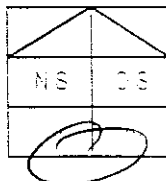


NS/TNC18002455/MMB2

ADULT INSURANCE

Page: _____ Date: _____ Agent: **SHC2275A** Reg: **08 2010.**
 Estimated Cost: _____ Type: MC Car / MC Cycle / Bus / Van / Wagon / Taxi / Prime Mover
OD / TP / WS / TP RES / OD RES / EVA / INV / MV Track / Trailer: _____
 To inspect Vehicle No: _____ Name: **HYN SONA** DOB: **1991.**
 at Work and home: **COBELY** Colour: **Blue** A/C: _____ Insured / Std: NI / NA
 Insured: **SJK 7721E** St: **Reading** **81160** T: Pass / Insured / Std / NI / NA
 Policy No: **5096490886** 09.12.17 - 31.10.18 Eng No: _____
 Claims No: **MT/0981193-002** CNo: **KMHETALVMAA793304**
 Sum Insured: _____ Excess: _____ Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: **F: 815/601216**
 R: _____



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

Ball or Market Value: _____
 DAD Accident Report: _____ Consistent? : Yes or No
 G.A. / P.P. Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Rep: Yes or No
 Sum Sum: _____ \$ 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI
 TOYO / YOKO or **MAXXIS**

Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **05/02/2018** D.O: **6/2/2018**
 Surveyed at: _____
 Des. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction

SHC 2275A - 03/04/2018 13:00
SJK 7721E - 06/04/2018 13:00

03/04/2018
06/04/2018

12/2/18 Ma Confirmed -LS \$2400 (Red 3826.34, 617)

RECEIVED 1 FEB 2018

Date Time File Pass: ☐ : Preli. Report
☐ : Final Report

Days Of Repair: **6**
 Resurvey No. of Trial: **1**

Date Time File Return: _____

27/02 typist

Add Fee: ☐ Site Insp: NS
☐ Night: NS
☐ Test: NS
☐ Lab: NS

Report Format: _____

Sumo Sum: **2400p**

Survey Fee

Transport: _____

Lab Fee: _____

Print: _____

Other: _____

Total: _____

160
35
105

Survey Department Check List (Case Handler)

Reference No. : **NS/ INC/ 8002455/ MMB**
 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** **22/5/19**
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/19



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/INC18002455/M1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-02-2018	
Code: INC4				
1. Policy Particulars : THIRD PARTY CLAIM				
Insured Veh.	SJK 7721E	Veh. Inspected	SHC 2275A	
Policy No.	5096490886	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	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

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096490886	TAN LING LING	S7683729E	GPC	drive CLASSIC	SJK7721E	SJK7721E	09/12/2017	31/10/2018

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 13:48
Date Of Accident	05/02/2018 15:35
Exact Location Of Accident	BKE(PIE) BF BT PANJANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2275A
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	NG HEE HOCK
NRIC No	S7138914F
Date Of Birth	07/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	SIMONNG.EXCEL@YAHOO.COM

Address	308B 14-390 PUNNGOL WALK
Postcode	822308
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	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SJK7721E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LING LING
NRIC/Passport Number	S7683729E
Contact Number	
Address	
Postcode	

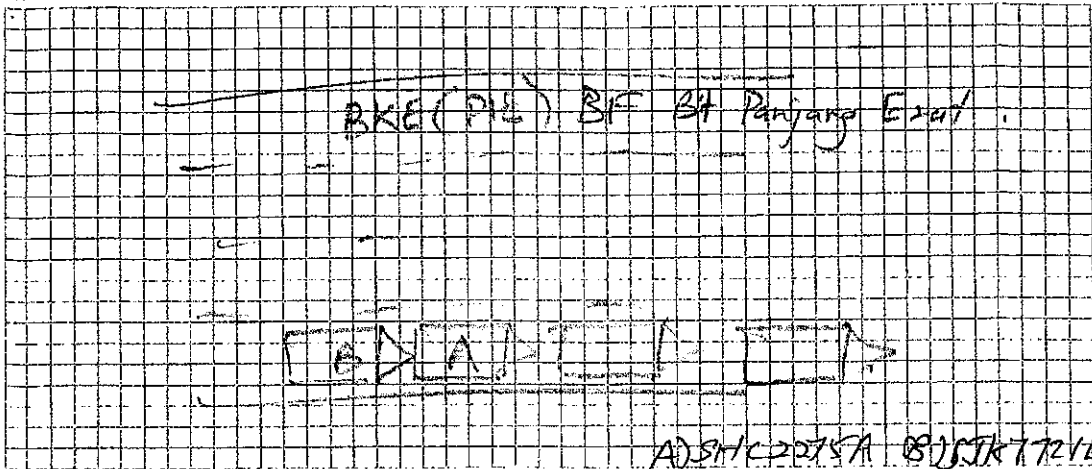
Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 3:35 pm

On the 5th of February, I was driving along BKE towards PIE with 2 passengers. And the vehicle in front put on brake to a slower speed. I also followed to keep a safe distance but suddenly the vehicle in front of me jammed his brake hard and I was shocked and followed. After my vehicle came to a halt. The vehicle SJX 7721E crash on to my back hard. One of my passenger sitting behind (CAB) said his neck hurts. I asked him if he was ok when we reached their destination he said ok. No need to go see doctor.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 199303821R

[Signature] 6/2/18
S R Moorthy
CSO

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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.

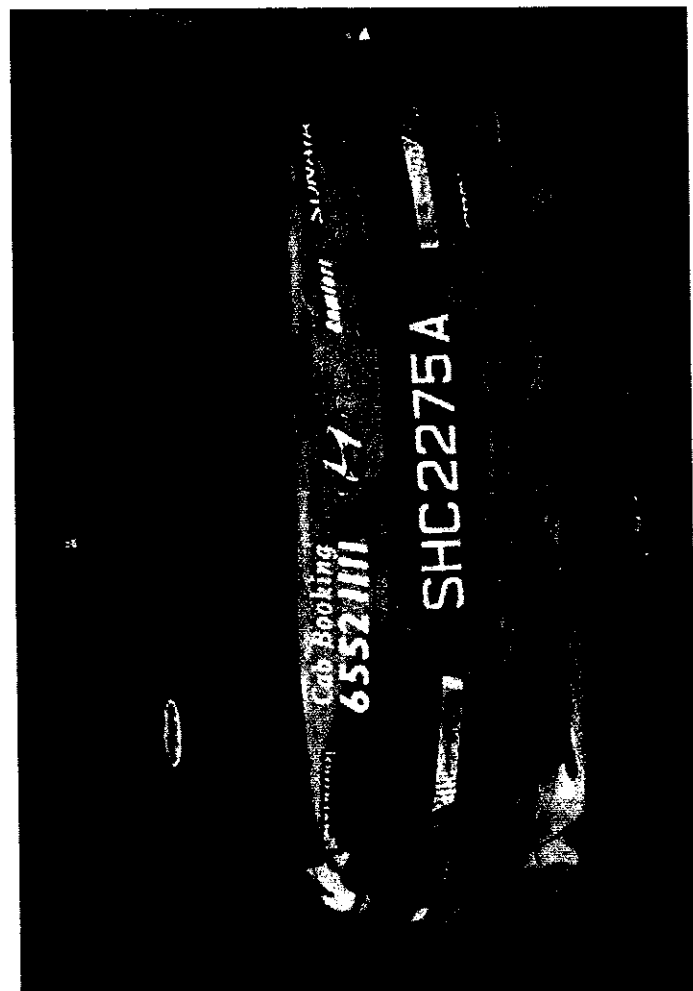
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

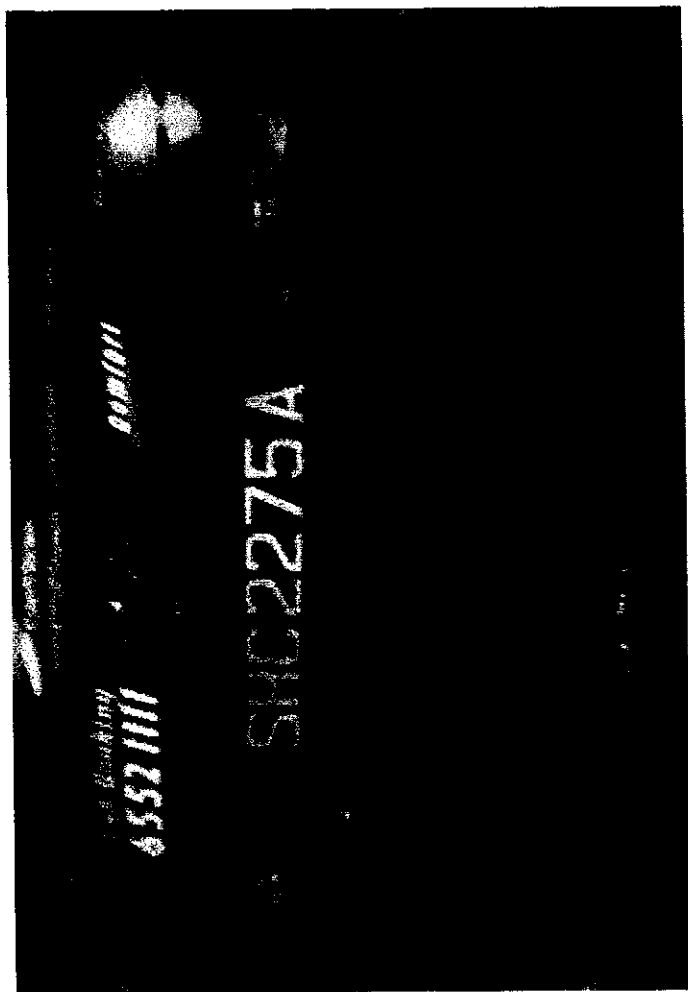
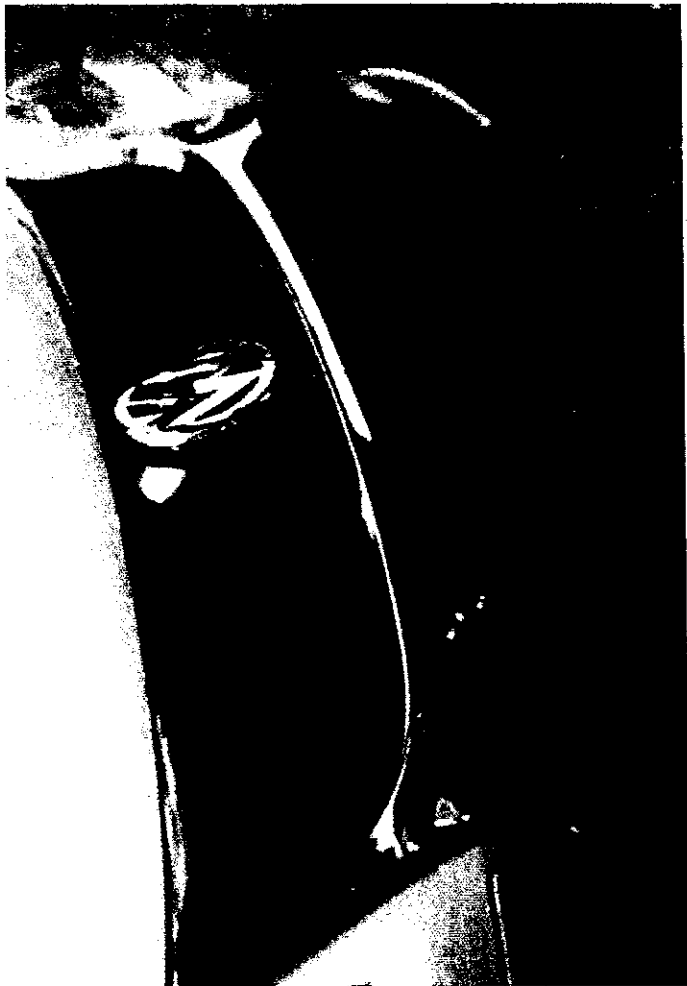
[Signature]
S R Moorthy
CSO
6/2/18

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.:





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 679701

Workshops

501 Loo Lay Drive Singapore 600969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 603208

3201 Sengkang Road Singapore 757001

34 Serangoon Loop Singapore 556773

7 Sungei Kadut Way Singapore 611007

10 Delfi Avenue Singapore 609557

Date/Time: 06.02.2018 14:19

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO. 30511435

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

MR/MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

TEL. (R) (O)

(P)

DISCOUNT CARD NO.

REGN NO

SHC2275A

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....

MODEL

SONATA

05.02.2018 18:2

YR OF MANU

31.08.2010

TARGET DATE

CHASSIS CODE

KMHET41VMAA793304

COMPLETION DATE/

JOB DESCRIPTION

Accident Date: 05.02.2018

NATURE: 3P 05.02.18

S/NO

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Name:

I/C No.:

Vehicle No.:

SHC2275A

JU NTUC LKK

Vehicle No.:

SHC2275A

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2275A

DATE 6/2/2018 11:55

MAKE :

MODEL : HYUNDAI SONATA

NETHC-LKK

Jumani

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid		R x	\$ 1,349.50
	Boot Lid Rubber		S/S	\$ 110.90
	Boot Lid Lock Upper		R x	\$ 132.10
	Boot Lid Lock Lower		R x	\$ 30.30
	Boot Lid Sonata Plate		W x	\$ 43.60
	Boot Lid Hyundai Plate		W x	\$ 24.20
	Boot Lid 'H' Emblem		W x	\$ 26.10
	Boot Lid CRDI Plate		W x	\$ 22.70
	Rear Bumper		Det	\$ 578.40
	Rear Bumper Reinforcement		X	\$ 483.30
	Rear Bumper Clip		W x	\$ 22.00
	Rear Bumper Sponge		X	\$ 137.40
	Rear Bumper Under Cover		Det	\$ 185.80
	Rear Bumper Protector (LH/RH)		\$ 38.00	\$ 76.00
	Rear Panel		W x	\$ 391.80
	Rear Panel Garnish		W x	\$ 95.80
	Spare Tyre Holder		W x	\$ 27.60
	Spare Tyre Panel		W x	\$ 863.00
	Spare Tyre Panel Cushion		W x	\$ 200.30
	SUB TOTAL			\$ 4,800.80
	LESS 20%			\$ 960.16
	DISCOUNTED TOTAL			\$ 3,840.64
	Boot Lid Comfort Logo & Tel No. Sticker		W x	\$ 30.00
	Rear Bumper Reverse Sensor		Det	\$ 135.70
				\$ 165.70
	Labour Charge			
	Panel Beating		720	\$ 1,200.00
	Spray Painting Charge		30	\$ 800.00
	Wiring Charge		40	\$ 50.00
	Tuff Kote		60	\$ 120.00
	Remove/Refix Reverse Sensor			
	TOTAL LABOUR			\$ 2,220.00
	ESTIMATE TOTAL			\$ 6,226.34
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.				

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:

Not Authorised
45 Repair
After paintwork
LKK Auto m/s
6/2/2018 @ 1615
6w/1day

720
30
40
60

over

Nett
Nett

Y

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305114357

Date : 09/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : MA CF

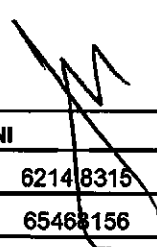
Vehicle Reg No. : SHC2275A


Date of Accident : 05/02/18

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

1. The repair job shall bill to: NTUC — SJK7721E
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,400.00
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 6 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 : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : 
Name : mnel
Date : 12/2/2018

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

REPAIR ESTIMATE*

DATE 6/2/2018 11:55

MODEL : HYUNDAI SONATA

Page 1 of 1

**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/INC18002455/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.	SJK 7721E	Veh. Inspected	SHC 2275A
Policy No.	5096490886	Coverage (\$)	0.00
Claim No.	MT/0981193-002	Excess (\$)	0.00
Assign From		Assign Date	06/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	KMHET41VMAA793304	Colour	BLUE
Odometer	81160	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	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:		6 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. SHC 2275A

Qty	Description of Parts	Condition	Estimated By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR	1,349.50	-
1	BOOT LID RUBBER	DISTORTED	110.90	110.90
1	BOOT LID LOCK UPPER	BENT	132.10	132.10
1	BOOT LID LOCK LOWER	TO REPAIR	30.30	-
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	-
1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	DISTORTED	185.80	185.80
2	REAR BUMPER PROTECTOR (LH/RH) @\$38.00	SERVICEABLE	76.00	-
1	REAR PANEL	BENT	391.80	391.80
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
1	SPARE TYRE HOLDER	SERVICEABLE	27.60	-
1	SPARE TYRE PANEL	TO REPAIR	863.00	-
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	200.30	-
	LESS 20% DISCOUNT		-960.16	-307.52
			3,840.64	1,230.08
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			165.70	165.70
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,370.00	890.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		850.00	760.00
			2,220.00	1,650.00

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GRAND TOTAL		6,226.34	3,045.78
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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,000.00
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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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