

SINCE

Rogan

REF:

NS/INC18003186/R19d3n2

3821R

ASSIGNMENT

Form

Date

Estimated Cost

QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No

at Address of Ins

of

Insured SJM 629A

Policy No 5096669096

17/11/18 - 18/12/18

Claims No MT/0982899-002

Sum Insured

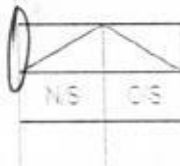
Excess

Client's Record

Name of Van

(Policy / Condition)

Remark: The van had commenced its repair at the time of inspection.



Bal. or Market Value

IDAO Accident Report Consistent? : Yes or No

GIA / PR Seen Consistent? : Yes or No

Est. Repairs 4 days Res: Yes or No

Lump Sum 5 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted

Vehicle IN / OUT

Vehicle

SHC 8242E

2015 APR

Type M/Gar M/Cycle Bus/Van/Lorry C Prime Mover

Track Trailer

Make

Humber I 401.7

1685

Colour

Blue

St. Reading

T. Radio Insured St. NI No

Eng No

Ch No

KMHLB41UMF4067893

Gen. Cond. Good Fair Poor/Burnt

Steering Jockey Jammed / Leaked / Burnt or

Brake Jockey Jammed / Leaked / Burnt or

Mod. C SRUM / STD A/Rum or

Tyre Size

205/60R16

R

BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSL / PIR / SUM

TOYO / YOKO or

Hankook

Front

Rear

R.Ba

5

mm

R.Ba

5

L.Ba

5

mm

L.Ba

5

D.O.A

14/02/108

D.O.A

19/02/18

Survey held at

Commerce Lymington

Des. of Damages Fr. Rear / OS / NS / U/O / Roof/door

N/S Per

The U/O / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction

SHC 8242E - cc3 / AIG 14010523 / H/wa3q2

D.O.A: 29/05/14

SJM 629A - x

US \$ 2550, 4 days (Red. \$ 2763.12, 57%)

RECEIVED 20 MAY 2018

Date Time File Pass to



Prelim. Report

Final Report

Date Time File Return to

Days Of Repair 4

Resurvey No. of Trip 1

Survey Fee

Transportable

Fr. / Rear / Both

Add Fee:

Site Insp

Towing

Tech Insp

Resurvey

Report Format

Lump Sum

78

2550

160
35
195



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003186/R1qd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-02-2018



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 629A	Veh. Inspected	SHC 8242E
Policy No.	5096669096	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.
--

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	Estimate	Tentative repair cost
1	MT/0982899-002	COMFORT TRANSPORTATION PTE LTD	SHC 8242E	SJM 629A	14/02/2018	\$ 5,313.12	\$ 2,550.00
2	MT/0986777-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJJ9670K	14/02/2018	\$ 1,585.04	\$ 280.00
3	MT/0980219-003	SMRT TAXIS PTE LTD	SHB 5294E	SHC 6991P	30/01/2018	\$ 3,231.20	\$ 1,720.89
4	MT/0974759-002	SMRT BUSES PTE LTD	SMB 3550U	SGL 8186Z	21/12/2017	\$ 4,021.13	\$ 2,550.00
5	MT/0986780-001	SMRT BUSES PTE LTD	SMB 88H	FW 1364B	10/01/2018	\$ 8,830.84	\$ 2,750.00
6	MT/0985203-002	SMRT TAXIS PTE LTD	SHC 4698A	YP 6207B	21/02/2018	\$ 19,415.64	\$ 4,450.00

Claim received from LKK Auto

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2018 08:06"/>						
Vehicle No.(For Motor)	<input type="text" value="SJM629A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096669096	SPR REALTY PTE. LTD.	200604044Z	GPC	drive CLASSIC	SJM629A	SJM629A	17/01/2018	18/12/2018
				<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	15/02/2018 10:50
Date Of Accident	14/02/2018 23:45
Exact Location Of Accident	SOUTH BRIDGE ROAD X HONG KONG ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8242E
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	SHIH WOON KUANG
NRIC No	S0044737D
Date Of Birth	04/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1974
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SHIHDAVE@HOTMAIL.COM

Address	BLK 27 FLORA ROAD #02-02
Postcode	509741
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	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)	2
Passenger 1	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	SJM629A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PUTRA FARIZ DANIEL B MOHD HAMDAN
NRIC/Passport Number	S9537711D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT

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.
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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:

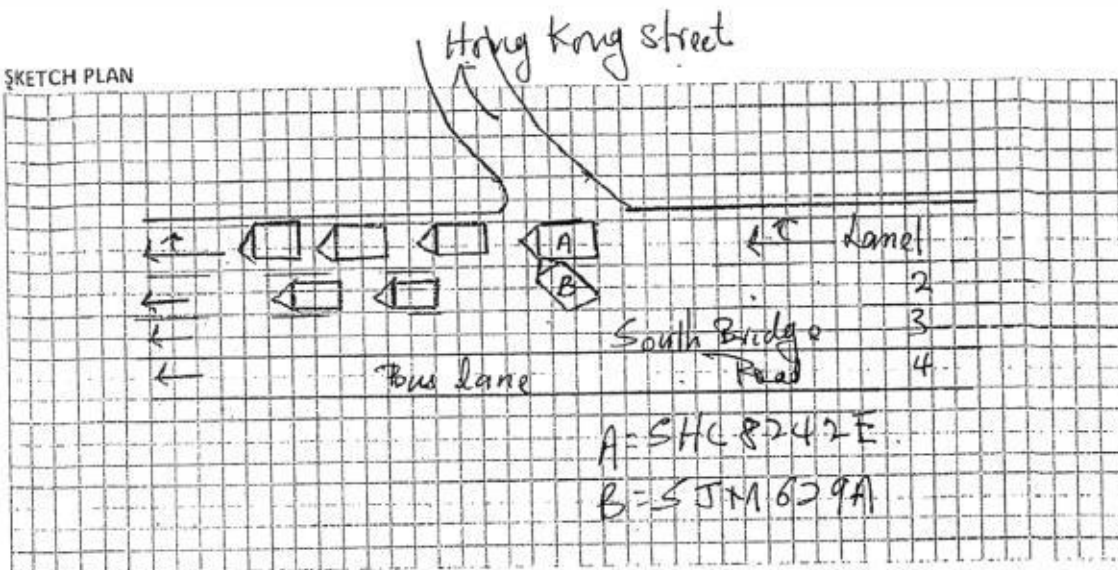
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Lim Ee SC91
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached

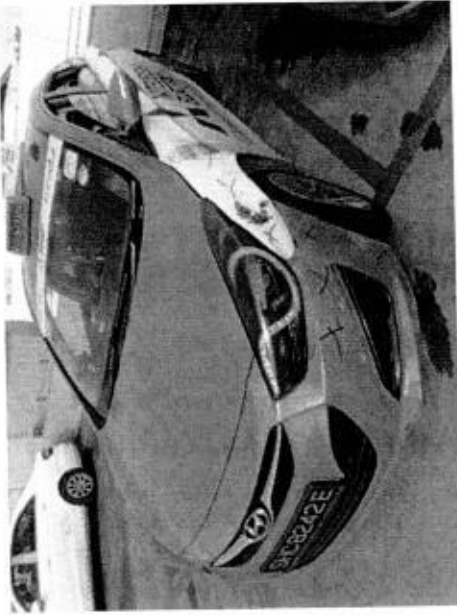
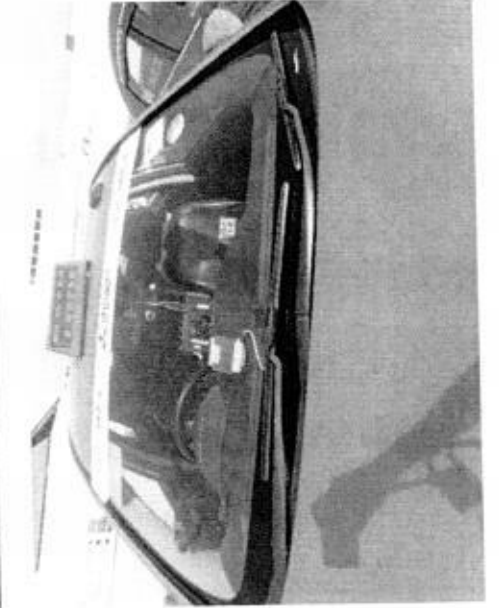
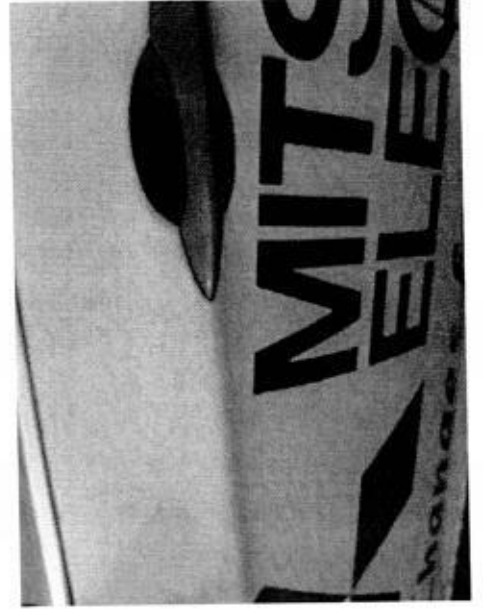
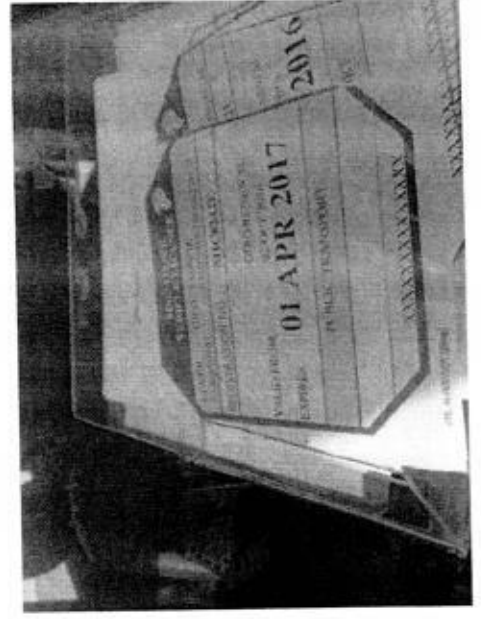
DECLARATION

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:

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



Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3804740 JG NO: 305117063

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (P)		REGN NO SHC8242E	MILEAGE
		MAKE HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 14.02.2018 23:45
		YR OF MANU 02.04.2015	TARGET DATE
		CHASSIS CODE KMHLB41UMFU067893	COMPLETION DATE/TIME

NTUC

COUNT CARD NO.

Accident Date: 14.02.2018
NATURE: 3P 14.02.2018

3/NO LABOR CODE DESCRIPTION
000010 23-01 TOWING FEE

ASO

CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC8242E LKE/KALVIN		Vehicle No.: SHC8242E	
Signature/Date		Date	
Name of Service Advisor		Name of Service Advisor	
To be returned to Service Reception upon collection.		To be kept by Security Guard	

HWW-LKK

REPAIR ESTIMATE*

VEHICLE NO : SHC 8242E

DATE 19/2/2018 23:13

LCC

MAKE :

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 Bracket Top (LH)			\$ 22.40
	Front Bumper Retainer Mounting			\$ 9.20
	Headlamp Support Panel Assy			\$ 1,067.50
	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 619.00
	Front Fender Shield (LH)			\$ 169.80
	Front Fender Retainer			\$ 9.20
	Frt Wheel Hub Cap			\$ 150.70
	SUB TOTAL			\$ 4,666.40
	LESS 20%			\$ 933.28
	DISCOUNTED TOTAL			\$ 3,733.12
	Frt Fender Advertisement Logo (LH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Fees			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,480.00
	ESTIMATE TOTAL			\$ 5,313.12

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.

Reason
Hp 90010068
4 days
4/5
19/02/18 @ 1400

Repair after
repair

20/2/18

Nett

400
360
30
30
X 200
60

REPAIR ESTIMATE*

VEHICLE NO : SHC 8242E

DATE 19/2/2018 23:13

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
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	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 619.00
	Front Fender Shield (LH)			\$ 169.80
	Front Fender Retainer			\$ 9.20
	Frt Wheel Hub Cap			\$ 150.70
			2,141.80	
			619.00	
	SUB TOTAL			\$ 4,666.40
	LESS 20%			\$ 933.28
	DISCOUNTED TOTAL			\$ 3,733.12
			2,208.64	
			100	
	Frt Fender Advertisement Logo (LH)			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 400.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Fees			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
			19/02/18 @ 1400	
			880	
			3,188.64	
			-20%	
			2,550.91	
	TOTAL LABOUR			\$ 1,480.00
	ESTIMATE TOTAL			\$ 5,313.12

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
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- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
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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.

COMFORTDELGRO ENGINEERING

Our Job Ref No. 305117063

Date : 28/02/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 6156

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RASUL

Vehicle Reg No. SHC8242E CTPL

14.02.18

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

1. The repair job shall bill to: NTUC --- SJM629A

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: 20%

Final Lumpsum Repair cost

#2,550.00

3. Estimated normal period for repairs: 4 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature: 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature: 

Name : RASUL

Date : 16/03/18

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:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition															
<p>1. Date: <u>15/5/18</u> Time Received: <u>0035</u></p> <p>2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis</p> <p>Name of Customer : <u>SHIH Woon KUANG</u></p> <p>Contact No. : <u>97208401</u></p> <p>Vehicle No. : <u>SHC 8242 E</u></p> <p>Make / Model / Colour : <u>140</u></p> <p>Email : _____</p>	<p>3. Vehicle Type:</p> <p><input type="checkbox"/> Private</p> <p><input type="checkbox"/> Taxi (CTPL/CCPL)</p> <p><input type="checkbox"/> Fleet</p> <p><input type="checkbox"/> STK (Boon Lay)</p>	<p>4. Type of Towing:</p> <p><input checked="" type="checkbox"/> Normal Tow</p> <p><input type="checkbox"/> King Dolly</p> <p><input type="checkbox"/> Flat Bed</p> <p><input type="checkbox"/> Crane-up</p>													
<p>7. Location: <u>72 Sth Behn Rd</u></p>	<p>8. Vehicle Tow - In Workshop:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Smoky Exhaust</td> <td><input type="checkbox"/> Wheel Jammed</td> </tr> <tr> <td><input type="checkbox"/> Overheating</td> <td><input type="checkbox"/> Steering Faulty</td> </tr> <tr> <td><input type="checkbox"/> Brake Faulty</td> <td><input type="checkbox"/> Alternator Faulty</td> </tr> <tr> <td><input type="checkbox"/> Starting Problem</td> <td><input type="checkbox"/> Loss Power</td> </tr> <tr> <td><input checked="" type="checkbox"/> Accident</td> <td><input type="checkbox"/> Engine Stalled</td> </tr> <tr> <td><input type="checkbox"/> Return Taxi</td> <td></td> </tr> </table>			<input type="checkbox"/> Smoky Exhaust	<input type="checkbox"/> Wheel Jammed	<input type="checkbox"/> Overheating	<input type="checkbox"/> Steering Faulty	<input type="checkbox"/> Brake Faulty	<input type="checkbox"/> Alternator Faulty	<input type="checkbox"/> Starting Problem	<input type="checkbox"/> Loss Power	<input checked="" type="checkbox"/> Accident	<input type="checkbox"/> Engine Stalled	<input type="checkbox"/> Return Taxi	
<input type="checkbox"/> Smoky Exhaust	<input type="checkbox"/> Wheel Jammed														
<input type="checkbox"/> Overheating	<input type="checkbox"/> Steering Faulty														
<input type="checkbox"/> Brake Faulty	<input type="checkbox"/> Alternator Faulty														
<input type="checkbox"/> Starting Problem	<input type="checkbox"/> Loss Power														
<input checked="" type="checkbox"/> Accident	<input type="checkbox"/> Engine Stalled														
<input type="checkbox"/> Return Taxi															
<p>9. Preferred Workshop:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Braddell</td> <td><input type="checkbox"/> Loyang</td> <td><input type="checkbox"/> Pandan</td> </tr> <tr> <td><input type="checkbox"/> Sin Ming</td> <td><input checked="" type="checkbox"/> Sungei Kadut</td> <td><input type="checkbox"/> Ubi</td> </tr> <tr> <td><input type="checkbox"/> Senoko</td> <td><input type="checkbox"/> Komoco (UBI / Leng Kee)</td> <td><input type="checkbox"/> Cycle & Carriage (PD)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Others: _____</td> </tr> </table>	<input type="checkbox"/> Braddell	<input type="checkbox"/> Loyang	<input type="checkbox"/> Pandan	<input type="checkbox"/> Sin Ming	<input checked="" type="checkbox"/> Sungei Kadut	<input type="checkbox"/> Ubi	<input type="checkbox"/> Senoko	<input type="checkbox"/> Komoco (UBI / Leng Kee)	<input type="checkbox"/> Cycle & Carriage (PD)	<input type="checkbox"/> Others: _____			<p>10. Odometer Reading : _____</p> <p>Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E</p>		
<input type="checkbox"/> Braddell	<input type="checkbox"/> Loyang	<input type="checkbox"/> Pandan													
<input type="checkbox"/> Sin Ming	<input checked="" type="checkbox"/> Sungei Kadut	<input type="checkbox"/> Ubi													
<input type="checkbox"/> Senoko	<input type="checkbox"/> Komoco (UBI / Leng Kee)	<input type="checkbox"/> Cycle & Carriage (PD)													
<input type="checkbox"/> Others: _____															
<p>11. Radio / CD Player</p> <p><input checked="" type="checkbox"/> OK</p> <p><input type="checkbox"/> Faulty</p> <p><input type="checkbox"/> Not tested</p>		<p># : Cracked X : Dented</p> <p>/ : Scratched O : Missing</p> <p><u>hu</u></p> <p>Signature of Customer</p>													
Job Attended															
<p>12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING</p> <p>Name of Driver : <u>Jen</u></p> <p>Vehicle No. : <u>4M7644</u></p> <p>Time Dispatch : <u>0025</u></p> <p>Time of Arrival : <u>0052</u></p> <p>Time Completed : <u>0135</u></p>															
Cash Invoice Details (if applicable)															
<p>13. Cash Invoice No. : _____</p>															
Customer Acknowledgement															
<p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>															
<p><u>15/5/18</u></p> <p>Date</p>		<p><u>0052</u></p> <p>Time</p>													
<p><u>[Signature]</u></p> <p>Signature of Customer</p>															
14. WORKSHOP															
<p>_____ Name of Attending Staff/Guard</p>		<p>_____ Date & Time of Arrival</p>													
<p>_____ Signature of Attending Staff/Guard</p>															



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/INC18003186/R1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 22-03-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJM 629A	Veh. Inspected	SHC 8242E	
Policy No.	5096669096	Coverage (\$)	0.00	
Claim No.	MT/0982899-002	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.	2015	
Chassis No.	KMHLB41UMFU067893	Colour	BLUE	
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	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 Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT 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:		4 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8242E

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 BRACKET TOP (LH)	NECESSARY	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	NECESSARY	9.20	9.20
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	BENT	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	NECESSARY	9.20	9.20
1	FRT WHEEL HUB CAP	SCRATCHED	150.70	150.70
	LESS 20% DISCOUNT		-933.28	-552.16
			3,733.12	2,208.64
SPECIAL NETT ITEMS				
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		980.00	490.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	390.00
	TOWING FEES.		50.00	-
			1,480.00	880.00
GRAND TOTAL			5,313.12	3,188.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,550.00

Report Ref No. NS/INC18003186/R1qd3n2

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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