

08/11/13

Surveyor: Kalvin

REF: NO/INC 18003719 / Klgbn2

### 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: FBB 75813  
 Policy No: 5092414808 040717 - 060718  
 Claims No: NA/098925-02  
 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: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SHC3943Z Yr Regn: 5 Feb 2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / 0 / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 240 C.C. 1685  
 Colour: Blue A/C: Ins / Std / NI / NA  
 Sp. Reading: 591526 T/Radio: Ins / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB414AF406455X  
 Gen. Cond: Good / 0 / Fair / Poor / Burnt  
 Steering: Inorder / 0 / Jammed / Leaked / Burnt or  
 Brake: Inorder / 0 / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 205 / 60 R 16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Wext/14  
 Front  
 R/Bal. 2 mm  
 L/Bal. 2 mm  
 D.O.A. 22/2/13  
 Rear  
 R/Bal. 2 mm  
 L/Bal. 2 mm  
 D.O.I. 23/2/18  
 Survey held at COGE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
0/5 wing minor / 05 Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>27/2/18</u>	<u>C. and 4/5 \$1400 / 20-p. (Red 6614.88, 3120)</u> <u>INC</u>
	<u>SHC3943Z - X</u> <u>42</u>
	<u>FBB 75813 - NA/INC18003719 / R3</u> <u>01/03/2018</u>

RECEIVED 01 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report

1) 01/3 initial

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ )

☐ : Interview (\$ )

☐ : Tech. Invs (\$ )

☐ : Weekend (\$ )

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TP

Lump Sum / L.S. (\$)

1400

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/INC18003719/K1qb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 27-02-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBB 7581J	Veh. Inspected	SHC 3943Z	
Policy No.	5092414808	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	23/02/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	22/02/2018	Inspection Date	23/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

# Survey Department Check List (Case Handler)

Reference No. :

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin** ( *Cedric* ): 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	<input checked="" type="checkbox"/>			
C	Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>			
C	Report Type	<input checked="" type="checkbox"/>			
C	Weekend Charges	<input checked="" type="checkbox"/>			
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"/>			
---	--------------------------------------	-------------------------------------	--	--	--

## (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"/>			
---	-------------------------	-------------------------------------	--	--	--

Check By:

*Cedric* *21/3/18*

Case Handler

Date

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

21/05/2014

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	SIH 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)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092414808	LEE WEY KONG	S2166545C	GMC	Third Party	FBB7581J	FBB7581J	04/07/2017	06/07/2018

[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	23/02/2018 12:13
Date Of Accident	22/02/2018 21:45
Exact Location Of Accident	GEYLANG RD B4 LOR 36 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3943Z
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	CHUA HUM BIOW
NRIC No	S1463986A
Date Of Birth	21/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHUAHUMBIOW88@GMAIL.COM

Address	BLK 106 RIVERVALE WALK #10-118
Postcode	540106
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?	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

PLS REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB7581J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WILLIAM
NRIC/Passport Number	
Contact Number	93803378
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	NO DAMAGE
No. Of Passenger (Including Driver)	



## Sketch Plan Pg. 1

### IMPORTANT NOTICE

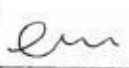
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

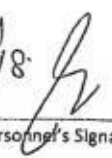
I understand, acknowledge, agree and consent that:

- (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.

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

Policyholder's Signature  
Date & Time:

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

23/02/18   
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/MWC SketchPlanForm\_V2





# Sketch Plan Pg. 2

## SKETCH PLAN

A: 2HC39432

B: FBB7581J  
WILLIAM  
HP 93803378

LOR 36  
GEYLANG

RD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached,

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

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

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

SM/SPC SketchPlanForm\_V2

Describe Circumstances of the Accident

On 22 Feb 2018 at about 21:45 hrs I was driving straight on the second lane from the left along Geylang Rd leading towards the direction of the City.

Somewhere before Lorong 36 Geylang suddenly a motorcycle FBB7581J coming from my right cut into my lane thereby caused this accident to happen.

As a result of this, the left hand side of the motorcycle hit and grazed the right hand side wing mirror casing and the right hand side rear corner of my taxi. The impact caused the wing mirror and the right hand side rear of my taxi to be damaged in the process.

No passenger on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

## Declaration

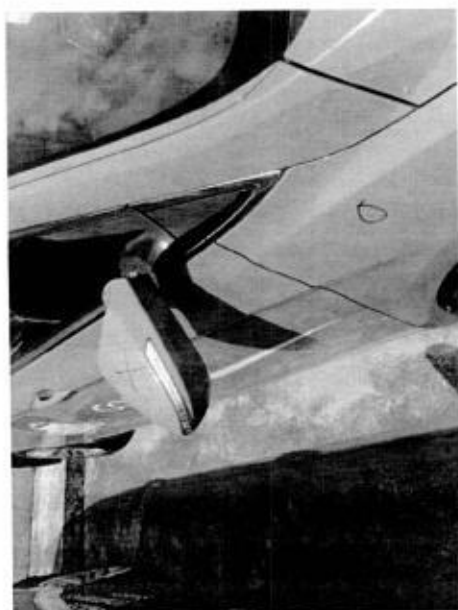
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel





Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO 305119279

JSTOMER

REGN NO: SHC3943Z

MILEAGE

COMFORT TRANSPORTATION PTE LTD  
RMS 7010045

MAKE: **HYUNDAI**

FUEL

7010045  
CUSTOMER NO 383 SIN MING DRIVE  
ADDRESS Singapore SINGAPORE 575717  
65508755

MODEL	I-40	DATE/TIME IN	22.02.2018 21:45
-------	------	--------------	------------------

IL (R) (P) (O)

YR OF MANU 05.02.2015

TARGET DATE

CHASSIS CODE  
KMHLB41UMFU064554

COMPLETION DATE/TIME:

SCOUT CARD NO.

### JOB DESCRIPTION

Accident Date: 22.02.2018  
NATURE: 3P 22.02.2018

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

CHECKED &amp; PASSED OUT BY:

## SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

ne:  
No.: SHC3943Z CHIANG  
ycle No.:

Vehicle No.: SHC3943Z

me of Service Advisor

Signature/Date \_\_\_\_\_

Name of Service Advisor

Date \_\_\_\_\_

be returned to Service Reception upon collection

To be kept by Security Guard

NTUC

Chiang

DATE 23/2/2018 15:06

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Clips			\$ 22.00
	Front Door Mirror (RH)			\$ 980.50
	<b>SUB TOTAL</b>			<b>\$ 1,606.10</b>
	<b>LESS 20%</b>			<b>\$ 321.22</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,284.88</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>380.00</del>
	Spray Painting Charge			\$ <del>300.00</del>
	Wiring Charge			\$ <del>50.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,014.88</b>
<p> <i>Ka/Li' / LKK</i>  <i>23/2/1600km.</i>  <i>2 Days</i>  <i>4/5</i>  <i>After Repair p/Lt</i> </p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
<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>				



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/INC18003719/K1qbn2

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.	FBB 7581J	Veh. Inspected	SHC 3943Z
Policy No.	5092414808	Coverage (\$)	0.00
Claim No.	MT/0983425-002	Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064554	Colour	BLUE
Odometer	599526	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION AND O/S WING MIRROR.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	22/02/2018	Inspection Date	23/02/2018
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



# 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



Page No.: 1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3943Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	FRONT DOOR MIRROR (RH)	BROKEN	980.50	980.50
	LESS 20% DISCOUNT		-321.22	-321.22
			1,284.88	1,284.88
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		430.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		300.00	220.00
			730.00	440.00
<b>GRAND TOTAL</b>			<b>2,014.88</b>	<b>1,724.88</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,400.00</b>

Report Ref No. NS/INC18003719/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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