

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 YP 9756

Policy No. 5087329810-01 14.01.18 - 130119

Claims No MT/0981075-03

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh.

(Policy Condition)

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

Bal. or Market Value.

IDAC Accident Rpt: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: 4 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

SHP3883H

Vr Regn

23 Sep 20

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

Truck / Trailer or

Make

Hyundai Santa Fe

199

Colour

Blue

Insured / Std / NI / NA

Sp-Reading

301783

Radio Insured / Std / NI / NA

Eng No

C.No.

KM HETXIVMAA 793803

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 A/c or

Tyre Size

F: 215/60R16

R:

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

TOYO / YOKO or

Davanti

Front

Rear

R.Bal

7

mm

R.Bal

7

mm

L.Bal

mm

L.Bal

mm

D.O.A

30/1/8

D.O.A

2/4/8

Survey held at

10th E (by way)

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

Rear

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

Date / Time Action / Instruction

SHD 3883H - X

YP 9756 - X

7/2/18 Value of \$3700 / 4D-75 (Red \$3700.00, 50%)

ZNC 41

RECEIVED 06 FEB 2018

Date/Time File Pass to?

☐ Preli. Report
☐ Final Report

Date/Time File Return to?

1

Add Fee:

☐ Site Insp
☐ Inter
☐ Test
☐ Road

\$

\$

\$

\$

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee

Transportation

Report Format

7/10

Lump Sum / 10

3700

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/INC18002192/K1qb

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.	YP 975G	Veh. Inspected	SHD
Policy No.	5087329810-01	Coverage (\$)	0.0
Claim No.		Excess (\$)	0.0
Assign From		Assign Date	02/0

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	E.
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	30/01/2018	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/NC18002192/K196
Policy Type: OD / TP / TP RES / TL / EVA

SHD 38834

Case Handler

Typist

Admin (Cath): 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 (Kalin): 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

✓		
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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:

Ch 08/01/18

Case Handler

Date

eBaoTech

Hello, NAC_PAYA_UBI_800601

Change Language

Log Out

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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
<input checked="" type="radio"/>	5087329810-01	LOW WONG HENG FOOD CATERING	52904115D	GCV	Comprehensive	YP975G	YP975G

Continue

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
1	MT/0981516-001	COMFORT TRANSPORTATION PTE LTD	SHC 8582Z	SKF 3224P	01/02/2018
2	MT/0981519-001	COMFORT TRANSPORTATION PTE LTD	SHB 6244T	SIX 2481L	2/2/2018
3	MT/0981075-003	COMFORT TRANSPORTATION PTE LTD	SHD 3883H	YP 975G	30/1/2018
4	MT/0980815-002	CITY CAB PTE LTD	SHA 8343H	GY 1953D	1/2/2018
5	MT/0981523-001	COMFORT TRANSPORTATION PTE LTD	SHA 4608X	SLM 2957R	2/2/2018
6	MT/0980875-002	CITY CAB PTE LTD	SHA 9261D	SJS 5966L	3/2/2018

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 15:41
Date Of Accident	30/01/2018 23:30
Exact Location Of Accident	ALONG SERANGOON ROAD TOWARDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3883H
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	SONATA-2.0 (A)
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	MCOM0015
Cover Note Number	
Driver	
Name of Driver	CHO TUCK THONG
NRIC No	S0128242E
Date Of Birth	11/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SMART_TANK@HOTMAIL.COM

Address	BLK 426 BUKIT BATOK WEST AVENUE 2 #10-119
Postcode	650426
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180131/2131

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	YP975G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHO TUCK THONG

Approximate Age

Injuries Sustain

NECK, BACK AND LEG

Injured person in which vehicle?

SHD3883H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
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.:

GIA/ISC Sketch Plan Form_V3



Sketch Plan Pg. 2

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to T/20180131/2131

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

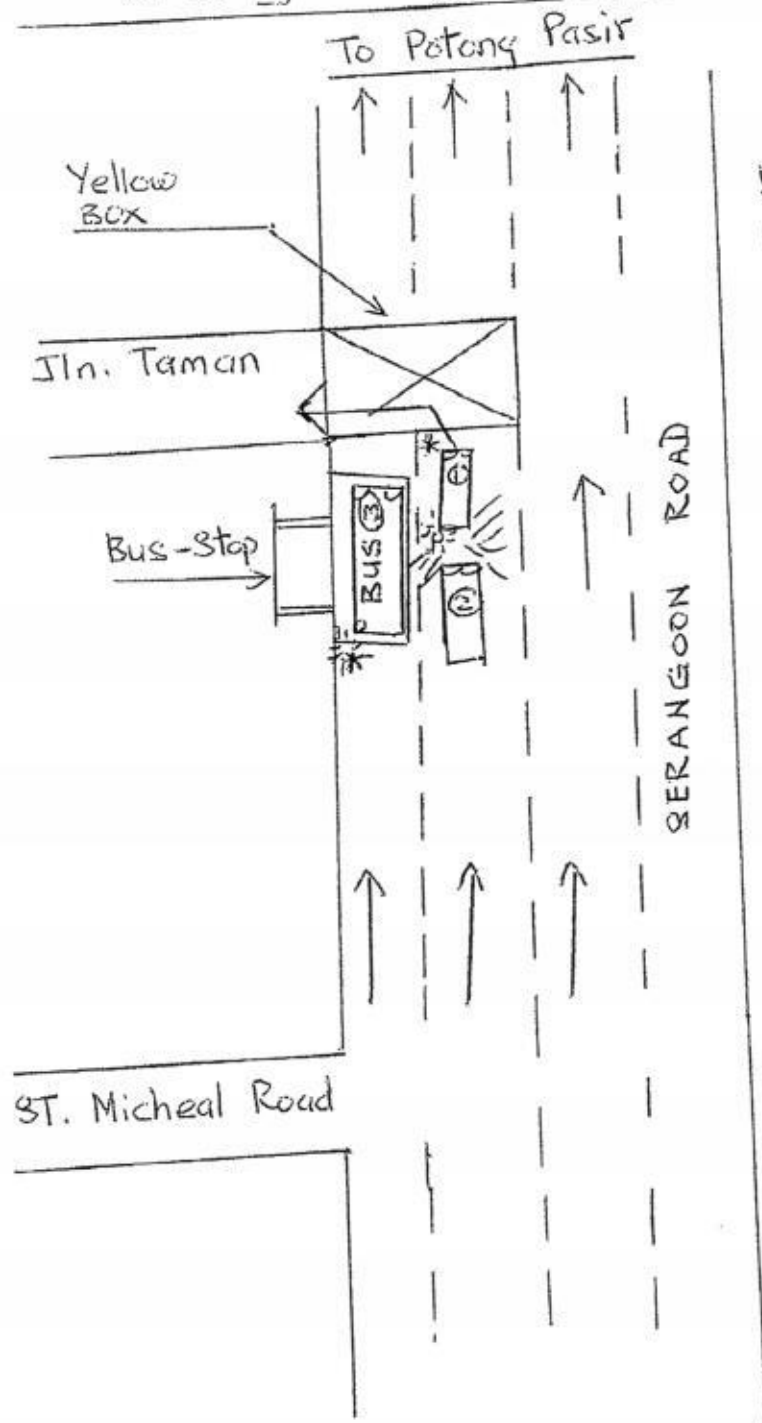
Policyholder's Signature
Date & Time:

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

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

CIAT/AC 1300 (1/1/2018) Form 1/2

Re: Accident with SHD 3883 H and YP 975 G
at along Serangoon Road on 30/1/2018 at 11.30 pm



Legend:

- ① Taxi (Comfort)
SHD 3883 H
- ② Lorry (YP 975 G)
- ③ SBS Bus



**SINGAPORE
POLICE FORCE**



T/20180131/2131

1 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20180131/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2018 17:59	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: CHO TUCK THONG	Address: APT BLK 426 BUKIT BATOK WEST AVENUE 2 #10-119 SINGAPORE 650426		
ID Type / ID No.: NRIC NO / S0128242E	Contact No.:	Mobile: 98603169	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 63	Date of Birth: 11/06/1954	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 23:30	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
Along Serangoon Road towards Potong Pasir				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD3883H	Car	HYUNDAI	SONATA	Blue	Slightly Damaged	1
YP975G	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180131/2131

2 of 3

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

Report No. T/20180131/213

CONTINUATION OF REPORT

Driver			
Name	CHO TUCK THONG	ID No.	S0128242E
Related Vehicle	SHD3883H (Car)	Contact No.	98603169
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2018	Date Discharge	31/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	S7442134B
Related Vehicle	YP975G (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/01/2018 at about 2330hrs, I was driving my taxi (SHD3883H) with one passenger along Potong Pasir on the third lane. I was intending to turn left into Jalan Taman immediately after a bus-stop. At that time, there was a stationary bus at the said bus-stop. Before approaching the said turn, I signaled left as wanted to overtake the said stationary bus and turn left into Jalan Taman. Subsequently a lorry (YP975G) collided into the rear of my taxi before I turned left from the third lane. There were police and ambulance at scene. I was conveyed to Tan Tock Seng Hospital. I received 07 days of MC from 31/01/2018 till 06/02/2018. I have footage of the incident from my in-car camera.



**SINGAPORE
POLICE FORCE**



T/20180131/2131

3 of 3

Report No. T/20180131/2131

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
Staff Sgt MUHAMMAD HAFIZ BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/01/2018 17:59

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Classification Of Case:

Authentication Stamp
NP168

Date/Time: 02.02.2018 10:51

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305112763

OWNER	REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHD3883H	
IS 7010045	MAKE:	FUEL
OWNER NO 383 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
ISS 65508755	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	SONATA	30.01.2018 23:30
(R) 65508755 (O)	YR OF MANU	TARGET DATE
(P)	23.09.2010	
	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHET41VMAA793805	

JOB DESCRIPTION

ccident Date: 30.01.2018
ATURE: TP/3P 30.01.18 *TRAFFIC POUND*

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

PACKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

ledgement Slip

Exit Pass

No.: SHD3883H LIMTS

Vehicle No.: SHD3883H

f 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 : SHD 3883H

DATE 2/2/2018

MAKE :

MODEL : HYUNDAI SONATA

NTUC - HS

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 1,349.50
	Boot Lid Rubber			\$ 110.90
	Boot Lid Lock Upper			\$ 132.10
	Boot Lid Lock Lower			\$ 30.30
	Boot Lid Sonata Plate			\$ 43.60
	Boot Lid Hyundai Plate			\$ 24.20
	Boot Lid 'H' Emblem			\$ 26.10
	Boot Lid CRDI Plate			\$ 22.70
	Boot Lid Lamp (LH/RH)		\$ 230.20	\$ 460.40
	Rear Bumper			\$ 578.40
	Rear Bumper Reinforcement			\$ 483.30
	Rear Bumper Clip			\$ 22.00
	Rear Bumper Sponge			\$ 137.40
	Rear Bumper Under Cover			\$ 185.80
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$ 76.00
	Tail Lamp (LH/RH)		\$ 344.00	\$ 688.00
	Rear Panel			\$ 391.80
	Rear Panel Garnish			\$ 95.80
	Spare Tyre Holder			\$ 27.60
	Spare Tyre Panel			\$ 863.00
	Spare Tyre Panel Cushion			\$ 200.30
	SUB TOTAL			\$ 5,949.20
	LESS 20%			\$ 1,189.84
	DISCOUNTED TOTAL			\$ 4,759.36
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear No. Plate			\$ 25.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 440.70
	Labour Charge			
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 800.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 2,220.00
	ESTIMATE TOTAL			\$ 7,420.06

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 surveyor appointed by the insurance company.

LKK Auto Centre
 the Republic of Singapore
 • To assist in the repair of damaged vehicles
 • To display damaged parts during survey
 • Parts prices are subject to confirmation
 • Third party surveys on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary charges must be resurveyed and
 is subject to approval from insurance company

Kalvin LKK
 2/2/18 1120h
 4 Pys
 LKS
 After Repair

Vehicle towed back
 from Traffic Compound

580
 600
 20
 20
 20

Door Lock / No KEY
Lot 5

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

1. Date: 1/2/18

Time Received: 3.25pm

2. ☐ New ☐ SPARK Kakis

Name of Customer : Ms Janet

Contact No. : 6214 8308

Vehicle No. : SHD 38834

Make / Model / Colour : BLUE Sonata

Email :

3. Vehicle Type:
☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

4. Type of Towing:
☐ Normal Tow
☒ King Dolly
☐ Flat Bed
☐ Crane-up
Door Dock / Hand / Forklift

5. Nature of Service:
☐ Jumpstart
☒ Recovery
☐ Change Tyre / Battery

6. Parts Replaced/Remarks:

7. Location: TP Pound

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☐ Accident ☐ Engine Stalled
☐ Return Taxi

9. Preferred Workshop:
☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others:

10. Odometer Reading :
Fuel Level : F 1/4 1/2 3/4 E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ STD ☒ TZ ☐ IRS ☐ OTHERS
Name of Driver : CHUA
Vehicle No. : GR55667
Time Dispatch : 3.25pm
Time of Arrival : 3.50pm
Time Completed : 4.30pm

13. Cash Invoice No. :

14. WORKSHOP
1/2/18 4.30pm
Name of Attending Staff/Guard :
Date & Time of Arrival :
Signature of Attending Staff/Guard :
CUSTOMER'S COPY

Signature of Customer

Signature of Customer

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305112763

Date : 06/02/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3883H

Date of Accident : 30-Jan-18

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

1. The repair job shall bill to: NTUC --- YP 975G

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: 20% \$3,700.00

Final Lumpsum Repair cost \$3,700.00

3. Estimated normal period for repairs: 4 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 : LIM T S

Name : KALVIN

Tel : 62148398

Date : 7/2/18

Fax : 65468156

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/INC18002192/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 975G	Veh. Inspected	SHD 3883H
Policy No.	5087329810-01	Coverage (\$)	0.00
Claim No.	MT/0981075-003	Excess (\$)	0.00
Assign From		Assign Date	02/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA793805	Colour	BLUE
Odometer	301783	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	DAVANTI	7 mm
L/H Front Tyre	215/60 R16	DAVANTI	7 mm
R/H Rear Tyre	215/60 R16	DAVANTI	7 mm
L/H Rear Tyre	215/60 R16	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	30/01/2018	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:	4 Working Days
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**National Assessment Centre Services**

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

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Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3883H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
2	BOOT LID LAMP (LH/RH) @\$230.20	N/S CRACKED / O/S SERVICEABLE	460.40	230.20
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	TO REPAIR	76.00	-
2	TAIL LAMP (LH/RH) @\$344.00	N/S CRACKED / O/S SERVICEABLE	688.00	344.00
1	REAR PANEL	DENTED	391.80	391.80
1	REAR PANEL GARNISH	CRACKED	95.80	95.80
1	SPARE TYRE HOLDER	SERVICEABLE	27.60	-
1	SPARE TYRE PANEL	TO REPAIR	863.00	-
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	200.30	-
	LESS 20% DISCOUNT		-1,189.84	-749.80
			4,759.36	2,999.20
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00

Report Ref No. NS/INC18002192/K1qbn2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) <u>LABOUR</u> THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.	NECESSARY	200.00	200.00
			440.70	415.70
			1,370.00	640.00
			850.00	560.00
			2,220.00	1,200.00
GRAND TOTAL			7,420.06	4,614.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,700.00

Report Ref No. NS/INC18002192/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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