

ANALYSTS:

Report No. _____ Date _____
Estimated Cost _____
OD / TP / WS / TR RES / OD RES / EVA / INV / MV
To inspect vehicle No. _____
at Workshop No. _____
of _____
Insured SJJ8500A-X
Policy No. 5087921467-01 (10/2/18-1/2/19)
Claims No. MT/0982554-002
Sum Insured _____ Excess _____
Clients Record _____
Make of Van _____
(Policy Condition)
Remarks: The van had commenced its repair at the time of inspection.
Bal. or Market Value _____
DAO Accident Report _____ Consistent? (Yes or No) _____
GIA - FR Seen? _____ Consistent? (Yes or No) _____
Est. Repairs _____ days Repair Yes or No _____
Lim Sum _____ \$ 3 Year Yes or No _____
CA / REV / REP. / 24 HRS
Date _____ Person Contacted _____ Vehicle IN / OUT _____

Vehicle No. SH 9718M Reg. 2017 Jan
Type M Car VIO, Bus, Bus Van, Long C Prime Motor
Truck Trailer
Make Hyundai I401-7 1688
Colour Blue AC Insured Std N/A
Std Pleading 178326 T-Patch Insured Std N/A
Eng No. _____
Chassis No. KMHLEB41UMH4U098201
Gen. Cond Good ☒ Poor Burnt
Steering Joints Jammed Leaked Burnt or
Brake Joints Jammed Leaked Burnt or
Modif M/SRL-STD APR-
Tyre Size R 205/60R16
R _____
BS/DUN/EXYOVAL GY RS LIZA MID OHTS. PR SUMO
TOYO/YOKO ANKKOR
Front _____ Rear _____
R.Bal. 5 --- R.Bal. 5 ---
L.Bal. 5 --- L.Bal. 5 ---
D.O.A. 15/02/18 D.O. 19/02/18
Surveyed at Comfort Lodge
Des of Damages Fr Rear CIS ☒ UO Reckless or
The UO / Chassis frame Body Structure affected due to collision

Date	Time	Action/Inspection
S119788M-CG		FCI18002557/Rvl3
S118500A-X		NCA'S/a/KS

27/2/18 Result confirmed \$ 3652.82 (Reel 445.50, 1190)

[Signature]
1/8/2018

RECEIVED 13 2010

Days Of Repair	6
Final Report	
Pearley No. of File	1
1/3-typist	
P/p \$3652.82	

Survey Department Check List (Case Handler)

Reference No. : NS/INC/8003185/ Rlv3
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 13/18
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/INC18003185/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.	SJJ 8500A	Veh. Inspected	SH 9778M
Policy No.	5087921467-01	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	15/02/2018	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	FBF 7581J	22/2/2018
15	MT/0984043-001	COMFORT TRANSPORTATION PTE LTD	SHA 2563D	SKN 8654G	22/2/2018

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.


Date of Accident

15/02/2018 08:06

Vehicle No.(For Motor)

SJJ8500A

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5087921467-01	CHUAN TRANSPORT LINK	53354297M	GPC	drive PREMIUM	SJJ8500A	SJJ8500A	10/02/2018	04/02/2019

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	15/02/2018 11:52
Date Of Accident	15/02/2018 06:30
Exact Location Of Accident	TERMINAL 2 DEPARTURE HALL NEAR DOOR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9778M
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	LOH KAM MENG
NRIC No	S0239121Z
Date Of Birth	07/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1972
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	KAMMENG.LOH@GMAIL.COM

Address	25 PRINCESS OF WALES ROAD
Postcode	266926
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	CHAIN COLLISION
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?	YES
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

PLS REFER TO 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	SJJ8500A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage REAR AND FRT
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3678J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOH KAM MENG
Approximate Age 66
Injuries Sustain FELT GIDDY AND NAUSEATING AND PAIN TO RIGHT SHOULDER.
Injured person in which vehicle? SH9778M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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

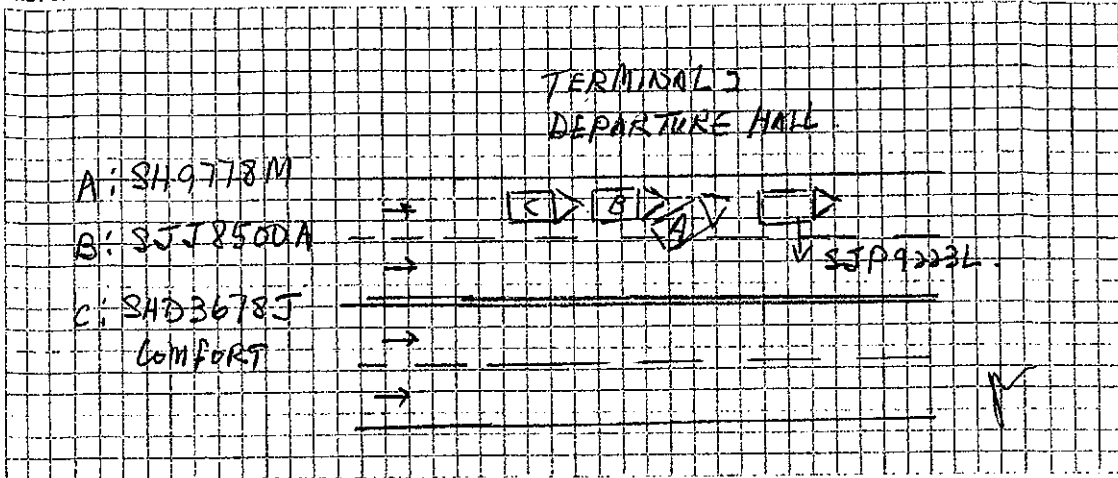
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

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.:

Describe Circumstances of the Accident
On 15 Feb 2018 at about 06:30 hrs I was slowly driving on second lane from the left along
Terminal 2 Departure Hall driveway waiting for a vacant spot on the extreme left lane to
alight my 04 passengers(a couple and 02 children) there.
Shortly after I found an empty space on the extreme left lane and I slowly filter to my left
towards the left lane and stopped in a diagonal position behind a car SJP9223L(see video)
waiting for the car to move forward. As my taxi was too near the front car SJP9223L, the
a male traffic warden instructed and guide me to reverse slowly. In the midst of
slowly reversing suddenly I felt an impact coming from the left hand mid section of my taxi
followed by a jerk.
Shortly after I found that a Comfort taxi SHD3678J had hit the rear of a car SJJ8500A directly
in front of the said taxi. The impact of the collision caused to car to surge forward. Due to this
the front right of the car hit the left hand side mid section(both doors) towards the left hand
side rear of my taxi thus damaging them in the process.
No injury at the point of the accident. However after the accident I felt giddy and nauseating
and pain to my right shoulder. I will consult a Doctor later.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature/Date &
Time

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

15/02/18

Witnessed by Reporting
Centre Personnel

NTAC

COMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

215 Bras Basah Road Singapore 179571
Workshops
51 Selegie Drive Singapore 118059
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609680
21 Selegie Lane Singapore 118057
7 Sungei Kadut Way Singapore 722117
8100 J Avenue 1 Singapore 699037

Date/Time: 19.02.2018 09:44 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305117310

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO: SH 9778M	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 15.02.2018 10:35
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE RMHLB41UMHU098201	COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

cident Date: 15.02.2018
TURE: 3P 15.02.18

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

lo.: SH 9778M CHIANG Vehicle No.: SH 9778M

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 9778M

DATE 19/2/2018

MAKE :

MODEL : HYUNDAI i40

NTUC-CP(P)

Chiang

LKK - Rasul

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (LH)			\$ 1,351.10
	Front Door (LH)			\$ 1,403.05
	SUB TOTAL			\$ 2,754.15
	LESS 20%			\$ 550.83
	DISCOUNTED TOTAL			\$ 2,203.32
	Rear Door Comfortdelgro & Apps Sticker (LH)			\$ 80.00
	Front Door Coloured Comfort Logo (LH)			\$ 75.00
				\$ 155.00
	Labour Charge			
	Panel Beating- Repair Rear Fender			\$ 850.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 50.00
	Transfer of Door		\$ 120.00	\$ 240.00
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL			\$ 4,098.32

- 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:
 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.

2203.32
 139.50
 1310.00
 3652.82

155
 10%
 139.50

Rasul
 Hp 90010068

6 days
 P/P
 19/02/18 @ 1445
 Resy by print

20/2/18

BT

BT

Nett

Nett

600

540

120

Our Job Ref No : 305117310

Date : 23/02/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RASUL

Vehicle Reg No. : SH 9778M

15/02/2018

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

1. The repair job shall bill to: NTUC SJJ8500A

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,342.82

(b) Labour Charges \$1,310.00

Total for Part-By-Part Repair Cost \$3,652.82

(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 6 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 : CHIANG

Name : Rame

Tel : 62148314

Date : 27/02/18

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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 22.02.2018
Time: 10:12:23
Page: 1

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

JOB NO : 305117310
REGN NO : SH 9778M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 15.02.2018 10:35
ACCIDENT DATE : 15.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0593-G	I40VC PANEL ASSY-FR DR LH	1	1,403.05	20.00	1,122.44
0002 04-01-0103-0596-G	I40VC PANEL ASSY-RR DR LH	1	1,351.10	20.00	1,080.88
0003 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	10.00	67.50
0004 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	10.00	72.00

SUB-TOTAL : 2,342.82

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	540.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	50.00
0003 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	120.00

SUB-TOTAL : 1,310.00

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

JOB NO : 305117310
REGN NO : SH 9778M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 15.02.2018 10:35
ACCIDENT DATE : 15.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,652.82

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

**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/INC18003185/R1vd3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 07-03-2018	
		Code: INC4	
1. Policy Particulars - THIRD PARTY CLAIM			
Insured Veh.	SJJ 8500A	Veh. Inspected	SH 9778M
Policy No.	5087921467-01	Coverage (\$)	0.00
Claim No.	MT/0982554-002	Excess (\$)	0.00
Assign From		Assign Date	19/02/2018
2. Vehicle Particulars - Condition			
Make & Model	HYUNDAI I40 1.7	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098201	Colour	BLUE
Odometer	178326	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Tyre Condition			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4. Description of Damage			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2018	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. Estimated Day of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 Working Days	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9778M

Qty	Description of Part	Condition	Estimated Cost	Adjusted Cost
REPLACEMENT OF PARTS				
1	REAR DOOR (LH)	BENT	1,351.10	1,351.10
1	FRONT DOOR (LH)	BENT	1,403.05	1,403.05
	LESS 20% DISCOUNT		-550.83	-550.83
			2,203.32	2,203.32
NETT ITEMS				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,090.00	720.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	590.00
			1,740.00	1,310.00
GRAND TOTAL			4,098.32	3,652.82

RECOMMENDED COST OF REPAIRS CONFIRMED

3,652.82

Report Ref No. NS/INC18003185/R1vd3e2

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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