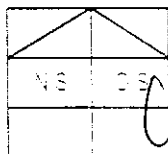


NS/2NC18002447 / mmb2

From: SH 9778m Date: 01 2017.  
 Estimated Cost: Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover  
 CD / TP / WS / TP RES / OD RES / EVA / INV / MV / Truck / Trailer /  
 To inspect vehicle No: Make: HYN SONATA 1685  
 at Workshop No: 0095 CH. Colour: Blue  
 or: 174790  
 Insured: SKR 9788H T-Ratio Insured: Std / No / YA  
 Policy No: 5068352700-02 300417-290418  
 Claims No: MT / 0981297-002  
 Sum Insured: Excess  
 Clients Record  
 Make of Van  
 Policy Condition



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

Body or Market value:  
 DAD Accident Report Consistent? : Yes or No  
 B/A / PP Seen Consistent? : Yes or No  
 Est. Repairs: days Rest: Yes or No  
 LUM Sum % 3 Val: Yes or No

QA / REV / REP. : 24 HRS

Date: Person Contacted: Vehicle IN / OUT

Tyre Size: R: 205/60/R1C  
 BS / DUN / EXNOVA / GY / FS LIZA / MIC / OHTSU / PIR / SUMI  
 TOYO / YOKO or HANKOOK  
 Front: Rear:  
 R.Bal: mm R.Bal: mm  
 L.Bal: mm L.Bal: mm  
 D.O.A: 05/02/18 D.O.A: 6/2/2018  
 Surveyed at:  
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or  
 GS BODY  
 The U/C / Chassis frame / Body Structure affected due to collision

Date: Time: Action / Instruction  
 SH 9778m - 01/01/2018 / 13:00 / 24  
 SKR 9788H

01/01/2018

20/1/18 Ma confirmed - \$ 2103.04 (Red 504, 1990)

22/2/2018.

REC 01/02/2018

Date/Time: Pre Pass: ☐ : Preli. Report  
☐ : Final Report

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

Date/Time: Pre Return:

Survey Fee  
 The cost:

21/2- typist

Add Fee: ☐ : Site visit \$  
☐ : ... \$  
☐ : ... \$  
☐ : ... \$

Report Format:

LUM Sum: 2103.04

160
35
195

## Survey Department Check List (Case Handler)

Reference No.: NS INC 8002447 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/Merlmen)**

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/Merlmen)**

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

Check By: VERON 27/2/18  
 Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/18




# 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/INC18002447/M1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-02-2018	
Code: INC4				
<b>1. Policy Particulars - THIRD PARTY CLAIM</b>				
Insured Veh.	SKR 9188H	Veh. Inspected	SH 9778M	
Policy No.	5068352700-02	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	06/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	05/02/2018	Inspection Date	06/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
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	SMRT 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

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/02/2018 13:33"/>						
Vehicle No.(For Motor)	<input type="text" value="SKR9188H"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5068352700-02	GOH JOO CHEONG	S1374009G	GPC	drive CLASSIC	SKR9188H	SKR9188H	30/04/2017	29/04/2018
<input type="button" value="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 11:51
Date Of Accident	05/02/2018 16:30
Exact Location Of Accident	JLN ANAK BUKIT TWDS PIE TURNING TO CLEMENTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9778M
<b>Insured/Policyholder</b>	
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	LOH KAM MENG
NRIC No	S0239121Z
Date Of Birth	07/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1972
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KAMMENG.LOH@GMAIL.COM

Address	25 PRINCESS OF WALES ROAD
Postcode	266926
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	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?	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)	1

#### 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)

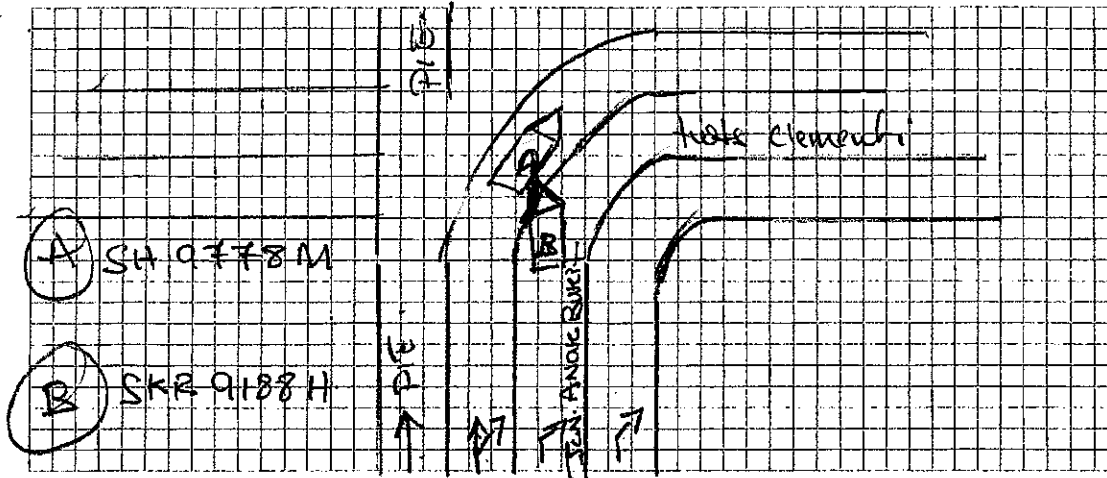
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR9188H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JOO CHEONG
NRIC/Passport Number	S1374009G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 5 FEB 2018 @ 16.30hr I

veh A was waiting at the Anac River

traffic lights. I veh A from third lane

turning to my right turns Clements. Suddenly

veh B 2nd lane hit veh A Right Rear.

crossing veh A lane. at the point of

accident veh A no passengers.

## 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.:



**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. 199301821R

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.:

COMFORT  
ENGINEERING

NTUC  
LKK

Member of COMFORTDELGRQ

Date/Time: 06.02.2018 14:17 Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO.305114308

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

REGN NO: SH 9778M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.02.2018 09:40
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE KMHLE41UMHU098201	COMPLETION DATE/TIME:

(R) (O)  
(P)

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.02.2018  
ATURE: 3P 05.02.18

NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SH 9778M LIMTS

Vehicle No.: SH 9778M

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SH 9778M

DATE 6/2/2018

MAKE :

MODEL : HYUNDAI i40

NTUC - CP(P)

IS

LKK - MACF

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper		<del>def</del>	\$ 603.60
	Rear Bumper Clips 10 pcs		<del>uc</del>	\$ 22.00
	Rear Wheel Hup-Cap (RH)		<del>ag</del>	\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 776.30</b>
	<b>LESS 20%</b>			<b>\$ 155.26</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 621.04</b>
	Rear Bumper Rubber Mat		<del>uc</del>	\$ 50.00
	Rear Door Comfortdelgro & Apps Sticker (RH)		<del>uc</del>	\$ 80.00
	Rear Tyre (RH)		<del>sw</del>	\$ 216.00
				<b>\$ 346.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 600.00
	Spray Painting Charge			\$ 800.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,640.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,607.04</b>
<div> <p>LKK Auto Consultants hereby warrant the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
<p>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.</p>				

Nett  
Nett 10%  
Nett

500  
720  
60  
80

Not Authorised  
PIP Repair  
Before paint job  
LKK Auto cars  
3w days @ 1600hrs  
6/2/2018

12/2/18

## COMFORTDELGRO ENGINEERING

Our Job Ref No : 305114308

Date : 09/02/18

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : M A C F

Vehicle Reg No. : SH 9778M

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 — SKR9188H

2. The finalized amount shall be:

(a) Spare Parts after List discount \$743.04

(b) Labour Charges \$1,360.00

Total for Part-By-Part Repair Cost \$2,103.04

(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 : M A C F

Date : 20/2/2018

### 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

Date: 08.02.2018

## REPAIR ESTIMATE

Time: 18:11:37

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 : 305114308  
REGN NO : SH 9778M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 06.02.2018 09:40  
ACCIDENT DATE : 05.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0003 04-01-0103-0658-G	REAR WHEEL CAP RH	1	150.70	20.00	120.56
0004 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00		50.00
0005 28-01-0103-2013-A	REAR DOOR APPS STICKER RH	1	80.00	10.00	72.00

SUB-TOTAL : 743.04

## JOB NATURE

0000 L	PANEL BEATING	500.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	720.00
0002 L	R/I REVERSE SENSOR	60.00
0003 L	WHEEL ALIGNMENT	80.00

SUB-TOTAL : 1,360.00

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.02.2018

## REPAIR ESTIMATE

Time: 18:11:37

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 : 305114308  
REGN NO : SH 9778M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 06.02.2018 09:40  
ACCIDENT DATE : 05.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,103.04

  
\_\_\_\_\_  
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/INC18002447/M1vbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-03-2018	
Code: INC4				
<b>1. Policy Particulars : THIRD PARTY CLAIM</b>				
Insured Veh.	SKR 9188H	Veh. Inspected	SH 9778M	
Policy No.	5068352700-02	Coverage (\$)	0.00	
Claim No.	MT/0981297-002	Excess (\$)	0.00	
Assign From		Assign Date	06/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU098201	Colour	BLUE	
Odometer	174790	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	8 mm	
L/H Front Tyre	205/60 R16	HANKOOK	8 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	8 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/02/2018	Inspection Date	06/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9778M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR WHEEL HUP-CAP (RH)	DISTORTED	150.70	150.70
	LESS 20% DISCOUNT		-155.26	-155.26
			621.04	621.04
<b>NETT ITEMS</b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-	-8.00
			80.00	72.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR TYRE (RH) (SN)	SERVICEABLE	216.00	-
			266.00	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		840.00	640.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		800.00	720.00
			1,640.00	1,360.00
<b>GRAND TOTAL</b>			<b>2,607.04</b>	<b>2,103.04</b>

<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>2,103.04</b>
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Report Ref No. NS/INC18002447/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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