

Shirong

Kalin

REF:

NS/TNC17024517/KIRBN2

## 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 **SJB 8136K**Policy No. **5077795884-01 19.02.17-23.01.18**Claims No. **MT 10974783-002**

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 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

Veh No

**SHC 8897R****7 Apr 2016**

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

Truck / Trailer or

Make

**Hyundai 240****168r**

Colour

**Blue**

A/C

Insured / Std / NI / NA

Sp Reading

**145153**

T. Radio

Insured / Std / NI / NA

Eng No:

C.No:

**KMHLB 414464086909**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: 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

**Wetlake**

Front

Rear

R.Bal.

**7**

mm

R.Bal.

**7**

mm

L.Bal.

**7**

mm

L.Bal.

**7**

mm

D.O.A

**21/2/17**

D.O.A

**22/2/17**

Survey held at:

**1046 (1.7m)**

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

**Rear**

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

Date / Time Action / Instruction

**22/2/17 at 1.40 P/P \$1130.48/24hrs (Red: \$1301.10, 54%)****SHC 8897R - CS/TC215006361 / vy3XX****SJB 8136K - CS/TA0000087/Ken****ZMC****DAT: 040415 P/P****DA: 120110**

RECEIVED 27 FEB 2018

Date/Time File Pass to?



Preli. Report



Final Report

Date/Time File Return to?

2)

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation

Lump Sum

Photo

Clean

Add Fee:



Site Insp: \$



Interview: \$



Tech. Insp: \$



Weekend: \$

Report Format: **TP**Lump Sum / I.B.I.: \$ **1130.48****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/INC17024517/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 27-12-2017



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 8136K	Veh. Inspected	SHC 8897R
Policy No.	5077795884-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

## 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	22/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

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

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/12/2017 17:57"/>						
Vehicle No.(For Motor)	<input type="text" value="SJB8136K"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5077795884-01	HEALTHSERVE LTD	200615440H	GPC	drivo CLASSIC	SJB8136K	SJB8136K	19/02/2017	23/01/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

## 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 15:46
Date Of Accident	21/12/2017 12:05
Exact Location Of Accident	H/AVELOCK ROAD X EU TONG SEN ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8897R
<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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	TEO HOCK LAI
NRIC No	S7205876C
Date Of Birth	24/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	223A COMPASSVALE WALK #03-633
Postcode	S541223
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

PLS SEE ATTACHED

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB8136K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI WHILE DANIEL
NRIC/Passport Number	S8325547A
Contact Number	91134270
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION LTD  
CO. REG NO. 199747770



21/12/17

Lim Ee Guan  
CSO

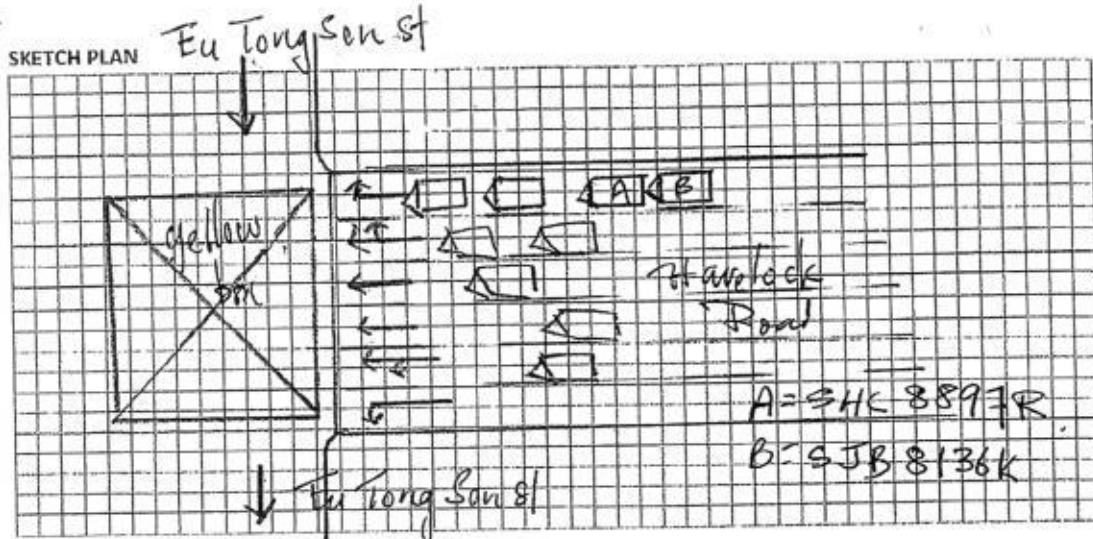
Policyholder's Signature  
Date & Time:

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

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



# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As seen in the video footage, I stopped on the rightmost lane of Hawlock Road before Eu Tong Sen St. When green light emerged and front car moved off, I followed suit and all of a sudden, I felt a strong jerk and impact following car B (SJB 8136K) behind slammed into the rear of my car. I took photos at the scene and also took down particulars of driver B.

## DECLARATION

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

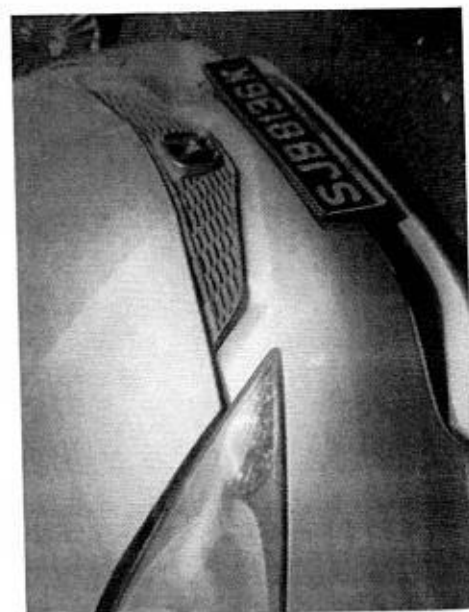
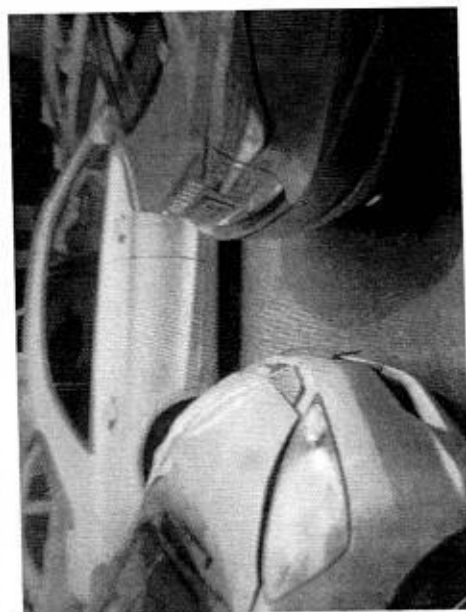
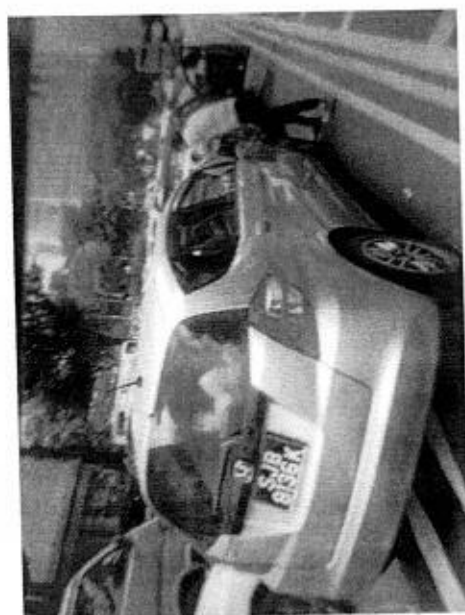
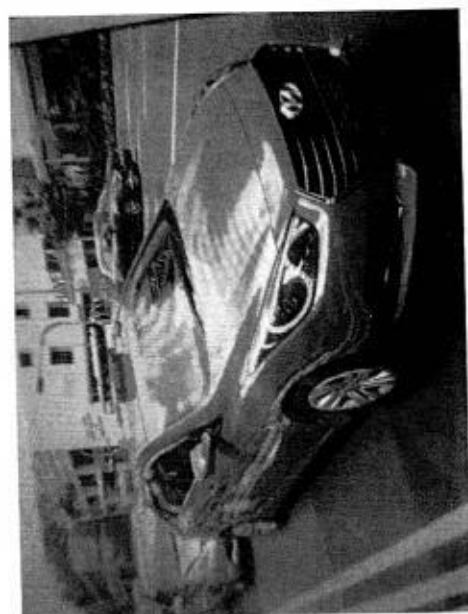
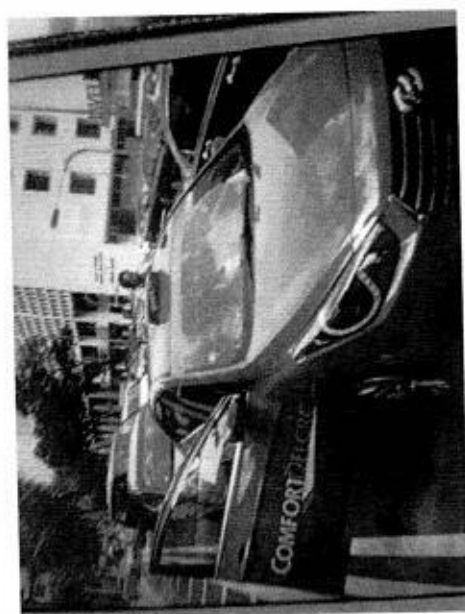
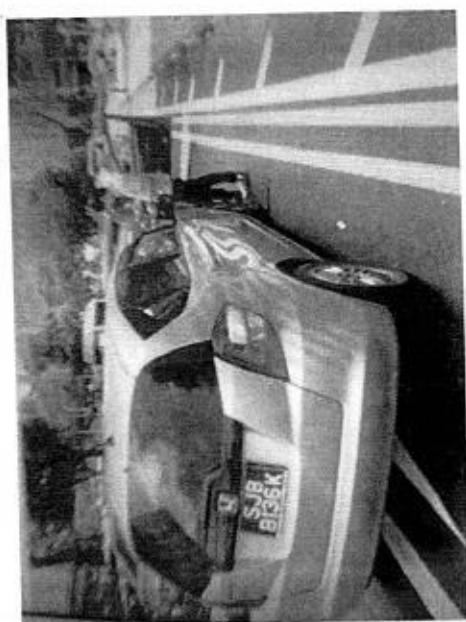
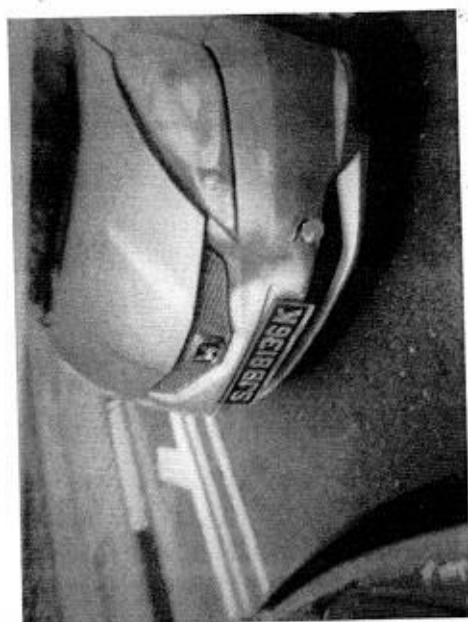
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 10111

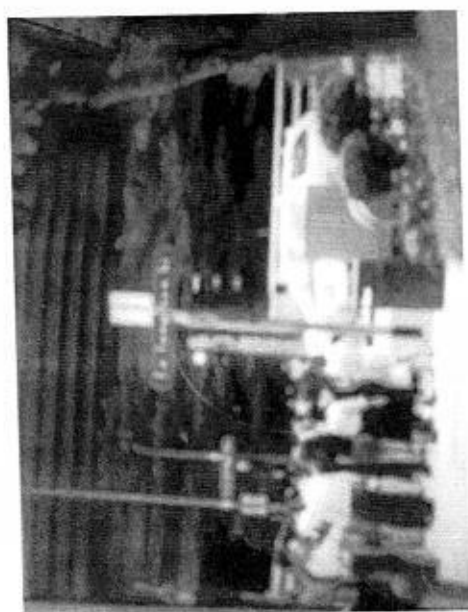
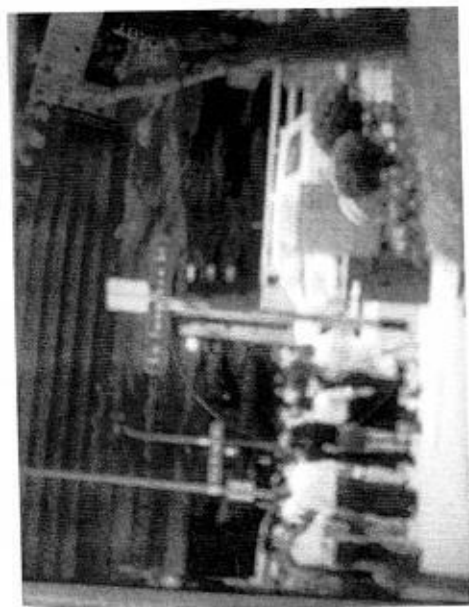
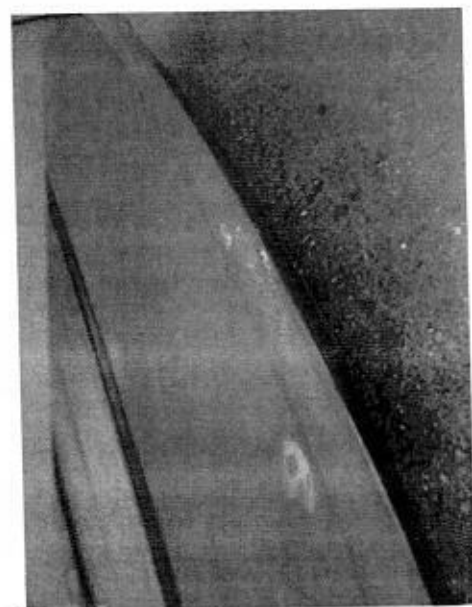
Policyholder's Signature  
Date & Time:

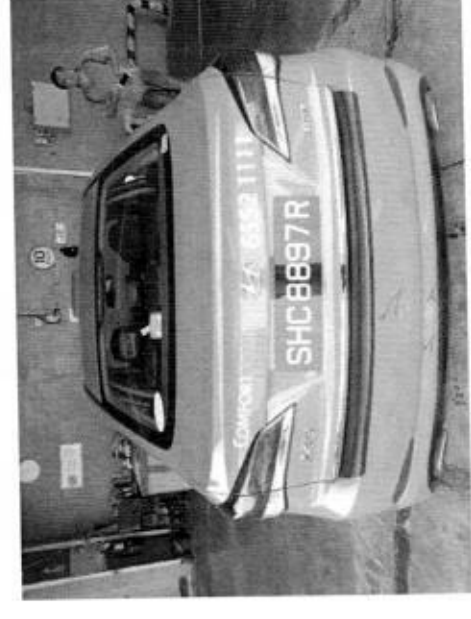
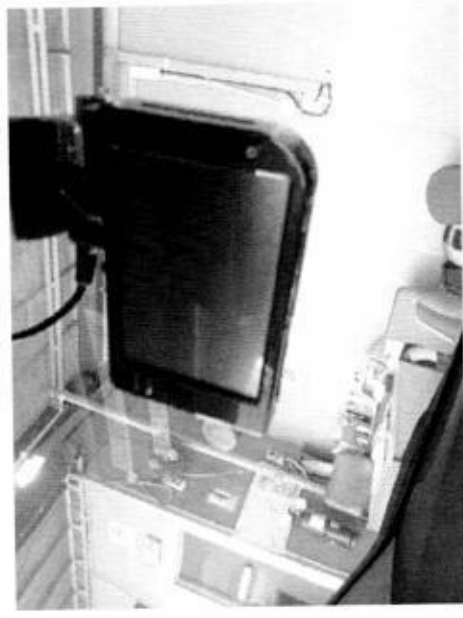
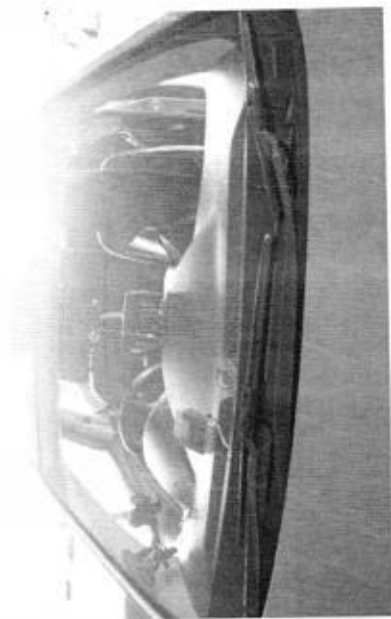
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Lim Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:









Sam: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JO NO.305100079

OMER  
IS COMFORT TRANSPORTATION PTE LTD  
OMER NO 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)  
(P)

REGN NO: SHC8897R	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 21.12.2017 13:05
YR OF MANU 07.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU086909	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 21.12.2017  
ATURE: 3P 21.12.17

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.: SHC8897R JU NTUC LKK

Vehicle No.: SHC8897R

if Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

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

VEHICLE NO : SHC 8897R

DATE 21/12/2017 15:00

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	
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				<b>\$ 185.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00	
	Wiring Charge			\$ 50.00	
	R/Refix Reverse Sensor			\$ 120.00	
	<b>TOTAL LABOUR</b>			<b>\$ 720.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,431.58</b>	
	<p>Kalvin LKK</p> <p>22/12/17 10:20 hrs</p> <p>2 Days</p> <p>PIP</p> <p>Before Paint photo</p>				
	<p>LKK Auto Cons. will hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p>				
	<p>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.</p>				

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 22.12.2017

Time: 18:13:38

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 : 305100079  
REGN NO : SHC8897R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 07.04.2016  
DATE/TIME IN : 21.12.2017 13:05  
ACCIDENT DATE : 21.12.2017

## 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	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00

SUB-TOTAL : 730.48

## JOB NATURE

0000 L	PANEL BEATING- REAR	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

TOTAL : 1,130.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305100079  
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. : SHC8897R

Fax :

Date of Accident : 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 --- SJB8136K  
###
2. The finalized amount shall be:
 

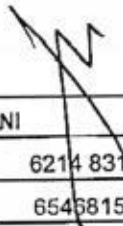
(a) Spare Parts after List discount	###	\$730.48
(b) Labour Charges	###	\$400.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$1,130.48</b>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		


3. Estimated normal period for repairs: 2 working days

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

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

Signature :   
Name : KALVIN  
Date : 27/12/17

### 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:





# 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 8897R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			720.00	400.00
<b>GRAND TOTAL</b>			<b>2,431.58</b>	<b>1,130.48</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,130.48</b>

Report Ref No. NS/INC17024517/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.  
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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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024517/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-03-2018



Code: INC4

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

Insured Veh.	SJB 8136K	Veh. Inspected	SHC 8897R
Policy No.	5077795884-01	Coverage (\$)	0.00
Claim No.	MT/0974783-002	Excess (\$)	0.00
Assign From		Assign Date	22/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU086909	Colour	BLUE
Odometer	145153	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	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	21/12/2017	Inspection Date	22/12/2017
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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