

Survey Department Check List (Case Handler)

Reference No.: **NS INC18003183 R1v43**
 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** **1/3/18**
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/20



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/INC18003183/R1vd3 | | | |
| 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. | SHC 6222B | Veh. Inspected | SHC 739S |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 20/02/2018 |
| 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 | 14/02/2018 | Inspection Date | 19/02/2018 |
| 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. | | | |

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|
| 1 | MT/0984034-001 | COMFORT TRANSPORTATION PTE LTD | SHA 1578T | PC 2508J | 17/2/2018 |
| 2 | MT/0983240-002 | CITY CAB PTE LTD | SHC 7849L | SGF 8231H | 21/2/2018 |
| 3 | MT/0983930-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8739P | FBG 1944J | 16/2/2018 |
| 4 | MT/0983144-002 | COMFORT TRANSPORTATION PTE LTD | SHA 4339Y | PA 8235S | 16/2/2018 |
| 5 | MT/0982985-002 | COMFORT TRANSPORTATION PTE LTD | SHA 4519U | SJL 3341P | 16/2/2018 |
| 6 | MT/0982807-002 | CITY CAB PTE LTD | SHD 8845K | SJH 994X | 15/2/2018 |
| 7 | MT/0983460-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8578L | SJD 6928U | 23/2/2018 |
| 8 | MT/0983588-002 | CITY CAB PTE LTD | SHA 39P | SHD 2276S | 26/2/2018 |
| 9 | MT/0982777-002 | CITY CAB PTE LTD | SHC 739S | SHC 6222B | 14/2/2018 |
| 10 | MT/0982554-002 | COMFORT TRANSPORTATION PTE LTD | SH9778M | SJJ 8500A | 15/2/2018 |
| 11 | MT/0983265-002 | COMFORT TRANSPORTATION PTE LTD | SH 7185L | GT 4037E | 21/2/2018 |
| 12 | MT/0982542-002 | COMFORT TRANSPORTATION PTE LTD | SHC 3778J | SJR 3977Z | 15/2/2018 |
| 13 | MT/0983492-002 | COMFORT TRANSPORTATION PTE LTD | SH 8772K | SJJ 6971L | 23/2/2018 |
| 14 | MT/0983425-002 | COMFORT TRANSPORTATION PTE LTD | SHC 3943Z | FBB 7581J | 22/2/2018 |
| 15 | MT/0984043-001 | COMFORT TRANSPORTATION PTE LTD | SHA 2563D | SKN 8654G | 22/2/2018 |

Hello, NAC_PAYA_UBI_800601

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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 type="radio"/> | 5095103893 | PREMIER TAXIS PTE. LTD. | 200304975H | GFT | Third Party | SHC6222B | SHC6222B | 20/10/2017 | |

SINGAPORE ACCIDENT STATEMENT**IMPORTANT NOTICE**

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

ACCIDENT STATEMENT

| | |
|----------------------------|---|
| Date Of Report | 15/02/2018 11:29 |
| Date Of Accident | 14/02/2018 20:50 |
| Exact Location Of Accident | DROP OFF POINT AT JURONG EAST MRT STATION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC739S |
| 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 | BALASUPFRAMANIAM |
| NRIC No | S1796454B |
| Date Of Birth | 12/10/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/05/1992 |
| Driving Experience | 25 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 427 CHOA CHU KANG AVENUE 4 09-196 |
| 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 - OPENING DOOR OF VEHICLE |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

Details of Police Action

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

Circumstances of Accident

REFER ATTACHED

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | - |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SHC6222B |
| Vehicle Make/Model/Colour | PREMIER TAXI |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | AMAN B DULKAMID |
| NRIC/Passport Number | S2150570F |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT DOOR

No. Of Passenger (Including Driver)

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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)**

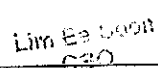
I understand, acknowledge, agree and consent that:

- (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:

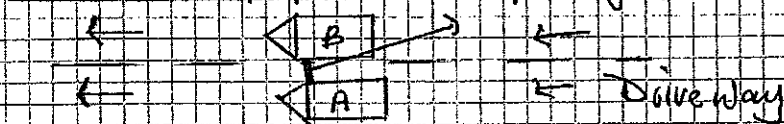

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Turning East MRT station

Drop all point

B's passengers of great dir



A: SHC 739S

B: SHC 6222B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

H.

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

Lim Ee Soon
CSO

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

SHC 739 S - ACCIDENT STATEMENT

Yesterday night (14/02/2018) I drove to Jurong East MRT Station at about 8.50 pm for the purpose to pick up passengers in the taxi stand at the said station.

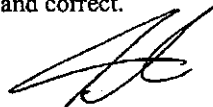
As seen in the video footage, I set to move off after a couple boarded my car.

But amid driving past a Silvercab B(SHC 6222B) stopped on the 2-lane driveway, a passenger on the front seat of car B suddenly opened the door and it hit directly into my passing taxi.

I took photos at the scene.

My passenger was not injured.

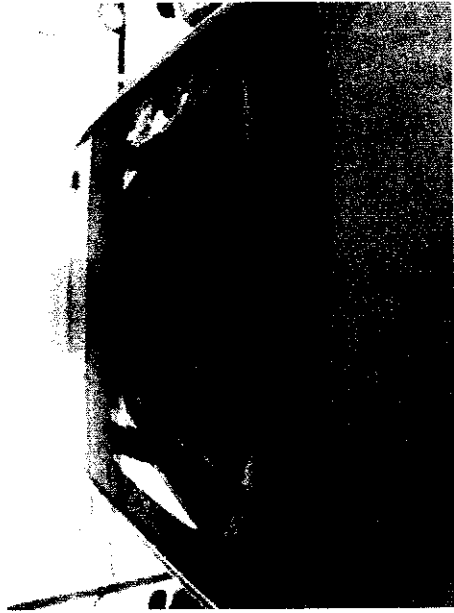
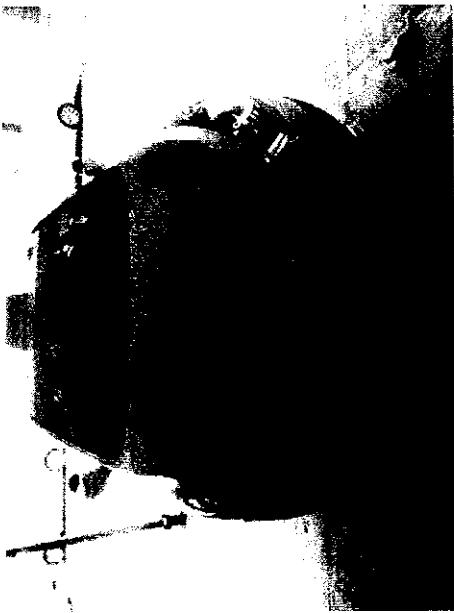
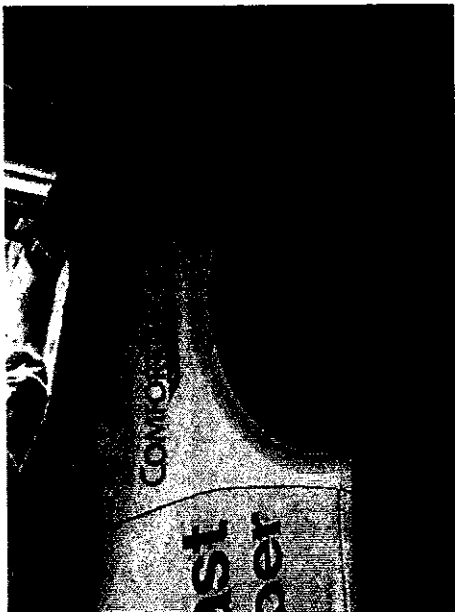
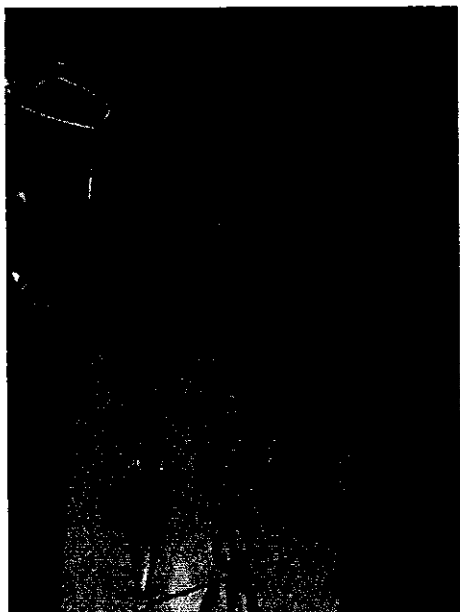
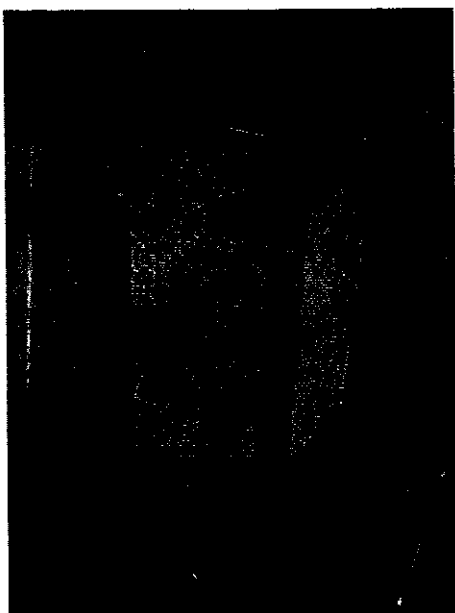
I affirmed the above-statement is true and correct.



Driver name : Balasupframaniam
NRIC NO : S 1796454B
Date: 15/02/2018

Recorded by Alex Lim





OMFOR1
ENGINEERING

am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO. 305117064

| | | |
|----------------------------|--------------------------------|-------------------------------|
| OMER | REGN NO. SHC 739S | MILEAGE |
| IS CITYCAB PTE LTD | MAKE HYUNDAI | FUEL |
| OMER NO. 7010070 | MODEL I-40 | E.....1/2.....F |
| RESS 383 SIN MING DRIVE | YR OF MANU. 05.02.2015 | DATE/TIME IN 15.02.2018 10:40 |
| Singapore SINGAPORE 575717 | CHASSIS CODE RMHLB41UMFU066017 | TARGET DATE |
| 65551188 (R) (P) (O) | | COMPLETION DATE/TIME: |

NTUC

OUNT CARD NO. JOB DESCRIPTION

ccident Date: 14.02.2018
ATURE: 3P 14.02.2018

/NO LABOR CODE DESCRIPTION

ECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC 739S LARRY

Vehicle No.: SHC 739S

Signature/Date Name of Service Advisor Date

returned to Service Reception upon collection To be kept by Security Guard

REPAIR ESTIMATE*

DATE 15/2/2018 11:44

LKK/Kalvin H Sam
 15/2/2018 11:44
 Larry N/A C

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|--------------------------------------|------|------------|--------------------|
| | Front Bumper Cover | | | \$ 562.30 |
| | Front Bumper Sponge | | | \$ 142.20 |
| | Front Bumper Reinforcement | | | \$ 526.10 |
| | Front Bumper Grille (RH) | | | \$ 40.30 |
| | Front Bumper Bracket Top (RH) | | | \$ 22.40 |
| | Front Bumper Bracket (RH) | | | \$ 24.60 |
| | Headlamp Support Panel Assy | | | \$ 1,067.50 |
| | Headlamp (RH) | | | \$ 1,388.00 |
| | Front Fender (RH) | | | \$ 619.00 |
| | Front Fender Shield (RH) | | | \$ 169.80 |
| | Front Fender Retainer | | | \$ 9.20 |
| | Wiper Container | | | \$ 61.90 |
| | Wiper Container Motor | | | \$ 65.90 |
| | SUB TOTAL | | | \$ 4,699.20 |
| | LESS 20% | | | \$ 939.84 |
| | DISCOUNTED TOTAL | | | \$ 3,759.36 |
| | Front Fender Advertisement Logo (RH) | | | \$ 140.00 |
| | Labour Charge | | | \$ 100.00 |
| | Panel Beating | | | \$ 1,000.00 |
| | Spray Painting Charge | | | \$ 400.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Remove/Refit Aircon & Refill Gas | | | \$ 150.00 |
| | TOTAL LABOUR | | | \$ 1,650.00 |
| | ESTIMATE TOTAL | | | \$ 5,509.36 |

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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____

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 . 305117064

Date : 22.02.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RASUL

Vehicle Reg No. : SHC 739S

Date of Accident: 14.02.2018

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

1. The repair job shall bill to: NTUC SHC6222B(Premier)

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

\$1,950.00

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

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

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Rasul

Name : Rasul

Date : 22/02/18

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:

**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 describe

| | | | |
|---|--|-----------------------------|---|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD | | Ref: NS/INC18003183/R1vd3e2 | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 05-03-2018 |  |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SHC 6222B | Veh. Inspected | SHC 739S |
| Policy No. | 5095103893 | Coverage (\$) | 0.00 |
| Claim No. | MT/0982777-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 19/02/2018 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 1.7L | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2015 |
| Chassis No. | KMHLB41UMFU066017 | Colour | YELLOW |
| Odometer | - | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | FAIR | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 205/60 R16 | WEST LAKE | 5 mm |
| L/H Front Tyre | 205/60 R16 | WEST LAKE | 5 mm |
| R/H Rear Tyre | 205/60 R16 | WEST LAKE | 5 mm |
| L/H Rear Tyre | 205/60 R16 | WEST LAKE | 5 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 14/02/2018 | Inspection Date | 19/02/2018 |
| 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 739S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|-------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER COVER | DEFORMED | 562.30 | 562.30 |
| 1 | FRONT BUMPER SPONGE | SERVICEABLE | 142.20 | - |
| 1 | FRONT BUMPER REINFORCEMENT | SERVICEABLE | 526.10 | - |
| 1 | FRONT BUMPER GRILLE (RH) | DEFORMED | 40.30 | 40.30 |
| 1 | FRONT BUMPER BRACKET TOP (RH) | NECESSARY | 22.40 | 22.40 |
| 1 | FRONT BUMPER BRACKET (RH) | NECESSARY | 24.60 | 24.60 |
| 1 | HEADLAMP SUPPORT PANEL ASSY | SERVICEABLE | 1,067.50 | - |
| 1 | HEADLAMP (RH) | BROKEN | 1,388.00 | 1,388.00 |
| 1 | FRONT FENDER (RH) | TO REPAIR | 619.00 | - |
| 1 | FRONT FENDER SHIELD (RH) | SERVICEABLE | 169.80 | - |
| 1 | FRONT FENDER RETAINER | SERVICEABLE | 9.20 | - |
| 1 | WIPER CONTAINER | SERVICEABLE | 61.90 | - |
| 1 | WIPER CONTAINER MOTOR | SERVICEABLE | 65.90 | - |
| | LESS 20% DISCOUNT | | -939.84 | -407.52 |
| | | | 3,759.36 | 1,630.08 |
| SPECIAL NETT ITEMS | | | | |
| 1 | FRONT FENDER ADVERTISEMENT LOGO (RH) (SN) | NECESSARY | 100.00 | 100.00 |
| | | | 100.00 | 100.00 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 1,200.00 | 330.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 450.00 | 380.00 |
| | | | - | - |
| | | | - | - |
| | | | - | - |
| | | | - | - |
| | | | 1,650.00 | 710.00 |
| GRAND TOTAL | | | 5,509.36 | 2,440.08 |

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| | | | |
|---|--|--|---------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 1860.00 |
|---|--|--|---------|

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MOHAMMED RASUL BIN MOHD YUNUS
Automotive Assessor



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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