

08/11/18

Surveyor: Kalvin

REF: NS/TNC18003671/Klvbnz

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: FBG 1944J  
 Policy No: 5062423341-04 26.10.17 - 25.10.18  
 Claims No: MT/0983930-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh 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: \_\_\_\_\_ 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: SHC8739P Yr Regt: 5 Apr 2012  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Santa Fe 0.0 19K1  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 65833K T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHET41VM-CA822716  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD Rim or  
 Tyre Size: F: 215/60 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Waf/ta  
 Front Rear  
 R/Bal. 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 16/2/18 D.O.I. 20/2/18  
 Survey held at (DHE (1.1.18))  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 o/s Ren.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
23/2/18	Contracted 45 \$3450/ 3 Days. (Red 1742.36, 3390) Zure
	SHC 8739P - 03/A17/13001725/Hipag3n2 DIA: 150315 41
	FBG 1944J - X

RECEIVED 01 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

160

35

195

Report Format:

LS \$3450/2

## Survey Department Check List (Case Handler)

Reference No. : NS INC 1800 3671 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	✓			
---	-------------------------	---	--	--	--

Check By:

VERON

28/7/18

Case Handler

Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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/INC18003671/K1vb

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.	FBG 1944J	Veh. Inspected	SHC 8739P
Policy No.	5062423291-04	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

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## 5. General Information

Accident Date	16/02/2018	Inspection Date	20/02/2018
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

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5062423291-04	ABDUL KAHAR BIN OTHMAN	S2185430A	GMC	Third Party, Fire & Theft	FBG1944J	FBG1944J	26/10/2017	25/10/2018

## 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	19/02/2018 15:06
Date Of Accident	16/02/2018 14:25
Exact Location Of Accident	WOODLAND DRIVE 50
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8739P
<b>Insured/Policyholder</b>	
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	SONATA

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	CHEW CHIN HOCK
NRIC No	S1324871J
Date Of Birth	26/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	737 #07-83 YISHUN STREET 72
Postcode	760737
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHONG PANG NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1944J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ZUHAIRI BIN ABDUL KAHAR
NRIC/Passport Number	S9509614Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ZUHAIRI BIN ABDUL KAHAR
------	-------------------------

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

FBG1944J

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

YES

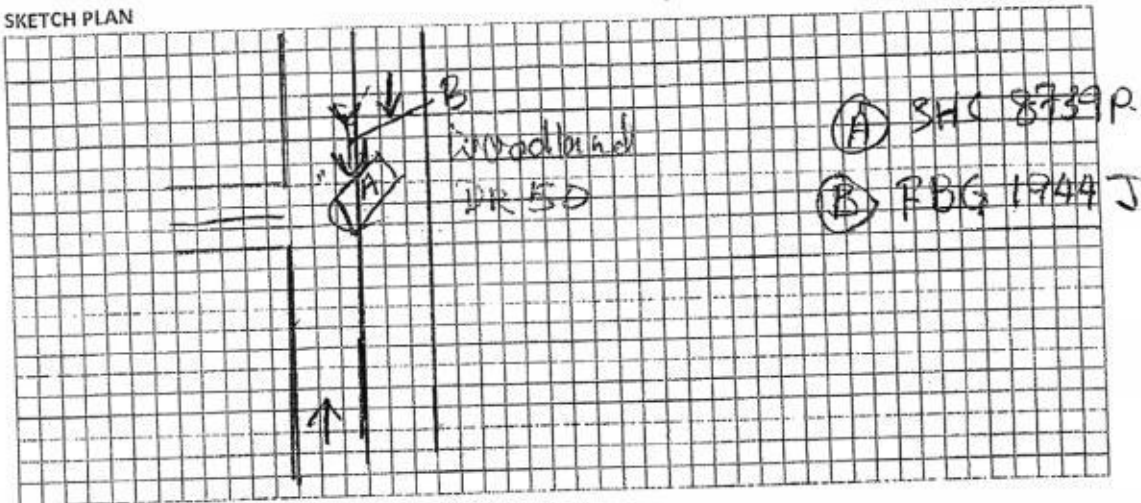
Address

Postcode



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report attach T/20180216/2065

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CD REG. NO. 199303821R  
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

Jackson Hong  
CSO

19/2/18  
Packer

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180216/2065

1 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20180216/2065

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/02/2018 17:46		Vide Report No.:		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: CHEW CHIN HOCK			Address: APT BLK 737 YISHUN STREET 72 #07-83 SINGAPORE 760737		
ID Type / ID No.: NRIC NO / S1324871J			Contact No.: Home/Office:		Mobile: 83666484
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 26/11/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/02/2018 14:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS DRIVE 50 WOODLANDS AVENUE 5 Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1944J	Motorcycle			Black	Slightly Damaged	0
SHC8739P	COMFORT Taxi	HYUNDAI	SONATA	Blue	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180216/2065

2 of 3

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999

Report No. T/20180216/2065

**CONTINUATION OF REPORT**

**Brief Details.**

On 16/02/2018 at 02.25pm, I was driving my COMFORT taxi (SHC8739P) along Woodlands Dr 50 and had slowed down upon approaching the carpark entrance / exit leading to Blk 894A Woodlands Dr 50. As I was about to turn right into the said carpark, the motorcycle (FBG1944J) which was earlier behind my vehicle had suddenly approached from my vehicle's right.

I wish to state that a collision was unavoidable and the rider had fell off the right side of his motorcycle upon impact. I also wish to state that I strongly believed that the rider of the said motorcycle was actually trying to overtake my vehicle from its right side and after the accident, I had called for the ambulance which had came and had conveyed the rider to an unknown hospital.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Chong Pang NPP  
141 Yishun Ring Road SINGAPORE 760141  
Tel No: 1800-7529999



T/20180216/2065

3 of 3

Report No. T/20180216/2065

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:

F /

Staff Sgt MOHAMMAD HADY BIN HAMZAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Authentication Stamp  
NP168



Signature:

Signature Of Informant:

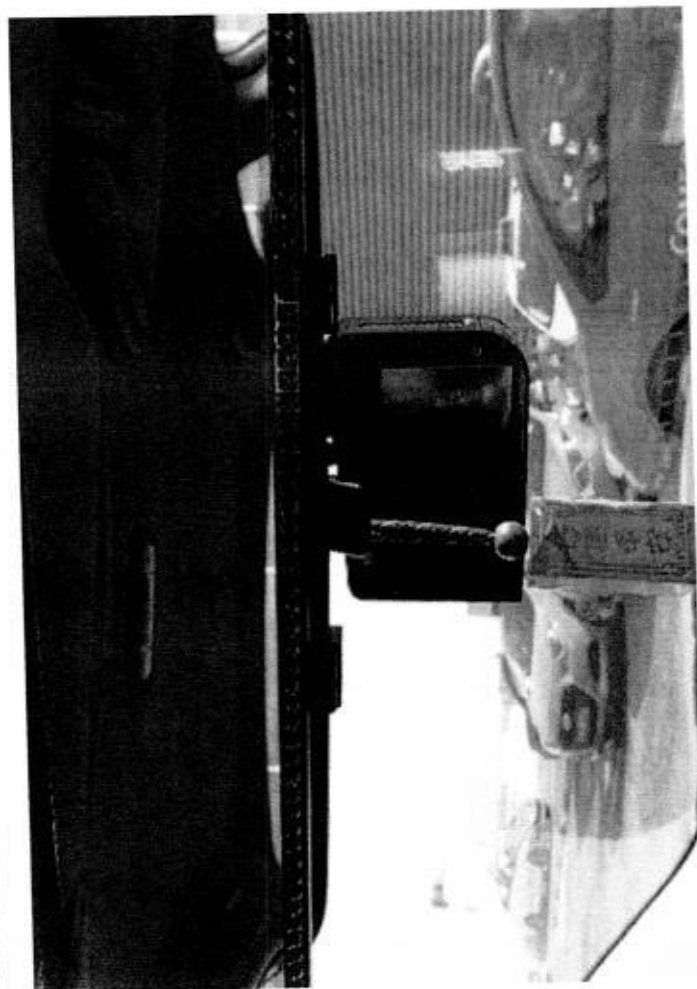
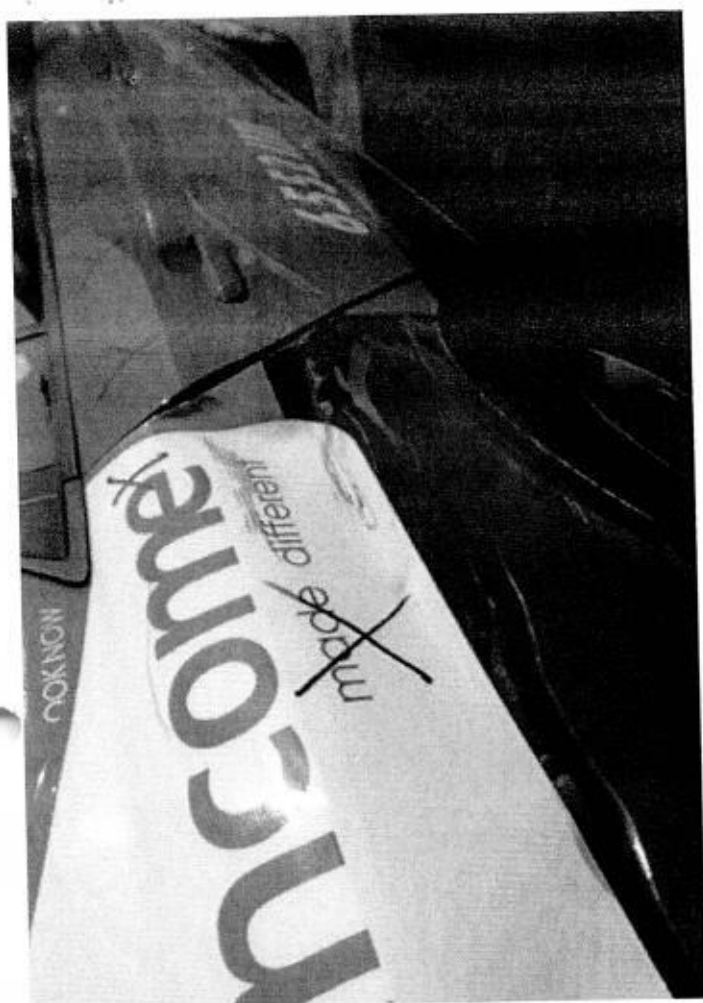
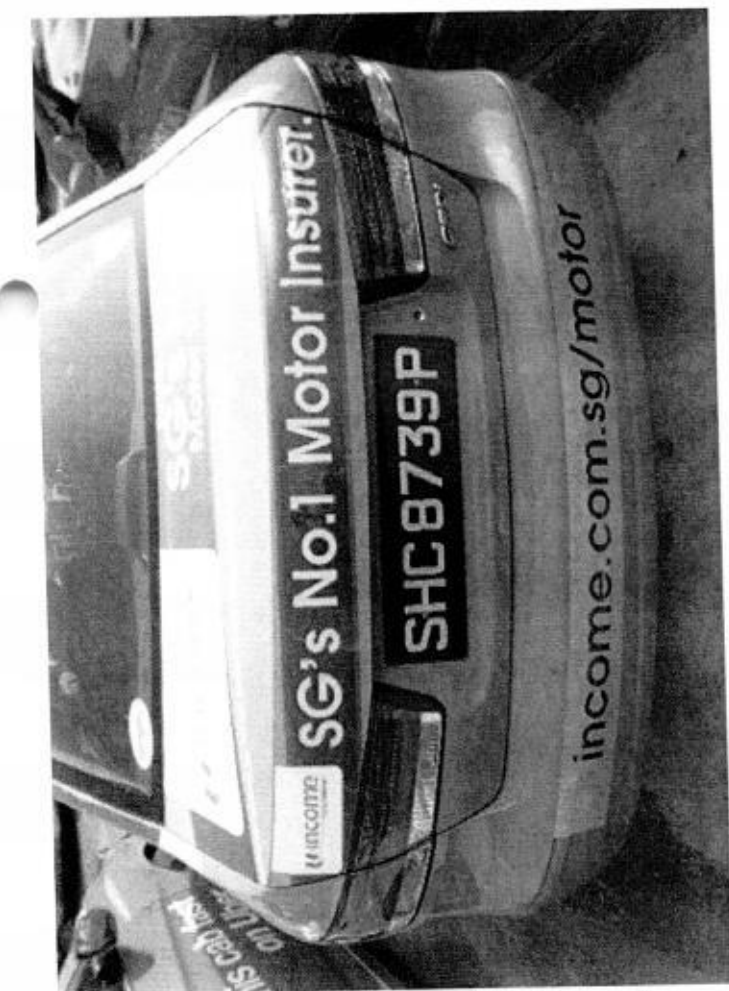
周振福

Date/Time:

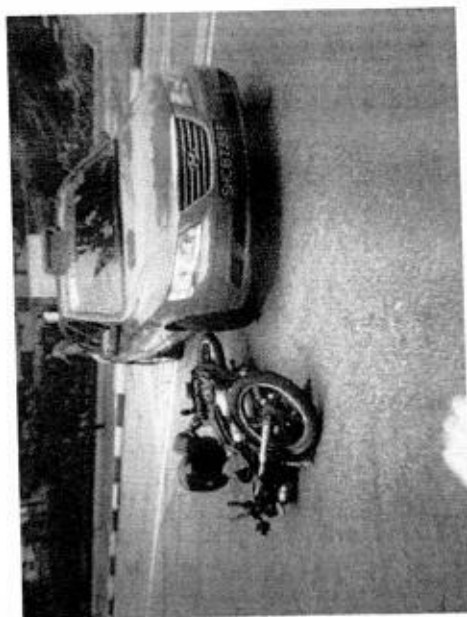
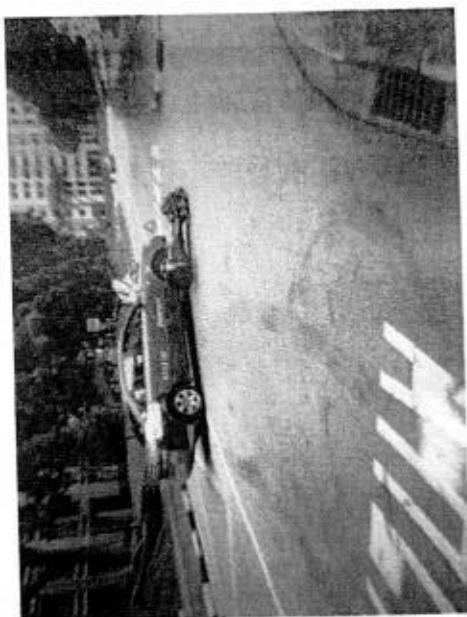
16/02/2018 17:46

Classification Of Case:

SN 085







Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: 3805058

JC NO: 305117914

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OWNER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO: SHC8739P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: SONATA	DATE/TIME IN: 16.02.2018 14:25
	YR OF MANU: 05.04.2012	TARGET DATE
	CHASSIS CODE: RMHET41VMCA822716	COMPLETION DATE/TIME:

QUANTITY CARD NO.

JOB DESCRIPTION

Accident Date: 16.02.2018  
 Nature: 3P 16.02.18/C

/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Vehicle Identification Slip

Exit Pass

No.: SHC8739P

JU NTUC LKK

Vehicle No.: SHC8739P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHC 8739P

DATE 20/2/2018 22:30

MAKE :

MODEL : HYUNDAI SONATA

MODEL : HYUNDAI SONATA				
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (RH) — Def			\$ 1,935.90
	Rear Fender Inner Lining (RH) — 2pc			\$ 74.10
	Rear Windscreen Moulding — 1pc			\$ 60.00
	Rear Door (RH) — Def			\$ 1,294.70
	Rear Door Protector(RH) — x rep			\$ 54.50
	Rear Wheel Hup-Cap (RH) — 1pc			\$ 145.00



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

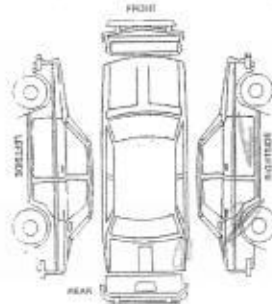
### Job Requisition

1. Date: <u>16/5/18</u> Time Received: <u>1600</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>CHEW CHIN HOCK</u> Contact No. : <u>83666484</u> Vehicle No. : <u>2HC 8739P</u> Make / Model / Colour : <u>Sarek / Blue</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>MP 893 Wides Dr 50</u>		8. Vehicle Tow - In Workshop: <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	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input 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:			

10. Odometer Reading : _____	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
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	

### Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>Sarek</u> Vehicle No. : <u>42814</u> Time Dispatch : <u>1605</u> Time of Arrival : <u>1645</u> Time Completed : <u>1725</u>		13. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer</p>
--	--	--	---

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____
------------------------------

### Customer Acknowledgement

- 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.
- 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.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

Date : _____	Time : _____	Signature of Customer : <u>[Signature]</u>
--------------	--------------	--

### 14. WORKSHOP

Name of Attending Staff/Guard : _____	Date & Time of Arrival : _____	Signature of Attending Staff/Guard : _____
---------------------------------------	--------------------------------	--

## COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305117914

Date : 23/02/2018

### FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8739P

Date of Accident : 16/02/2018

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

1. The repair job shall bill to: NTUC --- FBG1944J  
###

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%

\$3,450.00

Final Lumpsum Repair cost

3. Estimated normal period for repairs: 3 working days

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 6546 8156

Signature : 

Name : K. Loh

Date : 23/2/18

### 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:



Thatcham describe

## 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/INC18003671/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.	FBG 1944J	Veh. Inspected	SHC 8739P
Policy No.	5062423291-04	Coverage (\$)	0.00
Claim No.	MT/0983930-002	Excess (\$)	0.00
Assign From		Assign Date	20/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822716	Colour	BLUE
Odometer	658334	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	16/02/2018	Inspection Date	20/02/2018
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:	3 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8739P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR FENDER (RH)	DENTED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	74.10	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR DOOR (RH)	DENTED	1,294.70	1,294.70
1	REAR DOOR PROTECTOR (RH)	TO REPAIR	54.50	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-712.84	-687.12
			2,851.36	2,748.48
<b>SPECIAL NETT ITEMS</b>				
1	REAR FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR TEL NO STICKER (RH)(SN)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
			231.00	231.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,410.00	800.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	560.00
	TOWING CHARGE.		50.00	-
			2,110.00	1,360.00
<b>GRAND TOTAL</b>			<b>5,192.36</b>	<b>4,339.48</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>3,450.00</b>

Report Ref No. NS/INC18003671/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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