

03/11/13

Surveyor: Kevin

REF:

NS / INC 15002953 / K19012

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: SDD 3298L

Policy No. 5095741357 09.11.17 - 08.11.18

Claims No. M710987703-002

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: 2 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: SHA 93420 Yr Regn: 6 Oct, 2016

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

Truck / Trailer or _____

Make: Hyundai I40 C.C. 1685

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

Sp. Reading: 22607 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLD 414A H4095267

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 Haruharu

Front 7 mm Rear 7 mm

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

L/Bal. 7 mm D.O.I. 12/2/18 D.O.I. 13/2/18

Survey held at CD46 (1.7m)

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

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

Date / Time	Action / Instruction
	<u>SHA 93420 - (S/FCL170014765 / R11b) DOA: 061317 ZAK</u>
	<u>SDD 3298L - (S3/AYA13011580 / G63) DOA: 180613 PIP</u>
<u>14/2/18</u>	<u>Control PIP \$2455.26 / 2 Pys. (Paid \$ 854.74, 36%.)</u>

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

1) 27/8 : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: 7P

Lump Sum / I.B.I.: \$ 2455.26

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	
S + RS, SI	
Photos	<u>35</u>
Others	
TOTAL	<u>195</u>



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/INC18002953/K1qb			
73 BRAS BASAH ROAD		Date: 13-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDD 8298L	Veh. Inspected	SHA 9342D
Policy No.	5095741357	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/02/2018
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	12/02/2018	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.			

Survey Department Check List (Case Handler)

Reference No.: *Ng/INC180029531K196*
 Policy Type: *OD / TP / TP RES / TL / EVA*

SHA 9342D

Admin (*Cathy*): Case handler to make sure all information created by the assignment team are **ACCURATE**.

		Case Handler		Typist	
		Y-Date	N-Date	Y-Date	N-Date
(1) Office Assign Form					
C	Reference No.	<input checked="" type="checkbox"/>			
C	Customer Code	<input checked="" type="checkbox"/>			
N	Assign From				
C	Assign Date	<input checked="" type="checkbox"/>			
C	Veh No (Inspected)	<input checked="" type="checkbox"/>			
C	Veh No (Insured)	<input checked="" type="checkbox"/>			
C	D.O.A	<input checked="" type="checkbox"/>			
C	Policy No	<input checked="" type="checkbox"/>			
C	Claim No	<input checked="" type="checkbox"/>			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	<input checked="" type="checkbox"/>			
C	Weekend Charges				
N	Survey held at/Repairer	<input checked="" type="checkbox"/>			
C	Excess				

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

(1) Assignment Form					
C	Vehicle No	<input checked="" type="checkbox"/>			
C	Regn Month/Year	<input checked="" type="checkbox"/>			
N	Vehicle Type	<input checked="" type="checkbox"/>			
N	Make & Model	<input checked="" type="checkbox"/>			
C	Engine Capacity. (C.C)	<input checked="" type="checkbox"/>			
N	Colour	<input checked="" type="checkbox"/>			
C	Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>			
C	Chassis No	<input checked="" type="checkbox"/>			
N	General Condition	<input checked="" type="checkbox"/>			
N	Steering	<input checked="" type="checkbox"/>			
N	Brake	<input checked="" type="checkbox"/>			
N	Modification (Modi)	<input checked="" type="checkbox"/>			
C	Tyre Size	<input checked="" type="checkbox"/>			
N	Tyre Make	<input checked="" type="checkbox"/>			
C	Tyre Balance	<input checked="" type="checkbox"/>			
C	Date of Inspection	<input checked="" type="checkbox"/>			
N	Survey held	<input checked="" type="checkbox"/>			
N	Des.of Damages	<input checked="" type="checkbox"/>			

(2) System - (Views/Merimen)					
C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			

(3) Workshop Estimate/Assignment Form					
N	ALL Parts condition	<input checked="" type="checkbox"/>			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	<input checked="" type="checkbox"/>			
C	Finalised Amount	<input checked="" type="checkbox"/>			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)					
C	Resurvey photo Uploaded	<input checked="" type="checkbox"/>			

Check By: *[Signature]* *24/2/18*
Case Handler Date

*C: Critical *N: Non-Critical

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	SJH 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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

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"/>	5095741357	HENG KEE SIANG	S81567498	GPC	drivo CLASSIC	SDD8298L	SDD8298L	09/11/2017	08/11/2018

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 16:36
Date Of Accident	12/02/2018 09:15
Exact Location Of Accident	CONSTRUCTION SITE AT WOODLANDS DR 17
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9342D
Insured/Policyholder	
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	LIM TECK CHIN
NRIC No	S1422433E
Date Of Birth	23/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	TECKCHIN@YAHOO.COM

Address	BLK 607 YISHUN STREET 61 #06-287
Postcode	760607
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?	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

PLS REFER TO ATTACHE / Type Of Accident : 3P REVERSE

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	SDD8298L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAO QING
NRIC/Passport Number	G8295980M
Contact Number	98610361
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839C

Lim Ee Soon
CSO

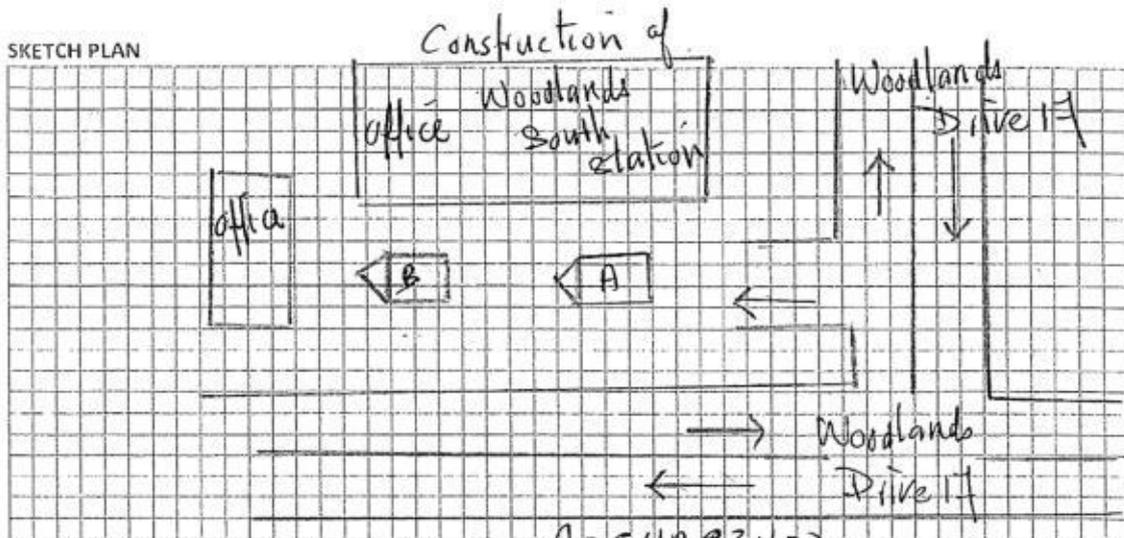
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



A = SHA 9342D

B = SDD 8298L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This morning (12/2/15), I ferried a male passenger from Fishun St 81 to his destination at Woodlands Drive 17. Upon arrival, I drove into the driveway at the construction site of Woodlands South station for my passenger to alight. As seen in the video, while my taxi was still in stationary position, it was car B (SDD 8298L) that suddenly reversed into my taxi. I took photos at the scene and also exchanged particulars with driver B. I found the front of my taxi dented.

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:

Lim Ee Soon
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date/Time: 13.02.2018 08:14 Page : 1

Job Name: ARC Repair TP(CFS0)1

JOB CARD Sales Order: 3804071

JC NO: 305116235

OMER NO: 7010070 CITYCAB PTE LTD 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO: SHA9342D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 12.02.2018 14:30
	YR OF MANU: 06.10.2016	TARGET DATE
	CHASSIS CODE: KMLB41UMHU095267	COMPLETION DATE/TIME:

IDENTIFICATION CARD NO.

JOB DESCRIPTION

Accident Date: 12.02.2018
 NATURE: 3P 12.02.18

/NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: **SHA9342D** **LIMITS**

Vehicle No.: **SHA9342D**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHA 9342D

MAKE :

MODEL : HYUNDAI i40

NTUC-CPIP)

DATE 13/2/2018 9:51

TS

LKK - kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille — <i>ma</i>			\$ 1,480.00
	Front Bumper Cover — <i>del</i>			\$ 1,052.20
	Front Bumper Sponge <i>X</i>			\$ 142.20
	Front Bumper Reinforcement <i>X</i>			\$ 526.10
	Front Bumper Bracket Top (LH/RH) <i>X</i>	\$	22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X</i>	\$	24.60	\$ 49.20
	Horn Unit (RH) <i>X</i>			\$ 86.75
	SUB TOTAL			\$ 3,381.25
	LESS 20%			\$ 676.25
	DISCOUNTED TOTAL			\$ 2,705.00
	Front Number Plate — <i>ma</i>			\$ 25.00
	Front No Plate Trim Cover — <i>m</i>			\$ 30.00
				\$ 55.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 200.00 180
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 3,310.00

Nett 21.50
Nett 17

Kalvin LKK
13/2/18 1045hrs
2 Pags
P/P
Before paint photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary ii. must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
Signature:
Date:

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

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

JOB NO : 305116235
 REGN NO : SHA9342D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.10.2016
 DATE/TIME IN : 12.02.2018 14:30
 ACCIDENT DATE : 12.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	FNPS	NO PLATE(S)W/TRIM COVER	1	L	55.00	10.00	49.50
0002	04-01-0103-2322-A	FRT BUMPER	1		1,052.20	20.00	841.76
0003	04-01-0103-2164-G	RADIATOR GRILLE	1		1,480.00	20.00	1,184.00

SUB-TOTAL : 2,075.26

JOB NATURE

0000	L	PANEL BEATING					200.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA					180.00

SUB-TOTAL : 380.00

TOTAL : 2,455.26

Limfs
 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305116235

Date : 14/02/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA9342D

Date of Accident : 12-Feb-18

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

1. The repair job shall bill to: NTUC --- SDD8298L
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$2,075.26</u>
(b) Labour Charges	<u>\$380.00</u>
Total for Part-By-Part Repair Cost	<u>\$2,455.26</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 14/2/18

Fax : 65468156

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:



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/INC18002953/K1qbn2			
73 BRAS BASAH ROAD		Date: 01-03-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDD 8298L	Veh. Inspected	SHA 9342D
Policy No.	5095741357	Coverage (\$)	0.00
Claim No.	MT/0982203-002	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.	KMHLB41UMHU095267	Colour	YELLOW
Odometer	226017	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/02/2018	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:		2 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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9342D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
1	HORN UNIT (RH)	SERVICEABLE	86.75	-
	LESS 20% DISCOUNT		-676.25	-506.44
			2,705.00	2,025.76
NETT ITEMS				
1	FRONT NUMBER PLATE (N)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (N)	CRACKED	30.00	30.00
	LESS 10% DISCOUNT		-	-5.50
			55.00	49.50
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		350.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			550.00	380.00
GRAND TOTAL			3,310.00	2,455.26
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,455.26

Report Ref No. NS/INC18002953/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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