

Kalvin REF: NO/TNC18002191/Klgbnz

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: SFA 18385

Policy No. 5089024238 25082017

Claims No. MT/0980609-002

Sum Insured: Excess

(Client's Record)

Make of Veh.

(Policy Condition)

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

Bel. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: 7 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted

Vehicle IN / OUT

Vehicle: SHD 711 6M 17 Nov 2016

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

Truck / Trailer or

Make: Hyundai I40 1685

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

Sp. Reading: 177008 T. Radio: Insured / Std / NI / NA

Eng.No.

C.No. KMHCB414M44096333

Gen. Cond. Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R:

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

TOYO / YOKO or

Front

R.Bal

L.Bal

D.O.A

Survey held at

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

N/S Front.

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

Date / Time: Action / Instruction

SHD 7116M - X
SFA 18385 - X
6/2/18 (TA) 11P \$1514 / 2Pm. (Red 8 695.12, 31%)

INC
PIP

RECEIVED 07 FEB 2018

Date/Time: File Pass to?

☐

Preli. Report

☐

Final Report

Date/Time: File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee

Transportation

Add Fee:

☐

Site Insp. \$

☐

Inter. \$

☐

Fac. \$

☐

Pl. \$

Report Format: TP

Lump Sum / B.I. 1514

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/INC18002191/K1q | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-02-2018 189556 Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SFA 1838S | Veh. Inspected | SH |
| Policy No. | 5089024238 | Coverage (\$) | 0.0 |
| Claim No. | | Excess (\$) | 0.0 |
| Assign From | | Assign Date | 02 |
| 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 | B |
| R/H Front Tyre | | | |
| L/H Front Tyre | | | |
| R/H Rear Tyre | | | |
| L/H Rear Tyre | | | |
| 4. Description of Damages | | | |
| | | | |
| 5. General Information | | | |
| Accident Date | 01/02/2018 | Inspection Date | |
| 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 RE | | | |

Survey Department Check List (Case Handler)

Reference No. : NS/INC18002191/K19b

Policy Type: OD / TP / TP RES / TL / EVA

SHD 7116M

Case Handler

Typist

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

(1) Office Assign Form

- 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

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

Surveyor (Karlvin): 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

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

(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:

Case Handler

Date

06/2/18

*C: Critical *N: Non-Critical

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

Date : 05/02/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/0980870-003 | COMFORT TRANSPORTATION PTE LTD | SHA 3391B | SIQ 488T | 2/2/2018 | 11:00 | \$ 2,107.96 |
| 2 | MT/0980609-002 | COMFORT TRANSPORTATION PTE LTD | SHD 7116M | SFA 1838S | 1/2/2018 | 13:50 | \$ 1,025.12 |
| 3 | MT/0980625-002 | COMFORT TRANSPORTATION PTE LTD | SHA 2854P | SGD 1293K | 1/2/2018 | 16:10 | \$ 1,882.32 |
| 4 | MT/0980654-002 | COMFORT TRANSPORTATION PTE LTD | SHC 1449Y | PC 1771X | 1/2/2018 | 11:50 | \$ 1,598.96 |

Claim received from LKK

eBaoTech

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[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. | Insurance Object |
|----------------------------------|------------|--------------------|-------------------|---------|---------------------------|-------------|------------------|
| <input checked="" type="radio"/> | 5089024238 | ADVANCE CR PTE LTD | 201320997M | GFT | Third Party, Fire & Theft | SFA18385 | SFA183 |

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 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 | 01/02/2018 16:40 |
| Date Of Accident | 01/02/2018 13:50 |
| Exact Location Of Accident | BUKIT BATOK CENTRAL C/PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SHD7116M |
| 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 | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-18088936MFSH |
| Cover Note Number | |
| Driver | |
| Name of Driver | ANG BENG CHUAN |
| NRIC No | S0129909C |
| Date Of Birth | 13/10/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/12/1973 |
| Driving Experience | 44 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | 745 #11-59 JURONG WEST STREET 73 |
| Postcode | 640745 |
| 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 | SFA1838S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT RHT DOOR |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) SHD 7116M B) SFA 1838S

On 1/2/18 at about 1350hrs while I Veh A swayed to the left to reverse back into an empty lot, Veh B suddenly collided on the front left portion of my vehicle

DECLARATION

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

COMFORT TRANSPORTATION CO. REG. NO. 199303821R

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]
CSO
1/2/18

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:

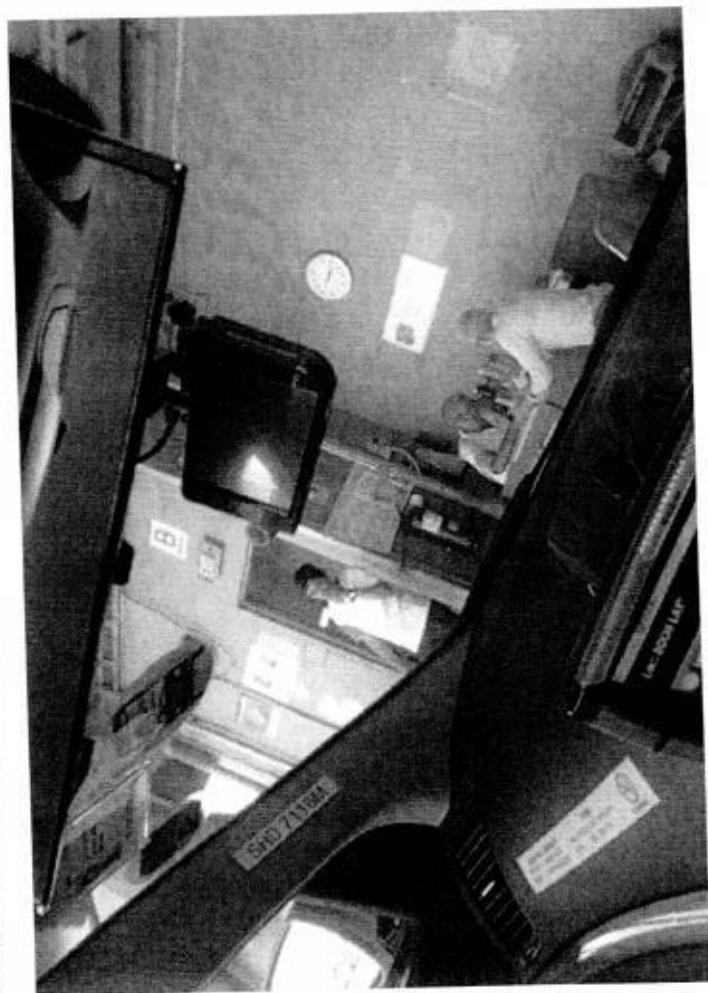
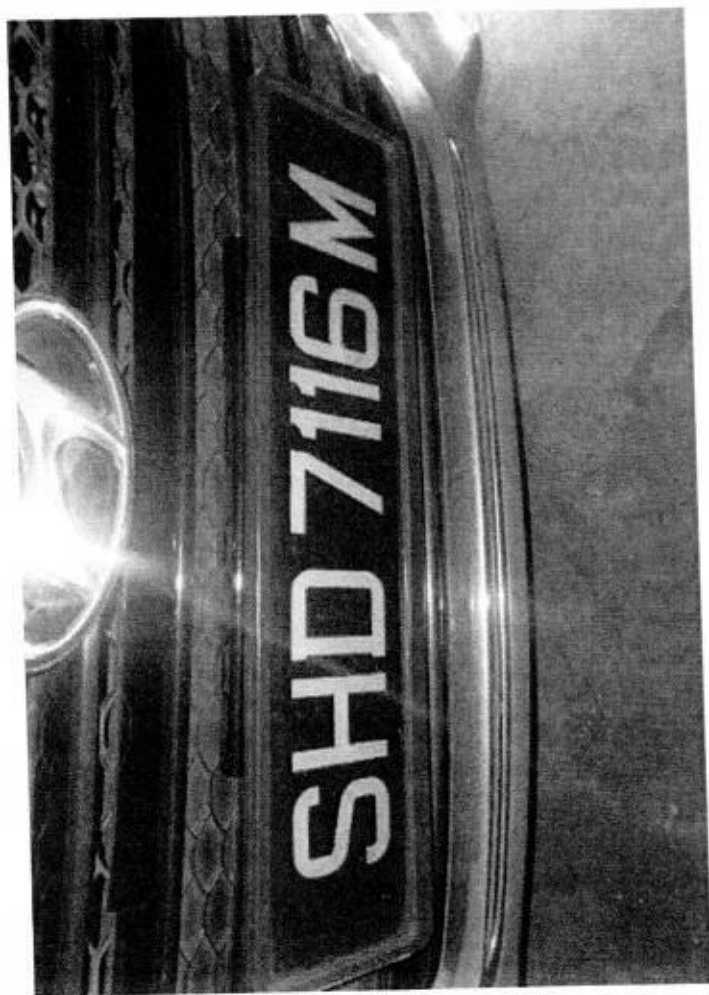
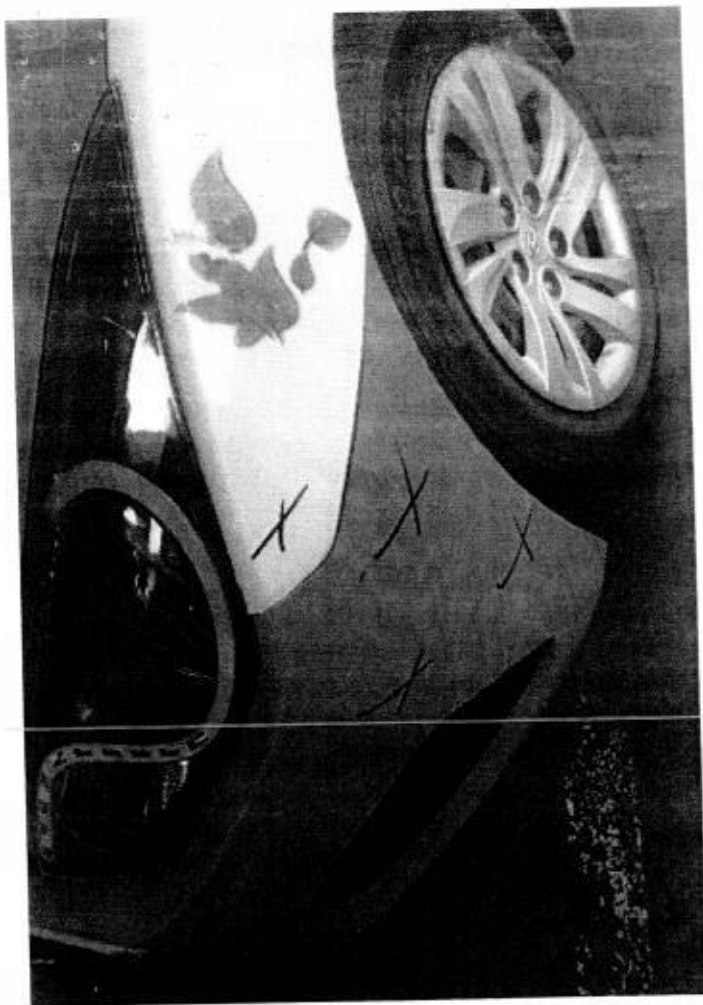
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303821R

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.:





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 679701

Maintenance + 65 6363 6263 Fax + 65 6260 0755

Workshops

59 Loring Drive Singapore 538865

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609066

321 Raffles Road Singapore 787037

54 Serangoon Road Singapore 756155

7 Surge Road Vex Singapore 728791

6 Delo Avenue 1 Singapore 595537

Date/Time: 01.02.2018 17:09

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305112768

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

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SHD7116M | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....f |
| MODEL I-40 | DATE/TIME IN 01.02.2018 15:10 |
| YR OF MANU 17.11.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMHU096333 | COMPLETION DATE/TIME: |

DISCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.02.2018
NATURE: 3P 01.02.2018

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass:

Name:

Vehicle No.:

Vehicle No.: SHD7116M

CHIANG @

SHD7116M

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

This document is required for vehicle collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 7116M

DATE 2/2/2018 10:17

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|-------------------------------------|
| | Front Bumper Cover <i>X repair</i> | | | \$ 562.30 |
| | Front Bumper Bracket Top (LH) <i>X</i> | | | \$ 22.40 |
| | Front Bumper Retainer Mounting <i>X</i> | | | \$ 9.20 |
| | SUB TOTAL | | | \$ 593.90 |
| | LESS 20% | | | \$ 118.78 |
| | DISCOUNTED TOTAL | | | \$ 475.12 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 ¹⁵⁰ |
| | Spray Painting Charge | | | \$ 200.00 ¹⁸⁰ |
| | TOTAL LABOUR | | | \$ 550.00 |
| | ESTIMATE TOTAL | | | \$ 1,025.12 |

Kelvin LKK
 ✓ 2/2/18 1135 hrs.
 2 Pys
 P/H
 After Repair LK

7209.12

LKK Air Consultant is hereby notify the Repairer of the following:

- To survey before spray painting
- To display damaged parts during repair
- Parts prices are subject to confirmation
- Third party survey is carried out on Pre-approval basis
- No illegal modification allowed
- Supplemental work must be notified and is subject to final approval from Insurance Company

Acknowledged by Repairer

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.

VEHICLE # SHD7116M
LKK
305112768

DATE : 01/02/18

[illegible]

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

JOB NO : 305112768
REGN NO : SHD7116M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.11.2016
DATE/TIME IN : 01.02.2018 15:10
ACCIDENT DATE : 01.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2164-G 140V3 GRILLE ASSY-RADIATO 1 1,480.00 20.00 1,184.00

SUB-TOTAL : 1,184.00

JOB NATURE

0000 L PANEL BEATING 150.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 330.00

TOTAL : 1,514.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305112768
Date : 05/02/18

FINALIZATION FORM

To : LKK
Attn : KELVIN
Vehicle Reg No. : SHD7116M

Fax :
01/02/18

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

1. The repair job shall bill to: NTUC SFA1838S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount 1,184.00
 - (b) Labour Charges 330.00
 - Total for Part-By-Part Repair Cost** 1,514.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
 - 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 : [Signature]
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : [Signature]
Name : Kelvin
Date : 6/2/18

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:



Thatcham escribe


National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



| | | | |
|--|--|---|--------------------|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD | | Ref: NS/INC18002191/K1qbn2 | |
| 73 BRAS BASAH ROAD | | Date: 12-02-2018 | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE | | Code: INC4 | |
| 189556 | |  | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SFA 1838S | Veh. Inspected | SHD 7116M |
| Policy No. | 5089024238 | Coverage (\$) | 0.00 |
| Claim No. | MT/0980609-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 02/02/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMHU096333 | Colour | BLUE |
| Odometer | 177008 | 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 N/S FRONT PORTION. | | | |
| DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 01/02/2018 | Inspection Date | 02/02/2018 |
| 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 | |



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. SHD 7116M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|-------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER COVER | TO REPAIR | 562.30 | - |
| 1 | FRONT BUMPER BRACKET TOP (LH) | SERVICEABLE | 22.40 | - |
| 1 | FRONT BUMPER RETAINER MOUNTING | SERVICEABLE | 9.20 | - |
| 1 | FRONT RAD GRILLE | CRACKED | 1,480.00 | 1,480.00 |
| | LESS 20% DISCOUNT | | -414.78 | -296.00 |
| | | | 1,659.12 | 1,184.00 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 350.00 | 150.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 200.00 | 180.00 |
| | | | 550.00 | 330.00 |
| GRAND TOTAL | | | 2,209.12 | 1,514.00 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 1,514.00 |

Report Ref No. NS/INC18002191/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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