

Samuel Kolvin

REF: NS/INC18003723/KITB02

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Insp at Vehicle No: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **GBF 78727**  
 Policy No: **5088529743 150317 - 110318**  
 Claims No: **MT / 0982907-002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)

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

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: **SHB3991P** Yr Regn: **31 Aug 2012**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Trail / Prime Mover /  
 Truck / Trailer or  
 Make: **Mitsubishi Delica 2.2** o.c. **2143**  
 Colour: **White** A/C: Ins **6** / Std / NI / NA  
 Sp. Reading: **909968** T/Radio: Ins **6** / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **WDD2120022A6767x6**  
 Gen. Cond: Good / **F** / Poor / Burnt  
 Steering: Inord **6** / Jammed / Leaked / Burnt or  
 Brake: Inord **6** / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: **205/60R16**  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Wafaka**  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. **7** mm R/Bal. **7** mm  
 L/Bal. **7** mm L/Bal. **7** mm  
 D.O.A. **20/2/8** D.O.I. **22/2/8**  
 Survey held at **COGE (b7m)**  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**N/S Frnt.**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
27/3/8	Initial L/S \$3250 / 3 Pys. (Ref: 3176-40:409%) <b>2m</b>
	SHB 3991P - NS/INC15003166 / Hlysd1 <b>4/2</b>
	GBF 78727 - X

RECEIVED 05 MAR 2018

Date/Time, File Pass to? ☐ : Prel. Report

1) **513 Typist** ☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) **S + RS \$**

☐ : Interview (\$ \_\_\_\_\_) **Photos**

☐ : Test, incl (\$ \_\_\_\_\_) **Draw**

Survey Fee:

Transportation:

\_\_\_\_\_ S + RS \$

Photos

Draw

**160**

**35**

**195**

**0**

**3250**



## 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/INC18003723/K1tb				
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.	GBF 7872Z	Veh. Inspected	SHB 3991P	
Policy No.	5088529743	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	22/02/2018	
<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	20/02/2018	Inspection Date	22/02/2018	
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.				

# TP Claims against NTUC Income: Follow-Through Survey

Date : 28/02/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983576-002	COMFORT TRANSPORTATION PTE LTD	SHD 4024P	SKN 8240S	15/2/2018	23:10	\$ 3,560.32
2	MT/0984020-001	SMRT BUSES LTD	SMB 204P	SKE 98588	29/11/2017	19:45	\$ 5,738.98
3	Not OI	COMFORT TRANSPORTATION PTE LTD	SHA 2884C	SJA 1679L	14/2/2017	9:25	\$ 2,700.23
4	MT/0983120-002	CITY CAB PTE LTD	SHC 924Z	XD 7245J	15/2/2018	9:20	\$ 4,406.92
5	MT/0981887-002	COMFORT TRANSPORTATION PTE LTD	SHD 4934M	SKU 4830D	10/2/2018	15:05	\$ 1,642.00
6	MT/0983380-002	COMFORT TRANSPORTATION PTE LTD	SHB 4346X	SKR 659A	23/2/2018	11:00	\$ 2,317.40
7	MT/0983670-002	CITY CAB PTE LTD	SHC 890L	FV 8454J	22/2/2018	11:00	\$ 8,805.04
8	MT/0982907-002	CITY CAB PTE LTD	SHB 3991P	GBF 7872Z	20/2/2018	12:55	\$ 6,426.40
9	MT/0981697-002	COMFORT TRANSPORTATION PTE LTD	SHA 4890X	FBA 7842L	5/2/2018	13:50	\$ 5,888.52
10	MT/0982522-002	CITY CAB PTE LTD	SHD 8540P	SJP 794P	14/2/2018	16:40	\$ 3,913.44
11	MT/0983112-002	COMFORT TRANSPORTATION PTE LTD	SHD 4270U	SKX 1997K	20/2/2018	17:00	\$ 2,256.96
12	MT/0983124-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SGV 7511Y	21/2/2018	0:15	\$ 1,896.56
13	MT/0984051-001	COMFORT TRANSPORTATION PTE LTD	SHC 8670C	FBH 3132S	21/2/2018	6:45	\$ 5,361.42
14	MT/0982643-002	COMFORT TRANSPORTATION PTE LTD	SHD 3491E	SJE 952H	16/2/2018	14:55	\$ 2,711.58
15	MT/0982261-002	COMFORT TRANSPORTATION PTE LTD	SHD 3001L	GBF 5312L	13/2/2018	14:25	\$ 3,200.56
16	MT/0982776-002	COMFORT TRANSPORTATION PTE LTD	SHA 6401L	SHD 1426H	15/2/2018	17:30	\$ 7,021.12
17	MT/0984057-001	CITYCAB PTE LTD	SHB 3600T	SFA 4774Y	15/2/2017	7:55	\$ 4,027.60

Claim received from LKK

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 type="radio"/>	5088529743	LZ FURNITURE & DECORATION PTE LTD	201131844H	GCV	Comprehensive	GBF7872Z	GBF7872Z	15/03/2017	14/03/2018

## 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	20/02/2018 16:08
Date Of Accident	20/02/2018 12:55
Exact Location Of Accident	SIMS AVE X LOR 19 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3991P
<b>Insured/Policyholder</b>	
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	MOHD SHAH BIN IBRAHIM
NRIC No	S1624857F
Date Of Birth	18/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	GUYINHEAVEN@HOTMAIL.COM

Address	BLK 52 CHAI CHEE STREET #14-326
Postcode	460052
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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	GBF7872Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSSAIN MOHAMMED FARUK
NRIC/Passport Number	0635821
Contact Number	82113762
Address	
Postcode	

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

# **IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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

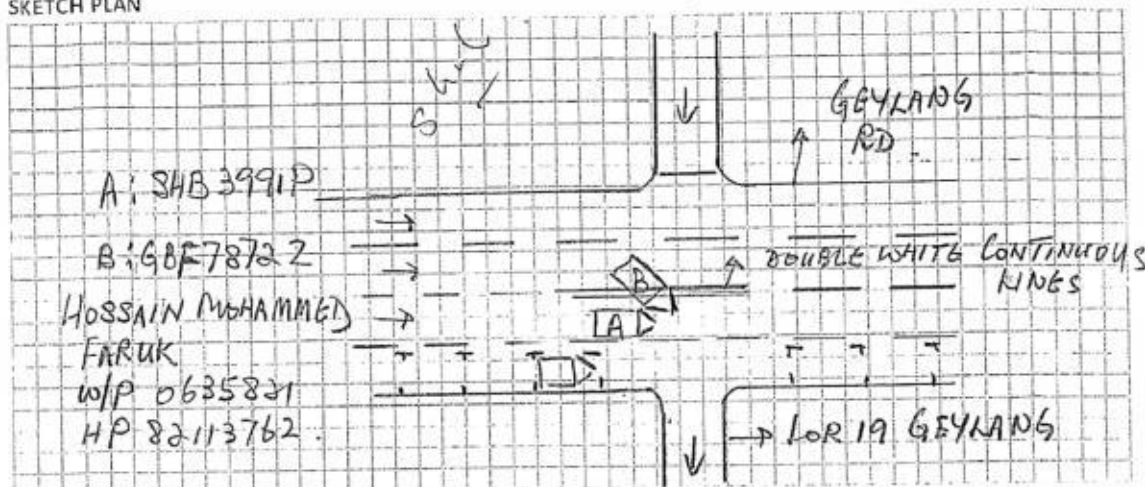
Policyholder's Signature  
Date & Time:

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

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



### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per 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:

Reporting Centre Personnel's Signature  
Name:  
NPIC/FIN No :

Describe Circumstances of the Accident

On 20 Feb 2018 at about 12:55 hrs I stopped my taxi with my hazard warning lights switched on along Sims Ave before the junction of Lorong 19 to pick-up 02 passengers.

Shortly after they have boarded my taxi I check for the traffic from my left and left rear.

After ensuring it is clear I slowly proceeded to drive straight. When my taxi was about to drive pass the junction of Lorong 19 Geylang suddenly a lorry GBF7872Z coming from my left cut across the double continuous white lines and make a sharp right turn in a speedy and reckless manner towards Lorong 19 Geylang thus causing this accident to happen.

As a result of the driver's failure to keep a proper lookout for my taxi, the right hand side front of the lorry hit and grazed the left hand side front of my taxi thus damaging them in the process.

Enclosed is video footage to support my claims.

No injury at the point of the accident.

## Declaration

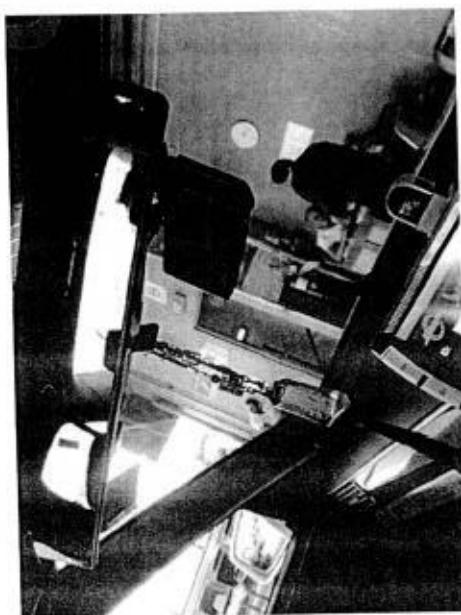
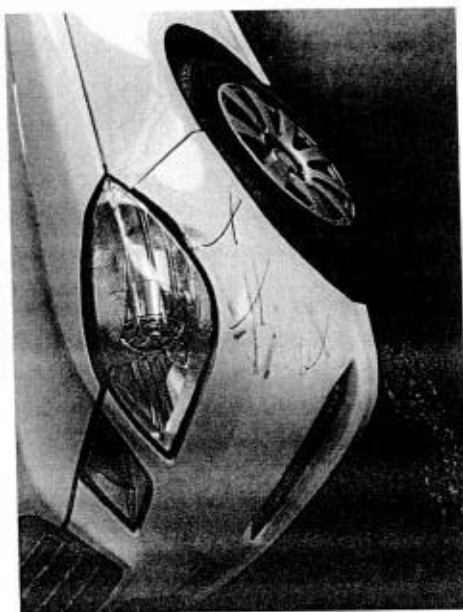
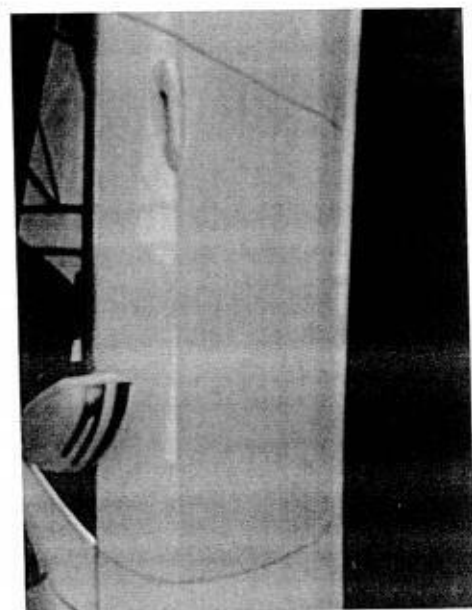
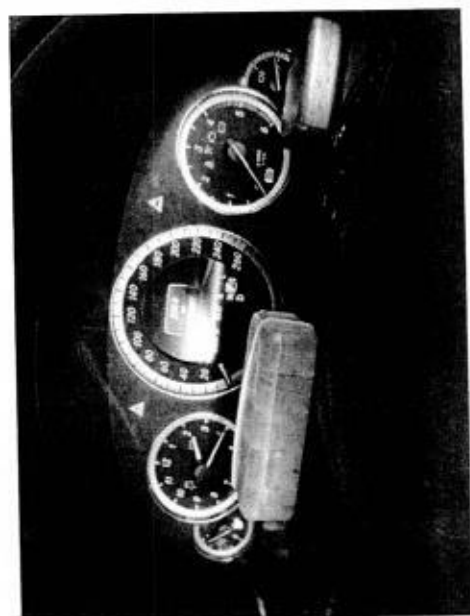
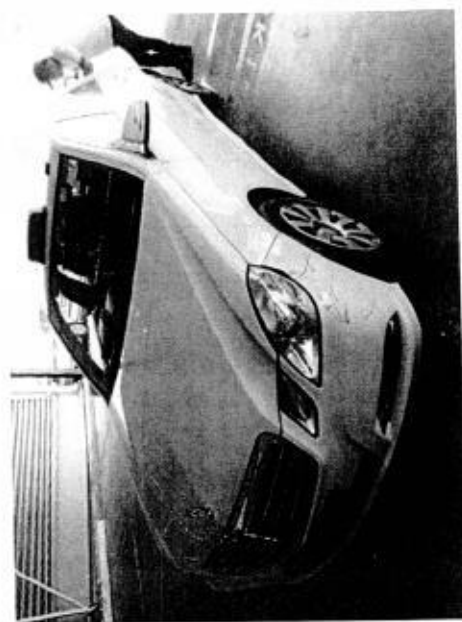
I/We declare the foregoing particulars are true in every respect.

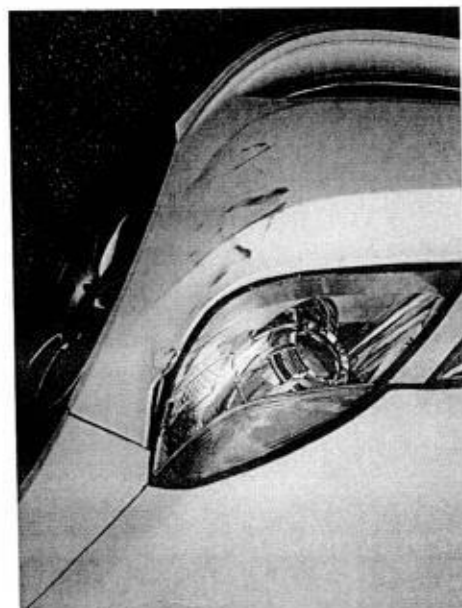
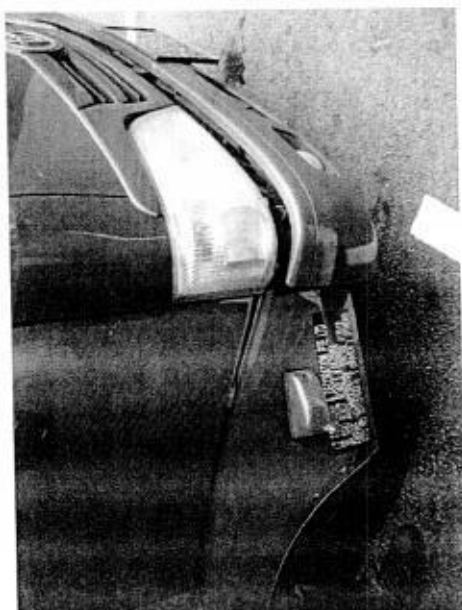
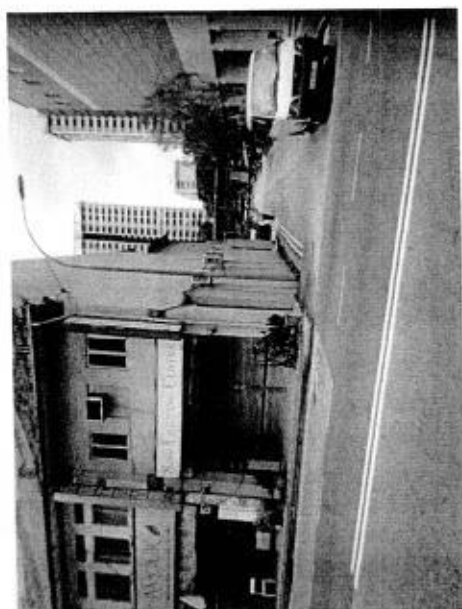
CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel





A member of COMFORTDELGRO

Date/Time: 22.02.2018 11:41

Page : 1

Team: CK ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3805975

JC NO. 305118934

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO	SHB3991P	MILEAGE
	MAKE	MERCEDES BENZ	FUEL
	MODEL	E220CDI (E5)	DATE/TIME IN
	YR OF MANU	31.08.2012	TARGET DATE
	CHASSIS CODE	WDD2120022A676746	COMPLETION DATE/TIME:

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 20.02.2018  
NATURE: 3P 20.02.18/C

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

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3991P FZ NTUC LKK

Vehicle No.: SHB3991P

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

Returned to Service Reception upon collection

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 3991P

DATE 22/2/2018 12:42

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt <i>Rebuilt</i>			\$ 1,890.50
	Bumper Bracket, Frt/LH <i>Xsu</i>			\$ 95.00
	Bumper Absorber, Frt/LH <i>Xsu</i>			\$ 207.00
	Head Lamp Assy (LH) <i>Rebuilt</i>			\$ 2,380.00
	Head Lamp Bracket (LH) <i>Xsu</i>			\$ 300.00
	Fender, Frt/LH <i>Xsu</i>			\$ 966.00
	Fender Splashshield, Frt/LH (Front) <i>Xsu</i>			\$ 257.00
	<b>SUB TOTAL</b>			<b>\$ 6,095.50</b>
	<b>LESS 20%</b>			<b>\$ 1,219.10</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,876.40</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>1,000.00</del> <sup>300</sup>
	Spray Painting Charge			\$ <del>500.00</del> <sup>260</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>Xm</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 1,550.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 6,426.40</b>
<i>Kale LKK</i> <i>22/2/18 1425h</i> <i>3 Days</i> <i>4/5</i> <i>After Repair photo</i>				<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 Signature:</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.				



# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305118934

Date : 26.02.2018

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHB3991P

Date of Accident : 20.02.2018

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

1. The repair job shall bill to: NTUC --- GBF7872Z
2. The finalized amount shall be:
- |  |                   |
|--|-------------------|
| (a) Spare Parts after List discount                  | <u>\$0.00</u>     |
| (b) Labour Charges                                   | <u>\$0.00</u>     |
| <b>Total for Part-By-Part Repair Cost</b>            | <u>\$0.00</u>     |
| (c) Lumpsum Repair (if applicable)                   |                   |
| Total for Lumpsum repair cost after Less: <u>20%</u> | <u>\$3,250.00</u> |
| <b>Final Lumpsum Repair cost</b>                     | <u></u>           |

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature: 

Name : Calvin

Date : 27/2/18

### 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/INC18003723/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 06-03-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 7872Z	Veh. Inspected	SHB 3991P
Policy No.	5088529743	Coverage (\$)	0.00
Claim No.	MT/0982907-002	Excess (\$)	0.00
Assign From		Assign Date	22/02/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A676746	Colour	WHITE
Odometer	909968	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	20/02/2018	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:	3 Working Days
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# 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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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3991P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER ASSY,FRT	DEFORMED	1,890.50	1,890.50
1	BUMPER BRACKET,FRT/LH	SERVICEABLE	95.00	-
1	BUMPER ABSORBER,FRT/LH	SERVICEABLE	207.00	-
1	HEAD LAMP ASSY (LH)	GRAZED	2,380.00	2,380.00
1	HEAD LAMP BRACKET (LH)	SERVICEABLE	300.00	-
1	FENDER,FRT/LH	TO REPAIR	966.00	-
1	FENDER SPLASHSHIELD,FRT/LH (FRONT)	SERVICEABLE	257.00	-
	LESS 20% DISCOUNT		-1,219.10	-854.10
			4,876.40	3,416.40
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,000.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	360.00
			1,550.00	660.00
<b>GRAND TOTAL</b>			<b>6,426.40</b>	<b>4,076.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>3,250.00</b>

Report Ref No. NS/INC18003723/K1tbn2

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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