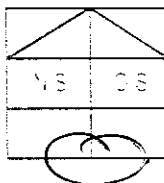


MS/INC18002426 / minbe2

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / IN / OUT
 To inspect vehicle No _____
 at Workshop No **CODE LY.**
 Insured **SLT 93045**
 Policy No **508594280-01 24-11-17**
 Claims No **MT/0983349-001**
 Sum Insured _____ Excess _____
 Clients Record _____
 Make of Ven _____



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

Ball or Market Value _____
 D.O. Accident Report _____ Consistent? Yes or No
 G.I.A. / R. / S. / S. _____ Consistent? Yes or No
 Est. Repairs _____ days Res. Yes or No
 U.M. Sum _____ Res. Yes or No

OA / REV / REP. / 24 HRS

Date _____ Person Contacted _____ Vehicle IN / OUT

From **SH7789M** Page **05 2016**
 Truck / Trailer or _____
 Make **HYUNDAI** No **1685**
 Color **Blue** Insured Std. No. **1685**
 So. Reg. No **160893** Insured Std. No. **1685**
 Eng. No _____
 D.O. **KMHLB41UMAU087921**
 Gen. Cond. **Good / Fair / Poor / Burnt**
 Steering **Good / Jammed / Leaked / Burnt or**
 Brake **Good / Jammed / Leaked / Burnt or**
 Mod. **NIS / Rim / STD A. Rim or**
 Tyre Size **R. 205/60/16**
 BS / DUN / EXNOVA / GY / RS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or **westlake**
 Front _____ Rear _____
 R. Ba. **7** L. Ba. **7**
 D.O. **05/02/2018** D.O. **6/2/2018**
 Survey report _____
 Des. of Damages **Rt. Rear** O.S. NIS U.O. Rooftop or
 The U.O. Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

SH 7789M - 183 425 10021221 168592
 SLT 93045 - 2

14/2/18 Ma confirmed \$ 2298.09 (Red 1226.45, 3590)

18/02/2018 2010

Date Time File Pass / ☐ : Prelim. Report
☐ : Final Report

Days Of Repair **3**
 Resurvey No. of Trip **1**

Date Time File Return / **27/2 - typist**

Add Fee: ☐ Gre. Fee \$
☐ Rep. Fee \$
☐ Test. Fee \$
☐ App. Fee \$

Receipt Amount _____
 U.M. Sum **2298.09**

Survey Fee
 Towing Fee

160
 35
 195

Survey Department Check List (Case Handler)

Reference No.: NS/ INC 1800 2420/ MIVB
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 22/2/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC18002420/M1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 06-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLT 9304S	Veh. Inspected	SH 7789U
Policy No.	5085942280-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/02/2018

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	05/02/2018	Inspection Date	06/02/2018
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A.	Time of Accident	Estimate	Tentative repair cost
1	MT/0980700-002	SMART TAXIS PTE LTD	SHC 4745Y	FBK 629E	2/2/2018	16:00	\$7,449.80	\$2,197.53
2	MT/0981297-002	COMFORT TRANSPORTATION PTE LTD	SH 9778M	SKR 9188H	5/2/2018	16:30	\$2,607.04	\$2,103.04
3	MT/0981207-003	COMFORT TRANSPORTATION PTE LTD	SH 7825Z	SJR 750E	4/2/2018	14:30	\$8,852.40	\$2,900.00
4	MT/0983349-001	COMFORT TRANSPORTATION PTE LTD	SH 7789U	SLT 9304S	5/2/2018	23:20	\$3,524.54	\$2,298.09
5	MT/0981193-002	COMFORT TRANSPORTATION PTE LTD	SHC 2275A	SJK 7721E	5/2/2018	15:35	\$6,226.34	\$2,400.00
6	MT/0981140-002	CITYCAB PTE LTD	SHC 7318C	SLD 3740P	6/2/2018	6:40	\$2,548.38	\$1,970.70
7	MT/0982086-002	COMFORT TRANSPORTATION PTE LTD	SH 7929H	XD 6757E	12/2/2018	9:30	\$5,489.80	\$2,537.60
8	MT/0982270-002	COMFORT TRANSPORTATION PTE LTD	SHD 4205J	SFU 6132G	13/2/2018	15:45	\$6,687.20	\$2,300.00

Claim received from LKK

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085942280-01	STARS RENTAL & LEASING	53312317L	GFT	Third Party	SLT9304S	SLT9304S	24/11/2017	

Continue

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the 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	06/02/2018 11:53
Date Of Accident	05/02/2018 23:20
Exact Location Of Accident	SEMBANWANG RD X GAMBAS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7789U
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	NG SAY TEE
NRIC No	S1506444G
Date Of Birth	11/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 319 ANG MO KIO AVENUE 1 #11-1483
Postcode	560319
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180206/2025

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	SLT9304S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAZARIN BIN SALEH HUDIN
NRIC/Passport Number	S8007086A
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG SAY TEE
Approximate Age
Injuries Sustain NECK, SHOULDER AND BACK
Injured person in which vehicle? SH7789U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SAZARIN BIN SALEH HUDIN
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SLT9304S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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: S R Moorthy
NRIC/FIN No.: CSO

SKETCH PLAN

N. B. R. A. V. Ave

S. B. R. A. V. Ave

S. B. R. A. V. Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT A) SH 77894 B) SLT98045

Refer Police Report 7/20180206/2025

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/FIN No.: S R Moorthy
CSO



**SINGAPORE
POLICE FORCE**



T/20180206/2025

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180206/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 04:10		Vide Report No.: F/20180205/0292		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: NG SAY TEE			Address: APT BLK 319 ANG MO KIO AVENUE 1 #11-1483 SINGAPORE 560319		
ID Type / ID No.: NRIC NO / S1506444G			Contact No.: Home/Office: Mobile: 93826288		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 11/01/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2018 23:20	Type of Location: filter-lane
Location: Along Road 1 Traveling Toward Road 2 SEMBAWANG ROAD GAMBAS AVENUE Filter-lane leading from Sembawang Road (towards Sembawang) to Gambas Avenue (towards Woodlands), on left lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SH7789U	Car	HYUNDAI		Blue	Slightly Damaged	1
SLT9304S	Car	HONDA		Grey	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20180206/2025

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20180206/2025

CONTINUATION OF REPORT

Driver			
Name	NG SAY TEE		ID No. S1506444G
Related Vehicle	SH7789U (Car)		Contact No. 93826288
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	SAZARIN BIN SALEH HUDIN		ID No. S8007086A
Related Vehicle	SLT9304S (Car)		Contact No. NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/2/18 at about 2320hrs, I was driving along Sembawang Road towards Sembawang and was making a left turn into Gambas Avenue (towards Woodlands). I stopped my car, SH7789U a blue Hyundai Comfort Taxi, before the give-way line of the filter-lane's left lane, to check for oncoming vehicles before moving off into Gambas Avenue. As I came to a complete stop, I felt an impact from the rear. I stopped my vehicle and alighted after a short while. I thus saw that a grey Honda SLT9304S, had collided head-first into the rear of my taxi. The driver of the Honda also alighted and he called for an ambulance. I had a female passenger who said that she had knocked her lip on something however insisted that she does not wish to wait for anything, thus she left the scene on her own first. An ambulance then came and made a check on us. After checking on us, the other driver and myself were conveyed to KTPH before Traffic Police arrival. The other driver is namely Sazarin Bin Saleh Hudin S8007086A.

I was later approached at KTPH by Traffic Police IO Hidayu who advised me to lodge a traffic accident report after I was discharged and to meet her at TP HQ to retrieve my car. I was then issued a case card reference F/20180205/0292, in charge case TPIO Hidayu Tel: 65476423. There is a front facing in-car camera in my vehicle. No other properties were damaged other than the 2 cars mentioned.



**SINGAPORE
POLICE FORCE**



T/20180206/2025

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3


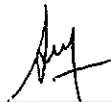

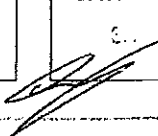
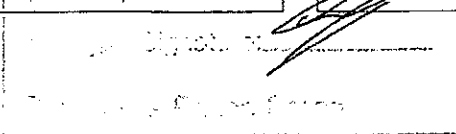
Report No. T/20180206/2025

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: F / Staff Sgt SZE WEIJIE, WILSON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2018 04:10
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138 	Classification Of Case: 
Authentication Stamp NP168 	

COMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

COMFORTDELGRO Engineering Pte Ltd
100, Telok Ayer St, Singapore 068553
Tel: 65 6331 1428 Fax: 65 6331 9733
Workshops:
55, Lower Changi Road, Singapore 486907
553, Sin Ming Drive, Singapore 575117
40, Pandan Road, Singapore 609397
14, Bedok Loop, Singapore 758156
7, Sungai Kadut Way, Singapore 728791
8, Delta Avenue 1, Singapore 539537

Date/Time: 06.02.2018 14:17 Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO.305114309

MER
COMFORT TRANSPORTATION PTE LTD
7010045
MER NO
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
R) (O)
P)

REGN NO: SH 7789U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 05.02.2018 23:20
YR OF MANU 12.05.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087921	COMPLETION DATE/TIME:

JNT CARD NO.

JOB DESCRIPTION

cident Date: 05.02.2018
TURE: 3P 05.02.18

NO LABOR CODE DESCRIPTION

VED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

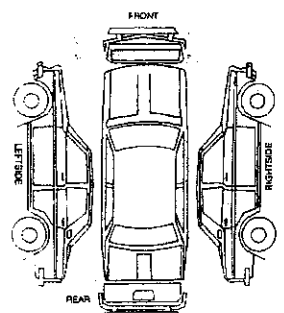
Exit Pass

lo.: SH 7789U LIMITS


Vehicle No.: SH 7789U

Service Advisor Signature/Date Name of Service Advisor Date

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: 06/03/2018 Time Received: 0925	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Mr Ng Contact No. : 93826088 Vehicle No. : SC 77894 Make / Model / Colour : I-40 Email :	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: Traffic Police Round Circle		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		 # : Cracked X : Dented / : Scratched O : Missing Signature of Customer
10. Odometer Reading : 160813 Fuel Level : F 1/4 1/2 3/4 E		
Job Attended		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : King Vehicle No. : G6048TD Time Dispatch : 0925 Time of Arrival : 0955 Time Completed : 1005		

Cash Invoice Details (if applicable)
13. Cash Invoice No. :

Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.		
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.		
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
06/03/2018 Date	0955 Time	 Signature of Customer

14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 7789H

DATE 6/2/2018

MAKE :

LKE - MACF

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid 'H' Emblem ✓ <i>new</i>			\$ 27.20	✓
	Boot Lid CRDI Plate ✓ <i>new</i>			\$ 41.00	✓
	Bootlid Moulding ✓ <i>dt.</i>			\$ 85.00	✓
	Bootlid i40 Emblem ✓ <i>new</i>			\$ 41.00	✓
	Bootlid Lower Garnish <i>x svt</i>			\$ 398.00	
	Rear Bumper ✓ <i>det</i>			\$ 603.60	✓
	Rear Bumper Reinforcement <i>x svt</i>			\$ 504.35	X
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x svt</i>	\$	180.00	\$ 360.00	X
	Rear Bumper Side Bracket ✓ <i>dt</i>	\$	(49.00)	\$ (98.00)	✓
	Rear Bumper Clips ✓ <i>new</i>			\$ 22.00	✓
	Rear Bumper Sponge <i>2 torn</i>			\$ 143.40	✓
	Rear Bumper Under Cover ✓ <i>torn</i>			\$ 225.00	✓
	SUB TOTAL			\$ 2,548.55	
	LESS 20%			\$ 509.71	
	DISCOUNTED TOTAL			\$ 2,038.84	
	Boot Lid Comfort Logo & Tel No. Sticker <i>new</i>			\$ 30.00	Nett ✓ 10%
	Rear Bumper Reverse Sensor <i>shut</i>			\$ 135.70	Nett ✓ 10%
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00	Nett ✓
	Rear Bumper Advertisement Logo <i>new</i>			\$ 50.00	Nett ✓
	Rear Fender Advertisement Logo (LH/RH) <i>new</i>	\$	100.00	\$ 200.00	Nett ✓
	Not Authorised PIP Repair			\$ 465.70	
	Labour Charge				
	Panel Beating <i>Before Painted Panel</i>			\$ 400.00	✓
	Spray Painting Charge <i>white auto (new)</i>			\$ 400.00	360
	Wiring Charge <i>3 w day</i>			\$ 50.00	15.30
	Remove/Refix Reverse Sensor <i>6/2/2018</i>			\$ 120.00	60
	Tow Charge - FYI			50.00	X
	TOTAL LABOUR			\$ 970.00	
	ESTIMATE TOTAL			\$ 3,474.54	
				3524.54	
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7789H

DATE 6/2/2018

MAKE :

MODEL : HYUNDAI i40

NTUC - CIP

TS

LKE - MACF

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem ✓ <i>new</i>			\$ 27.20
	Boot Lid CRDI Plate ✓ <i>new</i>			\$ 41.00
	Bootlid Moulding ✓ <i>dt.</i>			\$ 85.00
	Bootlid i40 Emblem ✓ <i>new</i>			\$ 41.00
	Bootlid Lower Garnish <i>X SVC</i>			\$ 398.00
	Rear Bumper ✓ <i>det</i>			\$ 603.60
	Rear Bumper Reinforcement new ?			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket ✓ <i>dt's</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips <i>new</i>			\$ 22.00
	Rear Bumper Sponge ✓ <i>new</i>			\$ 143.40
	Rear Bumper Under Cover <i>new</i>			\$ 225.00
	SUB TOTAL			\$ 2,548.55
	LESS 20%			\$ 509.71
	DISCOUNTED TOTAL			\$ 2,038.84
	Boot Lid Comfort Logo & Tel No. Sticker		<i>new</i> \$ —	30.00 Nett
	Rear Bumper Reverse Sensor		new \$ —	135.70 Nett
	Rear Bumper Rubber Mat		<i>new</i> \$ —	50.00 Nett
	Rear Bumper Advertisement Logo		<i>new</i> \$ —	50.00 Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ <i>new</i> 100.00	200.00 Nett ?
				\$ 465.70
	Labour Charge			
	Panel Beating			\$ 400.00 ✓
	Spray Painting Charge			\$ 400.00 360. ✓
	Wiring Charge			\$ 50.00 ✓
	Remove/Refix Reverse Sensor			\$ 120.00 ✓
	Tow Charge - FYI			50.00 X
	TOTAL LABOUR			\$ 970.00
	ESTIMATE TOTAL			\$ 3,474.54

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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.

*Not Authorized
PIP Repair.
Before Paintwork
Whole Auto (new)
3rd day 15:20
6/2/2018*

12/2/18

Our Job Ref No : 305114309
Date : 09/02/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : MA C F


Fax :

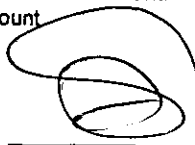
Vehicle Reg No. : SH 7789U Date of Accident : 05-Feb-18

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

1. The repair job shall bill to: NTUC SLT9304S
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,228.09
 - (b) Labour Charges \$1,070.00
 - Total for Part-By-Part Repair Cost \$2,298.09
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 3 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 T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : MA C F
Date : 14/02/2018

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.02.2018

Time: 18:13:08

Page: 1

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

JOB NO : 305114309
REGN NO : SH 7789U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 05.02.2018 23:20
ACCIDENT DATE : 05.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0800-G	BOOTLID EMBLEM-H	(1)	27.20	20.00	21.76
0002 04-01-0103-0787-G	BOOTLID EMBLEM-I40	(1)	41.00	20.00	32.80
0003 04-01-0103-0786-G	BOOTLID EMBLEM-CRDI	(1)	41.00	20.00	32.80
0004 28-01-0103-0005-A	BOOTLID COMFORT STICKER	(1)	20.00	10.00	18.00
0005 28-01-0103-0006-A	BOOTLID 65521111 STICKER	(1)	10.00	10.00	9.00
0006 04-01-0103-0579-G	REAR BUMPER	(1)	603.60	20.00	482.88
0007 04-01-0101-0111-G	REAR BUMPER CLIPS	(10 L)	22.00	20.00	17.60
0008 04-01-0103-0738-G	REAR BUMPER UNDER COVER	(1)	225.00	20.00	180.00
0009 04-01-0103-0739-G	REAR BUMPER SPONGE	(1)	143.40	20.00	114.72
0010 04-01-0103-1150-A	BUMPER PROTECTOR MAT	(1)	50.00		50.00
0011 09-01-9999-0068-A	REVERSE SENSOR	(1)	135.70	10.00	122.13
0012 04-01-0103-0785-G	BOOTLID MOULDING	(1)	85.00	20.00	68.00
0013 04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	(1)	49.00	20.00	39.20

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 08.02.2018

Time: 18:13:08

Page: 2

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

JOB NO : 305114309
REGN NO : SH 7789U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 05.02.2018 23:20
ACCIDENT DATE : 05.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0014 04-01-0103-0907-G REAR BUMPER SIDE BRKT LH 1 49.00 20.00 39.20

SUB-TOTAL : 1,228.09

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 L	R/I REVERSE SENSOR	60.00
0003 20-05	Rear Bumper Adv.Sticker	50.00
0004 20-05	Rear Fender Adv.Sticker RH/LH	200.00

SUB-TOTAL : 1,070.00

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE


Date: 08.02.2018
Time: 18:13:08
Page: 3

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

JOB NO : 305114309
REGN NO : SH 7789U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 12.05.2016
DATE/TIME IN : 05.02.2018 23:20
ACCIDENT DATE : 05.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT



TOTAL : 2,298.09

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :


**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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

Thatcham *escribe*

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002420/M1vbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 02-03-2018	
		Code: INC4	
1. Policy Particulars: THIRD PARTY CLAIM			
Insured Veh.	SLT 9304S	Veh. Inspected	SH 7789U
Policy No.	5085942280-01	Coverage (\$)	0.00
Claim No.	MT/0983349-001	Excess (\$)	0.00
Assign From		Assign Date	06/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087921	Colour	BLUE
Odometer	160893	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 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	05/02/2018	Inspection Date	06/02/2018
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:		3 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. SH 7789U

Qty	Description of Parts	Condition	Estimated By Workshop (\$)	Subsidized (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID 'H' EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	DENTED	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	SERVICEABLE	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	DISTORTED	98.00	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	TORN	225.00	225.00
	LESS 20% DISCOUNT		-509.71	-257.24
			2,038.84	1,028.96
<u>NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		570.00	460.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00

Report Ref No. NS/INC18002420/M1vbe2



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	Estimated By Workmanship	Est. Amount (\$)
	TOW CHARGE - FYI.	NOT NECESSARY	50.00	-
			1,020.00	820.00
GRAND TOTAL			3,524.54	2,298.09

RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,298.09
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Report Ref No. NS/INC18002420/M1vbe2

MA CHIN FOOK

Automotive Assessor

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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