

Kalvin

NS/2NC18002279/K11b2

ASSIGNMENT

SHA 9261D

28 Feb 2011

Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 CD/TP/WS/TP RES/CD RES/EVA/INV/MV  
 To: Inspect Vehicle No: \_\_\_\_\_  
 at: Workshop No: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: SJS 5966L  
 Policy No: 5093376521 250817 - 240818  
 Claims No: MT/0920275-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Client's Record: \_\_\_\_\_  
 Make of Vehicle: \_\_\_\_\_

(Policy Condition)

Remarks: The Veh had commenced its repair at the time of inspection.



Salvage/Market Value: \_\_\_\_\_  
 D.O. Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 G.I.A. PR. Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res: Yes or No  
 LHM (S. 10): \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / RER / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Type: M/Cat: M/Cycle: Bus/Van: Lorry/TB Prime/Mover  
 Truck/Trailler:  
 Make: Hyundai Santa 199  
 Colour: Y16C P.O. Ins: 0 Std: NA  
 So. Reading: 274432 T.Pack: Ins: 0 Std: NA  
 Eng. No: \_\_\_\_\_  
 C.No: KMHE741VM DAB0692  
 Gen. Cond: Good / F 6 Poor / Burnt  
 Steering: Inc 0 Jammed / Leaked / Burnt or  
 Brake: Inc 0 Jammed / Leaked / Burnt or  
 Mod: NII / S/Rim / STD A6 or  
 Tyre Size: P: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Wet 1/16  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 7 mm R.Bal: 7 mm  
 L.Bal: 7 mm L.Bal: 7 mm  
 D.O.A: 3/2/8 D.O.A: 5/2/8  
 Survey held at: 1065 (bony)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/O / Roof/Top or  
Rear  
 The U/O / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction

SHA 9261D - 003 / 1701/14017513 / Mize392

DOA: 170914

ZNC

SJS 5966L - X

7/2/8 Contd 4581250/24y (Red: 3338.58 : 72%)

RECEIVED 12 FEB 2010

Date Time File Received



: Prel. Report

12 Typist



: Final Report

Date Time File Returned

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee

Transcription

Add Fee: ☐

Site Ins: ☐

\$

Trans: ☐

\$

Trans: ☐

\$

Trans: ☐

\$

160
35
195

Received By:

Signature:

1250-



# 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/INC18002279/K1tb

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.	SJS 5966L	Veh. Inspected	SHA 9261D
Policy No.	5093376521	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

## 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

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## 5. General Information

Accident Date	03/02/2018	Inspection Date	05/02/2018
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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5093376521	U PHONE MYINT	S2626432D	GPC	drive CLASSIC	SJ55966L	SJS5966L	25/08/2017	24/08/2018

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	SJX 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 claim 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	05/02/2018 07:56
Date Of Accident	03/02/2018 17:40
Exact Location Of Accident	AYE TWDS CITY AFTER CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9261D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA

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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	TAN MENG CHONG
NRIC No	S1152651I
Date Of Birth	26/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	TANMC56@YAHOO.COM

Address	682B 02-69 WOODLANDS DRIVE 62
Postcode	732682
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	CHAIN COLLISION
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?	YES
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

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	SJS5966L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S2626432D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJN4233B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LIM LYE MENG  
NRIC/Passport Number S1426601A  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT & REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLH5347H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SULTANUDEEN  
NRIC/Passport Number S8123105B  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MOHAMMED FARHAN  
Approximate Age  
Injuries Sustain NECK  
Injured person in which vehicle? SHA9261D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

A: SHA 9261D  
 B: SJS 5966L  
 C: SJN 4233B  
 D: SLH 5347H

A/E TROOS CITY  
 AFTER CLEMENTI RD BLVD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached,

DECLARATION

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

CITYCAB PTE LTD  
 CO. REG. NO. 199502839G

Policyholder's Signature  
 Date & Time:

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

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

2-16-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-1099-1100-1101-1102-1103-1104-1105-1106-1107-1108-1109-1110-1111-1112-1113-1114-1115-1116-1117-1118-1119-1120-1121-1122-1123-1124-1125-1126-1127-1128-1129-1130-1131-1132-1133-1134-1135-1136-1137-1138-1139-1140-1141-1142-1143-1144-1145-1146-1147-1148-1149-1150-1151-1152-1153-1154-1155-1156-1157-1158-1159-1160-1161-1162-1163-1164-1165-1166-1167-1168-1169-1170-1171-1172-1173-1174-1175-1176-1177-1178-1179-1180-1181-1182-1183-1184-1185-1186-1187-1188-1189-1190-1191-1192-1193-1194-1195-1196-1197-1198-1199-1200-1201-1202-1203-1204-1205-1206-1207-1208-1209-1210-1211-1212-1213-1214-1215-1216-1217-1218-1219-1220-1221-1222-1223-1224-1225-1226-12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Describe Circumstances of the Accident

On 03 Feb 2018 at about 17:40 hrs I was driving straight on Lane 1 along AYE leading towards the direction of the City.

Somewhere after Clementi Rd exit the front car braked abruptly and stopped. I immediately braked and stopped as well. Fortunately I was able to brake in time.

Suddenly a few seconds later an Audi car SJ55966L came from behind collided onto the Rear Portion of my taxi.

Shortly after I found that there are 04 vehicles(including my taxi) are involved in this chain collision accident(see enclosed).

01 male passenger on board my taxi. After the accident my passenger complained of pain to neck hence I advised him to see a Doctor later on.

Enclosed is a video footage to support my claims.

### Declaration

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

CITYCAB PTE LTD  
CO. REG. NO. 1995028397

---

Policyholder's Signature/Date &  
Time

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

04/02/18 

Witnessed by Reporting  
Centre Personnel

# Sketch Plan Pg. 1

## SKETCH PLAN

AYE TROOS CITY  
AFTER CLEMENTI RD EXIT.

A: SHA 9261D  
B: SJS 5966L  
C: SJN 4233B  
D: SLH 5347H

Diagram showing vehicle positions and movement arrows on a grid. Arrows indicate movement from the vehicles towards the center of the grid. A signature is present in the bottom right corner of the grid.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached,

## DECLARATION

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

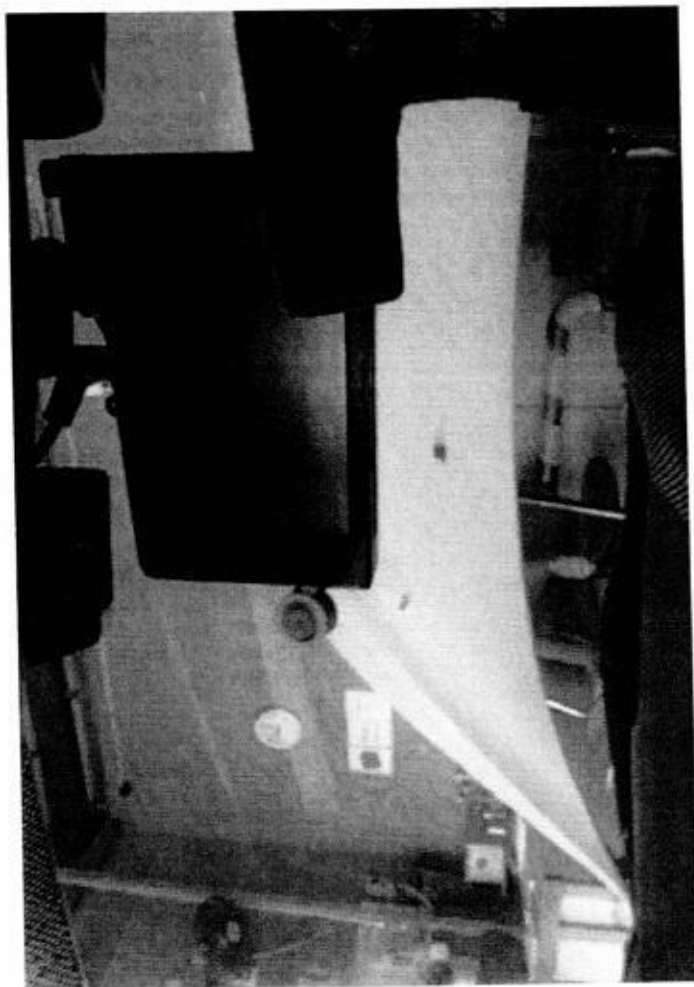
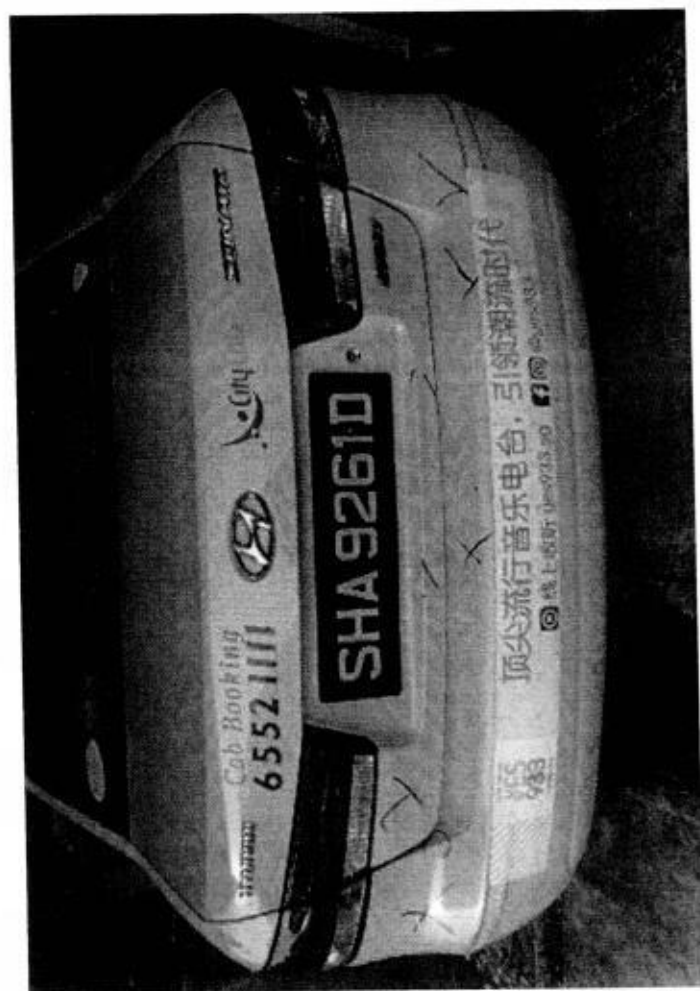
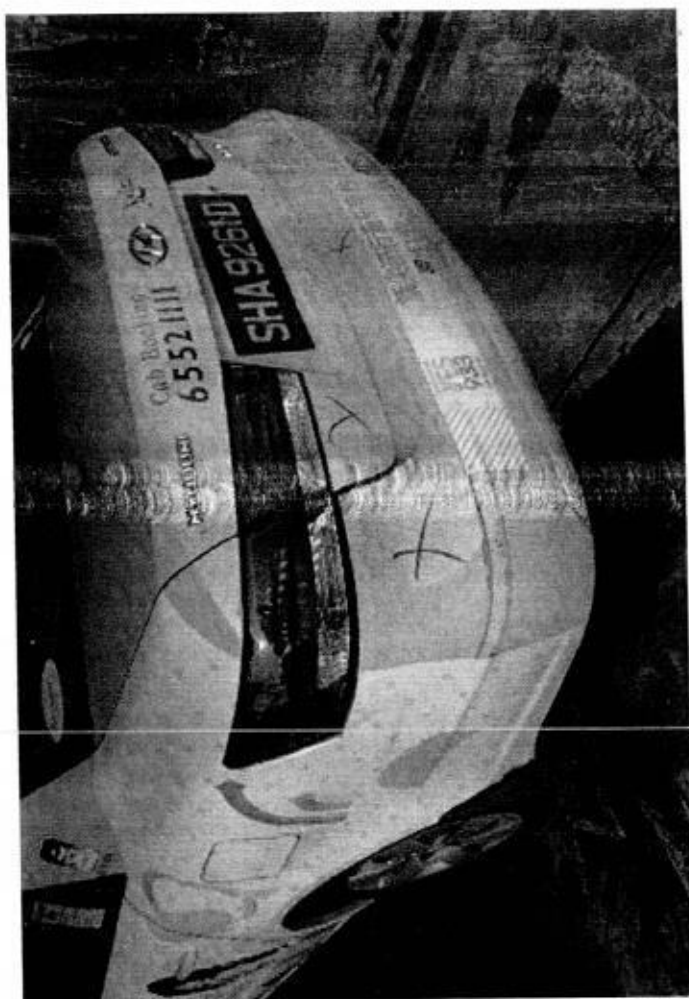
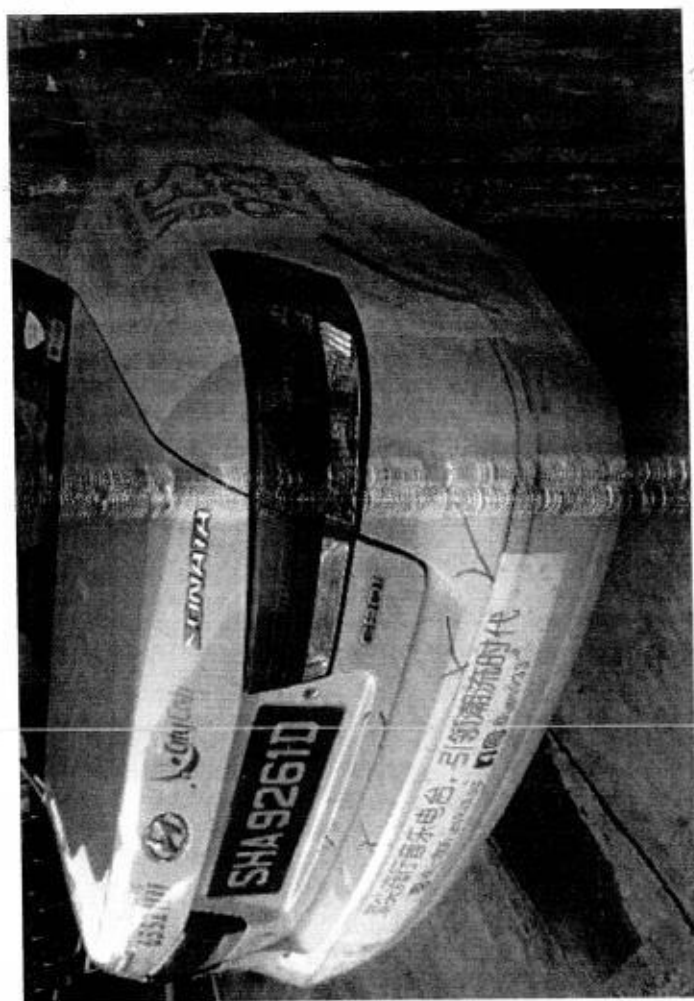
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

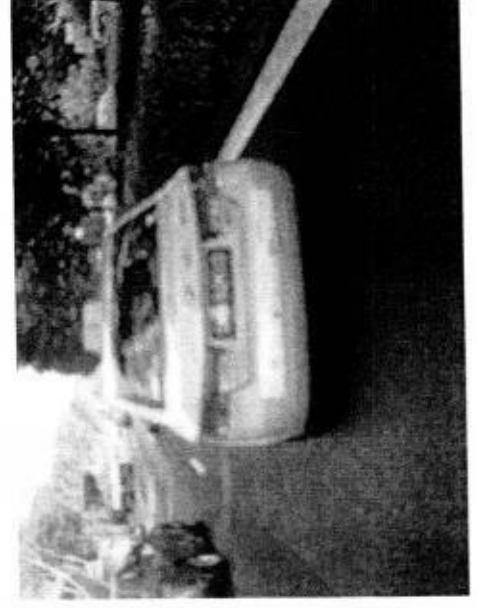
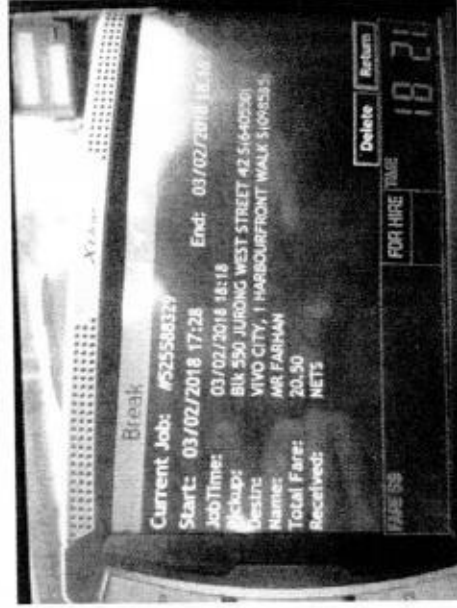
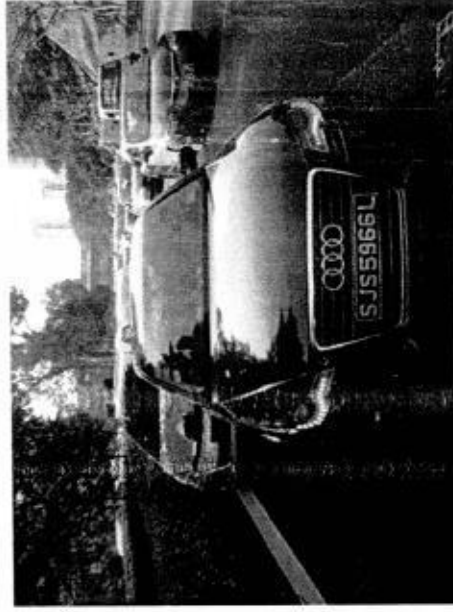
Policyholder's Signature  
Date & Time:

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

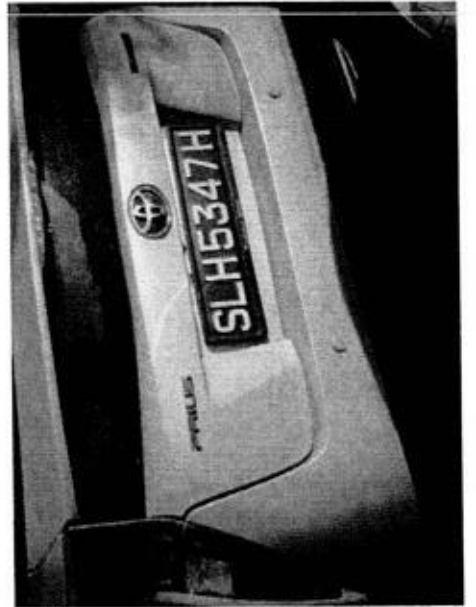
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

CityCab Pte Ltd (Incorporated in Singapore)









# COMFORT DELTA ENGINEERING

A member of COMFORTDELTA

Date/Time: 05.02.2018 09:20

Page : 1

Team: CK ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO 305113435

CUSTOMER		REGN NO	MILEAGE
CITYCAB PTE LTD		SHA9261D	
7010070		MAKE	FUEL
CUSTOMER NO		HYUNDAI	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		MODEL	DATE/TIME IN
Singapore SINGAPORE 575717		SONATA	04.02.2018 09:00
65551188		YR OF MANU	TARGET DATE
L (R) (P) (O)		28.02.2011	
SCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHET41VMBA806925	

## JOB DESCRIPTION

Accident Date: 03.02.2018

NATURE: 3P 03.02.2018

LABOR CODE	DESCRIPTION
NTUC - taxi rear damage	
LKK/Kalvi -	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHA9261D  
LARRY

Vehicle No.: SHA9261D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA9261D

MAKE : HYUNDAI

MODEL : SONATA

Date : 05.02.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Boot Lid <i>X Repairs</i>			\$ 1,349.50
1	Boot Lid Rubber <i>X 500</i>			\$ 110.90
1	Boot Lid Upper Lock <i>X 500</i>			\$ 132.10
1	Boot Lid Sonata Plate <i>- ne</i>			\$ 43.60
1	Boot Lid Hyundai Plate <i>- ne</i>			\$ 24.20
1	Boot Lid H emblem <i>- ne</i>			\$ 26.10
1	Boot lid CRDI plate <i>- ne</i>			\$ 22.70
1	Rear Bumper <i>- Phil</i>			\$ 578.40
1	Rear Bumper Reinforcement <i>X 500</i>			\$ 483.30
10	Rear Bumper Clips <i>- ne</i>		\$2.20	\$ 22.00
1	Rear Bumper Sponge <i>X 500</i>			\$ 137.40
1	Rear Bumper Undercover <i>X 500</i>			\$ 185.80
1	Rear Panel <i>X 500</i>			\$ 391.80
1	Rear Panel Garnish <i>X 500</i>			\$ 95.80
SUB TOTAL				\$ 3,603.60
LESS 20%				720.72
DISCOUNTED TOTAL				\$ 2,882.88
1	Reverse sensor <i>- 500</i>			\$ 135.70
1	Advertisement - Rear Bumper <i>- ne</i>			\$ 100.00
2	Advertisement - Rear Fenders - LH/RH <i>- ne</i>		\$100.00	\$ 200.00
LKK Auto Consultants hence notify the Repairer of the following:				
• To resurvey before/after spray painting				
• To display damaged parts during resurvey				
• Prices are subject to confirmation				
• Third party survey is on a "Win/Lose/No Deal" basis				
• No illegal modification(s) is allowed				
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company				\$ 435.70
Signature: <i>Ka Loh KKK</i>				
Date: <i>5/2/18 15:00 hr</i>				
Labour Charge				200
1	Panel Beating			\$ 500.00
1	Spray Painting Charge			\$ 500.00
1	Wiring Charge			\$ 50.00
1	Tuff Kote			\$ 100.00
1	Remove/refix reverse sensor			\$ 120.00
TOTAL LABOUR				\$ 1,270.00
ESTIMATE TOTAL				\$ 4,588.58

Larry Ng

## COMFORTDELGRO ENGINEERING

Our Job Ref No . 305113435

Date : 07/02/18

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9261D

Date of Accident: 03/02/18

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

1. The repair job shall bill to: NTUC SJS5966L

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: \$1,250.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Calvin

Name : Calvin

Date : 7/2/18

### 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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002279/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 14-02-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJS 5966L	Veh. Inspected	SHA 9261D
Policy No.	5093376521	Coverage (\$)	0.00
Claim No.	MT/0980875-002	Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA806925	Colour	YELLOW
Odometer	294437	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	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	03/02/2018	Inspection Date	05/02/2018
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
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9261D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	TO REPAIR	1,349.50	-
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID UPPER LOCK	SERVICEABLE	132.10	-
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
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDERCOVER	SERVICEABLE	185.80	-
1	REAR PANEL	SERVICEABLE	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-720.72	-143.40
			2,882.88	573.60
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	ADVERTISEMENT-REAR BUMPER (SN)	NECESSARY	100.00	100.00
2	ADVERTISEMENT-REAR FENDERS-LH/RH @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	435.70
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	360.00
	-		-	-
	-		-	-
			1,270.00	580.00
<b>GRAND TOTAL</b>			<b>4,588.58</b>	<b>1,589.30</b>



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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,250.00
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Report Ref No. NS/INC18002279/K1tbn2

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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