

Kalvin

NB/INC18002726/Klgbn2

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 CD / TP / WS / TPRES / CDRES / EVA / INV / MY  
 To inspect vehicle No: \_\_\_\_\_  
 at location: \_\_\_\_\_  
 Insured: SIC422IU  
 Policy No: 5096318932 28.11.17 - 07.09.18  
 Claims No: MY/0981742-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Offence Record: \_\_\_\_\_  
 Make of Vehicle: \_\_\_\_\_



Policy Condition: \_\_\_\_\_  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bell on Market Value: \_\_\_\_\_  
 DAD Accident Report: \_\_\_\_\_ Consistent? Yes or No  
 D/A PR Seal: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repairs: 2 days Rep: Yes or No  
 Limb Surg: \_\_\_\_\_ Is: 3 Val: Yes or No  
 D/A / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT

SHB 6696Y - 5 Re 2013  
 Type: M/Cat / M/Cycle / Bus / Van / Lorry - 0 Prime Mover  
 Truck / Trailer or  
 Make: Hyundai Z40 CC: 1685  
 Colour: Blue 4 D: 0 Std: N/A  
 Sp Reading: 376/25 T-Pace: 0 Std: N/A  
 Eng No: \_\_\_\_\_  
 O/C: KM HLD 414MPY 042208  
 Gen Cond: Good / 6 / Poor / Burnt  
 Steering: Inop / 6 / Jammed / Leaked / Burnt or  
 Brake: Inop / 6 / Jammed / Leaked / Burnt or  
 Mod: N/A / SRim / STD 6 / Rim or  
 Tyre Size: FR 205/60 R16  
RR  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUM /  
 TOYO / YOKO or Wet/Re  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal: 7 mm R/Bal: 7 mm  
 L/Bal: 7 mm L/Bal: 7 mm  
 D/OA: 9/2/18 D/O: 9/2/18  
 Survey held at: CDE (Lm)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/O / Roofed or  
Rear O/S -  
 The U/O / Chassis frame / Body Structure affected due to collision.

Date Time Action / Instruction  
SHB 6696Y - Pcs/MH/17021069/Klgbn3 DCA: DI.11.17  
SIC 1722IU - NA / INC18002712/KH DCA: DI.10.18  
12/2/18 C.Ltd 45 \$300/ 2Dy, (Red \$ 2137.18, 88%) INC  
u/s

RECEIVED 27 FEB 2018

Date Time File Reason: 27/2 Incident  
☐ : Prelim. Report  
☐ : Final Report  
 Date Time File Reason: \_\_\_\_\_  
 Days Of Repair: 2  
 Resurvey No. of Trip: 1  
 Add Fee: ☐ Site Fee \$ ☐  
☐ Transport \$ ☐  
☐ Tech Fee \$ ☐  
☐ Recovery \$ ☐  
 Report Format: TP  
 Lump Sum: 300  
 Survey Fee: 160  
 Transport: 35  
 Total: 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/INC18002726/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-02-2018



189556

Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 4221U	Veh. Inspected	SHB 6696Y
Policy No.	5096318932	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/02/2018

## 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	09/02/2018	Inspection Date	09/02/2018
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.
--

# Survey Department Check List (Case Handler)

Reference No.: *NS/INC18007726/Klg6*  
 Policy Type: OD / TP / TP RES / TL / EVA

*SHB 66967*

Case Handler

Typist

**Admin** ( *Cathy* ): 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.	<input checked="" type="checkbox"/>			
C Customer Code	<input checked="" type="checkbox"/>			
N Assign From				
C Assign Date	<input checked="" type="checkbox"/>			
C Veh No (Inspected)	<input checked="" type="checkbox"/>			
C Veh No (Insured)	<input checked="" type="checkbox"/>			
C D.O.A	<input checked="" type="checkbox"/>			
C Policy No	<input checked="" type="checkbox"/>			
C Claim No	<input checked="" type="checkbox"/>			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<input checked="" type="checkbox"/>			
C Weekend Charges				
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess				

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

(1) Assignment Form	Y-Date	N-Date	Y-Date	N-Date
C Vehicle No	<input checked="" type="checkbox"/>			
C Regn Month/Year	<input checked="" type="checkbox"/>			
N Vehicle Type	<input checked="" type="checkbox"/>			
N Make & Model	<input checked="" type="checkbox"/>			
C Engine Capacity. (C.C)	<input checked="" type="checkbox"/>			
N Colour	<input checked="" type="checkbox"/>			
C Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>			
C Chassis No	<input checked="" type="checkbox"/>			
N General Condition	<input checked="" type="checkbox"/>			
N Steering	<input checked="" type="checkbox"/>			
N Brake	<input checked="" type="checkbox"/>			
N Modification (Modi)	<input checked="" type="checkbox"/>			
C Tyre Size	<input checked="" type="checkbox"/>			
N Tyre Make	<input checked="" type="checkbox"/>			
C Tyre Balance	<input checked="" type="checkbox"/>			
C Date of Inspection	<input checked="" type="checkbox"/>			
N Survey held	<input checked="" type="checkbox"/>			
N Des.of Damages	<input checked="" type="checkbox"/>			

## (2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			
--	-------------------------------------	--	--	--

## (3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>			
C Market Value for OD cases				
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C Days of repair	<input checked="" type="checkbox"/>			
C Finalised Amount				
C Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>			
---------------------------	-------------------------------------	--	--	--

Check By: *[Signature]* *28/7/18*  
 Case Handler Date

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

21/05/2014

# TP Claims against NTUC Income: Follow-Through Survey

Date : 09/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0981755-002	CITY CAB PTE LTD	SHA 8200L	XD 8727D	9/2/2018	10:45	\$ 3,200.60
2	MT/0982396-001	COMFORT TRANSPORTATION PTE LTD	SHD 3647Z	SGS 8593U	10/2/2018	14:00	\$ 3,295.25
3	MT/0981948-002	COMFORT TRANSPORTATION PTE LTD	SH 6220A	SJF 3837H	12/2/2018	11:05	\$ 2,411.58
4	MT/0981751-002	COMFORT TRANSPORTATION PTE LTD	SHC 3347U	SJW 4835S	9/2/2018	14:35	\$ 2,139.60
5	MT/0982377-002	COMFORT TRANSPORTATION PTE LTD	SHC 3681D	SLJ 8137S	10/2/2018	19:45	\$ 1,550.48
6	MT/0982406-001	COMFORT TRANSPORTATION PTE LTD	SHC 8886Y	SGZ 2197H	10/2/2018	15:15	\$ 4,760.32
7	MT/0982117-002	COMFORT TRANSPORTATION PTE LTD	SHD 6796G	SLP 9383J	9/2/2018	21:35	\$ 1,310.47
8	MT/0981974-002	COMFORT TRANSPORTATION PTE LTD	SHC 3496Y	FBJ 7434J	9/2/2018	11:45	\$ 3,453.26
9	MT/0981747-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	SLC 4221U	9/2/2018	9:05	\$ 2,437.18
10	MT/0981951-002	COMFORT TRANSPORTATION PTE LTD	SHD 4646U	SJW 3721T	12/2/2018	8:30	\$ 10,845.34

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"/>	5096318932	CARSONRENT	533207598	GPC	drive CLASSIC	SLC4221U	SLC4221U	28/11/2017	07/09/2018

## 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	09/02/2018 11:41
Date Of Accident	09/02/2018 09:05
Exact Location Of Accident	ORANGE GROVE ROAD X ENTRANCE OF ORCHARD HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6696Y
<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	TAN CHEE WEE
NRIC No	S7212304B
Date Of Birth	13/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CWTAN1972@YAHOO.COM.SG

Address	BLK 275A BISHAN STREET 24 #35-120
Postcode	571275
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)	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

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	SLC4221U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA CHIN CHYE
NRIC/Passport Number	S1455859D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	



**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

Lim Ee Soon  
CSO

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.:

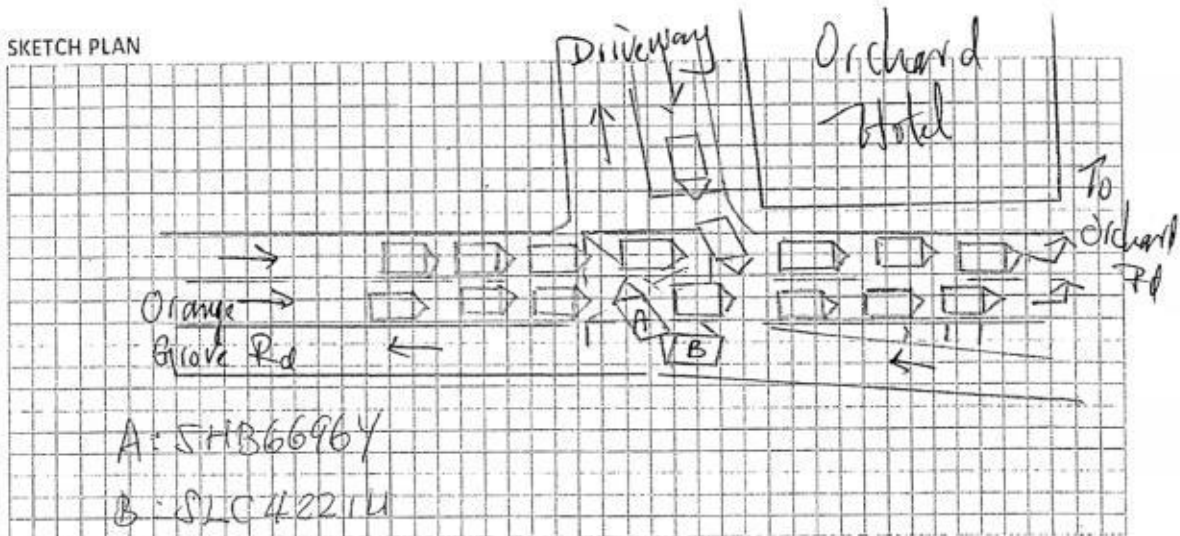
GIA/IRAC SketchPlanForm\_V2

1



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning (9/2/18), as seen in the video footage, while I stopped on Orange Grove Road with the indication on before turning right into entrance of Orchard Hotel. I suddenly felt an impact after car B (SLC4221U) coming from behind, hit into my taxi. The driver of car B told me he could not stop in time on the single lane road. I found damage on the rear right portion of my taxi. I had taken photos at the scene - also passengers in my taxi.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG. NO. 199303821R

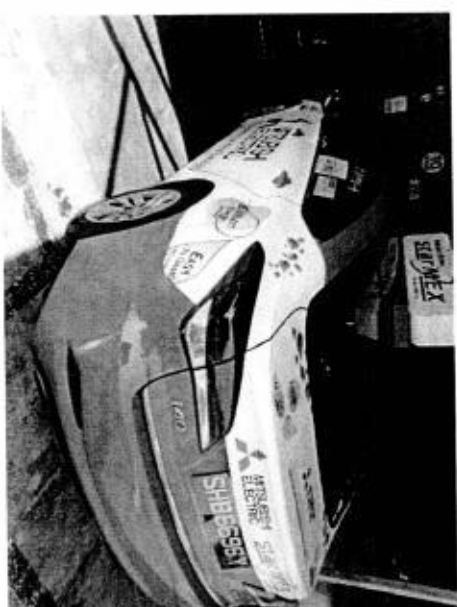
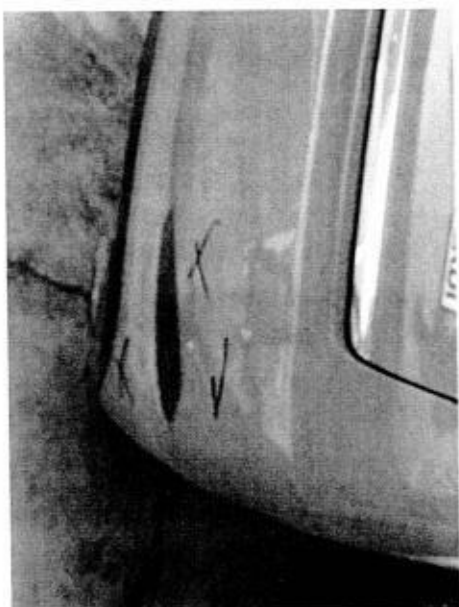
Policyholder's Signature  
Date & Time:

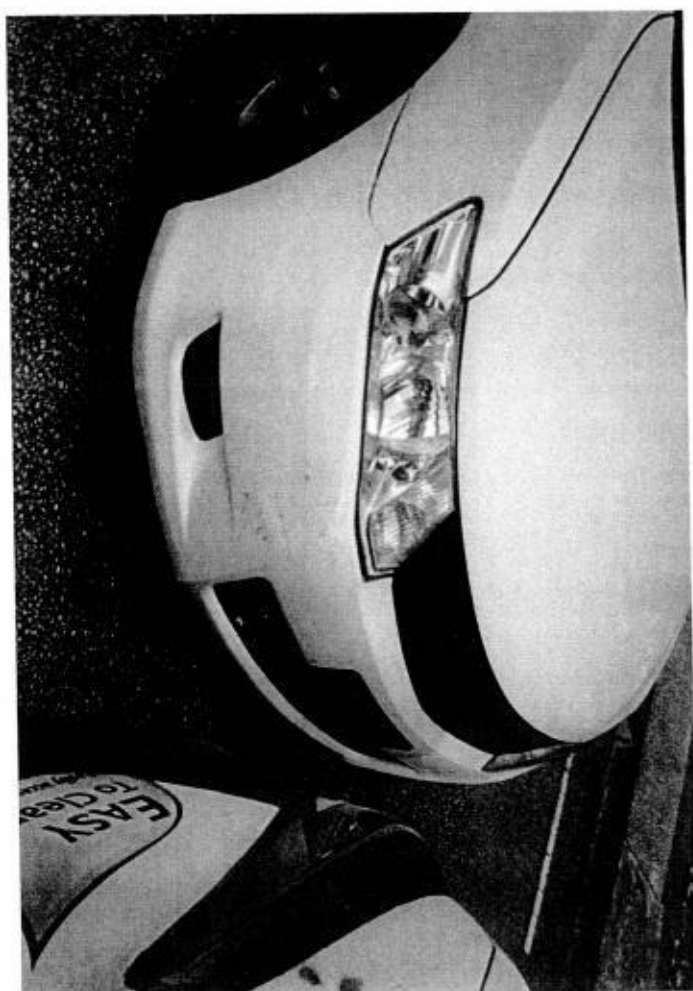
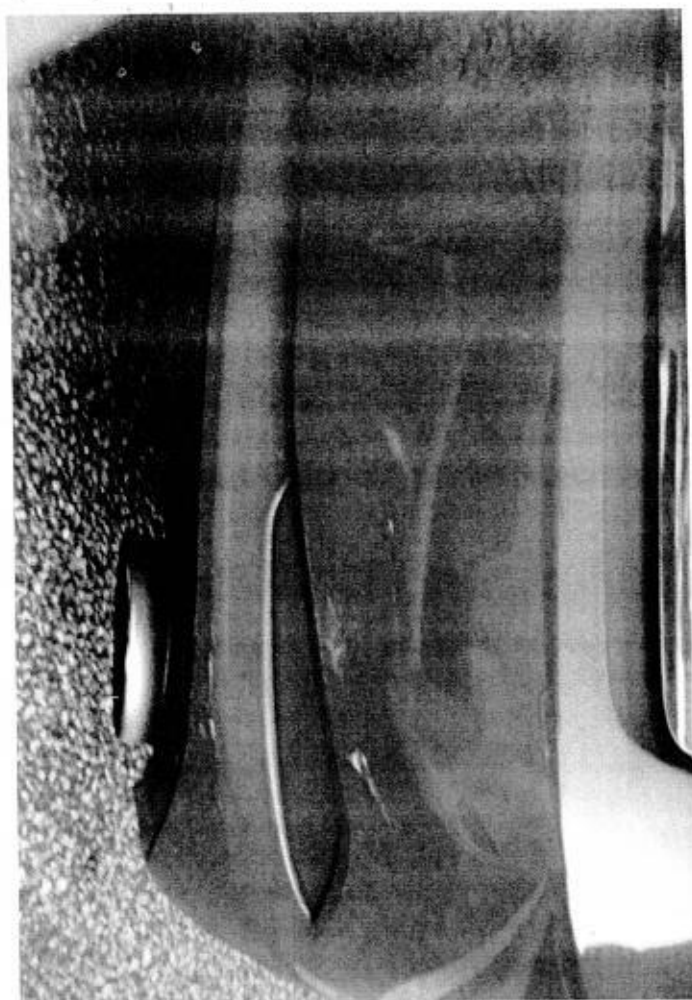
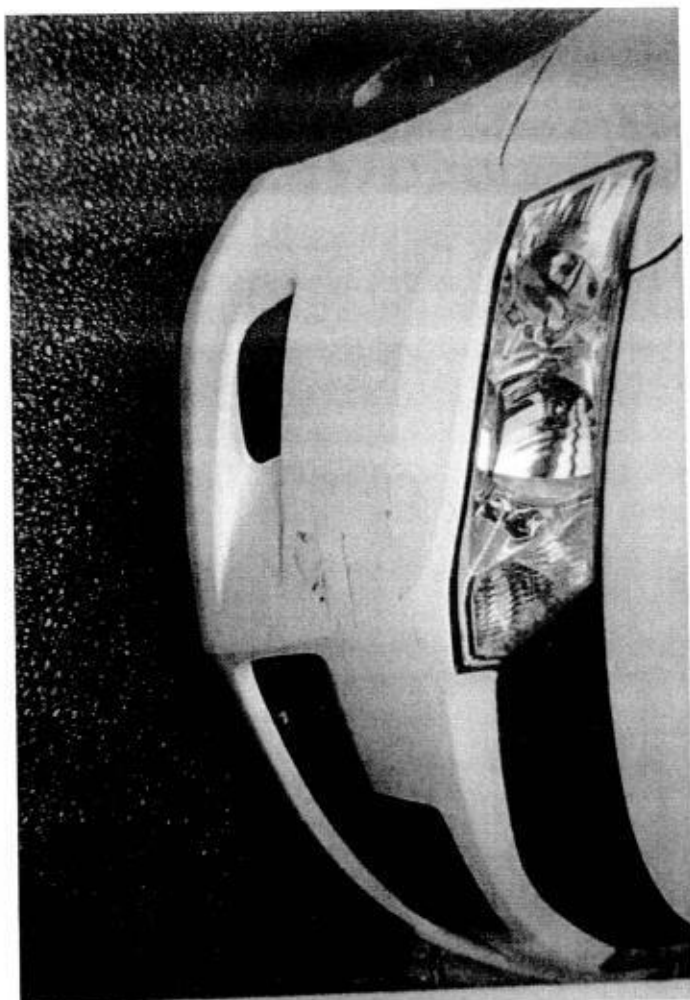
SIARAC SketchPlanForm\_V2

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

Lim Ee Soon  
CSO

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





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3803404 JC NO 305115332

TOMER		REGN NO: SHB6696Y	MILEAGE
VS COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
TOMER NO 7010045		MODEL I-40	E.....1/2.....F
RESS 383 SIN MING DRIVE		YR OF MANU 05.12.2013	DATE/TIME IN 09.02.2018 10:30
Singapore SINGAPORE 575717		CHASSIS CODE KMHLB41UMDU043308	TARGET DATE
65508755 (R) (O)			COMPLETION DATE/TIME:
(P)			

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.02.2018  
NATURE: 3P 09.02.18/B

:/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHB6696Y FZ NTUC LKK

Vehicle No.: SHB6696Y

of Service Advisor Signature/Date Name of Service Advisor Date

eturned to Service Reception upon collection To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHB 6696Y

MAKE :

MODEL : HYUNDAI i40

*NTUC/LKK*  
 DATE 9/2/2018 10:41  
*REAR RIGHT*

*F2*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x rpr</i>			\$ 603.60
	Rear Bumper Reinforcement <i>x</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>x</i>			\$ 49.00
	Rear Bumper Clips <i>x</i>			\$ 22.00
	Rear Bumper Sponge <i>x</i>			\$ 143.40
	Rear Bumper Under Cover <i>x</i>			\$ 225.00
	Rear Bumper Reflector Lamp (RH) <i>x</i>			\$ 32.00
	<b>SUB TOTAL</b>			<b>\$ 1,939.35</b>
	<b>LESS 20%</b>			<b>\$ 387.87</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,551.48</b>
	 <b>Rear Bumper Reverse Sensor</b> <i>s Lbl</i>			<b>\$ 135.70</b> <b>Nett</b>
				<b>\$ 135.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>380.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>130</i>
	Wiring Charge			\$ <del>50.00</del> <i>x</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>x</i>
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,437.18</b>
<p><i>Kalvin LKK</i>  <i>9/2/18 1330h</i>  <i>2 Nov 18</i>  <i>4/5</i>  <i>After first photo</i></p> <div data-bbox="858 1653 1362 2056" data-label="Text"> <p>LKK Auto Consultants hence notify 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              Signature:              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>				



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305115332

Date : 13.02.2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB6696Y

Date of Accident : 09.02.2018

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

1. The repair job shall bill to: NTUC --- SLC4221U
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$0.00
  - Total for Part-By-Part Repair Cost** \$0.00
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$300.00  
**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 13/2/18

### 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 escribe

## 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/INC18002726/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 01-03-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLC 4221U	Veh. Inspected	SHB 6696Y
Policy No.	5096318932	Coverage (\$)	0.00
Claim No.	MT/0981747-002	Excess (\$)	0.00
Assign From		Assign Date	09/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU043308	Colour	BLUE
Odometer	376125	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 O/S PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	09/02/2018	Inspection Date	09/02/2018
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:	2 Working Days
-------------------------------------	----------------



**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6696Y**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR	603.60	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	TO REPAIR	225.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	32.00	-
	LESS 20% DISCOUNT		-387.87	-
			1,551.48	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			135.70	135.70
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	280.00
<b>GRAND TOTAL</b>			<b>2,437.18</b>	<b>415.70</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18002726/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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.