

Kalin

REF

NS/INC18002861/Klgbnz

ASSIGNMENT

Front

Date

Estimated Cost

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

To inspect Vehicle No

at Workshop m/s

of

Insured

SL 8920L

Policy No

5086873880-01

30092017

Claims No

M7/0982534-001

Sum Insured

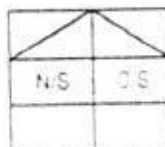
Excess

(Client's Record)

Make of Veh

(Policy Condition)

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



Bal of Market Value

IDAC Accident Report

Consistent? Yes or No

GIA PR Seen

Consistent? Yes or No

Est. Repairs:

3

days

Res

Yes or No

Lum Sum

%

3 Val

Yes or No

CA / REV / REP. / 24 HRS

Vehicle IN / OUT

Date:

Person Contacted

Van No

SHC3146H

Reg

31 Jan 2011

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/ Prime Mover /

Truck / Trailer or

Make

Hyundai Santa

1991

Colour

Blue

Insured Std / Nil / NA

Sp Reading

702194

Insured Std / Nil / NA

Engine

C No

KMHET41VMA804512

Gen Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Rim or

Tyre Size

F

255/60R16

R

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

TOYO / YOKO or

Hankook

Front

R Bal

7

Rear

R Bal

7

L Bal

7

L Bal

7

DOA

10/2/08

12/2/08

Survey held at

C/O HKS (Hong Kong)

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

Rear N/S

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

Date/Time

Action/Instructions

SHC 3146H - CS/7CL17006216/Tlgbnz

DUA: 26/03/17

ZM
4s

14/2/08

SL 8920L - X

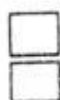
Cable 4s \$3500 / 387s

(Red to 3614.10, 51%)

RECEIVED 21 FEB 2018

Date/Time File Pass No

20/2/2011



Preli. Report



Final Report

Date/Time File Return No

Days Of Repair

3

Resurvey No. of Trip

1

Survey Fee

Management

Add Fee:



Site Insp

\$

Site Insp

\$

Site Insp

\$

Site Insp

\$

Report Format

TP

Lump Sum

3500

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/INC18002861/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-02-2018



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 8920L	Veh. Inspected	SHC 3146H
Policy No.	5088873880-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

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	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.
--

Survey Department Check List (Case Handler)

Reference No.: NS/INC1800286/1K196
Policy Type: OD / TP / TP RES / TL / EVA

SHC 31464

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

Surveyor (Karlvin): 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)

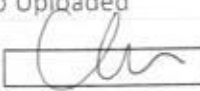
C Damaged Vehicle Photographs Uploaded	✓		
--	---	--	--

(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	✓		
---------------------------	---	--	--

Check By:  20/2/18
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.	Date of Accident
1	MT/0980348-002	SMRT TAXIS	SHB 1220U	SGB 4394T	30/1/2018
2	MT/0971146-002	SMRT BUS	SG 5580Y	SJS 5536U	25/11/2017
3	MT/0982534-001	COMFORT TRANSPORTATION PTE LTD	SHC 3146H	SLL 8920L	10/2/2018
4	MT/0982203-002	CITYCAB	SHA 9342D	SDD 8298L	12/2/2018
5	MT/0978056-002	SMRT TAXIS	SHB 1892E	SFY 6726Y	12/1/2018
6	MT/0982536-001	COMFORT TRANSPORTATION PTE LTD	SHC 2230D	PC 7662M	13/2/2018
7	MT/0980412-002	SMRT TAXIS	SHF 248B	SKD 6621S	31/1/2018
8	MT/0980980-002	SMRT TAXIS	SHD 6289D	SIH 7534U	3/2/2018
9	MT/0980928-002	SMRT TAXIS	SHB 1319U	FBC 5857Y	4/2/2018
10	MT/0982537-001	SMRT TAXIS	SHB 628J	FBH 2102K	4/2/2018
11	MT/0981878-002	COMFORT TRANSPORTATION PTE LTD	SHC 7245D	SJF 9837T	11/2/2018
12	MT/0982037-002	COMFORT TRANSPORTATION PTE LTD	SHC 8089G	GBG 9309R	10/2/2018

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"/>	5088873880-01	BOND MOTORING PTE LTD	201704104M	GFT	Third Party	SLL8920L	SLL8920L	30/09/2017	

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	10/02/2018 10:31
Date Of Accident	10/02/2018 01:00
Exact Location Of Accident	WOODLANDS AVE 2 > ADMIRATLY RD X JUNCTION AVE 2&1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3146H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

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	HO WEE SHN
NRIC No	S1491030A
Date Of Birth	21/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 708 WOODLANDS DRIVE 70 #11-21
Postcode	730708
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	2
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)	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

REFER 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	SLL8920L
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTOPHER SEE
NRIC/Passport Number	S9547061J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

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.
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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.

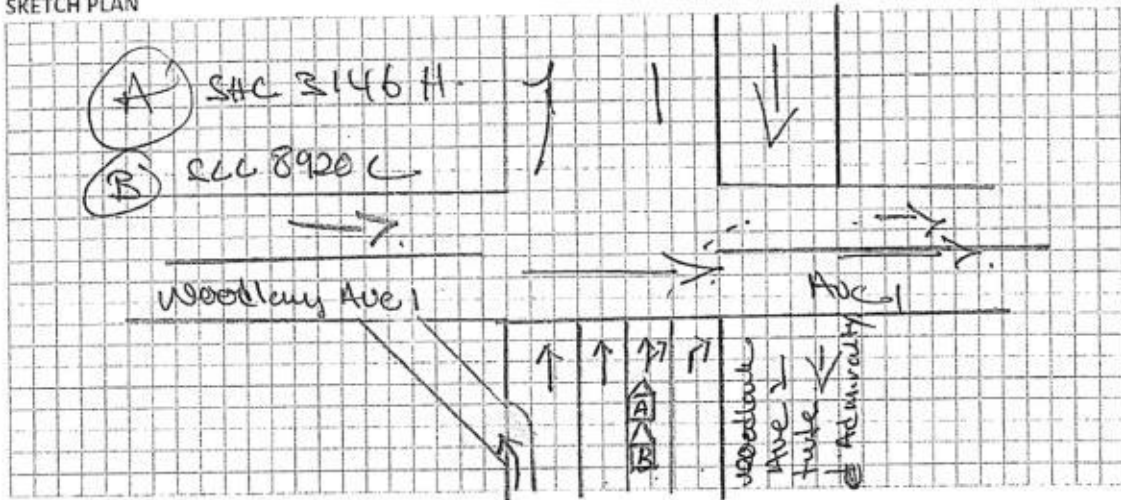
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON - 10 FEB 2018 @ 01.00 hr.

I veh A was waiting & turning of
 Woodlany Ave 2 and Ave 3. Suddenly veh B
 from left hit veh A rear. at the point
 accident I veh A funny one male passenger.
 he was OK.

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

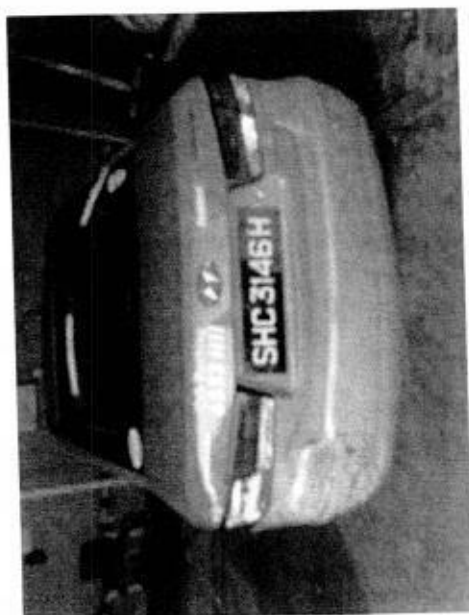
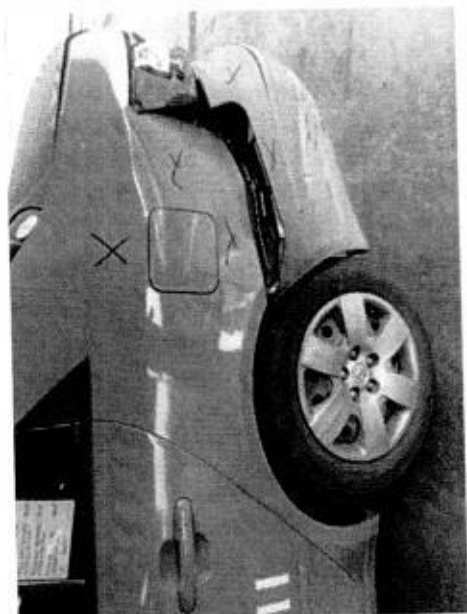
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHC 3146H

DATE 2/10/2018 10:31

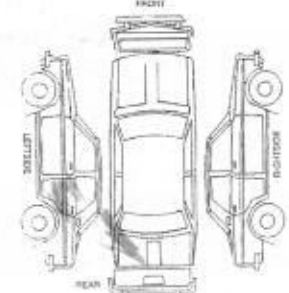
MAKE :

MODEL : HYUNDAI SONATA

DUA: 10.02.2018

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X 1400</i>			\$ 1,349.50
	Boot Lid Rubber <i>X 100</i>			\$ 110.90
	Boot Lid Lock Upper <i>X 100</i>			\$ 132.10
	Boot Lid Lock Lower <i>X 100</i>			\$ 30.30
	Boot Lid Sonata Plate <i>100</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>100</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>100</i>			\$ 26.10
	Boot Lid CRDI Plate <i>100</i>			\$ 22.70
	Boot Lid Lamp (LH) <i>100</i>			\$ 230.20
	Rear Bumper <i>100</i>			\$ 578.40
	Rear Bumper Reinforcement <i>X 100</i>			\$ 483.30
	Rear Bumper Clip <i>100</i>			\$ 22.00
	Rear Bumper Sponge <i>100</i>			\$ 137.40
	Rear Bumper Under Cover <i>X 100</i>			\$ 185.80
	Tail Lamp (LH) <i>100</i>			\$ 344.00
	Rear Fender (LH) <i>100</i>			\$ 1,935.90
	Rear Fender Inner Lining (LH) <i>X 100</i>			\$ 74.10
	Rear Windscreen Moulding <i>100</i>			\$ 60.00
	SUB TOTAL			\$ 5,790.50
	LESS 20%			\$ 1,158.10
	DISCOUNTED TOTAL			\$ 4,632.40
	Boot Lid Comfort Logo & Tel No. Sticker <i>100</i>			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>100</i>			\$ 135.70 Nett
	Rear Windscreen Sealant <i>100</i>			\$ 46.00 Nett
				\$ 211.70
	Labour Charge			
	Panel Beating			\$ 1,200.00 <i>800</i>
	Spray Painting Charge			\$ 600.00 <i>500</i>
	Wiring Charge			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</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>
	TOTAL LABOUR			\$ 2,270.00
	ESTIMATE TOTAL			\$ 7,114.10
<p><i>Ka Loo (Kee)</i></p> <p><i>11/12/18 1050h</i></p> <p><i>3 Py 4/5 After Rev 2</i></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>				

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 10/02/18 Time Received: 3.11AM		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Ho Nee Shn Contact No. : 93881062 Vehicle No. : SHC 3146H Make / Model / Colour : Hyundai Sonata Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: 888 Woodlands Dr SO		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		* Accident	
10. Odometer Reading : 702 194 km Fuel Level : F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : Darren Wang Vehicle No. : YMS875A Time Dispatch : 3.11 AM Time of Arrival : 4.00 AM Time Completed : 4.45 AM		TOWING  #: Cracked X: Dented /: Scratched O: Missing Signature of Customer	
Cash Invoice Details (if applicable)			
13. Cash Invoice No. :			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
10/02/18 Date		4.00 AM Time	
		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305115514
Date : 14.02.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

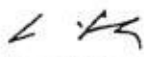
Fax :


Vehicle Reg No. : SHC3146H Date of Accident: 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 SJF9837T
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 \$3,500.00
3. Estimated normal period for repairs: 3 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kavin
Date : 14/2/18

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				
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/INC18002861/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 22-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 8920L	Veh. Inspected	SHC 3146H
Policy No.	5088873880-01	Coverage (\$)	0.00
Claim No.	MT/0982534-001	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMB804512	Colour	BLUE
Odometer	702194	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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 3146H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	TO REPAIR	1,349.50	-
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	BOOT LID LAMP (LH)	CRACKED	230.20	230.20
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	TO REPAIR	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
1	REAR FENDER (LH)	DENTED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
	LESS 20% DISCOUNT		-1,158.10	-657.42
			4,632.40	2,629.68
SPECIAL NETT ITEMS				
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 WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			211.70	211.70
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,620.00	990.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
			2,270.00	1,550.00

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GRAND TOTAL		7,114.10	4,391.38
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,500.00

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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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