

Kalvin

REF.

NS/INC18002193/Kirber

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: **SJI 38678**

Policy No: **5028187710-09 230417-220418**

Claims No: **MT/0980595-002**

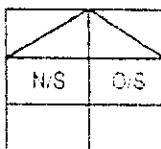
Sum Insured: Excess:

Client's Record:

Make of Veh:

(Policy Condition)

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



Sal or Market Value:

ADAC Accident Report: Consistent? Yes or No

GIA - PR Seen: Consistent? Yes or No

Est. Repairs: days Res: Yes or No

Turn Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle IN / OUT

Vehicle

SHA 28874

31 Dec 2014

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

Truck / Trailer or

Make:

Hyundai 240

1685

Colour:

Blue

Insured / Std / NI / NA

Sp Reading:

514522

Radio Insured / Std / NI / NA

Engine:

C No:

KMHCBX/UMF4062585

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / Si/Rim / STD/Rim or

Tyre Size:

F:

205/60R16

R:

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

Front

Rear

R Bal:

7

mm

R Bal:

7

mm

L Bal:

7

mm

L Bal:

7

mm

D.O.A:

1/2/18

D.O.A:

2/2/18

Survey held at

COKE (1/2/18)

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

SHA 28874 - 203 / ALB 13016791 / K1063

330 33075 - NP / HSB 0907071 / PI

DA: 250817

DA: 080019

ZM 4/5

1/2/18

Control 4/5 \$4900 / 40%
Red: \$7388.66, 60%

Date/Time File Passed



Preli. Report

Input



Final Report

Date/Time File Returned

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Survey Fee

Transcription

Add Fee:



Site Insp: \$



Inter: \$



Trav: \$

Report Format:

TP

Turn Sum:

4000

160

35

195

TP Claims against NTUC Income: Follow-Through Survey

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant's Vehicle No. | Income Vehicle No. | Date of Accident | Estimate | Tentative repair cost |
|------|------------------|---------------------------------|------------------------|--------------------|------------------|--------------|-----------------------|
| 1 | MT/0981663-001 | COMFORT TRANSPORTATION PTE LTD | SHD 4593M | GY 3194P | 01/02/2018 | \$ 4,643.92 | \$ 1,550.00 |
| 2 | MT/0980346-002 | SMRT TAXI PTE LTD | SHB 1556B | SJB 1531Z | 30/01/2018 | \$ 1,534.60 | \$ 570.00 |
| 3 | MT/0980595-002 | COMFORT TRANSPORTATION PTE LTD | SHA 2887U | SJE 3867B | 01/02/2018 | \$ 12,288.66 | \$ 4,900.00 |
| 4 | MT/0981274-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8777D | SJV 9342U | 06/02/2018 | \$ 2,711.58 | \$ 1,200.00 |

Claim received from LKK Auto




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/INC18002193/K1rb | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 05-02-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJE 3867B | Veh. Inspected | SHA 2887U |
| Policy No. | 5028187710-09 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 02/02/2018 |
| 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 | 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. | | | |

eBaoTech

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[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 |
|-----------------------|---------------|-------------------|-------------------|---------|---------------|-------------|---------|
| <input type="radio"/> | 5028187710-09 | SIM GIM LAM | S0223409B | GPC | drive CLASSIC | SJE3867B | SJE3 |

[Continue](#)

Query Date:

/04/2018

COMFORT ENGINEERING

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305112765

Customer

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

OUNT CARD NO.

NT4C

| | |
|--------------------------------|-------------------------------|
| REGN NO: SHA2887U | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 01.02.2018 15:10 |
| YR OF MANU 31.12.2014 | TARGET DATE |
| CHASSIS CODE KPHLB41UMFU062585 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

ccident Date: 01.02.2018
 ATURE: 3P 01.02.2018

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip
 :
 No.: SHA2887U LKE/KALVIN
 of Service Advisor Signature/Date
 returned to Service Reception upon collection

Exit Pass
 Vehicle No.: SHA2887U
 Name of Service Advisor Date
 To be kept by Security Guard

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 16:42 |
| Date Of Accident | 01/02/2018 13:10 |
| Exact Location Of Accident | ORCHARD ROAD NEAR LUCKY PLAZA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA2887U |
| 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 | HO LEE LEONG |
| NRIC No | S0235838G |
| Date Of Birth | 09/07/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/02/1976 |
| Driving Experience | 41 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | H_LEELEONG007@YAHOO.COM |

Address

BLK 340 CHOA CHU KANG LOOP
#05-03

Postcode

680340

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? 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) 2

Passenger 1

NAME: : -

GENDER: : MALE

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

REFER 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

SJE3867B

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

86862525

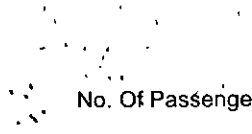
Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT



No. Of Passenger (Including Driver)

1000

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

Lim Ee Soon
CSO

Policyholder's Signature
Date & Time:

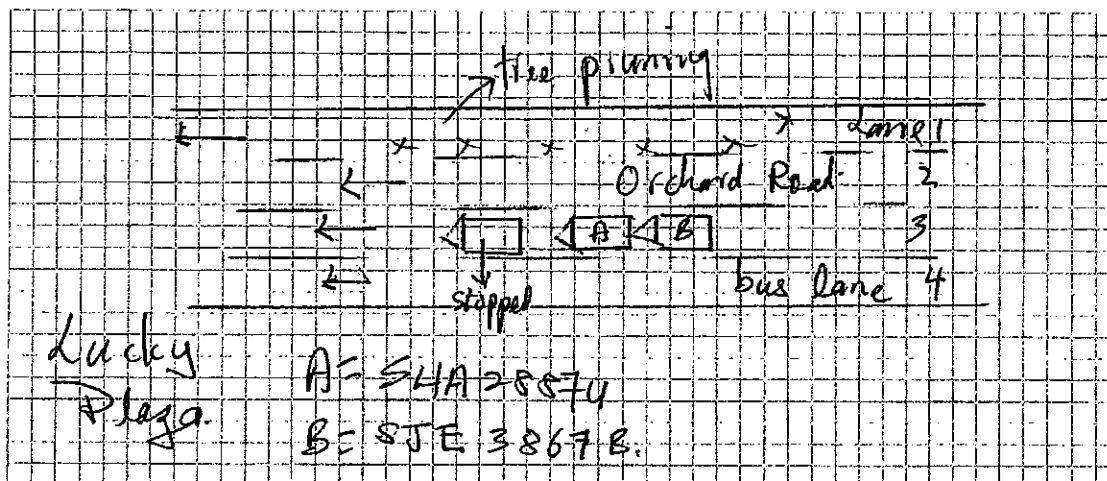
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IAAC Sketch Plan Form_V1



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This afternoon (1/2/18), while travelling on Orchard Road, I halted my taxi when I sighted a private car stopped in front my car before Lucky Plaza. As seen in the video, as I barely stopped my car, it was car B (STE 3867B) behind slammed into the rear of my taxi with a strong impact. I took photos of car B at the scene. One male passenger who was a doctor on board my taxi. The driver of car B was a female Chinese. also report of injury at the time of accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 100903621R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

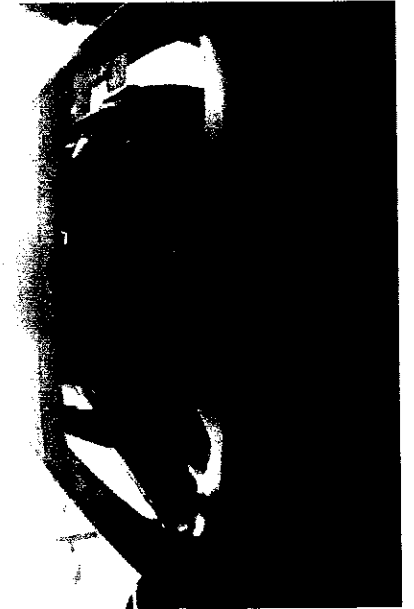
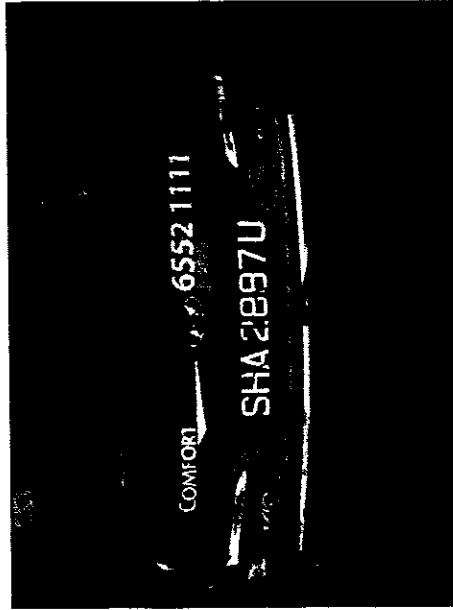
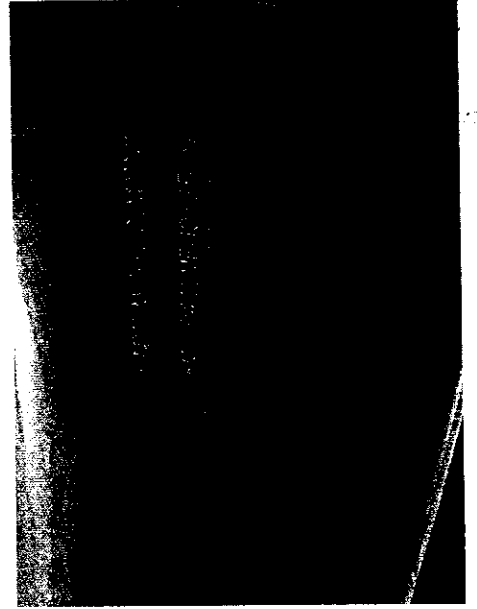
Lim Ee Soon
CSO

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CLAPAC SketchPlanForm_13



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2887U

DATE 1/2/2018 15:45

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|------------------|---|------|-------------|--------------|
| | Boot Lid XXXX <i>but</i> | | | \$ 1,681.40 |
| | Boot Lid Rubber X <i>sur</i> | | | \$ 115.80 |
| | Boot Lid Lock Upper X <i>sur</i> | | | \$ 137.90 |
| | Boot Lid Lock Lower X <i>sur</i> | | | \$ 31.70 |
| | Boot Lid 'H' Emblem <i>sur</i> | | | \$ 27.20 |
| | Boot Lid CRDI Plate <i>sur</i> | | | \$ 41.00 |
| | Boot Lid Trimboard X <i>sur</i> | | | \$ 172.70 |
| | Boot Lid Trimboard Clips (11pcs) X <i>sur</i> | | | \$ 11.00 |
| | Bootlid Moulding <i>but</i> | | | \$ 85.00 |
| | Bootlid i40 Emblem <i>sur</i> | | | \$ 41.00 |
| | Bootlid Lower Garnish <i>but</i> | | | \$ 398.00 |
| | Rear Bumper <i>but</i> | | | \$ 603.60 |
| | Rear Bumper Reinforcement <i>sur</i> | | | \$ 504.35 |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>but</i> <i>RH?</i> | | \$ 180.00 | \$ 360.00 |
| | Rear Bumper Side Bracket <i>sur</i> | | \$ 49.00 | \$ 98.00 |
| | Rear Bumper Clips <i>sur</i> | | | \$ 22.00 |
| | Rear Bumper Sponge <i>but</i> | | | \$ 143.40 |
| | Rear Bumper Under Cover <i>at</i> | | | \$ 225.00 |
| | Rear Bumper Reflector Lamp (LH/RH) <i>sur</i> | | \$ 32.00 | \$ 64.00 |
| | Tail Lamp (LH/RH) X <i>sur</i> | | \$ 565.60 | \$ 1,131.20 |
| | Rear Panel <i>but</i> | | | \$ 592.30 |
| | Rear Panel Garnish <i>sur</i> | | | \$ 57.70 |
| | Rear Panel Lower Panel <i>but</i> | | | \$ 495.50 |
| | Rear Fender (LH/RH) X <i>repair</i> | | \$ 2,020.10 | \$ 4,040.20 |
| | Rear Windscreen Moulding X <i>sur</i> | | | \$ 60.00 |
| SUB TOTAL | | | | \$ 11,139.95 |
| LESS 20% | | | | \$ 2,227.99 |
| DISCOUNTED TOTAL | | | | \$ 8,911.96 |
| | Boot Lid Comfort Logo & Tel No. Sticker <i>sur</i> | | | \$ 30.00 |
| | Rear No. Plate <i>sur</i> | | | \$ 25.00 |
| | Rear Bumper Reverse Sensor <i>but</i> | | | \$ 135.70 |
| | Rear Bumper Rubber Mat <i>sur</i> | | | \$ 50.00 |
| | Rear Windscreen Sealant X <i>sur</i> | | | \$ 46.00 |
| Labour Charge | | | | \$ 286.70 |
| | Panel Beating | | | \$ 1,600.00 |
| | Spray Painting Charge | | | \$ 1,000.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Remove/Refix Cushion & Upholstery Rear | | | \$ 150.00 |
| | Remove/Refix Rear Windscreen Glass | | | \$ 120.00 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 |
| TOTAL LABOUR | | | | \$ 3,090.00 |
| ESTIMATE TOTAL | | | | \$ 12,288.66 |

LKK & Co. is a company that provides a wide range of services to its customers. The services include:

- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.
- To provide a wide range of services to its customers.

Kahin ilkey

2/1/18/11/16/1

40/2/1

4/5

After Repair photo

LKK/Kahin

L/Sam

NTUC

800

720

20

20

50

X

20

COMFORTDELGRO ENGINEERING

Our Job Ref No 305112765
Date : 08/02/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA2887U CTPL

Fax :

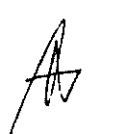
01.02.18


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

1. The repair job shall bill to: NTUC SJE3867B
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% \$4,900.00
Final Lumpsum Repair cost \$4,900.00

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: 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature: 
Name : Kaka
Date : 9/2/18

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 | | | | |
| 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 describe

| | | | |
|---|--|------------------|---|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002193/K1rbe2 | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 13-02-2018 |  |
| | | Code: INC4 | |
| 1. Policy Particulars : THIRD PARTY CLAIM | | | |
| Insured Veh. | SJE 3867B | Veh. Inspected | SHA 2887U |
| Policy No. | 5028187710-09 | Coverage (\$) | 0.00 |
| Claim No. | MT/0980595-002 | 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. | 2014 |
| Chassis No. | KMHLB41UMFU062585 | Colour | BLUE |
| Odometer | 514522 | 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 | BRIDGESTONE | 7 mm |
| L/H Front Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| R/H Rear Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| L/H Rear Tyre | 205/60 R16 | BRIDGESTONE | 7 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR 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: | | 4 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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2887U

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | BOOT LID | BENT | 1,681.40 | 1,681.40 |
| 1 | BOOT LID RUBBER | SERVICEABLE | 115.80 | - |
| 1 | BOOT LID LOCK UPPER | SERVICEABLE | 137.90 | - |
| 1 | BOOT LID LOCK LOWER | SERVICEABLE | 31.70 | - |
| 1 | BOOT LID 'H' EMBLEM | NECESSARY | 27.20 | 27.20 |
| 1 | BOOT LID CRDI PLATE | NECESSARY | 41.00 | 41.00 |
| 1 | BOOT LID TRIMBOARD | SERVICEABLE | 172.70 | - |
| 11 | BOOT LID TRIMBOARD CLIPS | NOT NECESSARY | 11.00 | - |
| 1 | BOOTLID MOULDING | CUT | 85.00 | 85.00 |
| 1 | BOOTLID I40 EMBLEM | NECESSARY | 41.00 | 41.00 |
| 1 | BOOTLID LOWER GARNISH | CRACKED | 398.00 | 398.00 |
| 1 | REAR BUMPER | DEFORMED | 603.60 | 603.60 |
| 1 | REAR BUMPER REINFORCEMENT | CRACKED | 504.35 | 504.35 |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00 | BENT | 360.00 | 360.00 |
| 2 | REAR BUMPER SIDE BRACKET @\$49.00 | SERVICEABLE | 98.00 | - |
| 1 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | REAR BUMPER SPONGE | TORN | 143.40 | 143.40 |
| 1 | REAR BUMPER UNDER COVER | CUT | 225.00 | 225.00 |
| 2 | REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00 | CRACKED | 64.00 | 64.00 |
| 2 | TAIL LAMP (LH/RH) @\$565.60 | SERVICEABLE | 1,131.20 | - |
| 1 | REAR PANEL | DENTED | 592.30 | 592.30 |
| 1 | REAR PANEL GARNISH | CRACKED | 57.70 | 57.70 |
| 1 | REAR PANEL LOWER PAEL | DENTED | 495.50 | 495.50 |
| 2 | REAR FENDER (LH/RH) @\$2020.10 | TO REPAIR | 4,040.20 | - |
| 1 | REAR WINDSCREEN MOULDING | NOT NECESSARY | 60.00 | - |
| | LESS 20% DISCOUNT | | -2,227.99 | -1,068.29 |
| | | | 8,911.96 | 4,273.16 |
| SPECIAL NETT ITEMS | | | | |
| 1 | BOOT LID COMFORT LOGO & TEL NO. STICKER (SN) | NECESSARY | 30.00 | 30.00 |

Report Ref No. NS/INC18002193/K1rbe2



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



Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| 1 | REAR NO. PLATE (SN) | CRACKED | 25.00 | 25.00 |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SHORTED | 135.70 | 135.70 |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR WINDSCREEN SEALANT (SN) | NOT NECESSARY | 46.00 | - |
| | | | 286.70 | 240.70 |
| | LABOUR | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 2,040.00 | 890.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 1,050.00 | 740.00 |
| | | | 3,090.00 | 1,630.00 |
| GRAND TOTAL | | | 12,288.66 | 6,143.86 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 4,900.00 |

Report Ref No. NS/INC18002193/K1rbe2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.