

Simeon Kelvin

REF:

NS/INC18003657/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To: Inspect Vehicle No. _____

at Work Stop: _____

of _____

Insured: **FBL 73882**Policy No: **0073151220-14 01-01-18**Claims No: **MT/0984783-01**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: **2** days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHB4736D**Yr Regn: **11 Jan 2017**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Ta0 / Prime Mover /

Truck / Trailer or

Make: **Hyundai**Colour: **Yellow**Sp. Reading: **165342**

Eng/No: _____

C/No: **KMHCB414MH4098328**

Gen. Cond: Good / F0 / Poor / Burnt

Steering: Inor **6** / Jammed / Leaked / Burnt orBrake: Inor **6** / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD **6** / Rim orTyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **Hankook**

Front

R/Bal. **7** mmL/Bal. **7** mmD.O.A. **22/2/18**Survey held at **(O/E 167m)**

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

Rear o/s

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

Date / Time Action / Instruction

26/2/18 **Arrived PIP \$950.48/2071 (Ref \$1536.70, 62/10) INC****SHB 4736D - CS/FCL14019436 / High 13****DOA: 12/10/14****FBL 73882 - NM/INC17018099/13****DOA: 310817**

RECEIVED 06 MAR 2018

Date/Time, File Pass to?

1) 06/3 11m12

Date/Time, File Return to?

2) _____

☐

Preli. Report

☐

Final Report

Days Of Repair: **7**Resurvey No. of Trip: **1**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Other (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other

160**35****195**

Period of Trip:

7P**950.48**



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/INC18003657/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 7388Z	Veh. Inspected	SHB 4736D
Policy No.	0073451220-14	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/02/2018

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

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5. General Information

Accident Date	22/02/2018	Inspection Date	22/02/2018
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.
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Survey Department Check List (Case Handler)

Reference No. : NS/NCI 8003657/KG6
Policy Type: OD / TP / TP RES / TL / EVA

SFB 47360

Case Handler

Typist

Admin (Cath): 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.	<input checked="" type="checkbox"/>			
C	Customer Code	<input checked="" type="checkbox"/>			
N	Assign From				
C	Assign Date	<input checked="" type="checkbox"/>			
C	Veh No (Inspected)	<input checked="" type="checkbox"/>			
C	Veh No (Insured)	<input checked="" type="checkbox"/>			
C	D.O.A	<input checked="" type="checkbox"/>			
C	Policy No	<input checked="" type="checkbox"/>			
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	<input checked="" type="checkbox"/>			
C	Weekend Charges				
N	Survey held at/Repairer	<input checked="" type="checkbox"/>			
C	Excess				

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

(1) Assignment Form

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

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>			
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(3) Workshop Estimate/Assignment Form

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

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	<input checked="" type="checkbox"/>			
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Check By: [Signature] 05/07/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014

TP Claims against NTUC Income: Follow-Through Survey

Date: 5/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		SMRT BUSES LTD	SMB 3529H	FV 3043U	11/12/2018	16:15	\$ 3,858.03	\$ 2,550.00
2	MT/0983770-002	COMFORT TRANSPORTATION PTE LTD	SHC 8339K	FY 5545J	25/2/2018	2:25	\$ 6,898.96	\$ 4,100.00
3	MT/0984758-001	COMFORT TRANSPORTATION PTE LTD	SHC 3155G	GBG 1237S	22/2/2018	14:40	\$ 2,549.36	\$ 1,400.00
4	MT/0980882-004	COMFORT TRANSPORTATION PTE LTD	SHD 3132S	GBG 3328X	3/2/2018	7:55	\$ 3,503.26	\$ 1,348.21
5	MT/0984276-002	COMFORT TRANSPORTATION PTE LTD	SHC 746X	SLR 7216L	28/2/2018	2:00	TOTAL LOSS	TOTAL LOSS
6	MT/0984762-001	SMRT BUSES LTD	SG 5452J	SKQ 3494T	5/1/2018	13:22	\$ 8,131.29	\$ 7,161.29
7	MT/0984765-001	SMRT BUSES LTD	SMB 336S	SHD 1237L	27/1/2018	18:30	\$ 2,990.00	\$ 700.00
8	MT/0979197-002	SMRT BUSES LTD	TIB 1116B	GBD 5665D	23/1/2018	10:05	\$ 3,964.77	\$ 3,000.00
9	MT/0983952-002	COMFORT TRANSPORTATION PTE LTD	SHB 6713G	SLA 46X	26/2/2018	6:05	\$ 6,740.80	\$ 4,950.00
10	NOT INSURED	COMFORT TRANSPORTATION PTE LTD	SHA 6973C	FBB 4102D	23/2/2018	17:15	\$ 1,250.48	\$ 600.00
11	MT/0983501-002	CITY CAB PTE LTD	SHA 9243G	PC 4246B	23/2/2018	18:05	\$ 2,681.58	\$ 2,400.00
12	MT/0984783-001	CITY CAB PTE LTD	SHB 4736D	FBL 7388Z	22/2/2018	12:30	\$ 2,487.18	\$ 950.48
13	MT/0982510-002	COMFORT TRANSPORTATION PTE LTD	SH 6763A	SJP 3496E	13/2/2018	22:00	\$ 2,324.08	\$ 1,295.76
14	MT/0984221-001	CITY CAB PTE LTD	SHC 926T	SDX 6942T	18/2/2018	16:50	\$ 3,181.90	\$ 1,400.00
15	MT/0984099-001	COMFORT TRANSPORTATION PTE LTD	SHA 4722Z	SJR 294E	16/2/2018	16:40	\$ 5,637.20	\$ 2,237.52
16	MT/0984101-001	COMFORT TRANSPORTATION PTE LTD	SHC 3372X	SLU 1543R	18/2/2018	5:35	\$ 4,132.08	\$ 560.00
17	MT/0984790-001	CITY CAB PTE LTD	SHC 7866L	SLP 4518X	18/2/2018	17:50	\$ 1,375.12	\$ 660.00
18	MT/0983617-002	COMFORT TRANSPORTATION PTE LTD	SH9111L	SHC 6770K	24/2/2018	22:50	\$ 2,605.10	\$ 975.48
19	MT/0983513-002	COMFORT TRANSPORTATION PTE LTD	SH A 3341X	SIL 7579U	24/2/2018	14:05	\$ 6,414.38	\$ 1,200.00
20	MT/0972860-002	COMFORT TRANSPORTATION PTE LTD	SMB 3141S	GBE 9185R	4/12/2017	14:25	\$ 6,153.67	\$ 6,090.67
21	MT/0983749-002	COMFORT TRANSPORTATION PTE LTD	SHA 7760T	SID 3446M	25/2/2018	22:15	\$ 6,759.82	\$ 1,850.00

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

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"/>	0073451220-14	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFT	Comprehensive	FBL7388Z	FBL7388Z	01/01/2018	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	22/02/2018 14:38
Date Of Accident	22/02/2018 12:30
Exact Location Of Accident	BT BATOK WEST AVE 5 AFTER EXIT OF BT BATOK DRIVING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4736D
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	ONG KENG JIN
NRIC No	S1203403B
Date Of Birth	23/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1977
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 33 PASIR RIS DRIVE 3 #10-06
Postcode	519492
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	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)	1

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	FBL7388Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Lim Ee Soon
CSO

Policyholder's Signature
Date & Time:

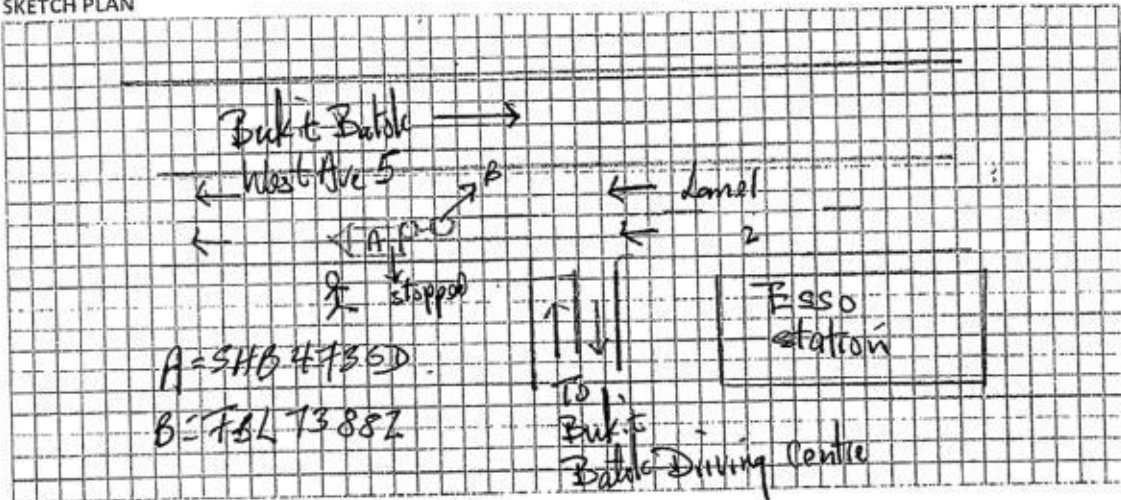
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Lim Ee Soon
CSO

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

Sketch Plan Pg. 3

SHB 4736 D - ACCIDENT STATEMENT

I cruised on leftmost lane of Bukit Batok West Ave 5 today (22/02/2018) at about 12.30 pm in the direction towards Choa Chu Kang Road.

As seen in the video footage, when I sighted a female passenger hailing my taxi by the side of the road after exit of Bukit Batok Driving Centre, I gave signal before slowing down the speed.

As further evidenced in the video clip, as soon as my taxi came to a halt, I felt an impact when it was a trainee rider on m/cycle B(FBL 7388Z) that bumped into the rear of my car.

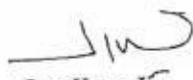
The trainee rider was accompanied by a male trainer called Raja.

I took photos at the scene.

I found the impact inflicted damage to the rear right portion of my bumper while the front of the m/cycle B sustained dents.

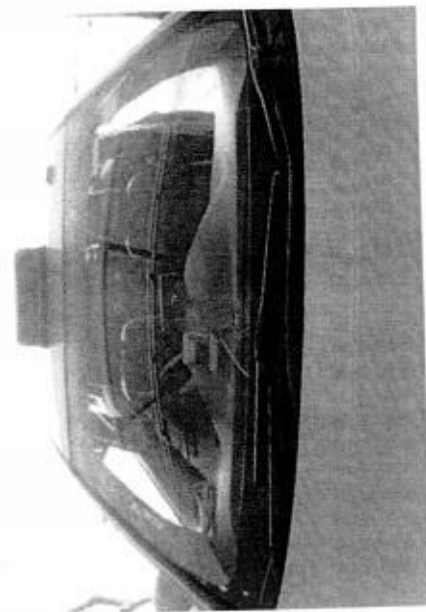
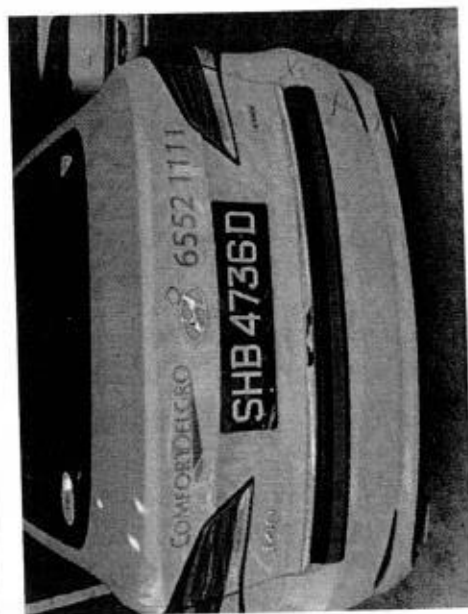
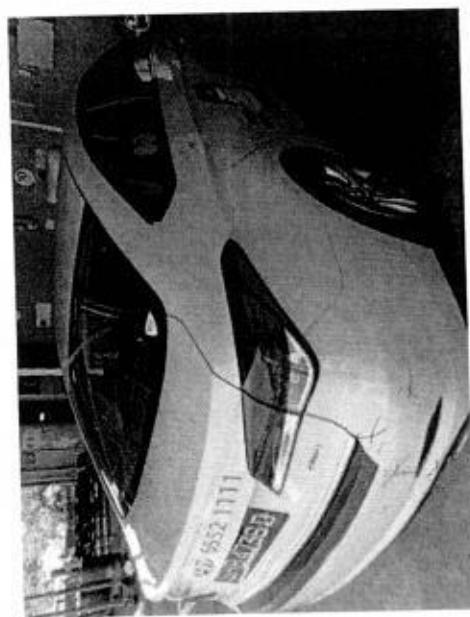
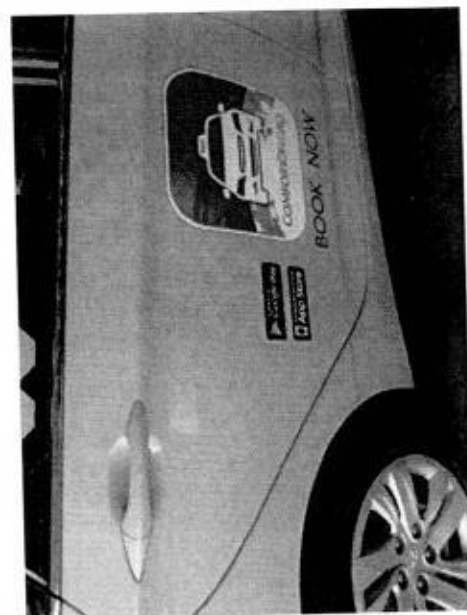
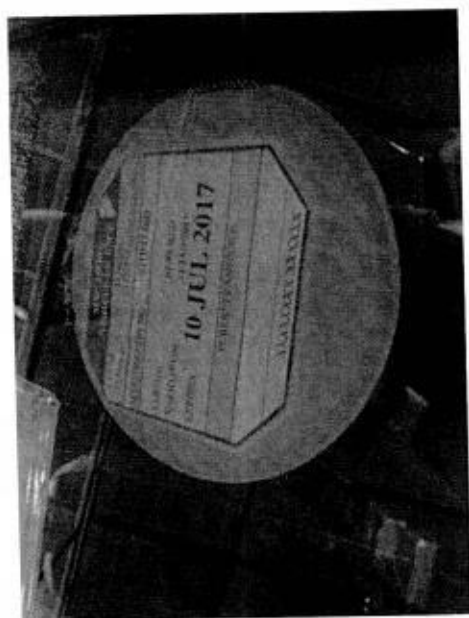
No report of injury at the time of accident.

I affirmed the above-statement is true and correct.


Driver name : Ong Keng Jin
NRIC NO : S 1203403B
Date: 22/02/2018

Recorded by Alex Lim





COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508966
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609266
322 Upper Raffles Road Singapore 536965

24 Benokong Loop Singapore 758156
7 Sungai Kadut Way Singapore 7287
6 Defu Avenue 1 Singapore 539537

Date/Time: 22.02.2018 15:14

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3806032

JC NO: 305118999

CUSTOMER		REG NO.	MILEAGE
MR/MS	CITYCAB PTE LTD	SHB4736D	
CUSTOMER NO.	7010070	MAKE	FUEL
ADDRESS	383 SIN MING DRIVE	HYUNDAI	E.....1/2.....
	Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
TEL. (R)	65551188	I-40	22.02.2018 13:15
(P)	(O)	YR OF MANU	TARGET DATE
		11.01.2017	
DISCOUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMHU098324	

Accident Date: 22.02.2018
NATURE: 3P 23.02.18/B

JOB DESCRIPTION

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

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

o.: SHB4736D

FZ NTUC LKK

Vehicle No.:

SHB4736D

Service Advisor

Signature/Date

Name of Service Advisor

Date

Handed to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD
REPAIR ESTIMATE*

NTUC / LKK

VEHICLE NO : SHB 4736D

DATE 22/2/2018 15:37

MAKE :

MODEL : HYUNDAI i40

Fz

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detail X_{su}</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>X_{su}</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X_{su}</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>X_{su}</i>			\$ 49.00	
	Rear Bumper Clips <i>1pc</i>			\$ 22.00	
	Rear Bumper Sponge <i>X_{su}</i>			\$ 143.40	
	Rear Bumper Under Cover <i>X_{su}</i>			\$ 225.00	
	Rear Bumper Reflector Lamp (RH) <i>X_{su}</i>			\$ 32.00	
	SUB TOTAL			\$ 1,939.35	
	LESS 20%			\$ 387.87	
	DISCOUNTED TOTAL			\$ 1,551.48	
	Rear Bumper Reverse Sensor <i>X¹¹</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>1pc</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 380.00 <i>200</i>	
	Spray Painting Charge			\$ 200.00 <i>180</i>	
	Wiring Charge			\$ 50.00 <i>X_{su}</i>	
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,487.18	
<p><i>Ka Lin (LKK)</i> <i>22/2/18 1620 hrs</i> <i>2 Pys</i> <i>P/P</i> <i>Before Paint photo</i></p>		<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p>			
		<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>			

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

JOB NO : 305118999
REGN NO : SHB4736D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 22.02.2018 13:15
ACCIDENT DATE : 22.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60

SUB-TOTAL : 550.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	180.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00
SUB-TOTAL :		400.00

TOTAL : 950.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

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

JOB NO : 305118714
REGN NO : SHA9389U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 31.05.2017
DATE/TIME IN : 21.02.2018 12:50
ACCIDENT DATE : 21.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,131.54

MVA NAME & SIGNATURE
DATE:

SURVEYOR NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305118999
Date : 23.02.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB4736D

Fax :
Date of Accident : 22.02.2018


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


1. The repair job shall bill to: NTUC --- FBL7388Z
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$550.48</u>
(b) Labour Charges	<u>\$400.00</u>
Total for Part-By-Part Repair Cost	<u>\$950.48</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u></u>

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 26/2/18

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		N		
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/INC18003657/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 7388Z	Veh. Inspected	SHB 4736D
Policy No.	0073451220-14	Coverage (\$)	0.00
Claim No.	MT/0984783-001	Excess (\$)	0.00
Assign From		Assign Date	22/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098324	Colour	YELLOW
Odometer	165342	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 REAR O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	22/02/2018	Inspection Date	22/02/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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National Assessment Centre Services

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4736D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	32.00	-
	LESS 20% DISCOUNT		-387.87	-125.12
			1,551.48	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
GRAND TOTAL			2,487.18	950.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				950.48

Report Ref No. NS/INC18003657/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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