

Surveylor: Calvin

REF: NS/2NC18002948/KI gbnz

**ASSIGNMENT**

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

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

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

To Inspected Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

Insured: FBL 394A

Policy No. 5071932749-02 QD6207

Claims No. MT/0983279-007

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: 1 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: SHB 6683J Yr Regn: 24 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2143

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

Sp. Reading: 537067 T/Radio: Insured / Std / NI / NA

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

C/No: WDF 679 81323 810313

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 60 R16C

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

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

TOYO / YOKO or Hankook

Front 2 mm Rear 2 mm

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 12/2/12 D.O.I. 13/2/12

Survey held at CPKE (Gang)

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

N/S Wing Mirror

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

Date / Time	Action / Instruction
	<u>SHB 6683J - (NS / In 1401598) / ktbu2</u> <u>DA: 150814</u> <u>ZNC</u>
	<u>FBL 394A - X</u> <u>4.</u>
<u>2/2/12</u>	<u>(Total up \$1050 / 10y. Credit \$611.68, 37%)</u>
<u>RECEIVED 20 FEB 2012</u>	

Date/Time, File Pass to?  : Prell. Report

1) 28/2 Repair  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_) S + RS, SI

: Interview (\$ \_\_\_\_\_) Photos

: Tech. Invs (\$ \_\_\_\_\_) Others

: Weekend (\$ \_\_\_\_\_)

Report Format: 71

Lump Sum / 1.5% / S 1050

Survey Fee: 160

Transportation: \_\_\_\_\_

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/INC18002948/K1qb			
73 BRAS BASAH ROAD		Date: 13-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBL 894A	Veh. Inspected	SHB 6683J
Policy No.	5071932749-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/02/2018
<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	12/02/2018	Inspection Date	13/02/2018
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/INC18002748/K196  
 Policy Type: OD / TP / TP RES / TL / EVA

SAB 6683J

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** ( Calvin ): 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	✓			
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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

Check By: Cher 28/01/18  
Case Handler Date

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	G8B 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

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5071932749-02	UNIQUE MOTORSPORTS PTE. LTD.	200907910H	GFT	Third Party	FBL894A	FBL894A	02/06/2017	

Continue

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	13/02/2018 11:11
Date Of Accident	12/02/2018 16:50
Exact Location Of Accident	ECP(AIRPORT) AFT MCE SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6683J
<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	MERCEDES-BENZ
Model	VIANO
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	NG TEOW GUAN (HUANG CHAOYUAN)
NRIC No	S7727031J
Date Of Birth	18/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 672B EDGEFIELD PALINS #12-555  
 Postcode 822672  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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) 4

Passenger 1 NAME: : -  
 GENDER: : MALE  
 Passenger 2 NAME: : -  
 GENDER: : FEMALE  
 Passenger 3 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] CHANGI N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

PLS REFER TO POLICE REPORT : T/2018212/2184

**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 FBL894A  
 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

NOT SURE

No. Of Passenger (Including Driver)



Sketch Plan Pg. 1

**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



*[Signature]*  
S R Moorthy  
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.:





Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180212/2184

1 of 3

Report No. T/20180212/2184

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/02/2018 18:34		Vide Report No.:	Station Diary No.: 28
<b>Informant's Particulars</b>			
Name of Informant: NG TEOW GUAN		Address: APT BLK 672B EDGEFIELD PLAINS #12-555 SINGAPORE 822672	
ID Type / ID No.: NRIC NO / S7727031J		Contact No.: Home/Office:	Mobile: 97666534
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 18/09/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/02/2018 16:50	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY ECP TOWARDS AIRPORT JUST AFTER MCE SLIP ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL894A	Motorcycle					0
SHB6683J	Car					0



**SINGAPORE  
POLICE FORCE**

Police Station of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20180212/2184

2 of 3

Report No. T/20180212/2184

**CONTINUATION OF REPORT**

**Brief Details.**

On 12/02/2018 at about 1650hrs I was driving my taxi along ECP towards Changi on the first lane just after the MCE Slip road. It was heavy traffic, all vehicles were moving slowly when suddenly one motorcycle sped past my taxi which caused his motorcycle to hit my left mirror. After the rider hit my mirror his motorcycle started to wobble, the rider also realized that the box behind was not closed as such he used his hand and flipped it closed. After which the rider sped off.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20180212/2184

3 of 3

Report No. T/20180212/2184

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

187  
187

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:  
G /  
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/02/2018 18:34

Officer In Charge Of Case:  
TP / HRT /  
SI TAN LEE HWANG DAWN  
Contact No.: 65476215

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
  
SIGNATURE



Team: ARC Repair TP(CLS0)1

**JOB CARD** Sales Order:

JC NO: 305116533

CUSTOMER <b>COMFORT TRANSPORTATION PTE LTD</b> IR/MS 7010045 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO.	<b>SHB6683J</b>	MILEAGE
	MAKE	<b>MERCEDES BENZ</b>	FUEL E.....1/2.....F
	MODEL	<b>VIANO CDI 2.2L</b>	13.02.2018 10:15 DATE/TIME IN
	YR OF MANU	<b>24.10.2013</b>	TARGET DATE
	CHASSIS CODE	<b>WDF63981323810313</b>	COMPLETION DATE/TIME:



Accident Date: 12.02.2018  
NATURE: 3P 12.02.2018

JOB DESCRIPTION

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

CKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: **SHB6683J** **CHIANG**

Vehicle No.: **SHB6683J**

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**

NT4C

**REPAIR ESTIMATE\***

VEHICLE NO : SHB 6683J

DATE 13/2/2018 13:58

MAKE :

*ching*

MODEL : MERCEDES BENZ VIANO

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Assy,Frnt,LH <i>✓</i>			\$ 1,195.02
	Mirror Glass,Frnt,LH <i>✓</i>			\$ 219.58
	<b>SUB TOTAL</b>			<b>\$ 1,414.60</b>
	<b>LESS 20%</b>			\$ 282.92
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,131.68</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>280.00</del> <sup>100</sup>
	Spray Painting Charge			\$ <del>200.00</del> <sup>50</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>20</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 530.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,661.68</b>

*Kabin (Viano)  
 13/2/18 150-hrs  
 1 Days  
 L/S  
 After Repair photo*

KK 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 is subject to the 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

Our Job Ref No : 305116533  
Date : 14/02/18

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHB6683J

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


1. The repair job shall bill to: NTUC FBL894A
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** \$1,050.00


3. Estimated normal period for repairs: 1 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 : Kalvin  
Date : 21/2/18

### 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:

\_\_\_\_\_



# 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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002948/K1qbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 02-03-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBL 894A	Veh. Inspected	SHB 6683J
Policy No.	5071932749-02	Coverage (\$)	0.00
Claim No.	MT/0983229-002	Excess (\$)	0.00
Assign From		Assign Date	13/02/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323810313	Colour	WHITE
Odometer	537067	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/02/2018	Inspection Date	13/02/2018
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.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		1 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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6683J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	MIRROR ASSY,FRT,LH	CRACKED	1,195.02	1,195.02
1	MIRROR GLASS,FRT,LH	CRACKED	219.58	219.58
	LESS 20% DISCOUNT		-282.92	-282.92
			1,131.68	1,131.68
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		330.00	120.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	50.00
			530.00	170.00
	<b>GRAND TOTAL</b>		<b>1,661.68</b>	<b>1,301.68</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,050.00</b>

Report Ref No. NS/INC18002948/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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