

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC 18002835 / Klgom

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: FY 90308

Policy No. 5087662972-01 080218-070219

Claims No. M1/0987121-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC 813K Yr Regn: 10 July 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1635

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 436499 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLD 414ME 4057941

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Wenh

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 10/2/18 D.O.I. 12/2/18

Survey held at COLE (1-2-18)

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

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

Date / Time	Action / Instruction
	SHC 813K - 18/07/2014 09:28 / Sgbd1 DUT: 04052014 INC 48
21/2/18	Est 4/5 \$ 5350 / 4 Reps (Est \$ 6773.62, 56% )

RECEIVED 20 FEB 2018

Date/Time, File Pass to?

1/28/2 by msk

Date/Time, File Return to?

2)

Report Format: 7P

Lump Sum / I.B.I: (\$ 5350 )

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$ )☐ Interview (\$ )☐ Tech. Invs (\$ )☐ Weekend (\$ )

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

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/INC18002855/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-02-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FY 9030B	Veh. Inspected	SHC 813K	
Policy No.	5087662972-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	12/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	10/02/2018	Inspection Date	12/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No. : *NS/INC/18007851/Klg*  
Policy Type: OD / TP / TP RES / TL / EVA

*SHC 813K*

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.	<i>✓</i>			
C Customer Code	<i>✓</i>			
N Assign From				
C Assign Date	<i>✓</i>			
C Veh No (Inspected)	<i>✓</i>			
C Veh No (Insured)	<i>✓</i>			
C D.O.A	<i>✓</i>			
C Policy No	<i>✓</i>			
C Claim No	<i>✓</i>			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<i>✓</i>			
C Weekend Charges	<i>✓</i>			
N Survey held at/Repairer				
C Excess				

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

## (1) Assignment Form

C Vehicle No	<i>✓</i>			
C Regn Month/Year	<i>✓</i>			
N Vehicle Type	<i>✓</i>			
N Make & Model	<i>✓</i>			
C Engine Capacity. (C.C)	<i>✓</i>			
N Colour	<i>✓</i>			
C Odometer. (Sp.Reading)	<i>✓</i>			
C Chassis No	<i>✓</i>			
N General Condition	<i>✓</i>			
N Steering	<i>✓</i>			
N Brake	<i>✓</i>			
N Modification (Modi)	<i>✓</i>			
C Tyre Size	<i>✓</i>			
N Tyre Make	<i>✓</i>			
C Tyre Balance	<i>✓</i>			
C Date of Inspection	<i>✓</i>			
N Survey held	<i>✓</i>			
N Des.of Damages	<i>✓</i>			

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

C Damaged Vehicle Photographs Uploaded	<i>✓</i>			
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## (3) Workshop Estimate/Assignment Form

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

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

C Resurvey photo Uploaded	<i>✓</i>			
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Check By:

Case Handler

Date

\*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	SJN 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

GeneralClaim

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"/>	5087662972-01	NUR AZHAR BIN TAJAP	S8324672C	GMC	Third Party, Fire & Theft	FY9030B	FY9030B	08/02/2018	07/02/2019

## 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	12/02/2018 09:45
Date Of Accident	10/02/2018 14:30
Exact Location Of Accident	ADAM RD TWDS LORNIE RD B4 SPC PETROL STN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC813K
<b>Insured/Policyholder</b>	
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 TENG NGUAN
NRIC No	S1828590H
Date Of Birth	30/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	16/05/1988
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LEETENGNGUAN@YAHOO.COM.SG

Address	BLK 302 SERANGOON AVENUE 2 #08-278
Postcode	550302
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?	YES
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20180210/2120

#### 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	FY9030B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

HEAD

Injured person in which vehicle?

FY9030B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



**IMPORTANT NOTICE**

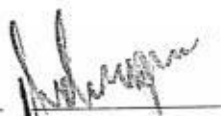
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

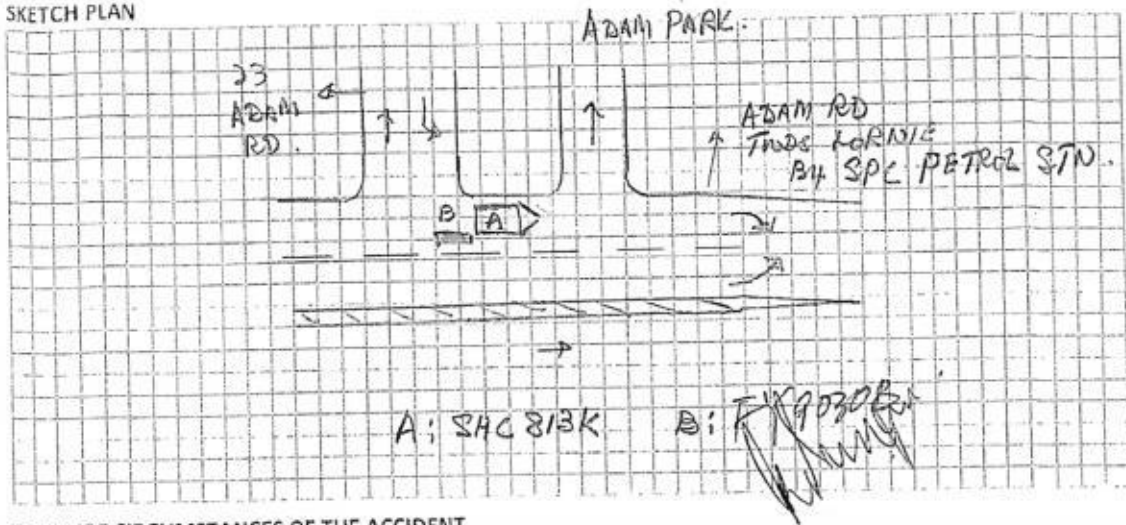
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

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

11/02/18   
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20180210/2120.

Taxi sustained damages on the Rear Right corner, Rear w/screen glass.

The impact of the collision caused the motorist to fling towards the right hand side of my taxi. Thereby causing some damage on the RH side f/t door and the RH side f/t corner bumper.

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:

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

11/02/18



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180210/2120

1 of 3

Report No. T/20180210/2120

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2018 16:54	Vide Report No.: E/20180210/0127	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LEE TENG NGUAN	Address: APT BLK 302 SERANGOON AVE 2 #08-278 HDB- SERANGOON EST SINGAPORE 550302		
ID Type / ID No.: NRIC NO / S1828590H	Contact No.:	Mobile: 84083839	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 50	Date of Birth: 30/11/1967	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ADAM ROAD LORNIE ROAD LP 38, NEAR SPC				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY9030B	Motorcycle	HONDA	CB400L	Black		0
SHC813K	TAXI	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow		1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180210/2120

2 of 3

Report No. T/20180210/2120

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TENG NGUAN	ID No.	S1828590H
Related Vehicle	SHC813K (TAXI)	Contact No.	84083839
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,  
I WAS ALONG ADAM ROAD HEADING TOWARDS LORNIE ROAD ON LEFT SIDE OF THE MERGING LANE. I STOP AT THE SIDE OF THE ROAD AND DROP MY PESSANGER. WHILE MY PESSANGER LEFT FROM MY VEHICLE, SUDDENLY A MOTORCYCLE COLLIDED ONTO MY REAR PORTION.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180210/212

3 of 3

Report No. T/20180210/2120

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
NICHOLAS YEO HAO QUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Authentication Stamp  
NP168

Signature Of Informant:

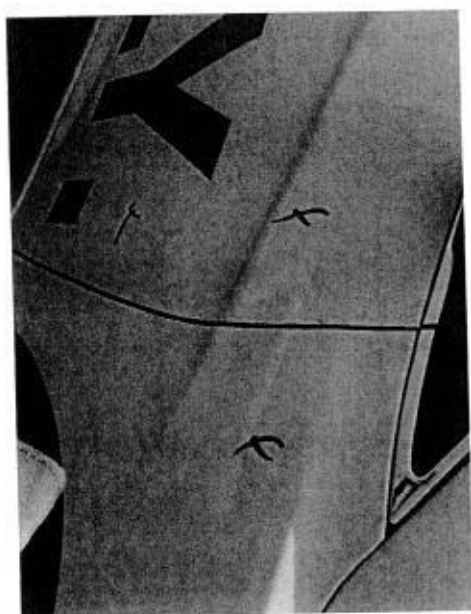
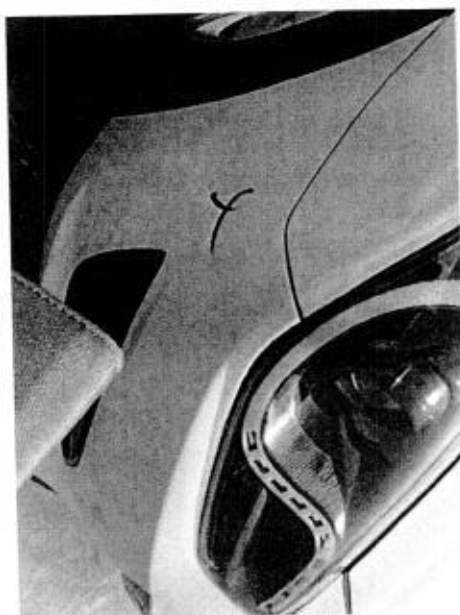
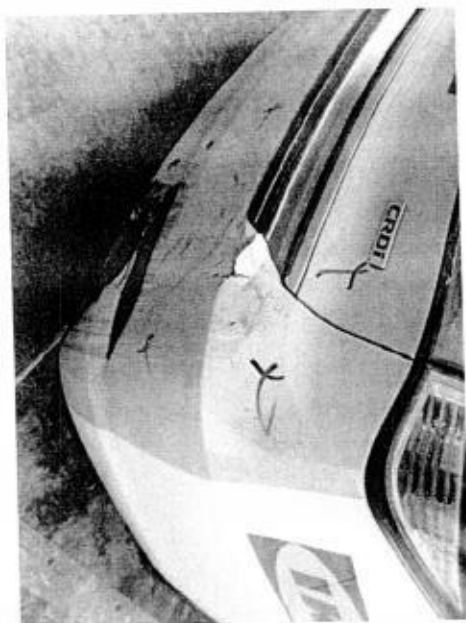
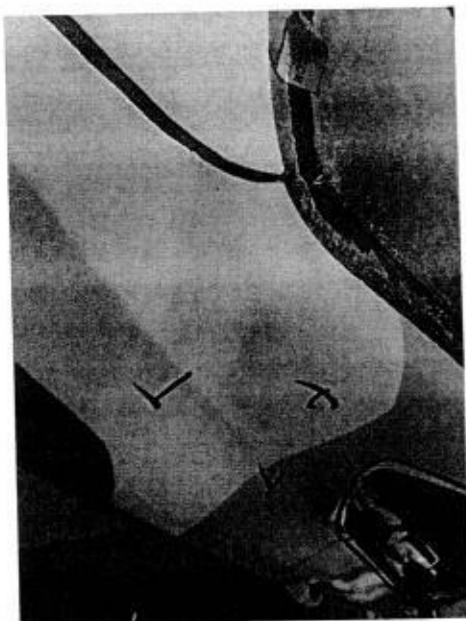
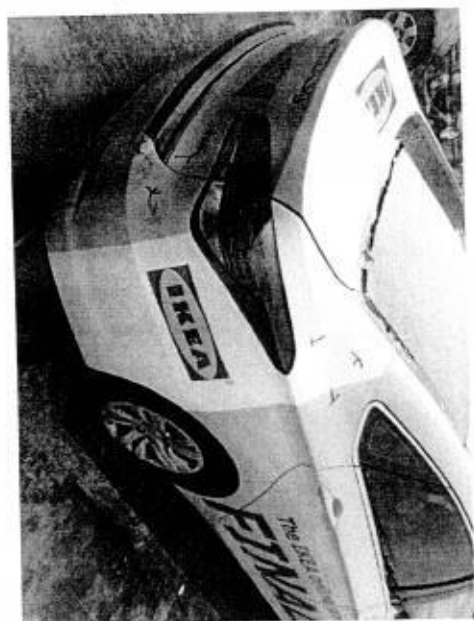
Date/Time:  
10/02/2018 16:54

Classification Of Case:

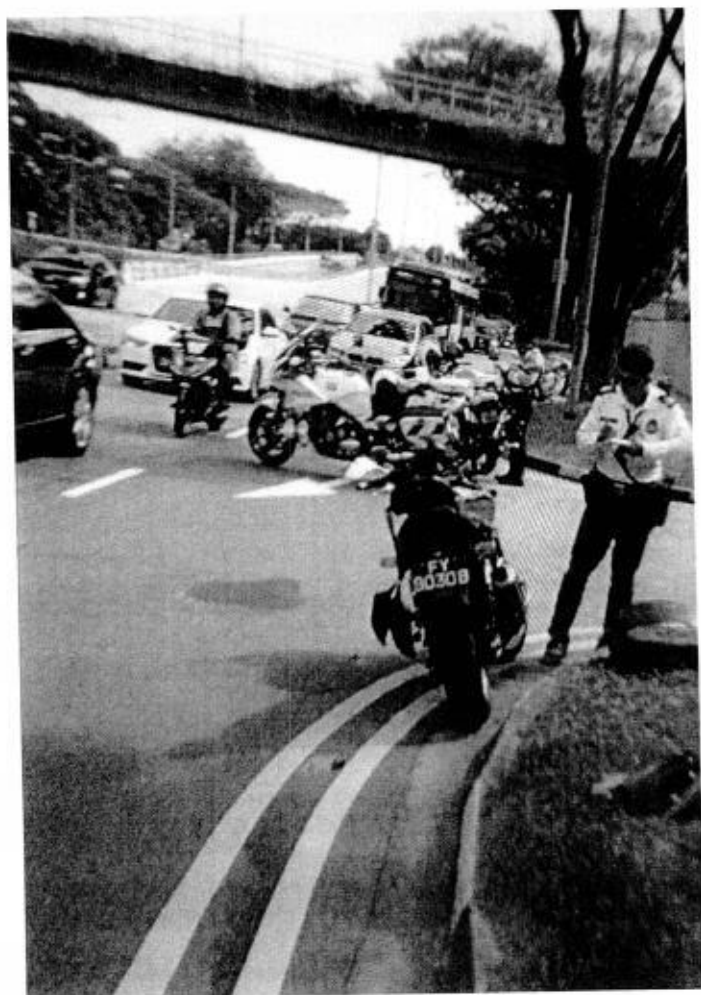


**SINGAPORE  
POLICE FORCE**

Signature:







Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305115856

CUSTOMER

CITYCAB PTE LTD  
VMS 7010070  
CUSTOMER NO 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65551188  
L (R) (O)  
(P)

REGN NO	SHC 813K	MILEAGE
MAKE	HYUNDAI	FUEL E.....1/2.....F
MODEL	I-40	DATE/TIME IN 10.02.2018 14:30
YR OF MANU	10.07.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMEU057941	COMPLETION DATE/TIME

SCOUNT CARD NO.

## JOB DESCRIPTION

Accident Date: 10.02.2018  
NATURE: 3P 10.02.2018

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 813K  
CHIANG

Vehicle No.: SHC 813K

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 813K

DATE 12/2/2018 11:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X reg</i>			\$ 1,681.40
	Boot Lid Rubber <i>X reg</i>			\$ 115.80
	Boot Lid Lock Upper <i>X reg</i>			\$ 137.90
	Boot Lid Lock Lower <i>X reg</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>— reg</i>			\$ 27.20
	Boot Lid CRDI Plate <i>— reg</i>			\$ 41.00
	Boot Lid Lamp (RH) <i>— reg</i>			\$ 556.80
	Bootlid Moulding <i>— reg</i>			\$ 85.00
	Bootlid i40 Emblem <i>— reg</i>			\$ 41.00
	Bootlid Lower Garnish <i>— reg</i>			\$ 398.00
	Rear Bumper <i>— reg</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X reg</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X reg</i>	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X reg</i>	\$	49.00	\$ 98.00
	Rear Bumper Clips <i>— reg</i>			\$ 22.00
	Rear Bumper Sponge <i>X reg</i>			\$ 143.40
	Rear Bumper Under Cover <i>— reg</i>			\$ 225.00
	Rear Bumper Reflector Lamp (RH) <i>— reg</i>			\$ 32.00
	Tail Lamp (RH) <i>— reg</i>			\$ 565.60
	Exhaust Pipe Insulator, RH <i>X reg</i>			\$ 58.55
	Exhaust Silencer, RH <i>— reg</i>			\$ 954.00
	Exhaust Pipe Hanger, RH <i>X reg</i>			\$ 58.55
	Exhaust Pipe Centre <i>— reg</i>			\$ 1,150.30
	Rear Fender (RH) <i>X reg</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>X reg</i>			\$ 164.40
	Rear Windscreen Moulding <i>— reg</i>			\$ 60.00
	Rear Windscreen Glass <i>— reg</i>			\$ 985.50
	<b>SUB TOTAL</b>			<b>\$ 11,121.15</b>
	<b>LESS 20%</b>			<b>\$ 2,224.23</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 8,896.92</b>
	Boot Lid Comfort Logo & Tel No. Sticker <i>— reg</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>— reg</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>— reg</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>— reg</i>	\$	100.00	\$ 200.00
	Rear Windscreen Sealant <i>— reg</i>			\$ 46.00
	Frt Door Color Comfort Logo (RH) <i>— reg</i>			\$ 75.00
				<b>\$ 536.70</b>

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SHC 813K

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,200.00 <i>600</i>
	Spray Painting Charge			\$ 800.00 <i>720</i>
	Wiring Charge			\$ 50.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Towing Fees			\$ 50.00 <i>X</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>100</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	Remove/Refix Exhaust Pipe			\$ 150.00 <i>50</i>
	<b>TOTAL LABOUR</b>			<b>\$ 2,690.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 12,123.62</b>
<p><i>1 Car 11/11/14</i></p> <p><i>12/2/18 1415h</i></p> <p><i>4 Dgs</i></p> <p><i>4s</i></p> <p><i>After Repair</i></p>				
<div> <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 by insurance company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p> </div>				
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305115856  
Date : 14/02/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHC813K

Fax :

10/02/18

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

1. The repair job shall bill to: NTUC FY9030B
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:  
**Final Lumpsum Repair cost**
3. Estimated normal period for repairs: 4 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 :  
Date : 20/2/18

### 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:

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002855/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-03-2018

189556



Code: INC4

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

Insured Veh.	FY 9030B	Veh. Inspected	SHC 813K
Policy No.	5087662972-01	Coverage (\$)	0.00
Claim No.	MT/0982121-002	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057941	Colour	YELLOW
Odometer	436499	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	10/02/2018	Inspection Date	12/02/2018
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:	4 Working Days
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# 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 813K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BOOT LID	TO REPAIR	1,681.40	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
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
1	BOOT LID LAMP (RH)	CRACKED	556.80	556.80
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	CRACKED	398.00	398.00
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	TAIL LAMP (RH)	CRACKED	565.60	565.60
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	BENT	954.00	954.00
1	EXHAUST PIPE HANGER,RH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	BENT	1,150.30	1,150.30
1	REAR FENDER (RH)	TO REPAIR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR WINDSCREEN GLASS	SHATTERED	985.50	985.50
	LESS 20% DISCOUNT		-2,224.23	-1,149.40
			8,896.92	4,597.60

Report Ref No. NS/INC18002855/K1qbn2



## 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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>SPECIAL NETT ITEMS</b>			
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
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	FRT DOOR COLOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
			536.70	536.70
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,790.00	840.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		850.00	740.00
	TOWING FEES.		50.00	-
			2,690.00	1,580.00
	<b>GRAND TOTAL</b>		<b>12,123.62</b>	<b>6,714.30</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>5,350.00</b>

Report Ref No. NS/INC18002855/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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