

Surveyor

Kalin

REF:

NS/INC17024546/Klvbnz

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:

SHD 2183B

Policy No:

3018045737 - 03 09102017

Claims No:

MT/0975104-002

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 Rpt:

Consistent? Yes or No

GIA / PR Seen:

Consistent? Yes or No

Est. Repairs:

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 8108K

Reg:

5 Aug 2014

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

Truck / Trailer or

Make:

Hyundai Z40

cc:

168

Colour:

Blue

A/C

Insured / Std / NI / NA

So Reading:

654442

T Radio

Insured / Std / NI / NA

Eng No:

C No:

KM HCBK44E4056205

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size

F:

205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Westlake

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A:

23/2/17

D.O.A:

23/2/17

Survey held at:

CONE (Lorry)

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

for o/s

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

Date / Time Action / Instruction

SHC 8108K - NS/INC17003736/Hlvbm2

DCA: 210217

INC

SHD 2183B - TS/TP11011843/Mck3

DCA: 206072011

L/s

2/1/18 Continued L/s 5/1200/ 3 Pys (Red 2553.26, 689)

RECEIVED 03 JAN 2018

Date/Time File Pass to?

☐

Prel. Report

Days Of Repair:

3

1.

☐

Final Report

Resurvey No. of Trip:

1

Survey Fee

Date/Time File Return to?

2.

3/1- typist

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Tech. ins. \$

☐

Weekend \$

Report Format:

Lump Sum / I.B.I. \$

1200k

Transportation

Lump Sum \$

Rental

Tools

Other

Total

160

35

195

Survey Department Check List (Case Handler)

Reference No.: NS/INC 17024546/KVB
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type				
C	Weekend Charges	✓			
N	Survey held at/Repairer				
C	Excess				

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

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 3/1/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC17024546/K1vb

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.	SHD 2183B	Veh. Inspected	SHC 8108K
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

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	23/12/2017	Inspection Date	27/12/2017
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.
--

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 3 January, 2018 12:27 PM
To: Veron Chen (LKKAUTO)
Subject: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, January 03, 2018 10:13 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0975104-002	COMFORT TRANSPORTATION PTE LTD	SHC 8108K	SHD 2183F
2	MT/0975560 002	COMFORT TRANSPORTATION PTE LTD	SH 7288Z	SJM 65036

D.O.A	Time of Accident	Estimate	Tentative repair cost
23/12/2017	4:30	\$3,753.26	\$1,200.00
28/12/2017	10:25	\$1,175.63	\$927.88

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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"/>	5068045737-03	PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2183B	SHD2183B	09/10/2017	

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	23/12/2017 13:01
Date Of Accident	23/12/2017 04:30
Exact Location Of Accident	ECP > CITY B4 TANJONG KATONG FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8108K
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	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	KIEW SIEH MIN
NRIC No	S1840057Z
Date Of Birth	16/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1988
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KEWSM@HOTMAIL.COM

Address	328 CLEMENTI AVE 2 # 02-218
Postcode	S120328
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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?	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	SHD2183D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RICHARD LEE
NRIC/Passport Number	S1816023D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

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.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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. 19037413

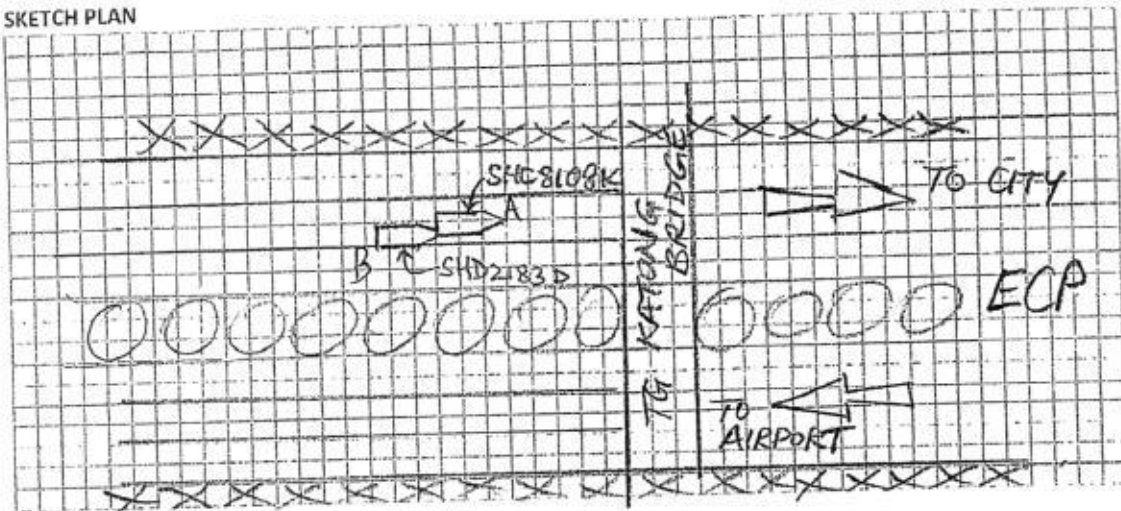
Policyholder's Signature
Date & Time:

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

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

GIA/AVC SketchPlanForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 Dec 2017^{at about 4:30am} I was travelling on the centre lane of ECP towards Marina Bay Sands.

All of a sudden I heard a loud bang from behind my vehicle and my vehicle was 'jerked' forward. I managed to take full control of my vehicle and I cautiously eased my vehicle to the ^{left} road shoulder to check. At the same time, I saw a Prime taxi bearing regn no SHD 2183D pulled to the same side road shoulder further down the road.

The driver one Lee Richard NRIC S1816023D DOB 30/07/67 informed that his taxi ran over a patch of water causing his vehicle to hit mine.

Damage to my taxi SHC 8108K: rear right bumper torn and fender dislodged.

Damage to Premier taxi SHD 2183D:

- 1) Left head lamp cracked and front left front fender damaged.

Condition of road was wet after a heavy downpour.

DECLARATION

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

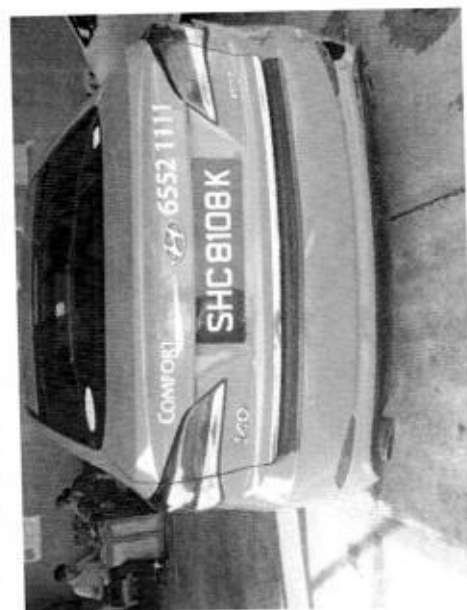
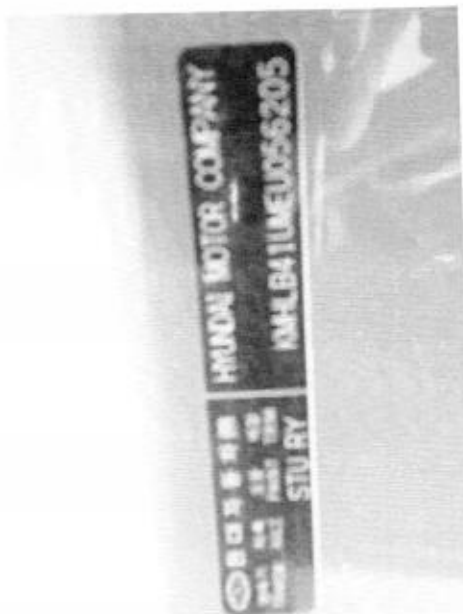
COMFORT TRANSPORTATION PTE LTD
CP POL NO 107301102

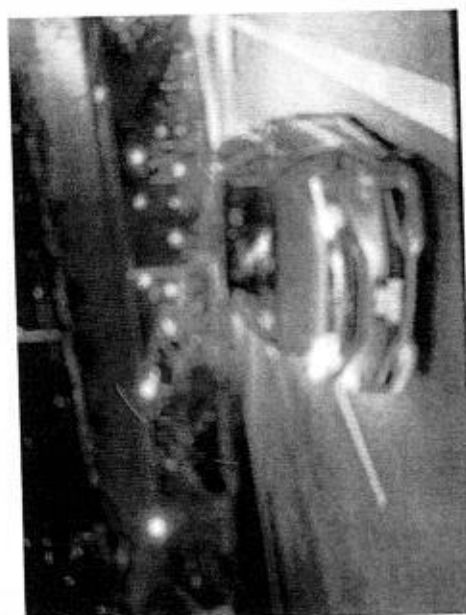
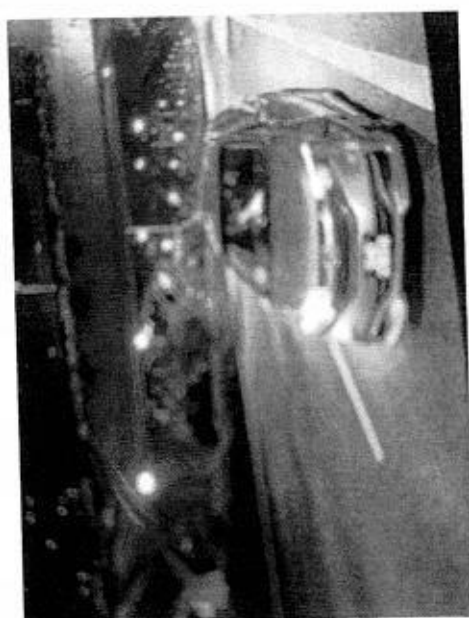
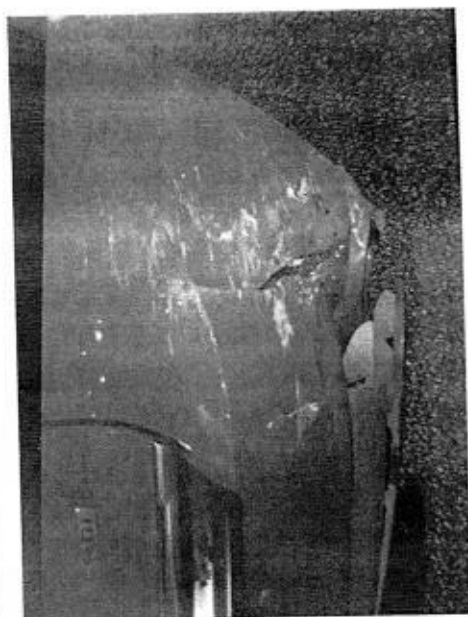
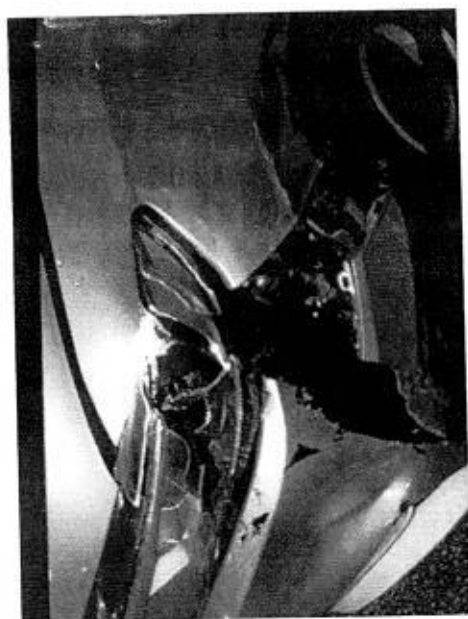
Policyholder's Signature
Date & Time:

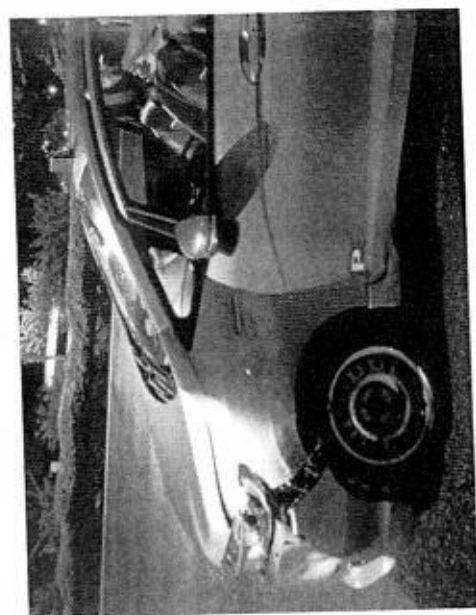
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

[Signature]
S R Moorthy
CSO
23/12/17







Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305100838

CUSTOMER

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

REGN NO: SHC8108K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 23.12.2017 05:35
YR OF MANU 05.08.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU056205	COMPLETION DATE/TIME:

NTUC

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 23.12.2017
NATURE: 3P 23.12.2017

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Vehicle No.: SHC8108K LKE/KALVIN

Exit Pass

Vehicle No.: SHC8108K

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8108K

DATE 26/12/2017 10:06

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	\$ 98.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (RH)			\$ 32.00
	Exhaust Pipe Insulator, RH			\$ 58.55
	Exhaust Silencer, RH			\$ 954.00
	Exhaust Pipe Hanger, RH			\$ 58.55
	SUB TOTAL			\$ 3,059.45
	LESS 20%			\$ 611.89
	DISCOUNTED TOTAL			\$ 2,447.56
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	Labour Charge			\$ 200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	TOTAL LABOUR			\$ 1,120.00
	ESTIMATE TOTAL			\$ 3,753.26

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 PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 8108K

MAKE :

MODEL : HYUNDAI i40

DATE 26/12/2017 10:06

LKR/kalvin
Like

L/Sum
NTUC

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 LHX RHV		\$ 49.00	\$ 98.00	
				Rear Bumper Clips ✓			\$ 22.00	
				Rear Bumper Sponge ?			\$ 143.40	
				Rear Bumper Under Cover ✓			\$ 225.00	
				Rear Bumper Reflector Lamp (RH) ✓		931.60	\$ 32.00	
				Exhaust Pipe Insulator, RH ?		-20%	\$ 58.55	
				Exhaust Silencer, RH ?			\$ 954.00	
				Exhaust Pipe Hanger, RH ?		745.28	\$ 58.55	
				SUB TOTAL			\$ 3,059.45	
				LESS 20%			\$ 611.89	
				DISCOUNTED TOTAL			\$ 2,447.56	
				Rear Bumper Reverse Sensor ✓		135.70 -10%	\$ 135.70	Nett
				Rear Bumper Rubber Mat ✓		122.13 50	\$ 50.00	Nett
					+	172.13	\$ 185.70	
				Labour Charge				
				Panel Beating			\$ 350.00	
				Spray Painting Charge		600	\$ 400.00	36
				Wiring Charge			\$ 50.00	20
				Tuff Kote		1,517.41	\$ 50.00	x
				Remove/Refix Reverse Sensor		-20%	\$ 120.00	20
				Remove/Refix Exhaust Pipe		1,213.92	\$ 150.00	50
				TOTAL LABOUR			\$ 1,120.00	
				ESTIMATE TOTAL			\$ 3,753.26	
				Kalin LKR				
				27/12/17 1055hrs				
				3 Days				
				L/S \$1,200				
				After Repair photo				
				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 Pte Ltd
59 Loyang Drive, Singapore 508969
Fax: 6546 8156

Date : 31/12/17

Fax :

Vehicle Reg No. : SHC8108K CTPL

23.12.17

1. The repair job shall bill to: NTUC --- SHD2182D

Total for Part-By-Part Repair Cost

20%

\$1,200.00

\$1,200.00

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Fax : 65468156

Date : 2/1/18

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/INC17024546/K1vbn2

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.	SHD 2183B	Veh. Inspected	SHC 8108K
Policy No.	5068045737-03	Coverage (\$)	0.00
Claim No.	MT/0975104-002	Excess (\$)	0.00
Assign From		Assign Date	27/12/2017

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056205	Colour	BLUE
Odometer	654442	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 O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	23/12/2017	Inspection Date	27/12/2017
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHC 8108K

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	-
2	REAR BUMPER SIDE BRACKET @\$49.00	O/S CRACKED / N/S SERVICEABLE	98.00	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	32.00	32.00
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	SERVICEABLE	954.00	-
1	EXHAUST PIPE HANGER,RH	SERVICEABLE	58.55	-
	LESS 20% DISCOUNT		-611.89	-186.32
			2,447.56	745.28
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	185.70
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	240.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
	-		-	-
	-		-	-
	-		-	-
			1,120.00	600.00
GRAND TOTAL			3,753.26	1,530.98

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,200.00
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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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