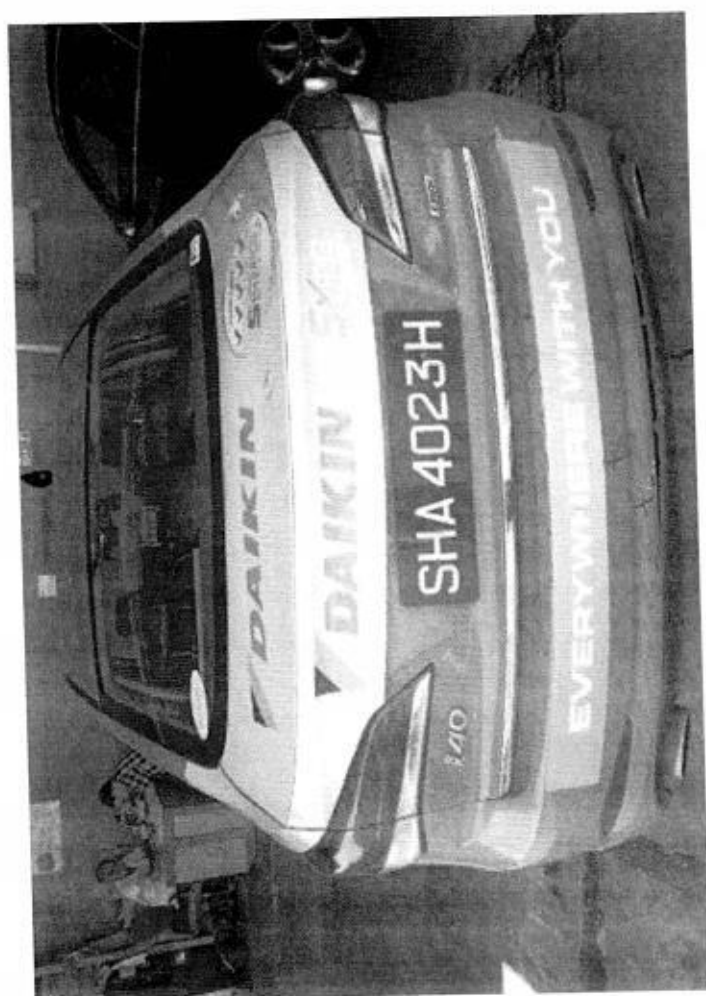
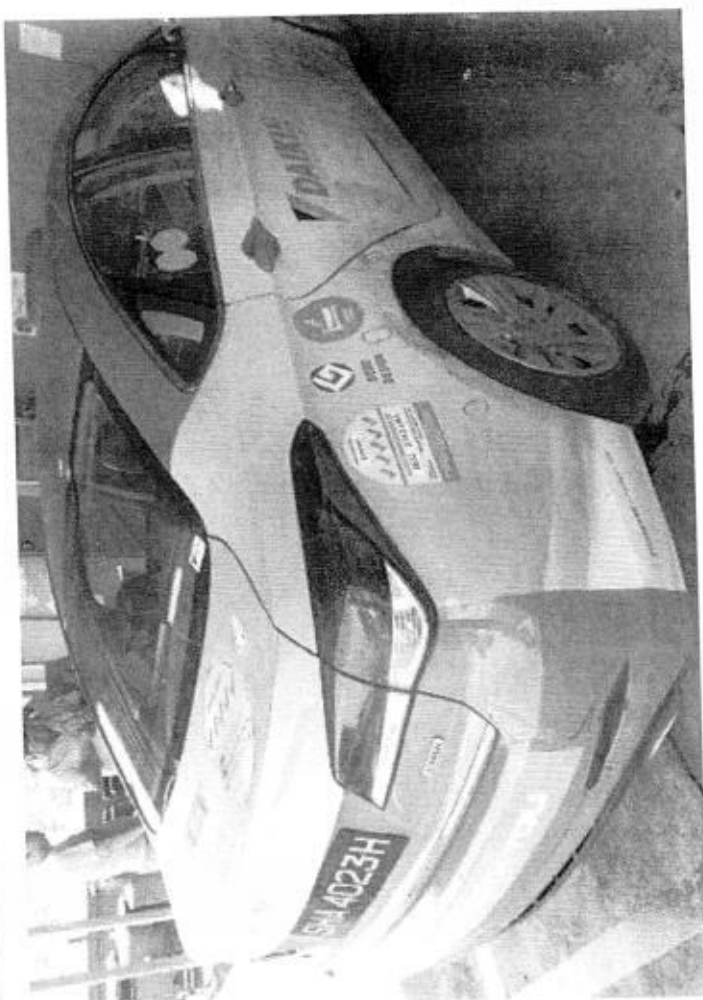
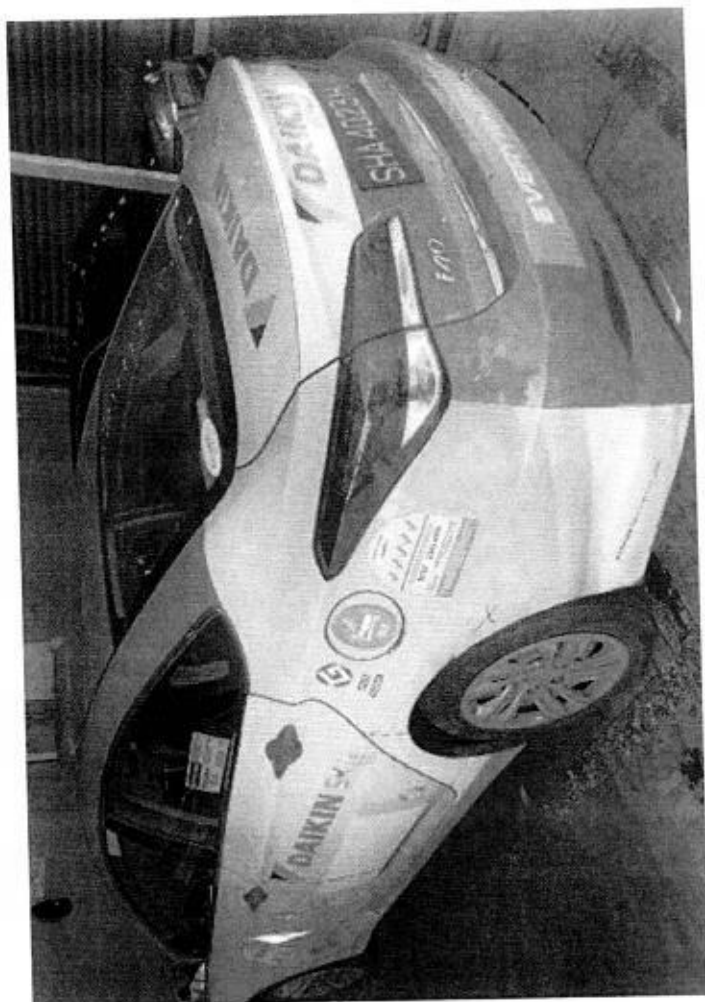
Continuation of CSF For NP168

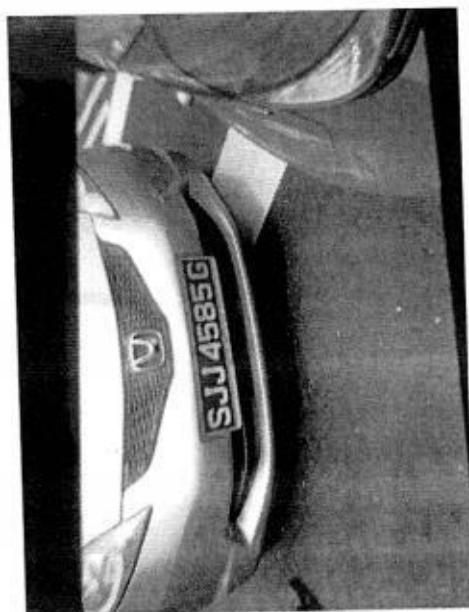
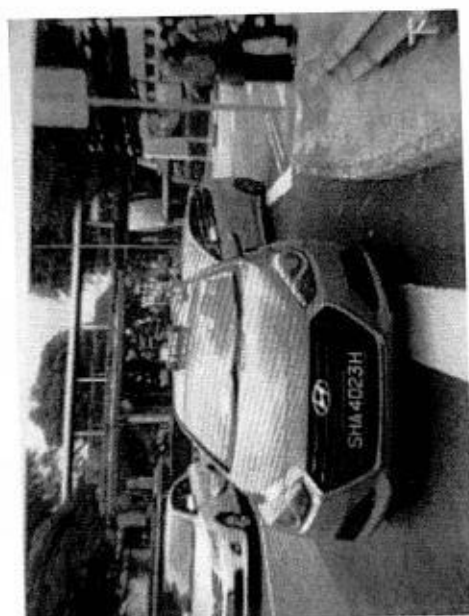
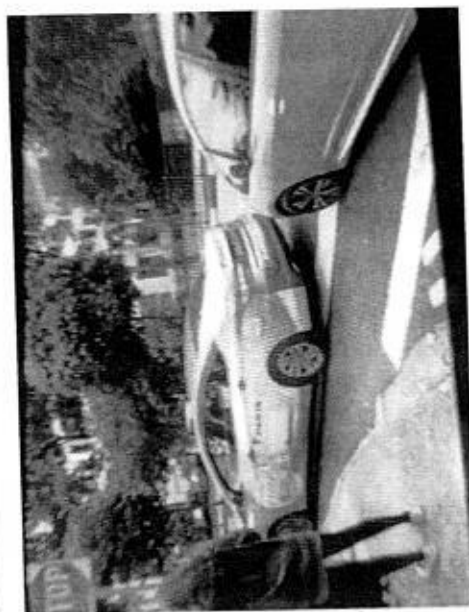
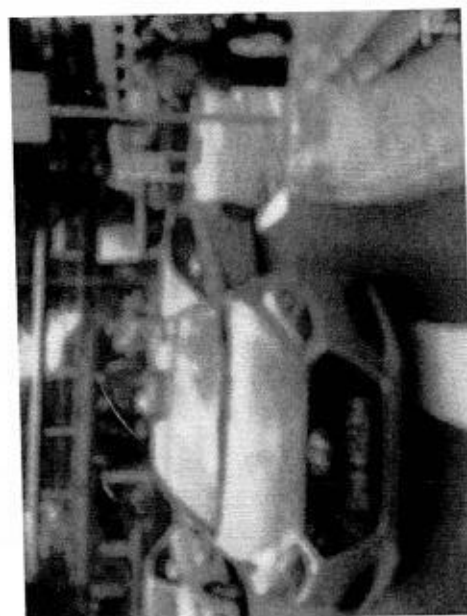
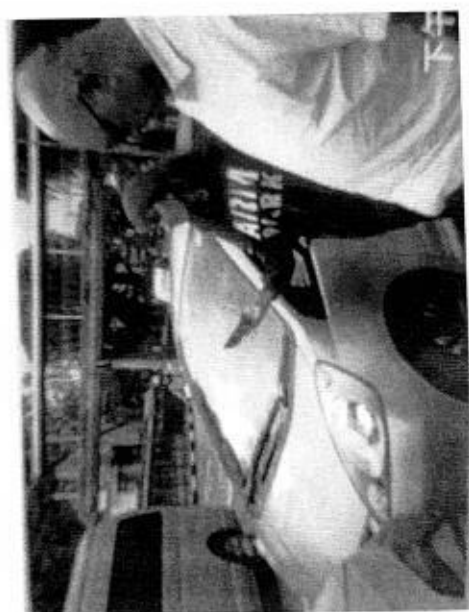
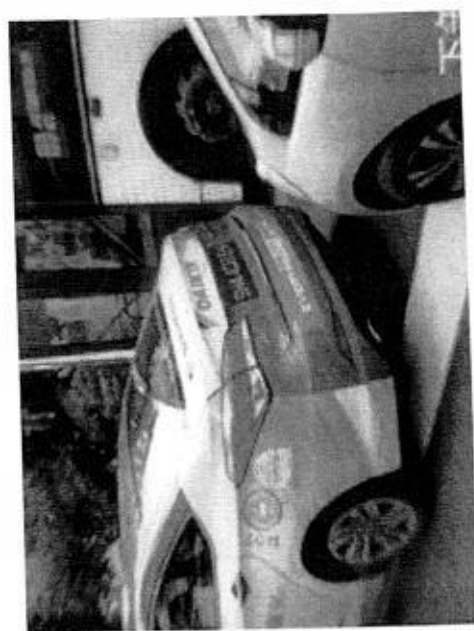
Sketch Plan

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / SITIMARSITA BINTE BOHARI
Classification of Case	1) INJURY / OTHERS





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4023H

DATE 21/12/2017 12:23

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
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (RH)			\$ 32.00
	SUB TOTAL			\$ 1,939.35
	LESS 20%			\$ 387.87
	DISCOUNTED TOTAL			\$ 1,551.48
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 385.70
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,687.18

Kalin (LKR)

21/12/17 1545hrs

2 Days

4/5

After Repair 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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305100048
Date : 12/17/21

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4023H
Date of Accident : 20/12/2017

Fax :

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

- The repair job shall bill to: NTUC --- SJJ4585G
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,050.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

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		7.49		
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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/INC17024239/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 28-12-2017



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 4585G	Veh. Inspected	SHA 4023H
Policy No.	5076480311-02	Coverage (\$)	0.00
Claim No.	MT/0975063-001	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.	2015
Chassis No.	KMHLB41UMGU079857	Colour	BLUE
Odometer	408196	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	20/12/2017	Inspection Date	21/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4023H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
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 (RH)(CRACKED)	NOT CONSISTENT WITH THE IMPACT	32.00	-
	LESS 20% DISCOUNT		-387.87	-170.12
			1,551.48	680.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT FITTED	135.70	-
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
			385.70	250.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	380.00
GRAND TOTAL			2,687.18	1,310.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC17024239/K1qbn2

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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