

Kalmi

NS/INC 1800 2621 / Klgbn2

ASSIGNMENT

Report No. _____ Date _____

Estimated Cost: _____

CC / TP / WS / TP RES / CC RES / EVA / INV / MV

To inspect Vehicle No. _____

at Workshed no. _____

of _____

Insured SFX 4400E

Policy No. 90914799377 07.10.17 - 06.10.18

Claim No. M1/0981593-002

Sum Insured _____ Excess _____

Client's Record _____

Make of Van _____

Policy Condition _____

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

Sal. or Market Value _____

DAC Accident Report _____ Consistent? : Yes or No _____

DAC RPR Seen _____ Consistent? : Yes or No _____

Est. Repair 5 days Rest: Yes or No _____

Lum. Surv. _____ % 3 Val: Yes or No _____

CA / REV / REP. / 24HRS

Date: _____ Person Contacted: _____ Vehicle IN / OUT



Vehicle SHC 7022E Date 4 Mar 2016

Type M/Car / M/Cycle / Bus / Van / Lorry 6 / Prime Mover

Truck / Trailer or _____

Make Hyundai 240 cc 1685

Colour Yellow A/C 0 Std. M / N4

So Reading 353549 T-Ratio 0 Std / N1 / N4

Eng No. _____

Chassis KMHCD414A64083395

Gen. Cond. Good / F 0 Poor / Burnt

Steering Inord 0 / Jammed / Leaked / Burnt or

Brake Inord 0 / Jammed / Leaked / Burnt or

Mod. N1 / SRM / STD 0 / Rm or

Tyre Size 205 / 60 R 16

R. -

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI

TOYO / YOKO or Wet / 16

Front _____ Rear _____

R.Bal. 7 mm L.Bal. 7 mm

D.O.A. 7/2/8 D.O.I. 8/2/8

Survey held at CKE / 604

Des. of Damages: Frt. / Rear / O/S / N/S / U/C / Rooftop or

Rear

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

Date / Time	Action / Instruction	QA / 130417	2nd
	SHC 7022E - CS / FCL17007513 / Hlgbn2		
	SFX 4400E - X		PIP
15/2/8	Cost PIP \$ 6128.15 / 5M.		
	(Red \$ 6591.33, 52%.)		

RECEIVED 27 FEB 2018

Date Time File Recd: ☐ Prel. Report ☐ Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee _____

Add Fee: ☐ Steel Ind. \$ ☐ Tech Ind. \$ ☐ Rep. Ind. \$

Report Format: TP

Lump Sum: 6128.15

160
35
195



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/INC18002621/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFX 4400E	Veh. Inspected	SHC 7022E
Policy No.	5094799377	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/02/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	07/02/2018	Inspection Date	08/02/2018
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.
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Reference No. : NS/INC18002601/K196
Policy Type: OD / TP / TP RES / TL / EVA

SAC for VE

Typist

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

<u>Y-Date</u>	<u>N-Date</u>
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Surveyor (Kelvin): 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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(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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Check By:

Case Handler

Date _____

*C: Critical *N: Non-Critical

21/05/2014

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 19 February 2018 10:28 AM
To: Denise Tay (LKKAUTO)
Subject: REQUEST CLAIM NUMBER

Hi,

Claims created.

With Regards

Samsia
Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, February 19, 2018 9:18 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

TP Claims against NTUC Income: Follow-Through Survey

Date : 19/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative
1	MT/0982304-002	COMFORT TRANSPORTATION PTE LTD	SHC 8020D	GX 3201Y	13/02/2018	08:45	\$ 1,797.20	\$
2	MT/0981593-002	CITYCAB PTE LTD	SHC 7022E	SFX 4400E	07/02/2018	19:40	\$ 12,719.78	\$

Best Regards,
Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

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="07/02/2018 18:28"/>						
Vehicle No.(For Motor)	<input type="text" value="SFX4400E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094799377	POH LIANG MENG	S72093241	GPC	drive CLASSIC	SFX4400E	SFX4400E	07/10/2017	06/10/2018
<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	08/02/2018 09:35
Date Of Accident	07/02/2018 19:40
Exact Location Of Accident	E C P TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7022E
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LEE MENG KWONG
NRIC No	S1103687B
Date Of Birth	28/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 324 BUKIT BATOK STREET 33 #11-31
Postcode	650324
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

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	SFX4400E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SHC7022E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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/mall 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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

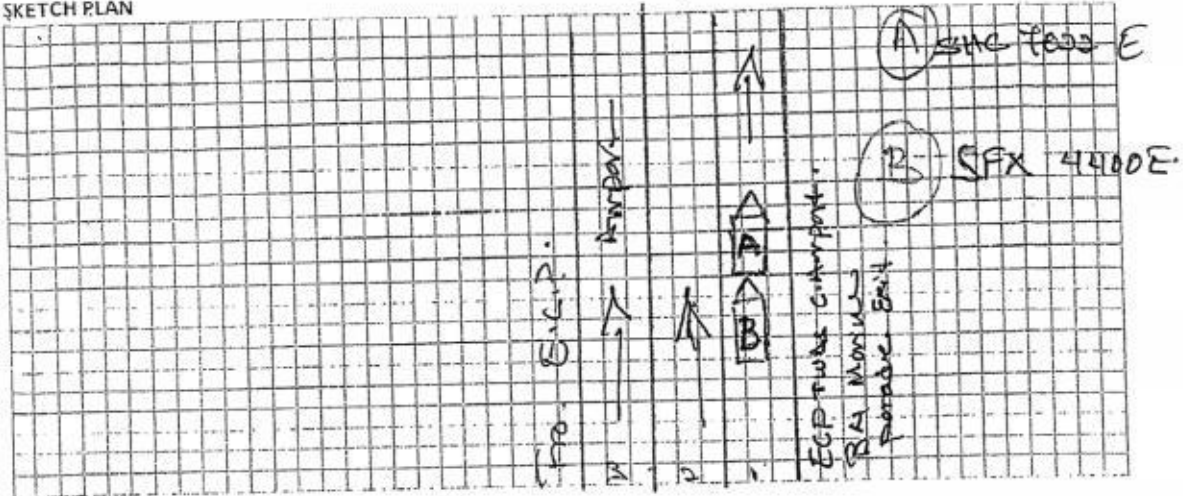
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 7 FEB 2018 @ 19:40 hrs. I veh A
 was driving along E.C.P. Road. Chang Airport
 I veh A was on lane 1 and travel a speed 80km/h.
 Vehicle in front slow down I veh A also
 slow down and stop. Suddenly veh B from
 Rear hit veh. A Rear. @ the point of accident
 I veh A carry a male passenger who injured the back.
 I veh A send him to Hospital. (Raffles)

DECLARATION

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

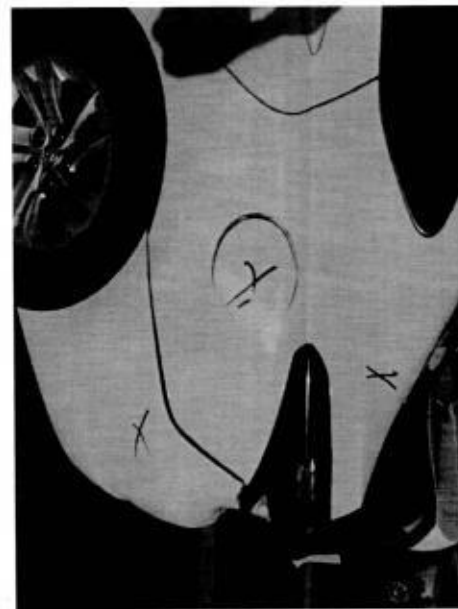
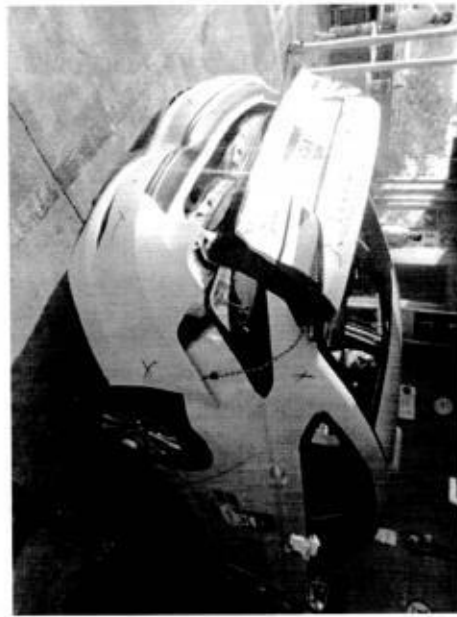
CITYCAB PTE LTD
 CO. REG. NO. 199502839G

Policyholder's Signature
 Date & Time:

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

[Signature] 8/2/18.

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





Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO.305115041

CUSTOMER		REGN NO.	SHC7022E	MILEAGE
CITYCAB PTE LTD		MAKE	HYUNDAI	FUEL
7010070		MODEL	I-40	E.....1/2.....F
CUSTOMER NO.		YR OF MANU.	04.03.2016	DATE/TIME IN
383 SIN MING DRIVE		CHASSIS CODE	KMHLB41UMGU083395	TARGET DATE
Singapore SINGAPORE 575717		COMPLETION DATE/TIME:		
65551188				
L (R)				
(P)				
SCOUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 07.02.2018
NATURE: 3P 07.02.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC7022E		Vehicle No.: SHC7022E	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7022E

DATE 2/8/2018 12:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid — <i>Red</i>			\$ 1,681.40
	Boot Lid Rubber X <i>su</i>			\$ 115.80
	Boot Lid Hinge (LH/RH) — <i>Red</i>		\$ 178.10	\$ 356.20
	Boot Lid Lock Upper X <i>su</i>			\$ 137.90
	Boot Lid Lock Lower X <i>su</i>			\$ 31.70
	Boot Lid 'H' Emblem — <i>acc</i>			\$ 27.20
	Boot Lid CRDI Plate — <i>acc</i>			\$ 41.00
	Boot Lid Lamp (LH/RH) X <i>su</i>		\$ 556.80	\$ 1,113.60
	Licence Lamp (LH) X <i>su</i>		\$ 33.95	\$ 67.90
	Boot Lid Trimboard X <i>su</i>			\$ 172.70
	Boot Lid Trimboard Clips (11pcs) X <i>su</i>			\$ 11.00
	Bootlid Moulding X <i>su</i>			\$ 85.00
	Bootlid i40 Emblem — <i>acc</i>			\$ 41.00
	Bootlid Lower Garnish <i>tray</i>			\$ 398.00
	Rear Bumper — <i>Red</i>			\$ 603.60
	Rear Bumper Reinforcement — <i>acc</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) — <i>Red</i>		\$ 180.00	\$ 360.00
	Rear Bumper Sponge — <i>to</i>			\$ 143.40
	Rear Bumper Under Cover — <i>acc</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH/RH) <i>LH</i> <i>RH</i> X <i>su</i>		\$ 32.00	\$ 64.00
	Rear Bumper Clips 10 pcs — <i>acc</i>			\$ 22.00
	Tail Lamp (LH/RH) X <i>su</i>		\$ 565.60	\$ 1,131.20
	Rear Panel — <i>Red</i>			\$ 592.30
	Rear Panel Garnish X <i>su</i>			\$ 57.70
	Spare Tyre Holder X <i>su</i>			\$ 28.80
	Spare Tyre Panel X <i>su</i>			\$ 900.50
	Spare Tyre Panel Cushion X <i>su</i>			\$ 209.05
	Rear Towing Hook X <i>su</i>			\$ 94.60
	Member Assy- Rear Floor Centre X <i>su</i>			\$ 170.75
	Rear Panel Inner Panel XXXX <i>Red</i>			\$ 495.50
	Exhaust Pipe Insulator X <i>su</i>		\$ 58.55	\$ 117.10
	Exhaust Silencer X <i>su</i>		\$ 954.00	\$ 1,908.00
	Exhaust Pipe Hanger X <i>su</i>		\$ 58.55	\$ 117.10
	Fuel Lid Cover X <i>su</i>			\$ 98.50
	SUB TOTAL			\$ 12,123.85
	LESS 20%			\$ 2,424.77
	DISCOUNTED TOTAL			\$ 9,699.08
	Boot Lid Comfort Logo & Tel No. Sticker — <i>acc</i>		40%	\$ 30.00
	Rear No. Plate — <i>acc</i>		10%	\$ 25.00
	Rear Bumper Reverse Sensor — <i>Red</i>		10%	\$ 135.70
	Rear Bumper Rubber Mat — <i>acc</i>			\$ 50.00
				\$ 240.70

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NT4C

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CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7022E

DATE 2/8/2018 12:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			\$ 1,200.00 800
	Spray Painting Charge			\$ 1,000.00 900
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 50.00 20
	Remove/Refix Reverse Sensor			\$ 120.00 20
	Remove/Refix Exhaust Pipe			\$ 360.00 500 60
	TOTAL LABOUR			\$ 2,780.00
	ESTIMATE TOTAL			\$ 12,719.78
<p>Kalvin CLKK</p> <p>8/2/18 1520hrs</p> <p>5 Days</p> <p>P/P</p> <p>Before Paint photo</p>				
<p>UKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer</p> <p>Signature:</p>				
<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>				

[illegible]

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 13.02.2018

Time: 17:47:18

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305115041
REGN NO : SHC7022E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 07.02.2018 20:45
ACCIDENT DATE : 07.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0577-G	I40VC PANEL ASSY-TRUNK LI	1	1,681.40	20.00	1,345.12
0002	04-01-0103-0713-G	I40VC HINGE ASSY-TRUNK LI	1	178.10	20.00	142.48
0003	04-01-0103-0712-G	I40VC HINGE ASSY-TRUNK LI	1	178.10	20.00	142.48
0004	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1	41.00	20.00	32.80
0005	04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1	27.20	20.00	21.76
0006	04-01-0103-0787-G	I40VC EMBLEM-I40	1	41.00	20.00	32.80
0007	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0008	04-01-0103-0740-G	I40VC BEAM-RR BUMPER#	1	504.35	20.00	403.48
0009	04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1	143.40	20.00	114.72
0010	04-01-0103-0743-G	I40VC STAY-RR BUMPER RH	1	180.00	20.00	144.00
0011	04-01-0103-0742-G	I40VC STAY-RR BUMPER LH	1	180.00	20.00	144.00
0012	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0013	04-01-0103-0696-G	I40VC PANEL ASSY-BACK #	1	592.30	20.00	473.84

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305115041
 REGN NO : SHC7022E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 04.03.2016
 DATE/TIME IN : 07.02.2018 20:45
 ACCIDENT DATE : 07.02.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0103-0780-G I40V2 MT'G CLIP-RR COMBI	1	9.20	20.00	7.36	
0015 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60	
0016 04-01-0103-2159-G I40VC MEMBER ASSY-RR FLOO	1	495.50	20.00	396.40	
0017 04-01-0103-1150-A I40VC PROTECTOR MAT	1	50.00	2.00-	50.00	
0018 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS	1	135.70	10.00	122.13	
0019 28-01-0103-0010-A (I40)REAR BOOT TEL NUMBER	1	15.00	10.00	13.50	
0020 28-01-0103-0009-A (I40)REAR BOOT LOGO CCTPL	1	15.00	10.00	13.50	
0021 FNPS NO PLATE(S)	1 L	25.00	10.00	22.50	
0022 04-01-0103-0907-G I40VC BRKT ASSY-RR BUMPER	1	49.00	20.00	39.20	
0023 04-01-0103-0851-G I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60	

SUB-TOTAL : 4,368.15

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 13.02.2018

Time: 17:47:18

Page: 3

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305115041
REGN NO : SHC7022E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 07.02.2018 20:45
ACCIDENT DATE : 07.02.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING				800.00		
001 23-502	SPRAYPAINT ON AFFECTED AREA				900.00		
0002 17-01	CHECK ALL LIGHTING				20.00		
0003 20-00	TUFF COAT ON AFFECTED PARTS.				20.00		
0004 20-05	REMOVE/RFIX REVERSE SENSOR				20.00		
SUB-TOTAL					:	1,760.00	
TOTAL					:	6,128.15	

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No : 305115041
Date : 14/02/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC7022E 07/02/18

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


1. The repair job shall bill to: NTUC SFX4400E
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$4,368.15
 - (b) Labour Charges \$1,760.00
 - Total for Part-By-Part Repair Cost** \$6,128.15
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


3. Estimated normal period for repairs: 5 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kohn
Date : 15/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham describe

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/INC18002621/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFX 4400E	Veh. Inspected	SHC 7022E
Policy No.	5094799377	Coverage (\$)	0.00
Claim No.	MT/0981593-002	Excess (\$)	0.00
Assign From		Assign Date	08/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU083395	Colour	YELLOW
Odometer	353549	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

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	07/02/2018	Inspection Date	08/02/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7022E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,681.40	1,681.40
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
2	BOOT LID HINGE (LH/RH) @\$178.10	BENT	356.20	356.20
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
2	BOOT LID LAMP (LH/RH) @\$556.80	SERVICEABLE	1,113.60	-
1	LICENCE LAMP (LH)	SERVICEABLE	67.90	-
1	BOOT LID TRIMBOARD	SERVICEABLE	172.70	-
11	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	CRACKED	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	BENT	360.00	360.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CRACKED	225.00	225.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$32.00	N/S CRACKED / O/S SERVICEABLE	64.00	32.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
2	TAIL LAMP (LH/RH) @\$565.60	SERVICEABLE	1,131.20	-
1	REAR PANEL	DENTED	592.30	592.30
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	SPARE TYRE HOLDER	SERVICEABLE	28.80	-
1	SPARE TYRE PANEL	SERVICEABLE	900.50	-
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	209.05	-
1	REAR TOWING HOOK	SERVICEABLE	94.60	-
1	MEMBER ASSY-REAR FLOOR CENTRE	SERVICEABLE	170.75	-

Report Ref No. NS/INC18002621/K1qbn2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR PANEL INNER PANEL	DENTED	495.50	495.50
2	EXHAUST PIPE INSULATOR @\$58.55	SERVICEABLE	117.10	-
2	EXHAUST SILENCER @\$954.00	SERVICEABLE	1,908.00	-
2	EXHAUST PIPE HANGER @\$58.55	SERVICEABLE	117.10	-
1	FUEL LID COVER	TO REPAIR	98.50	-
1	REAR BUMPER SIDE BRAC LH	CRACKED	49.00	49.00
1	TAILLAMP SIDE CLIP	NECESSARY	9.20	9.20
	LESS 20% DISCOUNT		-2,436.41	-1,036.63
			9,745.64	4,146.52
	NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
1	REAR NO PLATE (N)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-19.07
			190.70	171.63
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,730.00	840.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	920.00
			2,780.00	1,760.00
	GRAND TOTAL		12,766.34	6,128.15
RECOMMENDED COST OF REPAIRS (CONFIRMED)				6,128.15

Report Ref No. NS/INC18002621/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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