

(08/11/13)

Surveys: Kalvin

REF:

NS/TNC18002950/Klvbn2**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: SJF 9837TPolicy No. 5091369180 250517-170618Claims No. MT/0981878-002

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: \_\_\_\_\_ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHC 7245D Yr Regn: 28 XL 216Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 C.C. 1600Colour: White A/C: Insured / Std / NI / NASp. Reading: 283096 T/Radio: Insured / Std / NI / NA

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

C/No: KMHCD414464092570Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / 6 / Jammed / Leaked / Burnt orBrake: Inorder / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

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

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

TOYO / YOKO or Triangle

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 11/2/18 D.O.I. 13/2/18Survey held at COGE (17-18)

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

Front N/S.

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

Date / Time	Action / Instruction
	SHC 7245D - CS / TNC17002577 / Tlvbn2
	SJF 9837T - N/A / TNC17003327 / ZH
14/4/18	CLM P/P \$ 6031.92 / 4 P's. (Red 7318.36, 545)

RECEIVED 20 FEB 2018

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 4

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 15/2-typistAdd Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 6031.92

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/INC18002950/K1vb				
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.	SJF 9837T	Veh. Inspected	SHC 7245D	
Policy No.	5091369180	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	11/02/2018	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 / INC / 800 2950 / Klvb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): 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 (** ): 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	✓			
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Check By: VERON 14/2/18  
Case Handler Date

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

21/05/201

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

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"/>	5091369180	TELNET COMMUNICATIONS & TRANSPORT	398963008	GPC	drive CLASSIC	SJF9837T	SJF9837T	25/05/2017	17/06/2018

## 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	12/02/2018 15:24
Date Of Accident	11/02/2018 12:30
Exact Location Of Accident	OPEN AIR CARPARK AT BLK 401 CHUA CHU KANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7245D
<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	MOHAMED NOR BIN ABDUL CHANI
NRIC No	S7322789E
Date Of Birth	30/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/11/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 427 CHOA CHU KANG AVENUE 4 #05-188
Postcode	680427
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED \* TYPE OF ACCIDENT :- 3P REVERSED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9837T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARTIN ELYASA
NRIC/Passport Number	S9816122H
Contact Number	91504097
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	



## Sketch Plan Pg. 1

### SKETCH PLAN

#### 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

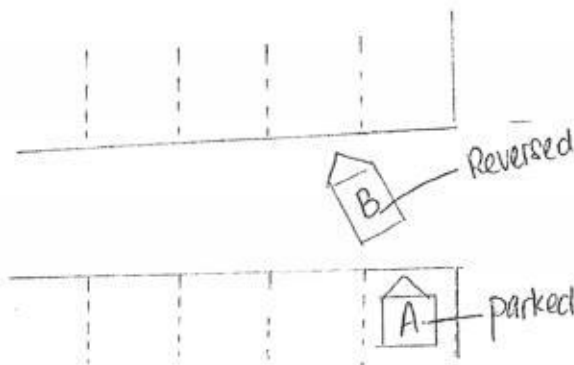
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12.02.2018 @ 13:50 Hrs

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



## SKETCH PLAN



A - SHC 7245D.

B - SJF 9837T.

Along Open Air Carpark at Blk 401 Chua Chu Kang Ave 3.

## Describe Circumstances of the Accident

On 11/02/2018 about 12:30 Hrs, I parked my veh (A) (SHC 7245D) at car park lot 291, Blk 401 Choa Chu Kang Ave 3. At that point of time, no damages occur on my vehicle.

After I came back to my veh (A), I found damages at front left portion and saw a memo written by Mr. Martin Elyasa saying that he reversed into my taxi (A).

Therefore, I called him to confirm the situation and he admitted that he reversed into my taxi (A) and cause this accident.

I had photos taken at scene to support my claims.

Veh (B) : SJF 9837T. Mr. Martin Elyasa. NRIC : S 9816122H. Hp : 9150 4097.

No injury in this accident.

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

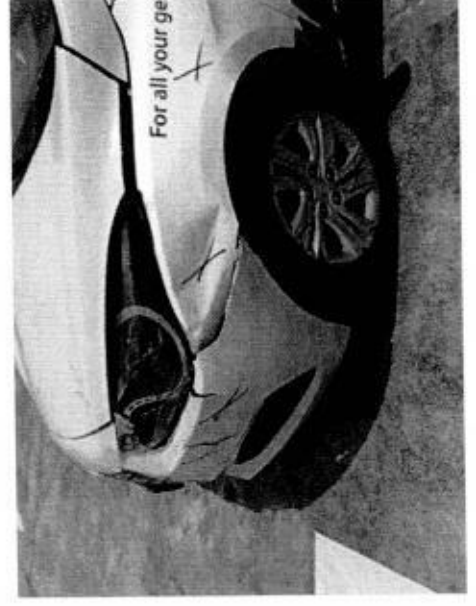
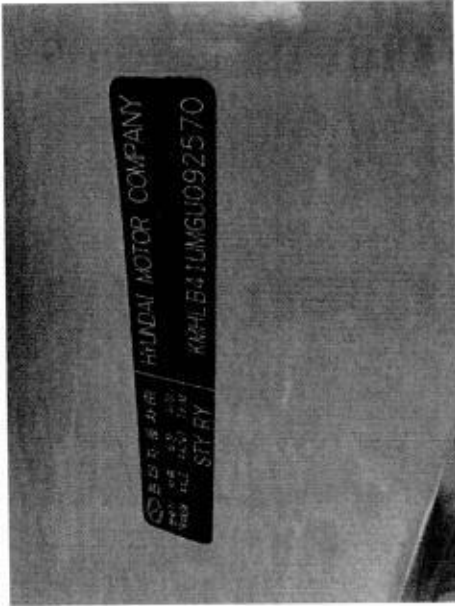
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

policyholder's Signature  
Date & Time

Driver's Signature (If driver is not the policyholder)  
Date & Time 12.02.2018 @ 13:50 Hrs

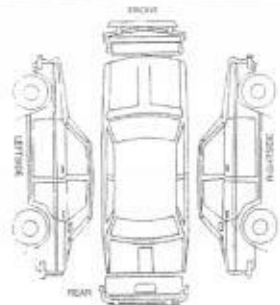
Rubbini

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





## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>11/2/18</u> Time Received: <u>1439</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mond. Mor</u> Contact No.: <u>82840569</u> Vehicle No.: <u>SHC 7145 D</u> Make / Model / Colour: <u>I40</u> Email: _____		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	
7. Location: <u>B1 401 Chua Chen Kang Ave 3</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input 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: _____		6. Parts Replaced/Remarks: _____ _____ _____	
10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		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 checked="" type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested		 #: Cracked X: Dented /-: Scratched O: Missing <u>nlw</u> Signature of Customer	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>BHISMAT</u> Vehicle No.: <u>YP7727K</u> Time Dispatch: <u>1439</u> Time of Arrival: <u>1524</u> Time Completed: _____			
Job Attended			
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™.			
<u>11/2/18</u> Date		_____ Time	
_____ Name of Attending Staff/Guard		_____ Signature of Attending Staff/Guard	
14. WORKSHOP			
_____ Name of Attending Staff/Guard		_____ Signature of Attending Staff/Guard	

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO: 305116443

CUSTOMER	REGN NO: SHC7245D	MILEAGE
VMS CITYCAB PTE LTD	MAKE: HYUNDAI	FUEL
7010070	MODEL: I-40	E: 1/2 F
CUSTOMER NO: 383 SIN MING DRIVE	DATE/TIME IN: 11.02.2018 12:30	
ADDRESS: Singapore SINGAPORE 575717	YR OF MANU: 28.07.2016	TARGET DATE
65551188 (O)	CHASSIS CODE: RMHLB41UMGU092570	COMPLETION DATE/TIME
L: (R)		
(P)		
SCOUT CARD NO.		

Accident Date: 11.02.2018  
NATURE: 3P 11.02.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi front left damage
		LRR/Kilmi -

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Acknowledgement Slip	Exit Pass
Vehicle No.: SHC7245D	Vehicle No.: SHC7245D
Signature/Date	Signature/Date
Name of Service Advisor	Name of Service Advisor
Date	Date
To be returned to Service Reception upon collection	To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 7245D

DATE : 12.02.2018

MAKE :

MODEL : HYUNDAI i40

DOTA: 11.02.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille — <i>ma</i>			\$ 1,480.00
	Front Bumper Cover — <i>phl</i>			\$ 1,052.20
	Front Bumper Sponge <i>X sue</i>			\$ 142.20
	Front Bumper Reinforcement <i>X sue</i>			\$ 526.10
	Front Bumper Grille (LH) — <i>cut</i>			\$ 285.50
	Front Bumper Grille Airduct (LH) <i>X sue</i>			\$ 155.00
	Front Bumper Bracket Top (LH) — <i>ca</i>			\$ 22.40
	Front Bumper Bracket (LH) — <i>ca</i>			\$ 24.60
	Front Bumper Retainer Mounting <i>X sue</i>			\$ 9.20
	Headlamp Support Top Cover <i>X sue</i>			\$ 398.00
	Headlamp Support Panel Assy — <i>ca</i>			\$ 1,067.50
	Headlamp (LH) — <i>hmgd</i>			\$ 1,388.00
	Headlamp Halogen Bulb (LH) <i>X sue</i>			\$ 14.40
	Front Fender (LH) — <i>pal</i>			\$ 619.00
	Front Fender Apron Panel (LH) <i>X sue</i>			\$ 1,575.50
	Front Fender Shield (LH) <i>X sue</i>			\$ 169.80
	Air Cleaner Assy <i>X sue</i>			\$ 188.00
	Front Wheel Rim (LH) <i>X sue</i>			\$ 351.90
	Front Wheel Hub Cap (LH) — <i>hmgd</i>			\$ 150.70
	Front Wheel Bearing <i>X sue</i>			\$ 258.50
	Front Shock Absorber (Assy) (LH) <i>X sue</i>			\$ 342.20
	Front Shock Absorber Mounting (LH) <i>X sue</i>			\$ 75.10
	Front Suspension Lower Arm (LH) <i>X sue</i>			\$ 715.10
	Knuckle Arm (LH) <i>X sue</i>			\$ 582.95
	ABS Sensor, LH <i>X sue</i>			\$ 261.50
	<b>SUB TOTAL</b>			<b>\$ 11,855.35</b>
	<b>LESS 20%</b>			<b>\$ 2,371.07</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 9,484.28</b>
	Front Fender Advertisement Logo (LH) — <i>mc</i>			\$ 100.00
	Front Tyre (LH) <i>X sue</i>			\$ 216.00
				<b>\$ 316.00</b>

Nett  
Nett

Larry Ng

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>1,500.00</del> 600
	Spray Painting Charge			\$ <del>600.00</del> 360
	Wiring Charge			\$ <del>50.00</del> 20
	Tuff Kote			\$ <del>50.00</del> 20
	Towing Charge			\$ <del>50.00</del> X 11
	Remove/Refix Undercarriage (FRT)			\$ <del>400.00</del> X 11
	FRT Wheel Alignment			\$ <del>120.00</del> X 11
	Remove/Refix Aircon & Refill Gas			\$ <del>150.00</del> 60
	Remove/Refix Dashboard			\$ <del>450.00</del> X 11
	Remove/Refix Fuse Box			\$ <del>180.00</del> X 11
	<b>TOTAL LABOUR</b>			<b>\$ 3,550.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 13,350.28</b>
<p>1 car 1 day</p> <p>13/2/18 11.30h</p> <p>4 PM</p> <p>P/P</p> <p>Before pit phk</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</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>				

Larry Ng

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.02.2018

## REPAIR ESTIMATE

Time: 15:12:24

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305116443  
REGN NO : SHC7245D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.07.2016  
DATE/TIME IN : 11.02.2018 12:30  
ACCIDENT DATE : 11.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,480.00	20.00	1,184.00
0002 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0003 04-01-0103-4891-G	I40V3 COVER-FR FOG LAMP B	1	285.50	20.00	228.40
0004 04-01-0103-0637-G	I40V2 BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92
0005 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	24.60	20.00	19.68
0006 04-01-0103-0641-G	I40VC CARRIER ASSY-FR END	1	1,067.50	20.00	854.00
0007 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0008 04-01-0103-0574-G	I40VC PANEL-FENDER LH#	1	619.00	20.00	495.20
0009 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56

SUB-TOTAL : 4,871.92

## JOB NATURE

0000 L	Advetisement - LHF Fender	100.00
0001 L	PANEL BEATING	600.00



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.02.2018

Time: 15:12:24

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305116443  
REGN NO : SHC7245D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.07.2016  
DATE/TIME IN : 11.02.2018 12:30  
ACCIDENT DATE : 11.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 23-502	SPRAYPAINT ON AFFECTED AREA
0003 17-01	WIRING CHARGE
0004 20-00	TUFF COAT ON AFFECTED PARTS.
0005 18-01	TO VAC. & TOP UP A/C GAS

SUB-TOTAL : 1,160.00

TOTAL : 6,031.92

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305116443  
Date : 14.02.2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7245D

Date of Accident: 11/02/18

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 \$4,971.92

(b) Labour Charges \$1,060.00

Total for Part-By-Part Repair Cost \$6,031.92

(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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : K. Loh

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/INC18002950/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 20-02-2018



Code: INC4

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

Insured Veh.	SJF 9837T	Veh. Inspected	SHC 7245D
Policy No.	5091369180	Coverage (\$)	0.00
Claim No.	MT/0981878-002	Excess (\$)	0.00
Assign From		Assign Date	13/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU092570	Colour	YELLOW
Odometer	283096	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	TRIANGLE	7 mm
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	11/02/2018	Inspection Date	13/02/2018
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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7245D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	CRACKED	1,480.00	1,480.00
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	CUT	285.50	285.50
1	FRONT BUMPER GRILLE AIRDUCT (LH)	SERVICEABLE	155.00	-
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP SUPPORT TOP COVER	SERVICEABLE	398.00	-
1	HEADLAMP SUPPORT PANEL ASSY	CRACKED	1,067.50	1,067.50
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	HEADLAMP HALOGEN BULB (LH)	SERVICEABLE	14.40	-
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER APRON PANEL (LH)	TO REPAIR	1,575.50	-
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	AIR CLEANER ASSY	SERVICEABLE	188.00	-
1	FRONT WHEEL RIM (LH)	SERVICEABLE	351.90	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	150.70	150.70
1	FRONT WHEEL BEARING	SERVICEABLE	258.50	-
1	FRONT SHOCK ABSORBER (ASSY)(LH)	SERVICEABLE	342.20	-
1	FRONT SHOCK ABSORBER MOUNTING (LH)	SERVICEABLE	75.10	-
1	FRONT SUSPENSION LOWER ARM (LH)	SERVICEABLE	715.10	-
1	KNUCKLE ARM (LH)	SERVICEABLE	582.95	-
1	ABS SENSOR,LH	SERVICEABLE	261.50	-
	LESS 20% DISCOUNT		-2,371.07	-1,217.98
			9,484.28	4,871.92
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00

Report Ref No. NS/INC18002950/K1vbn2



## National Assessment Centre Services

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TEL: 6841 0055 FAX: 6841 6315

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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT TYRE (LH)(SN)  <b>LABOUR</b> THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. TOWING CHARGE.	SERVICEABLE	216.00	-
			316.00	100.00
			2,850.00	680.00
			650.00	380.00
			50.00	-
			3,550.00	1,060.00
GRAND TOTAL			13,350.28	6,031.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				6,031.92

Report Ref No. NS/INC18002950/K1vbn2

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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