

(08/11/13)

Surveyor: Kairin

REF:

NS/TNC 1800 2954/K1/bn2

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: XD 6757E

Policy No. 50 86631302-01 01.01.2018

Claims No. MT/0982086-002

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: SH 7929H Yr Regn: 5 Jan, 2017

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1600

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

Sp. Reading 217209 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMHCB419M44097779

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

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

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

D.O.A. 12/2/8 D.O.I. 13/2/8

Survey held at COHE (Lymington)

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

0/5 km

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

Date / Time	Action / Instruction
	SH 7929H - NS/TNC 10022484 / Fgl
	XD 6757E - x
20/2/8	Customer P/P \$2537.60 / 3 Pys (Red 2952.20, 54P)

RECEIVED 27 FEB 2018

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: 3

1)

☐ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2) 27/2 typist

Add Fee: ☐ : Site Insp (\$) S + RS. SI☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

Report Format :

Lump Sum / I.B.I. (\$) 2537.60

Survey Fee:

Transportation:

TOTAL

160
35
195

Survey Department Check List (Case Handler)

Reference No.: NS INC 1800 2954 Kivb

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	✓			
---	-------------------------	---	--	--	--

Check By: VERON 22/5/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/INC18002954/K1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 13-02-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	XD 6757E	Veh. Inspected	SH 7929H	
Policy No.	5086631302-01	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.				

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0980700-002	SMRT TAXIS PTE LTD	SHC 4745Y	FBK 629E	2/2/2018	16:00	\$7,449.80	\$2,197.53
2	MT/0981297-002	COMFORT TRANSPORTATION PTE LTD	SH 9778M	SKR 9188H	5/2/2018	16:30	\$2,607.04	\$2,103.04
3	MT/0981207-003	COMFORT TRANSPORTATION PTE LTD	SH 7825Z	SJR 750E	4/2/2018	14:30	\$8,852.40	\$2,900.00
4	MT/0983349-001	COMFORT TRANSPORTATION PTE LTD	SH 7789U	SLT 9304S	5/2/2018	23:20	\$3,524.54	\$2,298.09
5	MT/0981193-002	COMFORT TRANSPORTATION PTE LTD	SHC 2275A	SIK 7721E	5/2/2018	15:35	\$6,226.34	\$2,400.00
6	MT/0981140-002	CITYCAB PTE LTD	SHC 7318C	SLD 3740P	6/2/2018	6:40	\$2,548.38	\$1,970.70
7	MT/0982086-002	COMFORT TRANSPORTATION PTE LTD	SH 7929H	XD 6757E	12/2/2018	9:30	\$5,489.80	\$2,537.60
8	MT/0982270-002	COMFORT TRANSPORTATION PTE LTD	SHD 4205J	SFU 6132G	13/2/2018	15:45	\$6,687.20	\$2,300.00

Claim received from LKK

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/02/2018 17:53"/>						
Vehicle No. (For Motor)	<input type="text" value="XD6757E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5086631302-01	COLEX ENVIRONMENTAL PTE. LTD.	201133348M	GFT	Preferred Workshop Plan	XD6757E	XD6757E	01/01/2018	
<input type="button" value="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	12/02/2018 15:10
Date Of Accident	12/02/2018 09:30
Exact Location Of Accident	WOODLANDS AVE 3 TWDS CAUSEWAY POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7929H
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHUA POOY GUAN
NRIC No	S1606256A
Date Of Birth	29/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1980
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	547 07-17 CHOA CHU KANG STREET 52
Postcode	680547
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	SIDE SWIPE
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

SEE ATTACH.

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

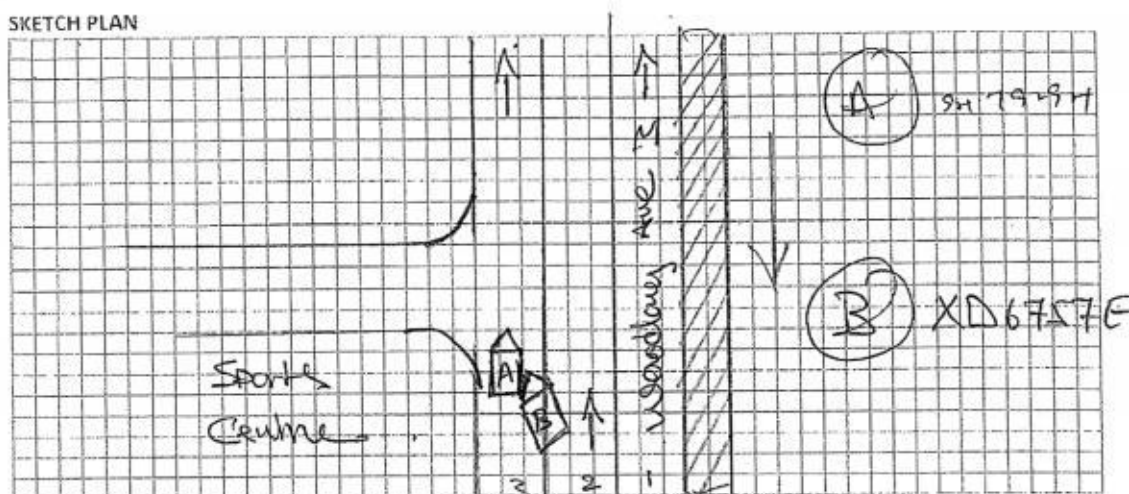
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6757E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 FEB 0930 hrs. I veh A near
Woodlands Ave 2
Driving along 3rd lane, turn Camerway point.
along the way suddenly veh B from 2nd lane
Cut across to veh A lane and hit Right Rear
and veh A was force to move to 2nd lane
at the point of accident ^{veh A} ferry one female
male passengers he was OK.

DECLARATION

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

COMFORT TRANSPORTATION P/L
CO. REG. NO. 199303821

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

W. Ma 12/21/18

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

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.:

NTUC

LKK

**COMFORTDELGRO
ENGINEERING**

ComfortDelGro Engineering Pte Ltd

335 Bras Basah Road Singapore 579703
 Mailing + 65 (0)3 6260 Facsimile + 65 (0)60 8736
 Workshops
 59 Loyang Drive Singapore 508935 24 Serangoon Loop Singapore 738155
 583 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
 45 Pandan Road Singapore 609266 6 Defu Avenue 1 Singapore 639557

member of COMFORTDELGRO

Date/Time: 12.02.2018 16:48 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO. 305116213

TOMER AS COMFORT TRANSPORTATION PTE LTD TOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SH 7929H	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL T-40	DATE/TIME IN 12.02.2018 11:20
	YR OF MANU 05.01.2017	TARGET DATE
	CHASSIS CODE RMHLB41UMHU097739	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.02.2018
 Nature: 3P 12.02.18

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

RECEIVED & PASSED OUT BY: _____

_____ SERVICE ADVISOR	_____ CUSTOMER'S SIGNATURE
--------------------------	-------------------------------

Acknowledgement Slip No.: SH 7929H LIMTS	Exit Pass Vehicle No.: SH 7929H
_____ Service Advisor	_____ Signature/Date
_____ Name of Service Advisor	_____ Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7929H

DATE 13/2/2018 9:56

MAKE :

MODEL : HYUNDAI i40

NTUC - CP/P

TS

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Lamp (RH) <i>✓</i>			\$ 556.80	
	Rear Bumper <i>Rebuilt</i>			\$ 603.60	
	Rear Bumper Bracket (RH) <i>✓</i>			\$ 49.00	
	Rear Bumper Clips 10 pcs <i>✓</i>			\$ 22.00	
	Tail Lamp (RH) <i>✓</i>			\$ 565.60	
	Tail Lamp Quarter Panel (RH) <i>X repair</i>			\$ 97.90	
	Rear Fender (RH) <i>X repair</i>			\$ 2,020.10	
	Rear Fender Inner Lining (RH) <i>X</i>			\$ 164.40	
	Rear Fender Air-Duct <i>X</i>			\$ 51.60	
	Rear Fender Trim Board (RH) <i>X</i>			\$ 188.75	
	Rear Windscreen Moulding <i>X</i>			\$ 60.00	
	SUB TOTAL			\$ 4,379.75	
	LESS 20%			\$ 875.95	
	DISCOUNTED TOTAL			\$ 3,503.80	
	Rear Bumper Rubber Mat <i>✓</i>			\$ 50.00	Nett
	Rear Windscreen Sealant <i>X</i>			\$ 46.00	Nett
				\$ 96.00	
	Labour Charge				
	Panel Beating			\$ 1,000.00	600
	Spray Painting Charge			\$ 400.00	360
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	X
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	50
	Remove/Refix Rear Windscreen Glass			\$ 120.00	X
	Remove/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 1,890.00	
	ESTIMATE TOTAL			\$ 5,489.80	
<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>					

LKK Auto Consultants, hence notify the Repairer of the following:

- To resurvey before any spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknow

Signature

Date

Calvin LKK

13/2/18 1100L

3 Pys
PRP

Before Paint photo

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305116213
 REGN NO : SH 7929H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 05.01.2017
 DATE/TIME IN : 12.02.2018 11:20
 ACCIDENT DATE : 12.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0583-G	BOOTLID LAMP RH	1	556.80	20.00	445.44
0002 04-01-0103-0579-G	REAR BUMPER	1	603.60	20.00	482.88
0003 04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	49.00	20.00	39.20
0004 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0005 04-01-0103-0585-A	TAILLAMP RH	1	565.60	20.00	452.48
0006 04-01-0103-1150-A	BUMPER PROTECTOR MAT	1	50.00	2.00	50.00

SUB-TOTAL : 1,487.60

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 L	R/I UPHOLSTERY ETC	50.00
0004 L	R/I REVERSE SENSOR	20.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305116213
REGN NO : SH 7929H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 05.01.2017
DATE/TIME IN : 12.02.2018 11:20
ACCIDENT DATE : 12.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,050.00

TOTAL : 2,537.60


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 : 305116213

Date : 19/02/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 7929H

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 --- XD6757E

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,487.60

(b) Labour Charges \$1,050.00

Total for Part-By-Part Repair Cost \$2,537.60

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 20/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
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/INC18002954/K1vbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 28-02-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	XD 6757E	Veh. Inspected	SH 7929H
Policy No.	5086631302-01	Coverage (\$)	0.00
Claim No.	MT/0982086-002	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.	2017
Chassis No.	KMHLB41UMHU097739	Colour	BLUE
Odometer	217209	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 O/S REAR 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:		3 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. SH 7929H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID LAMP (RH)	CRACKED	556.80	556.80
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER BRACKET (RH)	CRACKED	49.00	49.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP (RH)	CRACKED	565.60	565.60
1	TAIL LAMP QUARTER PANEL (RH)	TO REPAIR	97.90	-
1	REAR FENDER (RH)	TO REPAIR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR FENDER AIR-DUCT	SERVICEABLE	51.60	-
1	REAR FENDER TRIM BOARD (RH)	SERVICEABLE	188.75	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-875.95	-359.40
			3,503.80	1,437.60
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	50.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,440.00	690.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			1,890.00	1,050.00
GRAND TOTAL			5,489.80	2,537.60
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,537.60

Report Ref No. NS/INC18002954/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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