

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / CD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop / MS: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: SH 13247  
 Policy No: 5061852332-03      300517-290518  
 Claims No: M7/0981648-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Van: \_\_\_\_\_  
 (Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
 GLA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: 2 days      Res: Yes or No  
 Lump Sum: \_\_\_\_\_ %      3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT



Van No: SH 1712 L      Reg: 20 Dec 2017  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Tractor / Prime Mover  
 Truck / Trailer or: \_\_\_\_\_  
 Make: Hyundai      140      cc      1685  
 Colour: Blue      A/C: Ins      Std: N/A  
 Sp. Reading: 17854      T-Pedal: Ins      Std: N/A  
 Eng No: \_\_\_\_\_  
 C-No: KAHCB414MH4100045  
 Gen. Cond: Good / 0 / Poor / Burnt  
 Steering: Inord / 0 / Jammed / Leaked / Burnt or  
 Brake: Inord / 0 / Jammed / Leaked / Burnt or  
 Mod: N/A / S/Rim / STD / 0 / Burnt or  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or: Hankook  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bal: 7 mm      R.Bal: 7 mm  
 L.Bal: 7 mm      L.Bal: 7 mm  
 D.O.A: 8/2/18      D.O.A: 9/2/18  
 Survey held at: CPHE (loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S Front  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time      Action / Instruction  
SHC 1701 - 013 / CTU19024431 / Klgashz      DA: 221217      INC  
SHC 13247 - X      PIP  
23/2/18      (Act PIP \$110.40 / 2 days. (Red @ 555.78, 33%.)

RECEIVED 20 FEB 2018

Date/Time: File Pass to? ☐ Prel. Report      Days Of Repair: 2  
28/2 Final ☐ Final Report      Resurvey No. of Trip: 1  
 Date/Time: File Return to? \_\_\_\_\_  
 Add Fee: ☐ Site Insp. \$ \_\_\_\_\_      Survey Fee: 160  
☐ Interview \$ \_\_\_\_\_      Transportation: 35  
☐ Tech. Insp. \$ \_\_\_\_\_      Food: \_\_\_\_\_  
☐ Refreshment \$ \_\_\_\_\_      Other: \_\_\_\_\_  
 Report Format: 7p  
 Lump Sum / I.B. \$: 1130.40  

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/INC18002728/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 10-02-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGH 1324J	Veh. Inspected	SHC 1712L
Policy No.	5061852332-03	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	08/02/2018	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/MVC/1800 7728/K196  
Policy Type: OD / TP / RES / TL / EVA

SHC 1712L

Case Handler

Typist

Admin ( Case ): 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 ( Kevin ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

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)	<input checked="" type="checkbox"/>	
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: Case

Case Handler

Date

24/12/18

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

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SIN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

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 checked="" type="radio"/>	5061852332-03	LEE MENG FONG @ HUNG BOON FONG	S0917561Z	GPC	Third Party, Fire & Theft	SGH1324J	SGH1324J	30/05/2017	29/05/2018

## 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 13:57
Date Of Accident	08/02/2018 15:00
Exact Location Of Accident	NORFOLK ROAD TOWARDS OWEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1712L
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	CHEW KOON CHENG
NRIC No	S1565493G
Date Of Birth	12/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1979
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 40 JALAN RUMAH TINGGI #15-270
Postcode	151040
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?	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	SGH1324J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE MENG FONG
NRIC/Passport Number	S0917561Z
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHEW KOON CHENG
Approximate Age	56
Injuries Sustain	PAINS BEHIND THE BACK AND NECK.
Injured person in which vehicle?	SHC1712L
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/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

Policyholder's Signature  
Date & Time:

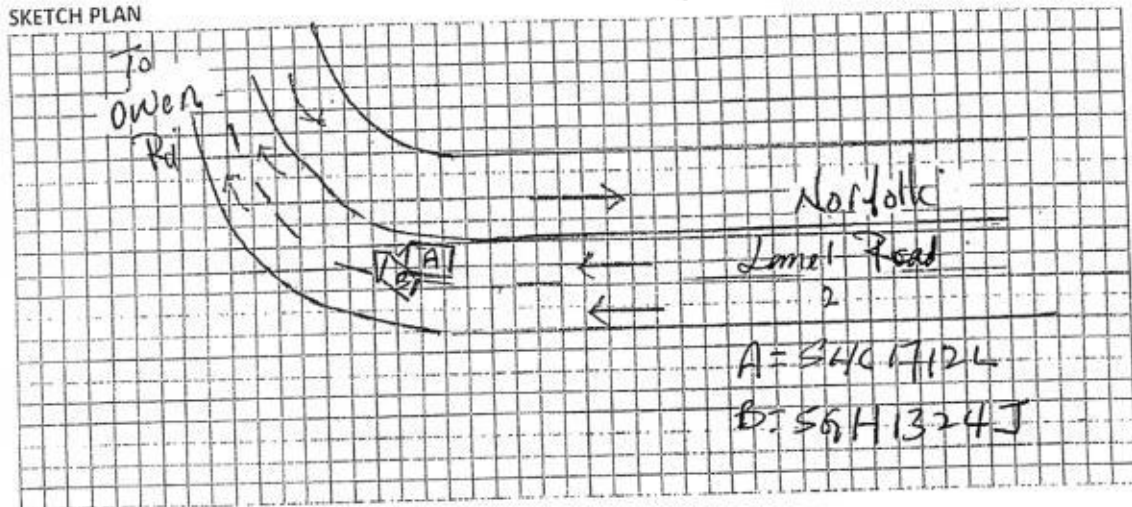
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Lim Ee Soon  
CSO

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

De  
attached

## 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:

Lim Ee Sou  
CSO

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

6/10/14, Sketch-Plan Form\_12

SHC 1712L - ACCIDENT STATEMENT

Yesterday( 8/02/2018) afternoon, I travelled on Norfolk Road after turning out from Thomson Road. I was on the way to Own Road with a male passenger on board my taxi.

It was light traffic and I drove at normal speed on lane 1 of the 2-lane Road.

As I was nearing Own Road, I focused my attention ahead of the bend when car B(SGH 1324J) suddenly hit into my taxi amid swerving to my path from lane 2.

I did not clearly sight the signal of car B as I was focusing my attention on negotiating the bend when car B bluntly cut into my path without keeping a proper lookout.

The impact damaged the left front of my taxi while the right rear to car B sustained dents.

The driver of car B was an elderly male Chinese.

The occurrence of the accident was captured in the video clip.

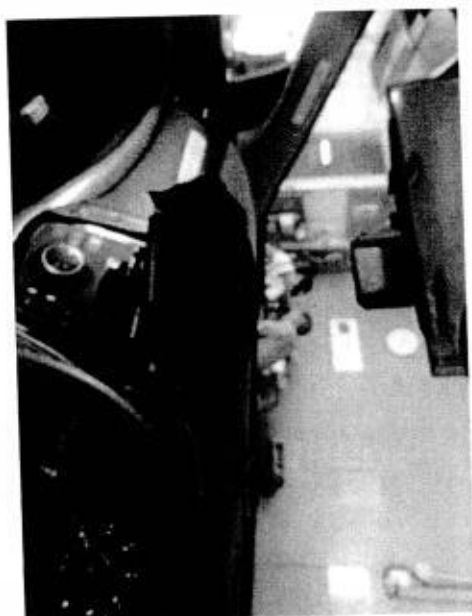
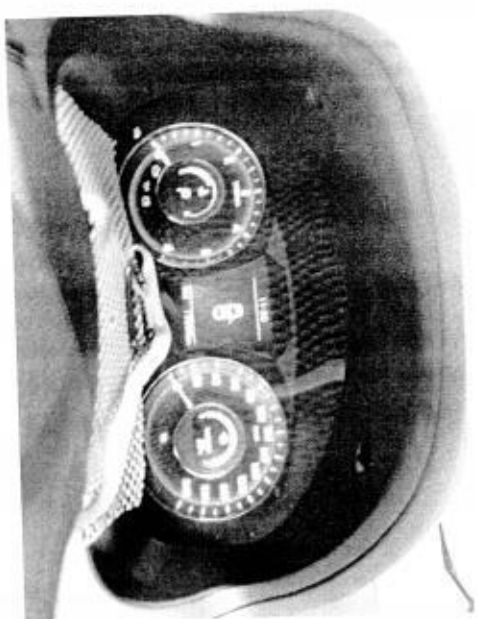
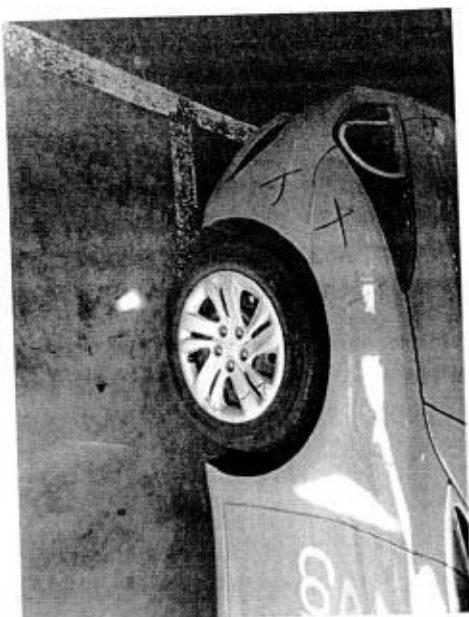
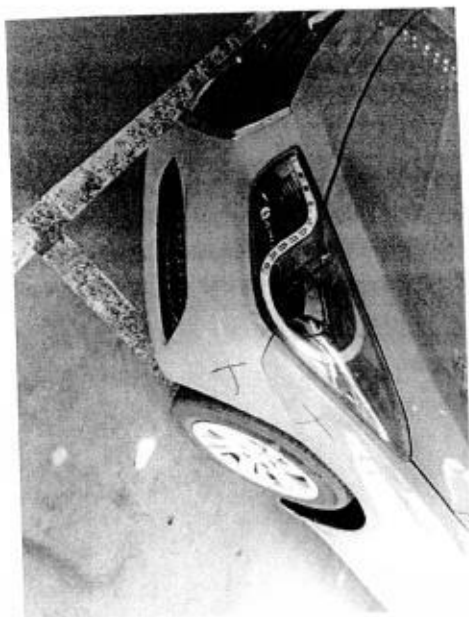
I affirmed the above-statement is true and correct.

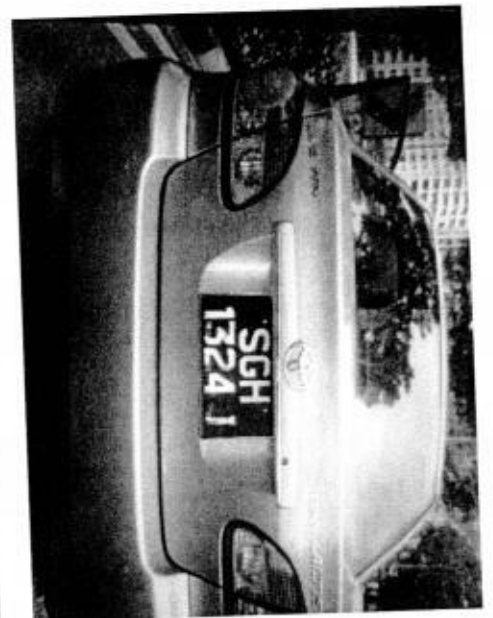
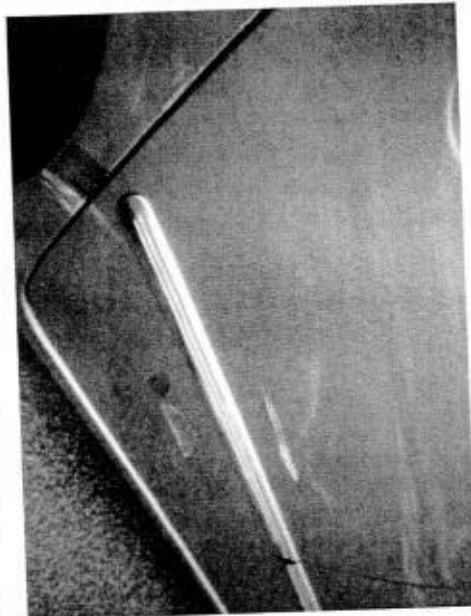
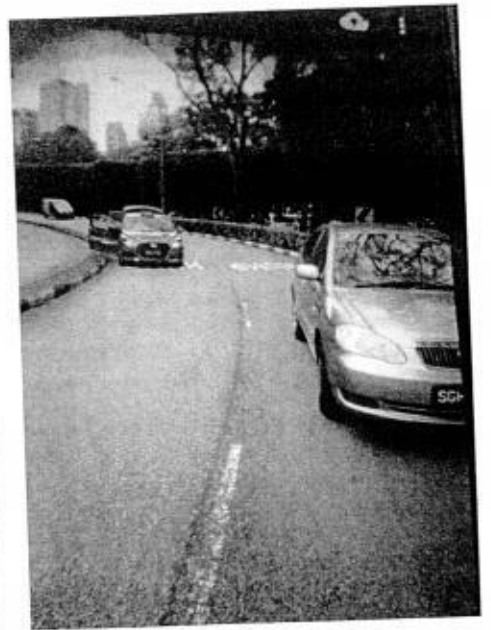
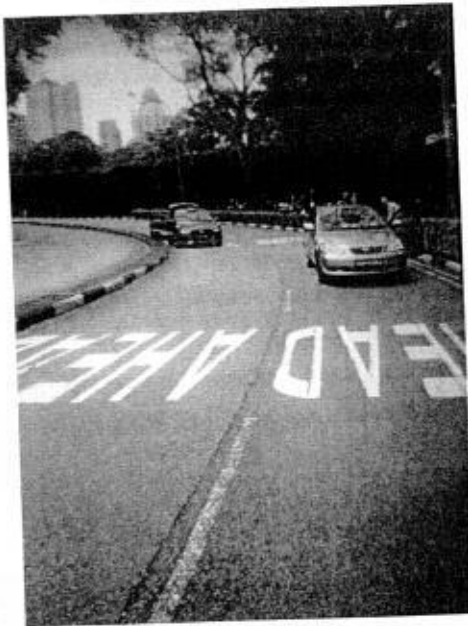
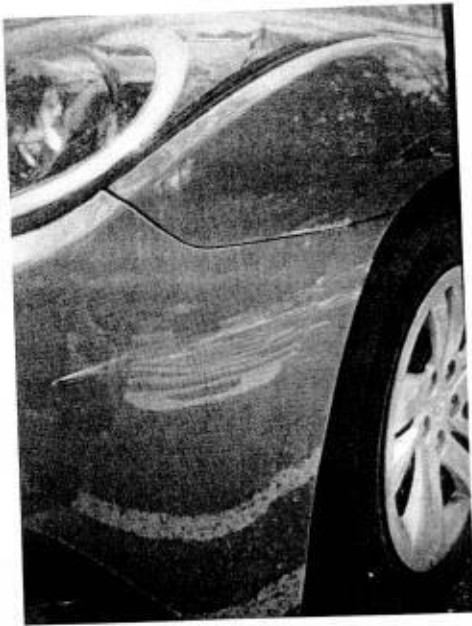


Driver name : Chew Koon Cheng  
NRIC NO : S 1565493G  
Date: 09/02/2018

Recorded by Alex Lim







Job: ARC Repair TP(CLSO)1

**JOB CARD Sales Order:**

JC NO: 305115339

Customer: COMFORT TRANSPORTATION PTE LTD  
 7010045  
 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 65508755 (O)

REGN NO: <b>SHC1712L</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL: <b>I-40</b>	DATE/TIME IN <b>09.02.2018 11:20</b>
YR OF MANU: <b>20.12.2017</b>	TARGET DATE
CHASSIS CODE: <b>KMHLB41UMHU100045</b>	COMPLETION DATE/TIME:

Job Card No.

JOB DESCRIPTION

Accident Date: 08.02.2018  
 Nature: 3P 08.02.18

/NO	LABOR CODE	DESCRIPTION
-----	------------	-------------

Worked & Passed Out By:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: **SHC1712L**

**JU NTUC LKK**

Vehicle No.:

**SHC1712L**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



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

VEHICLE NO : SHC 1712L

DATE 9/2/2018 14:31

\* Jumani

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <del>XXXX</del> <i>Abdul</i>			\$ 562.30
	Front Bumper Bracket Top (LH) <i>Kuc</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xuc</i>			\$ 9.20
	Frt Wheel Hub Cap <i>hrazl</i>			\$ 150.70
	<i>Front LH Fender X repair</i>			\$ 744.60
	<b>SUB TOTAL</b>			\$ 148.92
	<b>LESS 20%</b>			\$ 595.68
	<b>DISCOUNTED TOTAL</b>			
	<b>Labour Charge</b>			200
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00 <i>860</i>
	Tuff Kote			\$ 50.00 <i>X 11</i>
	Frt Wheel Alignment			\$ 80.00 <i>X 11</i>
	<b>TOTAL LABOUR</b>			\$ 1,090.00
	<b>ESTIMATE TOTAL</b>			\$ 1,685.68

*Kahr' (LKH)*

*U 9/2/18 1510hr*

*2 Reps*

*P/P*

*After Repair photo*  
*Before Rep*

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 subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305115339  
Date : 13/02/2018

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHC1712L Date of Accident : 08/02/18

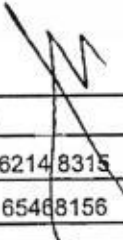
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: NTUC --- SGH1324J  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$570.40	
(b) Labour Charges	\$560.00	###
<b>Total for Part-By-Part Repair Cost</b>	<b>\$1,130.40</b>	
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
<b>Final Lumpsum Repair cost</b>		

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 : JUMANI  
Tel : 6214 8315  
Fax : 6546 8156

Signature :   
Name : Kalvin  
Date : 23/2/18

### 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:





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/INC18002728/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.	SGH 1324J	Veh. Inspected	SHC 1712L
Policy No.	5061852332-03	Coverage (\$)	0.00
Claim No.	MT/0981648-002	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.	2017
Chassis No.	KMHLB41UMHU100045	Colour	BLUE
Odometer	17854	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	08/02/2018	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.
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### 5b. Estimate Days of Repair

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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1712L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOULDING	SERVICEABLE	9.20	-
1	FRT WHEEL HUB CAP	GRAZED	150.70	150.70
1	FRONT LH FENDER (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-148.92	-142.60
			595.68	570.40
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		640.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			1,090.00	560.00
	<b>GRAND TOTAL</b>		<b>1,685.68</b>	<b>1,130.40</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,130.40</b>

Report Ref No. NS/INC18002728/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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