

Genevieve Kolvin

REF: NS/INC18003659/Klvbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured: SJH 994X
 Policy No: 5096983617 26.12.17 - 2509.18
 Claims No: MT/0982807-002
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHD 8845K Yr Regn: 12 Sep 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Tractor / Prime Mover /
 Truck / Trailer or _____
 Make: Mercedes Benz E220 cc 2143
 Colour: White A/C: Insul / Std / NI / NA
 Sp Reading: 997485 T/Radio: Insul / Std / NI / NA
 Eng No: _____
 C/No: WPP21 20022A 681512
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205 / 60 R16
 R: _____
 DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. 7 mm Rear R/Bal. 2 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 15/2/8 D.O.I. 22/2/8
 Survey held at PHE (log on)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 NS Front
 The U/C / Chassis frame / Body Structure affected due to collision.

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
26/2/8	(on line) 45 \$3900 / 2 yrs. (Red 175840, 3190) INC
	SHD 8845K - CS / FC116005847 / Vth3d1 DAF: 260316 45.
	SJH 994X - CC1 / EQ117009403 / Thazk2 DAF: 030517

RECEIVED 01 MAR 2018

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 1/3 - typist
 LS \$3900/2

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Insp (\$)

Survey Fee:	160
Transportation:	
S - RS - SI	
Photos	35
Other:	
TOTAL	195

Survey Department Check List (Case Handler)

Reference No. : NS INC 18003659 Klvb
 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	✓			
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(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	✓			
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Check By:

VERON

13/18

Case Handler 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003659/K1vb			
73 BRAS BASAH ROAD		Date: 26-02-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJH 994X	Veh. Inspected	SHD 8845K
Policy No.	5096983617	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			
5. General Information			
Accident Date	15/02/2018	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.			

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

[Change Language](#)
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[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 checked="" type="radio"/>	5096983617	MFC ALLIANCE PTE. LTD.	200412194R	GPC	drive CLASSIC	SJH994X	SJH994X	26/12/2017	25/09/2018

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	15/02/2018 10:29
Date Of Accident	15/02/2018 05:45
Exact Location Of Accident	TWDS SENTOSA GATEWAY NEAR ST JAMES EXIT BARRIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8845K
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	MERCEDES-BENZ
Model	E220
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	LOW KIM HENG (LIU JINXING)
NRIC No	S7719164Z
Date Of Birth	16/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2000
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	VIN9945@YAHOO.COM.SG

Address BLK 18 JALAN SULTAN #15-156
 Postcode 190018
 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 ON 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? 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) 4

Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE
 Passenger 3 NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] PASIR RIS N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180215/2019 / Type Of Accident : HEAD TO SIDE

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 SJH994X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD
RIGHT FRT

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.
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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

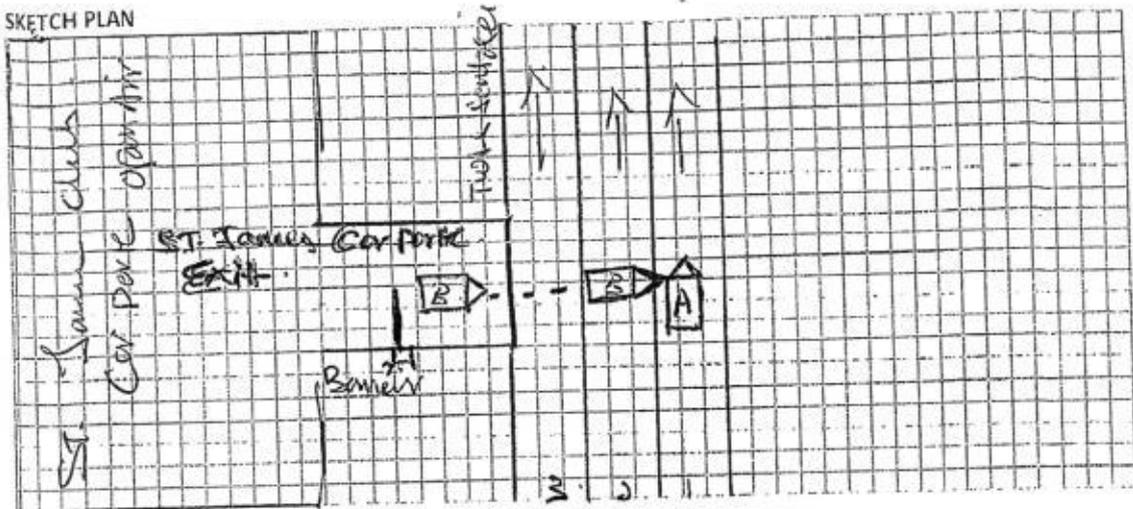
Date & Time: 15/2/18 0930

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

Report to Police

Report T/20180215/2019

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:

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

J. Man 15/2/18



**SINGAPORE
POLICE FORCE**



T/20180215/2019

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180215/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2018 08:53	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: LOW KIM HENG		Address: APT BLK 18 JALAN SULTAN #15-156 SINGAPORE 190018	
ID Type / ID No.: NRIC NO / S7719164Z		Contact No.:	Mobile: 81010912
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 16/07/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 15/02/2018 05:45	Type of Location: Straight Road
Location: Along Road 1 SENTOSA GATEWAY OUTSIDE ST JAMES EXIT BARRIER				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD8845K	Car				Slightly Damaged	3
SJH994X	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180215/2019

2 of 3

Report No. T/20180215/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No.: 1800-5852999

CONTINUATION OF REPORT

Brief Details.

I am a taxi driver of Comfort Delgro.

On 15 February 2018 at about 0545hrs, I was travelling along Sentosa Gateway towards Sentosa on the extreme right lane in my vehicle SHD8845K along with 3 passengers on board. As I was passing by the carpark barrier of Saint James Power Station, I observed that vehicle SJH994X was exiting the carpark through the barrier. All of sudden, the driver of vehicle SJH994X accelerated towards my vehicle, intending to travel on the lane I was on. As a result he collided into the left bumper area of my vehicle. After hitting my vehicle, said driver did not come to an immediate stop and thus, my vehicle was pushed further towards the side. We then alighted our vehicle to access the damage on our vehicle. In the midst of it, observed that the driver was reeked of alcohol. I then called for police. While waiting for the arrival of the police, I informed the driver that I will return to scene after dropping my passengers off.

Subsequently, I met up with the police to which I had been advised to lodge a traffic accident report. The damages observed on my vehicle were dents and scratches on the left front bumper. I wish to state that I did not observe anybody to be injured at that point in time. I wish to inform that the passengers on board my vehicle during the accident are my regular passengers.



SINGAPORE
POLICE FORCE



T/20180215/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180215/2019

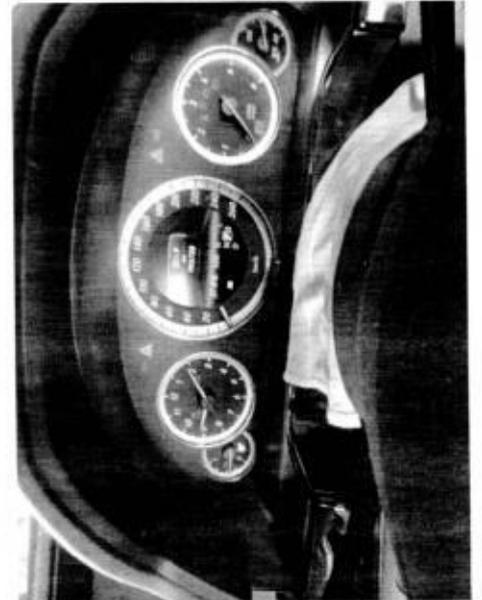
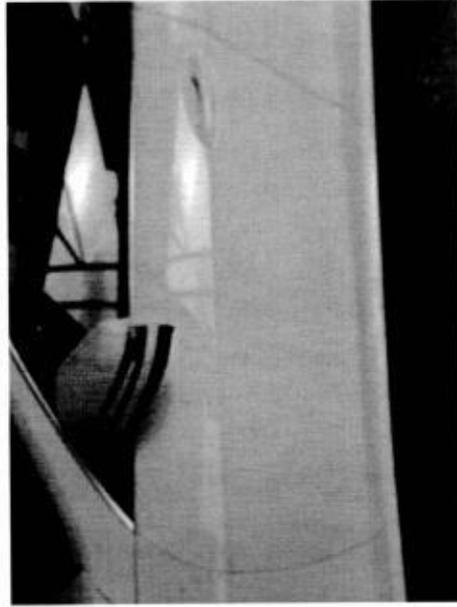
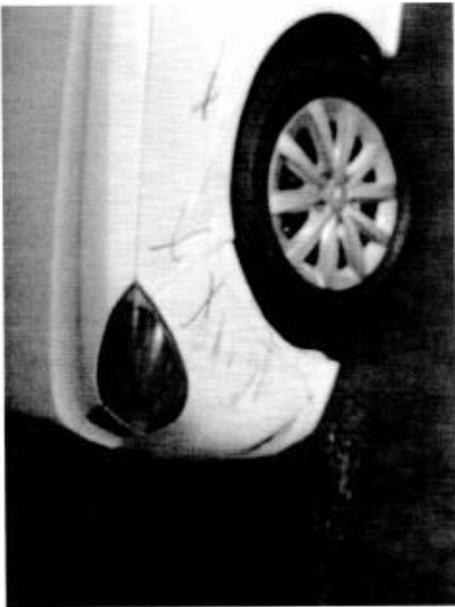
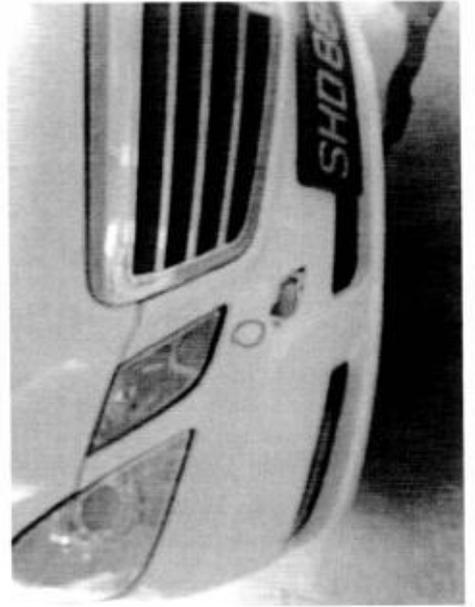
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 JOYSON NG HAO FAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2018 08:53
Officer In Charge Of Case: TP / DDGVT / SI NOR AZEEN BIN JAFFAR Contact No.: 65476209	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	





member of COMFORTDELGRO

Job Name: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO. 305118777

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O) (R) (P)	REGN NO. SHD8845K	MILEAGE
	MAKE MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E5)	DATE/TIME IN 22.02.2018 07:50
	YR OF MANU 12.09.2012	TARGET DATE
	CHASSIS CODE WDDZ120022A681512	COMPLETION DATE/TIME:

QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 15.02.2018
 Nature: 3P 15.02.2018

/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: **SHD8845K** **CHIANG**

Exit Pass

Vehicle No.: **SHD8845K**

Signature of Service Advisor

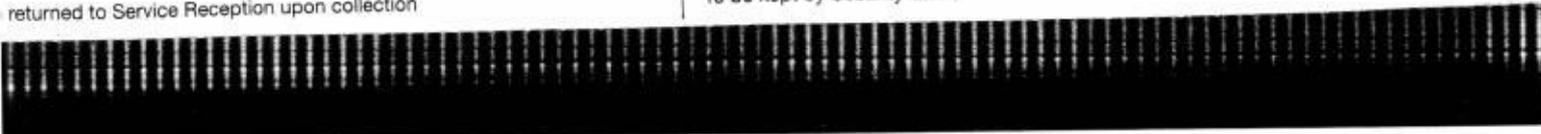
 Signature/Date

 Name of Service Advisor

 Date

returned to Service Reception upon collection

To be kept by Security Guard



CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8845K

DATE 22/2/2018 10:17

MAKE :

MODEL : MERCEDES

Wine

Cherry

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Alford</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>X 500</i>			\$ 95.00
	Bumper Inner Clip, Frt <i>- all</i>			\$ 22.00
	Head Lamp Assy (LH) <i>- 1 unit</i>			\$ 2,380.00
	Fender, Frt/LH <i>1 unit</i>			\$ 966.00
	Fender Splashshield , Frt/LH (Front) <i>X 500</i>			\$ 257.00
	SUB TOTAL			\$ 5,610.50
	LESS 20%			\$ 1,122.10
	DISCOUNTED TOTAL			\$ 4,488.40
	Labour Charge			
	Panel Beating			\$ 300
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 20 50.00
	Tuff Kote			\$ 20 50.00
	TOTAL LABOUR			\$ 1,200.00
	ESTIMATE TOTAL			\$ 5,688.40

Kalvin LKK
M 22/2/18 1345 hrs
2 Days
4/5
After Repair photo

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
 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

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

Our Job Ref No : 305118777
Date : 26/02/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHD8845K 15/02/2018

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

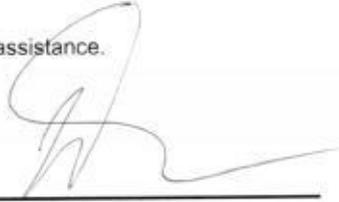
1. The repair job shall bill to: NTUC SJH994X
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$3,900.00

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 : CHIANG
Tel : 62148314
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:



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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NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003659/K1vbn2			
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.	SJH 994X	Veh. Inspected	SHD 8845K
Policy No.	5096983617	Coverage (\$)	0.00
Claim No.	MT/0982807-002	Excess (\$)	0.00
Assign From		Assign Date	22/02/2018
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A681512	Colour	WHITE
Odometer	997485	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	BRIDGESTONE	7 mm
L/H Front Tyre	205/60 R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2018	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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8845K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
10	BUMPER INNER CLIP,FRT	NECESSARY	22.00	22.00
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	FENDER,FRT/LH	DENTED	966.00	966.00
1	FENDER SPLASHSHIELD,FRT/LH (FRONT)	SERVICEABLE	257.00	-
	LESS 20% DISCOUNT		-1,122.10	-1,051.70
			4,488.40	4,206.80
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		650.00	320.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	380.00
			1,200.00	700.00
GRAND TOTAL			5,688.40	4,906.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,900.00

Report Ref No. NS/INC18003659/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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