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Policy Condit	tier		R:			
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repair	r at the time of inspection.	TOYO	Olyoko sr	$\mathcal{V}$	reaffate	
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GA PP 366			· · ·	<u>~~</u>	1/1/20	ν.Ω
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CA / REV :	) REP. 1 24 HRS	Desid Hide IN/OUT	fDamages Ft R	iaar OS N OCREA	S 1 U10 + Roofto; <b>Q</b>	D 01
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Survey Department Check List (Case Handler)

Reference No.: NS INC 1800 2421 MINE

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

<u>dmin</u>	( ): Case handler to make sure all Info	ormation created	by the assi	gnment tea	m are A
L) Offic	e Assign Form	Y-Date		Y-Date	N-Date
С	Reference No.	~			
С	Customer Code				
. N	Assign From				
С	Assign Date	~			
С	Veh No (Inspected)	~			
С	Veh No (Insured)	~			
С	D.O.A	~			
С	Policy No	~			
C	Claim No	~			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	~			
C	Weekend Charges				
N	Survey held at/Repairer	~			
С	Excess				
<u>νeγ</u> Assig C	or ( ): Case handler to make sure symment Form Vehicle No			, required t	
		<u>~</u>	<b></b>		
C	Regn Month/Year	V			
N	Vehicle Type	~	<b></b>		
N	Make & Model				
C	Engine Capacity. (C.C)	-		<u> </u>	
N	Colour (Ca Boading)				
C	Odometer. (Sp.Reading)		ļ		
C	Chassis No General Condition				
N N	Steering	<u> </u>			
N	Brake	<u> </u>			
N	Modification (Modi)	- <u>~</u>		-	
C	Tyre Size				
N	Tyre Make				
Ç	Tyre Balance	7			
c	Date of Inspection			<u>-</u> .	
N	Survey held	~			
N	Des. of Damages	~		h	
			<u> </u>		
	em - (Views/Merimen)		<del></del>		
С	Damaged Vehicle Photographs Uploaded				
) Wor	kshop Estimate/Assignment Form				
N	ALL Parts condition				
C	Market Value for OD cases				
С	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	<u> </u>			
С	Finalised Amount				

Check By: VERON >>> 18

Case Handler Date

Re-inspection Cases to Finalize within 5 Days

(4) System - (Views/Merimen)

Resurvey photo Uploaded

C



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315



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יטדאו	C INCOME INSUI	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1800242	21/M1vb
t .		AD UNION HOUSESINGAPORE	Date:	06-02-2018	
			Code:	INC4	
1		Policy Particulars	:-THIR	D PARTY CLAIM	
	Insured Veh.	SJR 750E	Veh. lı	nspected	SH 7825Z
	Policy No.	5081230850-01	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	06/02/2018
2.		Vehicle Partio	culars 8	Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year o	f Reg.	
	Chassis No.		Colou	·	
	Odometer	-	Steeri	ng	<del></del>
	Brakes		Modifi	cation	
	General				-
3. <sub>45</sub> .		Gonditi	on <b>s</b> ∻of∉	「yres₄	
		Size	Make		Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	⊔/H Rear Tyre				mm
4:4		Description	on of Da	mages	
* + -cost		24. 5. 1999			
<b>5.</b>		Genera			
	Accident Date	04/02/2018		tion Date	06/02/2018
	Survey held at		RING PT	ELTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a. 👍		Marin Re	marks		
_ <del></del>	A)THE INSPECTIO	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS	

TP Claims against NTUC Income: Follow-Through Survey

ONS	Income Reference	S/NO Income Reference   Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
-	MT/0980700-002	MT/0980700- 002 SMRT TAXIS PTE LTD	SHC 4745Y	FBK 629E	2/2/2018	16:00	\$7,449.80	\$2,197.53
,	MT/0981297-002	MT/0981297-002 COMFORT TRANSPORTATION PTE LTD	M8779 HS	SKR 9188H	5/2/2018	16:30	\$2,607.04	\$2,103.04
·	MT/0981207-003	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	MT/0983349-001 COMFORT TRANSPORTATION PTE LTD	N6877 HS	SLT 9304S	5/2/2018	23:20	\$3,524.54	\$2,298.09
\ <u>'</u>	MT/0981193-002	MT/0981193-002 COMFORT TRANSPORTATION PTE LTD	SHC 2275A	SJK 7721E	5/2/2018	15:35	\$6,226.34	\$2,400.00
ی ا	MT/0981140-002	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	MT/0982086-002 COMFORT TRANSPORTATION PTE LTD	SH 7929H	XD 6757E	12/2/2018	9:30	\$5,489.80	\$2,537.60
∞	MT/0982270-002	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

<b>eBao</b> Tech								Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601				•	Change La	nguage '	Change Passwo	rd · Log Out
My Desktop	Policy Query								
Notice of Loss	Policy No.				Date of Acc	ident	04/02/	2018 19:43	
	Vehicle No.(For Motor)	SJR750E					<b>\_</b>		
					SEIGIE				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5081230850-01	SIOW JIA RŲI	S7537880G	GPC	drivo PREMIUM	SJR750E	SJR750E	17/06/2017	16/06/2018
				 M					

#### 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 witholding of material facts may allow insurance companies to
- 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 14:41
Date Of Accident	04/02/2018 14:30
Exact Location Of Accident	NEWTON CIRCUS X BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH7825Z	

Insured/Policyholder

COMFORT TRANSPORTATION PTE LTD Name Of Registered Owner

199303821R Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG **Email Address** 

Mobile Phone No

OFFICE-65508768 Alternative Phone No

**Vehicle Particulars** 

MERCEDES-BENZ Manufacturer

**MERC** Model

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

THIRD PARTY If No. Please state action to be taken

TAXI Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 **Policy Number** 

Cover Note Number

Driver

WONG SHI XIAN Name of Driver

S8529523C NRIC No 06/09/1985 Date Of Birth **OUTDOOR** Occupation 15/01/2004 **Date Of Driving Pass** 

**Driving Experience** 14 YEARS AND 0 MONTHS

**MALE** Gender

Mobile Number

Fax Number

Contact Number

SHIXIAN1985@YAHOO.COM.SG **EMail Address** 

Address

524 10-50 SERANGOON NORTH AVENUE 4

Postcode

550524

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YEŞ NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: FEMALE

**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 POLICE REPORT.

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 Vehicle Make/Model/Colour

SJR750E

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1					
Name	WONG SHI XIAN				
Approximate Age	33				
Injuries Sustain	NECK,SHOULDER				
Injured person in which vehicle?	SH7825Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					
Postcode					

100
SKETCH PLAN
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
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14/00 10 110 \$500 10000 100 10
Refer to PPREPOST 1/2018 0005/0040- Take sustained aamres on the RH Side Near in Unding RH Side Near wheel so well.
The On the and Namer on Dr. PH Sale News
Jan sustained humings on the Kill state coop
in the dang RH Site Kear notice as well.
The fact of the second
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·
DECLARATION
I/We declare the foregoing particulars are true in every respect.
ax/02/18 · //
COMFORT TRANSPORTATION PLE LA TO
Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name:





Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No.	T/20180205/2040
<i>ァ</i> -	

1 of 3

# REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made:

05/02/2018 11:01			<u> </u>	23	
Informa	nt's Particu	ilars 🕶 💮 💎	e a succession con concession	to a second to the second to the second	
Name of Informant: WONG SHI XIAN			Address: APT BLK 524 SERANGOON NORTH AVENUE 4 #10-50 SINGAPORE 550524		
ID Type NRIC NO	/ ID No.: ) / S852952	23C	Contact No.: Home/Office:	Mobile: 91018798	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 32	Date of Birth: 06/09/1985	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat Taxi driv			Driving Licence Information: Class: 3,4,5	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2018 14:30	Type of Location Roundabout
Location: Along Road 1 NEWTON CII			A	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	··	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ring Vehicles - Head	d To Rear	;	Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Type	Make **	Model	Color	Condition	No of Passenger	
SH7825Z	Car	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	2	
SJR750E	Car	NISSAN	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R	Purple	Slightly Damaged	0 .	





2 of 3

Report No. T/20180205/2040

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Tel No: 1800-5852999

CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No		<del></del>			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	Colorado de Co		50 A 60 A 50			005005000
Name	WONG SHI XIAN			ID No.		S8529523C
Related Vehicle	SH7825Z (Car)			Conta	ct No.	91018798
Hospital/Clinic	WYTEH FAMILY CLINIC AND SURGERY			Class Drivin Licent Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/02/2018		Date Disc	<del></del>	NIL	
No. of Days granted Medical Leave 03		Degree of	Injury	Sligh	t	

## Brief Details.

On 04/02/2018 at about 1430hrs, while I was driving on the outermost left lane along Newtown Circus roundabout; I encountered a collision with SJR750E.

I had fetched 2 passengers from Changi Airport and was heading to Evelyn Rd to drop them off. While I was on driving along the roundabout, SJR750E which was on the right side of my vehicle had attempted to exit the roundabout. As a result, SJR750E collided onto the rear right side of my vehicle. Due to the accident my vehicle's rear right bumper and body had been dented and obtained scratches. I was also slightly injured due to the collision. I had visited the doctor as I felt neck and shoulder strain. After the collision, the driver of SJR750E and I checked our respective vehicles and snapped pictures of the damages. However, I did not exchange and particulars with the driver.

I am lodging this report for my company's actions.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

3 of 3 Report No. T/20180205/2040

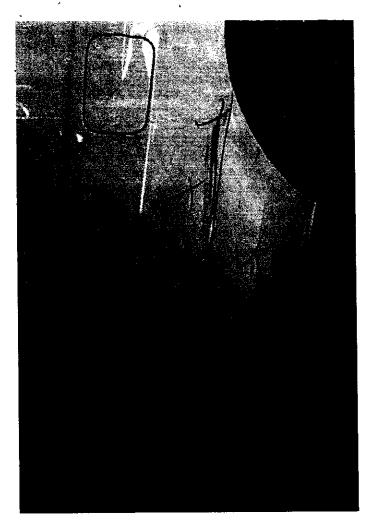
CONTINUATION OF REPORT

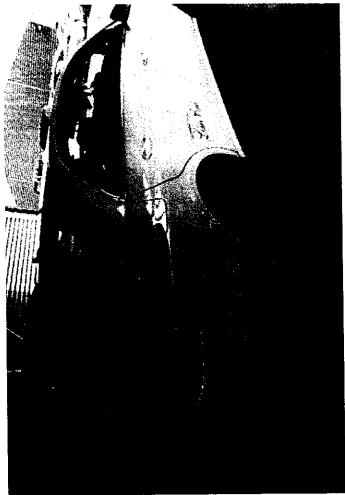
## Sketch Plan

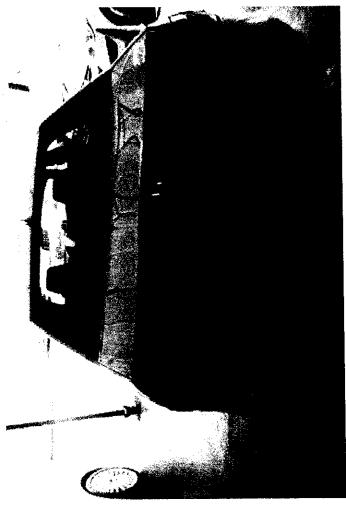
Informant is not able to provide sketch plan

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.

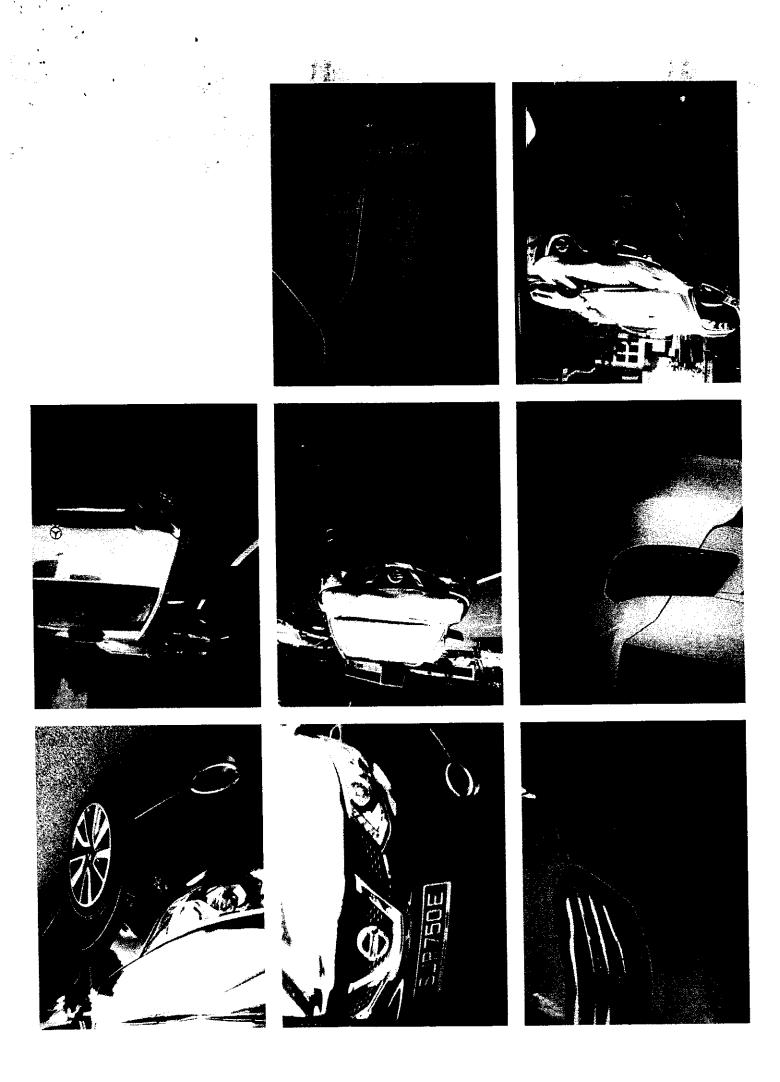
Signature Of Officer Recording The Report: G / Sgt 1 S NANDHINI DEVI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2018 11:01
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU Contact No.: 65476151	Classification Of Case:











# MFORTDELGRO

a member of COMFORTDELGRO

# ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Maintine + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

58 Loyang Drice Singapore 508989 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoks Loop Singapore 758156 7 Sungei Kadut Way Singapore 726791 6 Defu Avenue 1 Singapore 539537

Date/Time: 3205 802 920188615:32

Page:

JC NO.305113934 JOB CARD Sales Order: 3802317 ARC Repair TP(CLSO)1 eam: REGN NO 7825Z MILEAGE TÖMER COMFORT TRANSPORTATION PTE LTD **FUEL VIS** MERCEDES BENZ 7010045 TOMER NO. 383 SIN MING DRIVE MODEL E220CDI (E6) RESS 05 Singapore SINGAPORE 575717 65508755 TARGET DATE YR OF MANUS. 2015 (R) (P) COMPLETION DATE/TIME: CHASSIS CODE 20012B175085 SOUNT CARD NO. JOB DESCRIPTION geident Date: 04.02.2018 福石製製品: 3P 04.02.18/B-LABOR CODE ECKED & PASSED OUT BY: CUSTOMER'S SIGNATURE SERVICE ADVISOR Exit Pass owledgement Slip Vehicle No.: o.: SH 7825Z FZ NTUC SH 7825Z le No.:

Name of Service Advisor

To be kept by Security Guard

Signature/Date

e of Service Advisor

returned to Service Reception upon collection

Date

# · COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

REPAIR ESTIMATE\*

VEHICLE NO: SH 7825Z

MAKE:

MODEL: MERCEDES BENZ

RIGHT REAR

ONLY

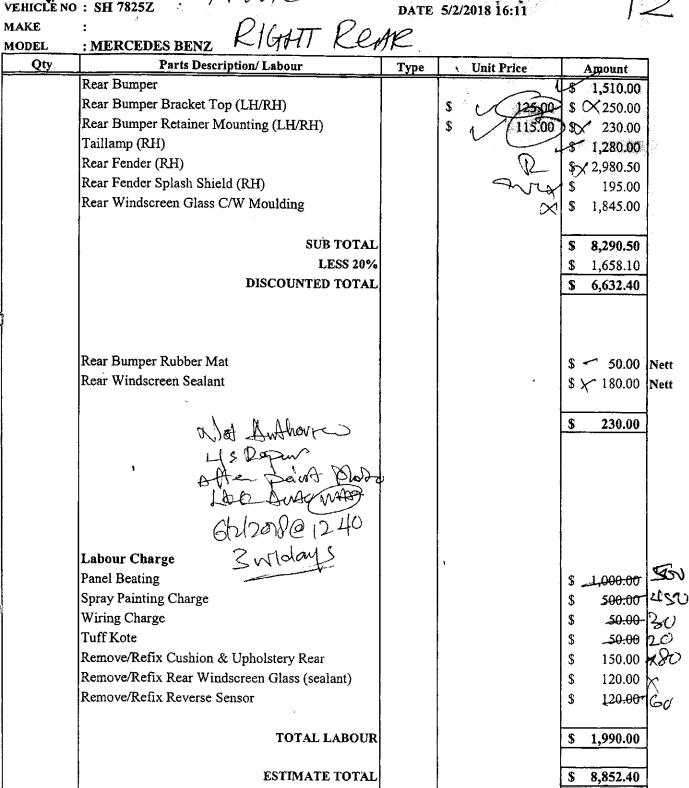
MERCEDES BENZ

MODEL	Parts Description/Labour	Tymes	Unit Price	Amount	
Qty	Rear Bumper det	Туре	Omit Frice	# 1,510.00	
		D NO	\$ 125,00	\$ 1,310.00 \$ \times 250.00	
	Rear Bumper Bracket Top (LH/RH) **SOVC (Rear Bumper Retainer Mounting (LH/RH) **SOV	000	\$ 115.00	.1	
			(115.00	\$ 230.00	
	Taillamp (RH)		<u> </u>	\$ 1,280.00	
	Rear Fender (RH) Q			\$ 2,980.50	
	Rear Fender Splash Shield (RH)		- Just	\$ 195.00	
	Rear Windscreen Glass C/W Moulding		$\sim$	\$ 1,845.00	
	SUB TOTAL	,		\$ 8,290.50	
]	LESS 20%	1		\$ 1,658.10	
	DISCOUNTED TOTAL			\$ 6,632.40	
	Rear Bumper Rubber Mat		nec MH	\$ - 50.00	Nett
	Rear Windscreen Sealant		11/11	\$ × 180.00	Nett
	· ·				
	A M Nonce			\$ 230.00	
	Wight PAMAMON (				
	Labour Charge  Panel Reating	b)			
	6/2/2018/0 (240	X			
	Labour Charge Zwidays	E		]	
	Panel Beating			\$ _1,000.00	SON
	Spray Painting Charge			\$ 500.00	497
	Wiring Charge		<b>\</b>	\$ 50.00	211
	Tuff Kote	1,50		\$ _50.00 2	ラU 1 ()
	Remove/Refix Cushion & Upholstery Rear	:		\$ 150.00	_
	Remove/Refix Rear Windscreen Glass (sealant)			\$ 120.00	100 1
	Remove/Refix Reverse Sensor			\$ 120.00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Remove/Remx Reverse Sensor			\$ 1,20,00	60
	TOTAL LABOUR			\$ 1,000,00	
[	TOTAL LABOUR			\$ 1,990.00	
the	Auto Consultants hence notify Repairer of the following:  ESTIMATE TOTAL			\$ 9 952 40	
• To	esurvey before/after spray painting			\$ 8,852.40	
• To	display damaged part(s) during resurvey				
	ars prices are subject to confirmation iid party survey is on a "Without Prejudice" basis				
• No	p llegal modification(s) is allowed				
• Su	upplementary item(s) must be resurveyed <u>and</u> subject to final approval from Insurance Company				
	ndwledged by Repairer				
Sign	aute: I his is an initial estimate based on a visual inspection of the	he above ve	ehicle. The final repair		
	quantum will be prepared after the vehicle is surveyed by	a motor Sui	veyor appointed	}	
	by the insurance company.				

# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\* VEHICLE NO : SH 7825Z

DATE 5/2/2018 16:11



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

Our Job Ref No :		fNo:	305113931			ENGINEERING	
Date : 07.02		07.02.2018		Co 59	ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969		
FINA	ALIZAT	ION FORM				c 6546 8156	
To	÷. —		LKK		Fax :	:	
Attn	:		MA				
Vehi	icle Reg	No. : SH	7825Z		ate of Accident	: 04.02.2018	
The	survey:	and estimates of	f the repairs of the above-me	entioned vehicle	e are as follows	;-	
1.	Ther	epair job shall bi	II to:	NTUC		SJR 750E	
2.	The f	inalized amount	shali be:				
	(a)	Spare Parts af	ter List discount			\$0.00	
	(b)	Labour Charge	es			\$0.00	
		Total for Part	-By-Part Repair Cost			\$0.00	
	(0)	Lumanum Dan	-i- 116 - II 4 1 1				
	(c.)	Total for Lump:	air (if applicable) sum repair cost after Less: m Repair cost	_20	%	\$2,900.00	
<b>4</b> . <b>5</b> .	We st	ated normal perinal treat the ab king days	ove amount as Correct a	nd Confirmed	working days.  If there is no in the confirm the inalized amount	estimates and	
	Signat Name Tel	: FAUZYB		[	Signature : Name : Date :	whet will son!	
	Fax	: 654681	00	<del></del>			
For C	official	Jse Only					
	į.	tem	Amount	Document Attached Yes or No	(Signature)	Remarks	
1. Re	ental Ra	te P/Day		YES			
2. Lo	Loss of Income Paid			N			
	rvey Fe	·					
5. Me	driver, it	ch Fee ees (on behalf applicable)					
Rema	rks:						

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 07.02.2018 Time: 10:34:10

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 **REGN NO** 

305113934

**MILEAGE** 

SH 7825Z 000000000

MAKE

**MERCEDES BENZ** 

MODEL

E220CDI(E6)

DATE OF REGN

28.05.2015

DATE/TIME IN

05.02.2018 11:15

ACCIDENT DATE

04.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

# PART REQUISITION

0001 04-01-0202-2282-G 212VB REAR BUMPER ASSY

0.00 0.00 0.00

0002 04-01-0202-3889-G 212VC RL RAIL OUTSIDE

0.00 0.00 0.00

1

0003 04-01-0202-3988-G 212VB TAIL LAMP ASSY R/H

0.00 0.00 0.00

0004 04-01-0101-0627-A SNTVC PROTECTOR MAT

0.00 0.00 0.00

> SUB-TOTAL : 0.00

JOB NATURE

0000 L

LUMPSUM REPAIR

2900.00

DATE:

SUB-TOTAL : 2,900.00

TOTAL : 2,900.00

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

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





# Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002421/M1vbe2

73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556				02-03-2018		
			Code:	INC4		
	E Junya	Policy Particulars	्रे इस्तानीहर	NEW BATTER		
Insured \	√eh.	SJR 750E	Veh. Ir	nspected	SH 7825Z	
Policy No	0.	5081230850-01	Cover	age (\$)	0.00	
Claim No	).	MT/0981207-003	Exces	s (\$)	0.00	
Assign F	rom		Assig	n Date	06/02/2018	
2		· · · · · · · · · · · · · · · · · · ·	FILE .			
Make & M	/iodel	MERCEDES BENZ E220	c.c		2143	
Engine N	lo.	HIDDEN	Year o	f Reg.	2015	
Chassis	No.	WDD2120012B175085	Colou	<b>7</b>	WHITE	
Odomete	er	422707	Steeri	ng	IN ORDER	
Brakes		IN ORDER	Modifi	cation	SPORTS RIM	
General		GOOD				
S. Commission of the commissio	をいるのが独	ibhosi 😅 😅	ons or	VERE LEE		
		Size	Make		Balance	
R/H Fron	t Tyre	225/55 R16	WEST	LAKE	7 mm	
L/H Fron	t Tyre	225/55 R16	WEST	LAKE	7 mm	
R/H Rear	Tyre	225/55 R16	WEST	LAKE	7 mm	
L/H Rear	_	225/55 R16	WEST		7 mm	
4.		Description	ji je * '			
THE VEHI	CLE SUS	STAINED DAMAGES AT THE O/S	REAR F	PORTION.		
DAMAGES	S SEE DI	ETAILS.				
5.		- Genera	ilino			
Accident	Date	04/02/2018	Inspec	tion Date	06/02/2018	
Survey h	eld at	COMFORTDELGRO ENGINEER	RING PTI	ELTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	斯 / 伊丁登安公		emarks			
A)THE INS	SPECTIO	N WAS CONDUCTED ON A'WIT	HOUT P		D DEDAIDS	

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.

B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Pay Onto 1



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7825Z

Qty.	Description of Ransa			
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	N/S SERVICEABLE / O/S DISTORTED	250.00	125.00
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	N/S SERVICEABLE / O/S DISTORTED	230.00	115.00
1	TAILLAMP (RH)	CUT	1,280.00	1,280.00
1	REAR FENDER (RH)	TO REPAIR	2,980.50	-
1	REAR FENDER SPLASH SHIELD (RH)	SERVICEABLE	195.00	-,
1	REAR WINDSCREEN GLASS C/W MOULDING	SERVICEABLE	1,845.00	-
	LESS 20% DISCOUNT		-1,658.10	-606.00
			6,632.40	2,424.00
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	180.00	-
			230.00	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,440.00	670.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	470.00
			1,990.00	1,140.00
	GRAND TOTAL		8,852.40	3,614.00

RECOMMENDED COSTO SAUMENERADA COMMENSAUMEN COMMENTAL COM

Report Ref No. NS/INC18002421/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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