

Signature

Kalvin

REF:

NS/NC17024539/KH012

# 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

ABB 4156Z

Policy No.

5035143559-08 271217-241218

Claims No.

MT/0075395-002

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:

IDAO Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res:

Yes or No

Lum Sum:

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No

SHC8031Y

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

Truck / Trailer or

Make

Mercedes Benz E200

2143

Colour

White

A/C

Insured / Std / NI / NA

Sp Reading

425851

T-Radio

Insured / Std / NI / NA

Eng No

C No

WPD2120012015 6789

Gen Cond: Good / Fair / Poor / Burnt

Steering Inorder / Jammed / Leaked / Burnt or

Brake Inorder / Jammed / Leaked / Burnt or

Modi Nil / SiRim / STD A/B or

Tyre Size

F:

225/65 R16

R:

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

TOYO / YOKO or

Washita

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A

22/12/17

D.O.A

26/12/17

Survey held at

WHE (Long)

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

Rear o/s

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

Date / Time Action / Instruction

SHC 8031Y - 006 / III / 7023200 / R16b3

DOA: 29.11.17

2143

ABB 4156Z - Y

41

2/1/18 confirmed C/P \$2500 / 3 Pys. (Red: 6837.04 : 73%)

RECEIVED 03 JAN 2018

Date/Time File Pass to?

☐

Pref. Report

☒

Final Report

Date/Time File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee

Transport

Cost

Cost

Cost

Cost

Cost

2)

Add Fee:

☐

Site Insp

☐

Interview

☐

Tech. Insp

☐

Workshop

Report Format:

TP

Lump Sum / L.B. / S

2500/-

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/INC17024539/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-12-2017

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 4156Z	Veh. Inspected	SHC 8031Y
Policy No.	5035143559-08	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

## 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	22/12/2017	Inspection Date	26/12/2017
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

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"/>	5035143559-08	MULTIPLUS MANAGEMENT SERVICES	53013099L	GCV	Comprehensive	GBB4156Z	GBB4156Z	27/02/2017	24/02/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0974939-002	COMFORT TRANSPORTATION	SHD 6653K	SLP 2511C
2	MT/0974934-002	COMFORT TRANSPORTATION	SHA 2874G	SJK 4603H
3	MT/0975291-002	COMFORT TRANSPORTATION	SHC 3744G	YL 1230L
4	MT/0975668-002	COMFORT TRANSPORTATION	SH 6097P	SLE 8554Y
5	MT/0975315-002	COMFORT TRANSPORTATION	SHC 2941K	YP 5831E
6	MT/0975395-002	COMFORT TRANSPORTATION	SHC 8031Y	GBB 4156Z
7	MT/0974929-002	COMFORT TRANSPORTATION	SH 9321Y	FBM 2329Y
8	MT/0975678-002	COMFORT TRANSPORTATION	SHC 8021B	SJH 5404A
9	MT/0975539-002	COMFORT TRANSPORTATION	SHA 7663R	YM 6298D
10	MT/0975477-002	COMFORT TRANSPORTATION	SHD 7056C	SJS 1562U
11	MT/0975923-001	COMFORT TRANSPORTATION	SHC 2783A	SGV 8542B

## 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	23/12/2017 10:19
Date Of Accident	22/12/2017 21:40
Exact Location Of Accident	EU TONG SEN ST TWDS MIDDLE RDNEAR THE X JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8031Y
<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	MERCEDES-BENZ
Model	E220

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	QUEK CHEE YONG FRANKY
NRIC No	S8121333Z
Date Of Birth	24/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 442B FAJAR ROAD #04-32
Postcode	672442
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)	3

#### 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 REFER TO 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	GBB4156Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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 PTE LTD  
CO REG NO. 197017421R

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.:





# 交通意外的报告 -

Hirer  
车主

☐

Relief  
替代司机

☐

1. Taxi Number  
德士号码

SHC80314

2. Driver's Name  
司机姓名

Driver Alex Yong

3. Driver's Contact No  
司机联络号码

86732430

4. Accident Date/Time:  
意外日期/时间

22/12/17

Speed:  
速度

5. NRIC No  
登记号码

99213392

(Mobile)  
(手机)

(Home)  
(家)

6. \*Witness Statement  
证人口供

☐ Yes (to submit within 3 working days)  
有(呈交于三个工作日内)

☐ No  
无

7. Passenger?  
乘客

☐ Yes. No. of passenger:  
有. 人数

☐ No  
无

8. \*Any scene photos taken?  
现场照片

☐ Yes (to submit to reporting centre at the time of reporting or  
next working day) 有(可呈交于报告中心当在做报告时或交于隔天的工

☐ No 没

9. Video  
录像

☐ 有 ☐ 无  
Yes No

10. Driver's Condition:  
司机状况

☐ Apparently Normal  
正常

☐ Dozed at Wheel  
打瞌睡

☐ Sick  
生病

☐ Had Been Drinking  
喝酒后

☐ Others  
其他

11. Damages for our vehicle (A):  
车的损坏

☐ No Damage  
无

☐ Slight  
轻微

☐ Moderate  
不是很严重

☐ Serious  
严重

12. Damages for other vehicle (B):  
对方车的损坏

☐ No Damage  
无

☐ Slight  
轻微

☐ Moderate  
不是很严重

☐ Serious  
严重

Damages for other vehicle (C):  
对方车的损坏

☐ No Damage  
无

☐ Slight  
轻微

☐ Moderate  
不是很严重

☐ Serious  
严重

13. ☐ Brake Apply?  
有没煞车?

☐ Any Signal Light On?  
有没亮讯号灯?

☐ Police?  
警察?

☐ Ambulance?  
救护车?

14. Injury (Condition of Injury):  
受伤(受伤状况)

☐ No Injury  
无人受伤

☐ Slight  
轻微

☐ Driver  
Driver  
☐ Pax

☐ Serious  
严重

☐ Driver  
Driver  
☐ Pax

☐ Fa  
死

15. Traffic Flow:  
交通流动

☐ Dual Carriageway  
双重车道

☐ Info/NA  
告示/没告示

☐ One-Way  
单向

☐ Two-W  
双向

16. Weather:  
天气

☐ Clear  
清楚

☐ Rain  
下雨

☐ Drizzling  
下雨点/毛毛雨

17. Traffic Volume:  
交通流量

☐ No Traffic  
无车辆

☐ Light  
少

☐ Moderate  
差不多

☐ High  
拥挤

18. Location Type:  
地点式

☐ X-Junction  
十字路口

☐ Roundabout  
交通圈

☐ Straight Road  
直路

☐ Taxi stand

☐ Car Park (open)

☐ T junction  
T 字路口

☐ Bend Road  
弯路

☒ MSCP

☐ Policeman Controlled  
警察值勤

☐ School Crossing  
Warden  
学校交通值勤员

☐ Not Control  
没有任何管制

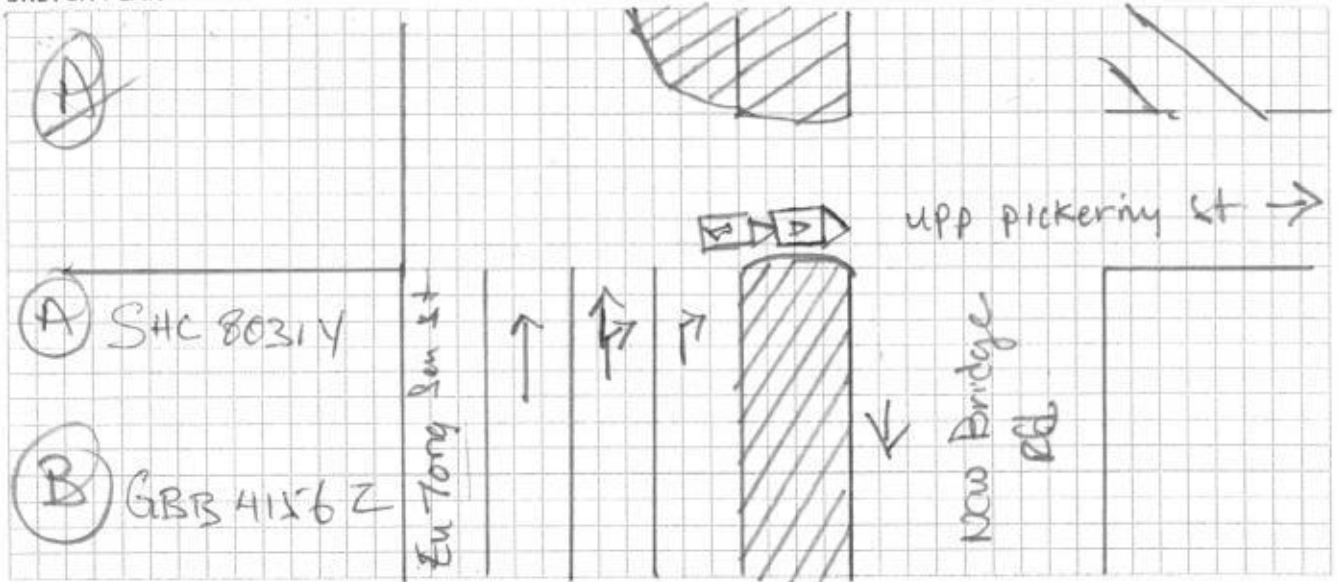
19. Traffic Control:  
交通管制

☐ Traffic Light Operating Correctly  
交通灯超作正确

☐ NA  
无



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22 Dec 21:40 hr I veh A

was driving on Eu tong Sen st towards middle

rd. I veh A @ X. Intending turning right

to upp pickering st. the moment the light

chang green I veh A just move and stop

to give way to vehicle on left, I veh A

ferry 2 passengers male and female. Both

were ok. Suddenly veh B from rear hit

veh A Rear.

## DECLARATION

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

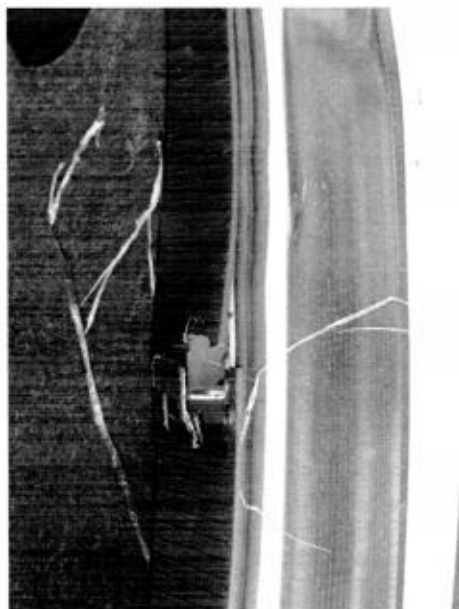
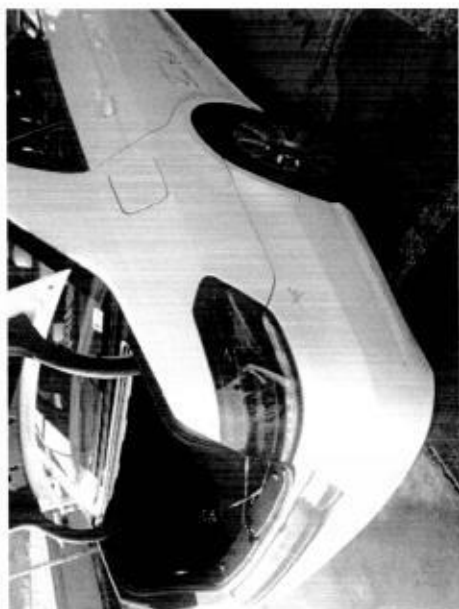
PORT TRANSPORTATION PTE LTD  
 CO REG NO 192203321R

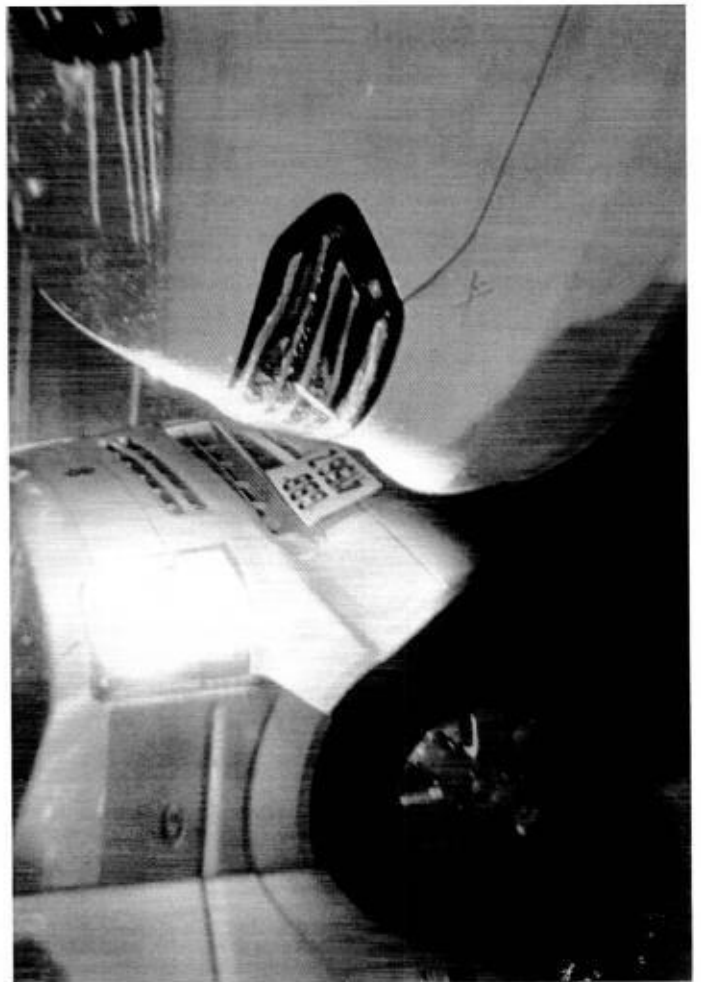
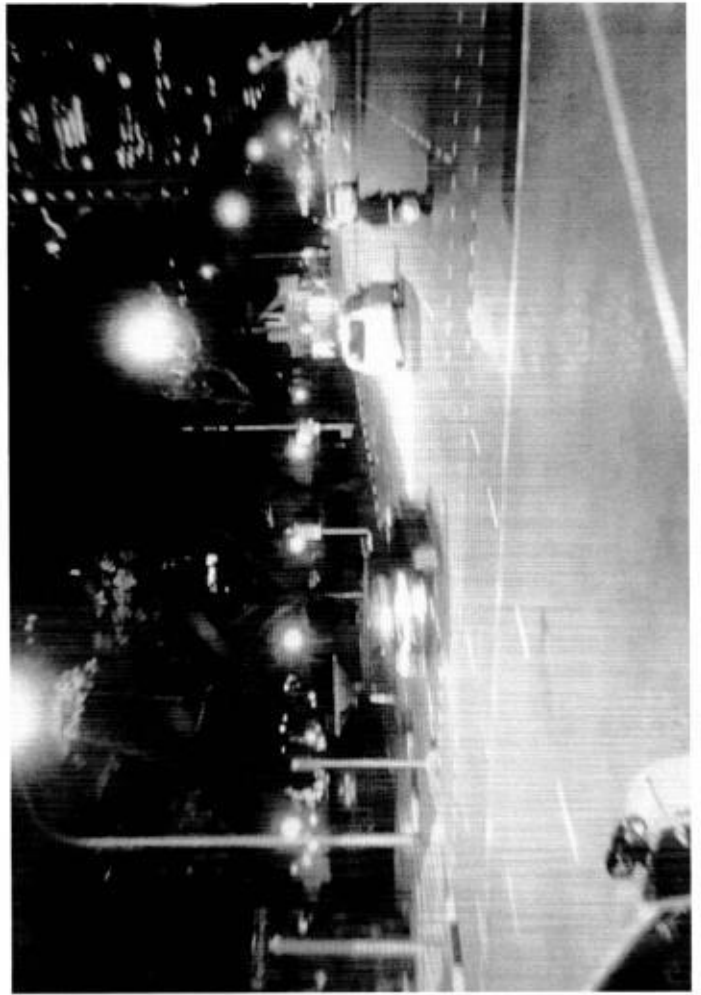
Policyholder's Signature  
 Date & Time:

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

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

*[Signature]* 23/12/17





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD617168485 Vehicle Registration No: SHC8031Y

Name (as shown in NRIC) : QUEK CHEE YONG FRANKY NRIC/FIN/Passport No : S8121333Z

**(\*Vehicle Driver / Vehicle Owner) (\*)** Please delete as appropriate

Address : BLK 442B FAJAR ROAD #04-32 Singapore ( 672442)

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 22/12/2017 Time of Accident : 21:40

Place of Accident : EU TONG SEN ST TWDS MIDDLE RD NEAR THE X JUNCTION


Insurance Company : India International Insurance Pte Ltd

### (B) ADDITIONAL INFORMATION / **AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle No. : GBB4156Z instead GBB4156

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: xiao yan  
NRIC/FIN No.:  
Date: 23.12.2017

A member of COMFORTDELGRO

Date/Time: 26.12.2017 10:13 Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO:305100728

CUSTOMER	REGN NO: SHC8031Y	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P)	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E6)	DATE/TIME IN 23.12.2017 08:00
	YR OF MANU 06.05.2015	TARGET DATE
SCOUT CARD NO.	CHASSIS CODE WDD2120012B156789	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 22.12.2017

NATURE: 3P 22.12.2017

S/NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Rear damage
	LCC/Kalini	-

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8031Y  
LARRY

Vehicle No.: SHC8031Y

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8031Y

DATE 23/12/2017 10:16

MAKE :

MODEL : MERCEDES BENZ

POA: 22.12.17

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>x repair</i>			\$ 2,470.00
	Boot Lid Rubber <i>x sc</i>			\$ 170.00
	Boot Lid Moulding <i>x sc</i>			\$ 110.00
	Boot Lid Lock <i>x sc</i>			\$ 275.00
	Boot Lid Lock Lower Catch <i>x repair</i>			\$ 35.00
	Boot Lid Lock Sticker <i>— ne</i>			\$ 17.00
	Boot Lid 'E220' Emblem <i>— ne</i>			\$ 54.30
	Boot Lid Star Logo <i>— ne</i>			\$ 45.00
	Boot Lid Bluetec <i>— ne</i>			\$ 90.00
	Rear Bumper <i>— Repair</i>			\$ 1,510.00
	Rear Bumper Reinforcement <i>x sc</i>			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH) <i>x sc</i>	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) <i>x sc</i>	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) <i>x sc</i>	\$	115.00	\$ 230.00
	Rear Bumper Lower Cover <i>— ne</i>			\$ 325.00
	Rear Panel End <i>x repair</i>			\$ 1,380.00
	Rear Panel Inner Garnish <i>— ne</i>			\$ 240.00
	Rear Panel Inner Garnish Clip (10pcs) <i>— ne</i>			\$ 40.00
	<b>SUB TOTAL</b>			<b>\$ 8,661.30</b>
	<b>LESS 20%</b>			<b>\$ 1,732.26</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 6,929.04</b>
	Rear Bumper Sensor <i>— Lth</i>			\$ 388.00
	Rear Bumper Rubber Mat <i>— ne</i>			\$ 50.00
				<b>\$ 438.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>1,000.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>750.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>x 1</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,970.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 9,337.04</b>

LKK Auto Consultancy will notify the Repaired of the following:

- To resurvey the vehicle after repainting
- To display damaged partial and resurvey
- Parts prices are subject to confirmation
- Third party surveys on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary damage must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repaired:

Signature:

Date:

K. L. L. 26/12/17

26/12/17 10:40hrs.

3 Days

L/S

After Repair photo

Larry Ng

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 : 305100728Date : 29.12.2017ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : KALVINVehicle Reg No. : SHC8031YDate of Accident: 22.12.2017

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

1. The repair job shall bill to: NTUC GBB4156Z

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost**\$2,500.003. Estimated normal period for repairs: 3 working days.

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

5. Thank you for your assistance.

We confirm the estimates and  
finalized amountSignature : Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : Name : CalvinDate : 2/1/18**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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024539/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 09-01-2018



Code: INC4

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

Insured Veh.	GBB 4156Z	Veh. Inspected	SHC 8031Y
Policy No.	5035143559-08	Coverage (\$)	0.00
Claim No.	MT/0975395-002	Excess (\$)	0.00
Assign From		Assign Date	26/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B156789	Colour	WHITE
Odometer	425851	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	225/65 R16	WEST LAKE	7 mm
L/H Front Tyre	225/65 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/65 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/65 R16	WEST LAKE	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	22/12/2017	Inspection Date	26/12/2017
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:	3 Working Days
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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8031Y**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	TO REPAIR	2,470.00	-
1	BOOT LID RUBBER	SERVICEABLE	170.00	-
1	BOOT LID MOULDING	SERVICEABLE	110.00	-
1	BOOT LID LOCK	SERVICEABLE	275.00	-
1	BOOT LID LOCK LOWER GARNISH	TO REPAIR	35.00	-
1	BOOT LID LOCK STICKER	NECESSARY	17.00	17.00
1	BOOT LID "E220" EMBLEM	NECESSARY	54.30	54.30
1	BOOT LID STAR LOGO	NECESSARY	45.00	45.00
1	BOOT LID BLUETEC	NECESSARY	90.00	90.00
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	CRACKED	325.00	325.00
1	REAR PANEL END	TO REPAIR	1,380.00	-
1	REAR PANEL INNER GARNISH	CRACKED	240.00	240.00
10	REAR PANEL INNER GARNISH CLIP	NECESSARY	40.00	40.00
	LESS 20% DISCOUNT		-1,732.26	-464.26
			6,929.04	1,857.04
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			438.00	438.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,170.00	440.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		800.00	400.00
			1,970.00	840.00

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GRAND TOTAL		9,337.04	3,135.04
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,500.00

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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