

Kalvin

REF: NS/INC17024952/K1Vb52

ASSIGNMENT

28 Apr 2018

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: SJL 94986
 Policy No. 5082573176-01 06-11-2017
 Claims No. MT/09T5034-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHC 8925T Yr Regn: _____
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ix35 cc 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp Reading: 300312 T.Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB414A64087897
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD/Rim or
 Tyre Size: F: 205/60R16
 R: _____

(Policy Condition)
 Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or of Body Hyundai
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 23/2/18 D.O.I: 27/2/18
 Survey held at: CP&E (Klang)
 Des. of Damages: Frit / Rear / O/S / N/S / U/C / Rooftop or
of 5 Ribs
 The U/C / Chassis frame / Body Structure affected due to collision.

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
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
 * SHC 8925T - NS/INC12009485 / Hylr2 DCA: 030312 INC PIP
 SJL 94986 - X
 10/1/18 Contract P/P \$1615.56 / 2 Pys. (Red 1930.85, 5470)

RECEIVED 11 JAN 2018

Date/Time: File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time: File Return to? _____
 2) 11/1 - typist
 Report Format: _____
 Lump Sum / I.B.I. : 1615.56
 Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: Site Insp: \$
 Interview: \$
 Tech. Ins: \$
 Weekend: \$
 Survey Fee: _____
 Transportation: _____
 I.C.S + R.S. : \$

Survey Department Check List (Case Handler)

Reference No. : NS/INC17024552/Klvb
 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	✓			
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(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 10/1/18
Case Handler Date



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/INC17024552/K1vb			
73 BRAS BASAH ROAD		Date: 27-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJL 9498G	Veh. Inspected	SHC 8925T
Policy No.	5082573176-01	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	22/12/2017	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.			

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0975034-002	COMFORT TRANSPORTATION	SHC 8925T	SIL 9498G	23/12/2017	\$ 3,546.44	\$ 1,615.56
2	MT/0977201-001	COMFORT TRANSPORTATION	SHA 7354H	SGS 4292P	22/12/2017	\$ 2,411.58	\$ 850.00
3	MT/0969224-002	SMRT TAXIS P/L	SHB 757U	GBG 6683D	09/11/2017	\$ 8,833.60	\$ 3,300.00
4	MT/0973642-002	SMRT TAXIS P/L	SHB 5004B	SKC 8591L	13/12/2017	\$ 2,398.00	\$ 638.57
5	MT/0972983-002	SMRT TAXIS P/L	SHB 5494U	SJS 2558B	08/12/2017	\$ 8,366.69	\$ 3,000.00
6	MT/0973821-002	SMRT TAXIS P/L	SHC 4587L	SJQ 2153X	14/12/2017	\$ 10,479.40	\$ 3,100.00

Claim received from LKX Auto

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082573176-01	KINETIC HOLDINGS PTE. LTD.	201618392N	GFT	drive CLASSIC	SJL9498G	SJL9498G	06/11/2017	

Continue

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	27/12/2017 09:29
Date Of Accident	23/12/2017 19:45
Exact Location Of Accident	ALONG SOMERSET ROAD TOWARD 313
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8925T
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	MCOM0016
Cover Note Number	
Driver	
Name of Driver	TEO YEW KHENG
NRIC No	S0621732Z
Date Of Birth	04/06/1950
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1970
Driving Experience	47 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	499 #11-828 JURONG WEST STREET 41
Postcode	640499
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	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?	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

SEE ATTACH.

Attachment(s)

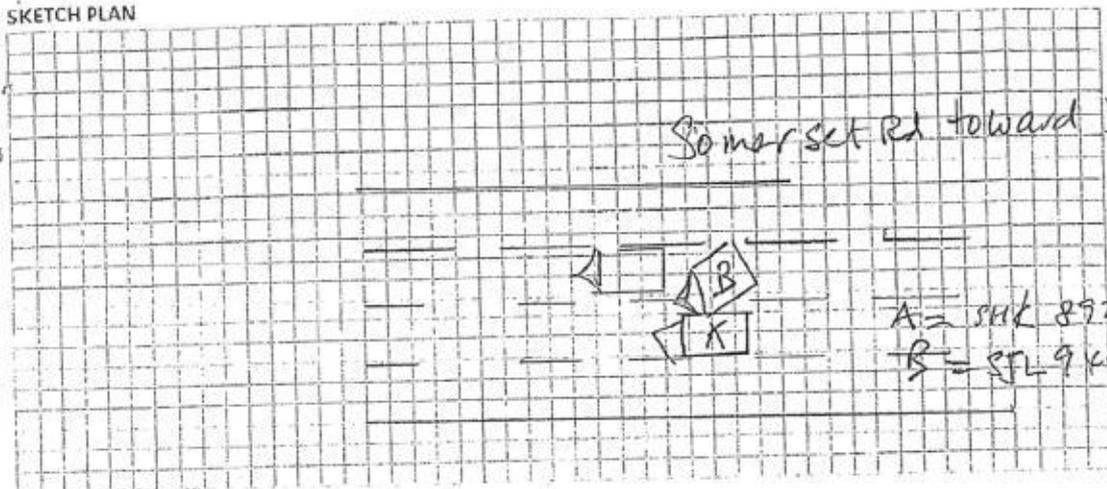
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL9498G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHIN HAP
NRIC/Passport Number	S1271428I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 Dec 17 @ 19:47 hrs I was traveling along
 Somerset Rd toward 313 suddenly vehicle STL 94986
 cut into my path and scratch my RH.
 There 1 passenger in bound (1 female)
 No injuries was reported.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO REG NO 1002028210

Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Reporting Centre Personnel's Signature
 Name:

IMPORTANT NOTICE

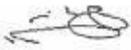
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

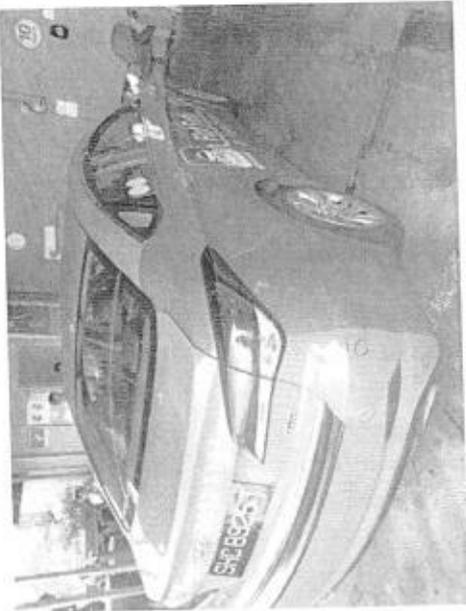
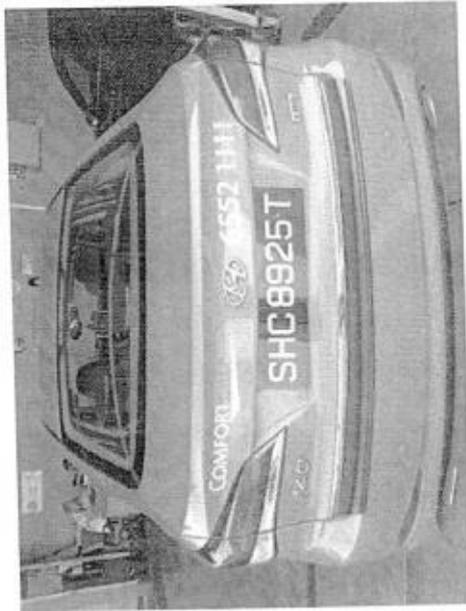
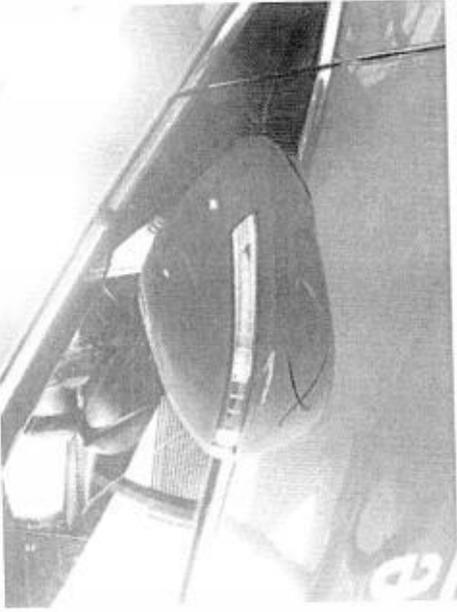
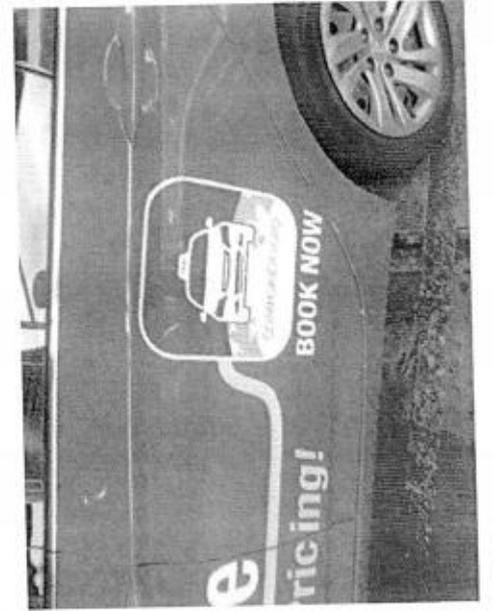
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

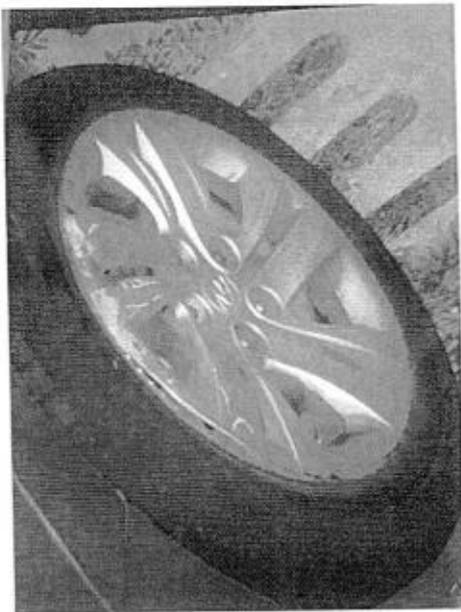
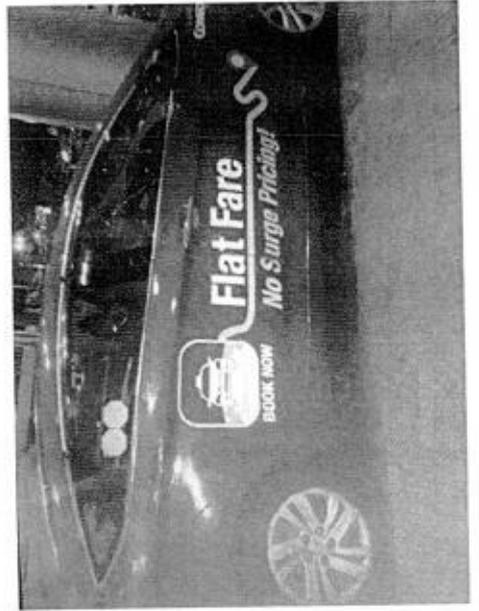
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 101178718

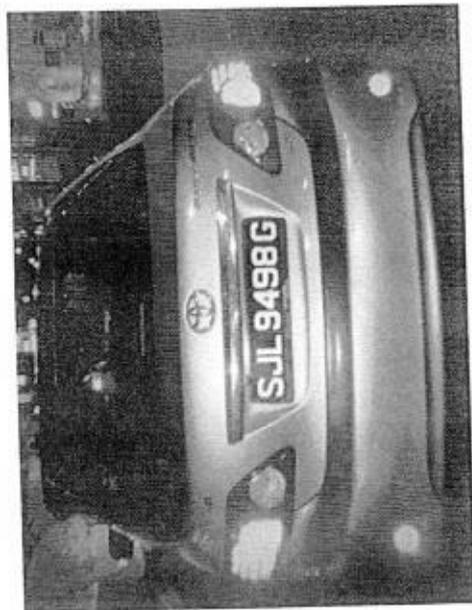
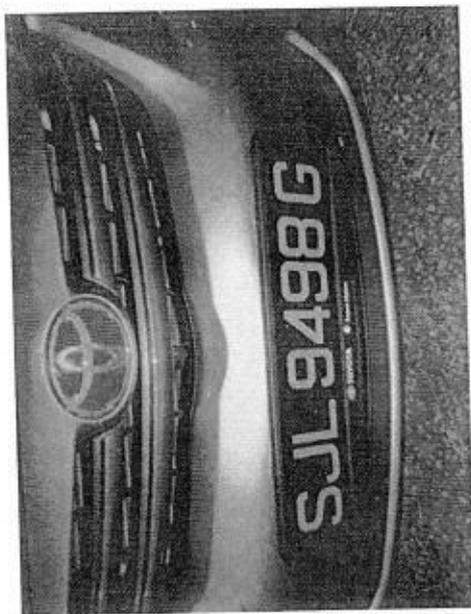
Policyholder's Signature
Date & Time:


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


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







A member of COMFORTDELGRO

Date/Time: 27.12.2017 10:57 Page : 1

Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO305101460

CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHC8925T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 26.12.2017 15:10
	YR OF MANU. 28.04.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087897	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 23.12.2017
 NATURE: 3P 23.12.2017

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC8925T CHIANG @

Name of Service Advisor: _____
 Signature/Date: _____

To be returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC8925T

Name of Service Advisor: _____
 Date: _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8925T

DATE 27/12/2017 13:49

MAKE :

MODEL : HYUNDAI i40

Lkk

AMC

Chair

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH) <i>X repair</i>			\$ 1,351.10
	Rear Wheel Hup-Cap (RH) <i>- front</i>			\$ 150.70
	<i>Rear Fender (RH) X repair</i>			
	<i>Rear Door (RH) X repair</i>			
	<i>Front Door (RH) X repair</i>			
	SUB TOTAL			\$ 1,501.80
	LESS 20%			\$ 300.36
	DISCOUNTED TOTAL			\$ 1,201.44
	Rear Fender Advertisement Logo (LH/RH) <i>- acc</i>		\$ 100.00	\$ 200.00 Nett
	Rear Door Advertisement Logo (RH) <i>- acc</i>			\$ 100.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>- acc</i>			\$ 80.00 Nett
	Front Door Coloured Comfort Logo (RH) <i>- acc</i>			\$ 75.00 Nett
	Front Door Advertisement Logo (RH) <i>- acc</i>			\$ 100.00 Nett
				\$ 555.00
	Labour Charge			
	Panel Beating			\$ 850.00 <i>400</i>
	Spray Painting Charge			\$ 600.00 <i>500</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	Tuff Kote			\$ 50.00 <i>X</i>
	Transfer of Door			\$ 120.00 <i>X</i>
	Rear Wheel Alignment			\$ 120.00 <i>X</i>
	TOTAL LABOUR			\$ 1,790.00
	ESTIMATE TOTAL			\$ 3,546.44
	<i>Kalvin (LKK)</i>			
	<i>27/12/17 1500 hrs</i>			
	<i>2 Days</i>			
	<i>P/P</i>			
	<i>After Repair p/Up</i>			

LKK Auto Consultants hereby 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

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

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

Our Job Ref No : 305101460
Date : 30/12/17

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC8925T 23/12/2017

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

1. The repair job shall bill to: NTUC SJL9498G
2. The finalized amount shall be:

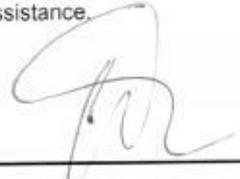
(a) Spare Parts after List discount	\$275.56
(b) Labour Charges	\$1,340.00
Total for Part-By-Part Repair Cost	\$1,615.56
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____

3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kelvin
Date : 10/1/18

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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Lele *ntm*

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.12.2017

REPAIR ESTIMATE

Time: 14:35:56

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 : 305101460
REGN NO : SHC8925T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 26.12.2017 15:10
ACCIDENT DATE : 23.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56
0002	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	2.00-	75.00
0003	28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	0.20	80.00

SUB-TOTAL : 275.56

JOB NATURE

0000	20-05	REAR FENDER ADVERTISEMENT				200.00
0001	20-05	REAR DOOR ADVERTISEMENT				100.00
0002	20-05	FRT DOOR ADVERTISEMENT				100.00
0003	L	PANEL BEATING				400.00
0004	23-502	SPRAYPAINT ON AFFECTED AREA				540.00

SUB-TOTAL : 1,340.00

Lele

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

JOB NO : 305101460
REGN NO : SHC8925T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 26.12.2017 15:10
ACCIDENT DATE : 23.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,615.56

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:





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/INC17024552/K1vbs2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 16-01-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 9498G	Veh. Inspected	SHC 8925T
Policy No.	5082573176-01	Coverage (\$)	0.00
Claim No.	MT/0975034-002	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.	2016
Chassis No.	KMHLB41UMGU087897	Colour	BLUE
Odometer	300312	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 O/S BODY.
DAMAGES SEE DETAILS.

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: **2 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8925T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR DOOR (RH)	TO REPAIR	1,351.10	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	150.70	150.70
1	REAR FENDER (RH)(NPA)	TO REPAIR	-	-
1	REAR DOOR (RH)(NPA)	TO REPAIR	-	-
1	FRONT DOOR (RH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-300.36	-30.14
			1,201.44	120.56
SPECIAL NETT ITEMS				
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			555.00	555.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,140.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	540.00
			1,790.00	940.00
GRAND TOTAL			3,546.44	1,615.56
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,615.56

Report Ref No. NS/INC17024552/K1vbs2

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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