

(06/11/13)

Surveyor: Kalvin

REF:

NS/INC 18003754/Kltbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FH 9765DPolicy No. 5032231703-09 010917-310818Claims No. MT/0985159-001

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: SH 8764J Yr Regn: 17 Mar 2011

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

Truck / Trailer or

Make: Hyundai Sonata C.C. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 465 67 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KAHET41VMA805968

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD/Rim or

Tyre Size: F: 2.5/60R16

R: _____

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

TOYO / YOKO or Wet

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/2/18 D.O.I. 26/2/18Survey held at COKE (607m)

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

Front

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

Date / Time	Action / Instruction
	SH 8764J - NGA / MSG 14018239 / el
	FH 9765D - x
6/3/18	Collected 1/5 of 2800 / 3 kg.
	Red: 8 3763.72, 571.

RECEIVED 03 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report1) typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Report Format: TPLump Sum / Fee: (\$ 2800)

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/INC18003754/K1rb

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 27-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FH 9765D	Veh. Inspected	SH 8764J
Policy No.	5032231703-09	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

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	24/02/2018	Inspection Date	26/02/2018
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.

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"/>	5032231703-09	HOI HON CHONG (XU HANZHONG)	S2550579D	GMC	Third Party	FH9765D	FH9765D	01/09/2017	31/08/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 07/03/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0982884-002	SMRT AUTOMOTIVE	SHB 1554G	GBF 8697G	17/02/2018	9:40	\$ 2,962.68	\$ 1,050.00
2	MT/0982845-002	SMRT AUTOMOTIVE	SHF 74K	SJG 8978X	15/02/2018	23:40	\$ 6,339.74	\$ 1,221.85
3	MT/0985155-001	SMRT AUTOMOTIVE	SMB 1414T	SGZ 5400B	06/11/2017	23:52	\$ 1,758.00	\$ 700.00
4	MT/0901189-001	SMRT AUTOMOTIVE	SMB 237U	SGZ 2829T	15/05/2017	19:00	\$ 976.00	\$ 589.00
5	MT/0982495-002	SMRT AUTOMOTIVE	SHD 6304T	SGJ 8622S	08/02/2018	16:40	\$ 2,121.00	\$ 350.00
6	MT/0981868-002	SMRT AUTOMOTIVE	SHD 6454T	SKG 4629T	09/02/2018	14:30	\$ 2,968.00	\$ 1,700.00
7	MT/0985159-001	COMFORT	SH 8764J	FH9765D	24/02/2018	7:30	\$ 6,563.72	\$ 2,800.00

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	26/02/2018 08:19
Date Of Accident	24/02/2018 07:30
Exact Location Of Accident	PIE TWDS TUAS B4 JALAN BAHAR EXIT NEAR LAMP POST 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8764J
Insured/Policyholder	
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-2.0 (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TAN CHEE MENG
NRIC No	S6932593I
Date Of Birth	19/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1990
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MENG0905509@GMAIL.COM

Address BLK 285 CHOA CHU KANG AVENUE 3
#09-308
Postcode 680285
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 -
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) 2
Passenger 1 NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name UBI AVE 3
Police Station Address ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180224/2028

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 FH9765D
Vehicle Make/Model/Colour
Details Of Properties HOI HON CHONG
Vehicle Category MOTORCYCLE
Name of Driver HOI HON CHONG
NRIC/Passport Number S2550579D
Contact Number
Address
Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HOI HON CHONG (RIDER)

Approximate Age

Injuries Sustain

LEFT HAND AND SHOULDER.

Injured person in which vehicle?

FH9765D

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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)**

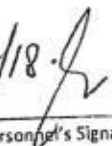
I understand, acknowledge, agree and consent that:

- (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:

24/02/18 
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN

DIE TUDS TURS B4 JALAN BAHAR EXT
 LAMP POST 1797

A: S48764J
 B: FH9765D
 HDI. HON. CHONG
 HE 82550579D
 HP 96305680

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per P/Report T/20180224/2028

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.:

SIN/PAAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20180224/2028

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180224/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2018 10:38		Vide Report No.: J/20180224/0137		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN CHEE MENG			Address: 285 CHOA CHU KANG AVE 3 #09-308 HDB-CHOA CHU KANG SINGAPORE 680285		
ID Type / ID No.: NRIC NO / S69325931			Contact No.: Home/Office: Mobile: 97539325		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 19/09/1969	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/02/2018 07:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE>>TUAS 36KM LP:1797				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FH9765D	Motorcycle				Seriously Damaged	0
SH8764J	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180224/2028

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180224/2028

CONTINUATION OF REPORT

Rider			
Name	HOI HON CHONG	ID No.	S2550579D
Related Vehicle	FH9765D (Motorcycle)	Contact No.	96305680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN CHEE MENG	ID No.	S6932593I
Related Vehicle	SH8764J (Car)	Contact No.	97539325
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG THE PIE, TOWARDS JLN BAHAR, MAKING MY WAY TO DROP MY PASSENGER OFF AT JURONG ISLAND. I WAS ON THE LEFT MOST LANE. AS I WAS DRIVING, SUDDENLY THE MOTORIST MENTIONED ABOVE CUT ACROSS TO MY LANE. I ONLY NOTICED HIM WHEN HE HAD ALREADY CUT IN FRONT OF ME. I JAM BRAKED IN ORDER TO AVOID COLLISION BUT THERE WASN'T SUFFICIENT TIME TO DO SO. SO I ENDED UP COLLIDING WITH THE RIDER. AFTERWARDS I STOPPED THE VEHICLE AND HELPED THE RIDER AND PHONED 995 AS WELL. HE WAS INJURED. MY VEHICLE WAS SLIGHTLY DAMAGED AT THE FRONT. THERE WAS A CRACK ON THE BOTTOM LEFT SIDE OF MY WINDSCREEN. AMBULANCE ARRIVED AT THE SCENE FOLLOWED BY POLICE. I EXCHANGED PARTICULARS WITH THE RIDER AND TRAFFIC POLICE ADVISED ME TO HEAD DOWN TO TPHQ TO MEET IO ZAYID AND MAKE A POLICE REPORT.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180224/2028

3 of 3

Report No. T/20180224/2028

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:

TP /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

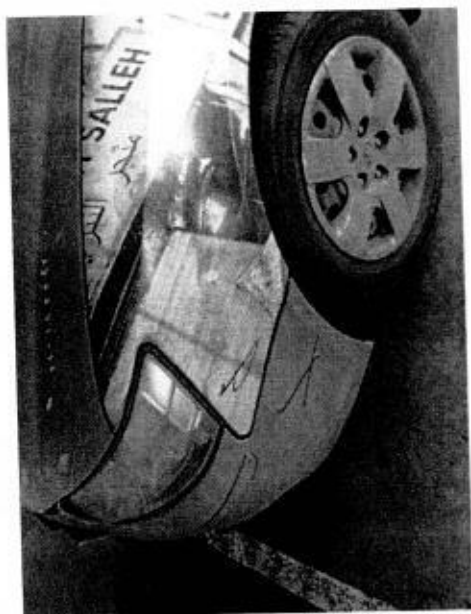
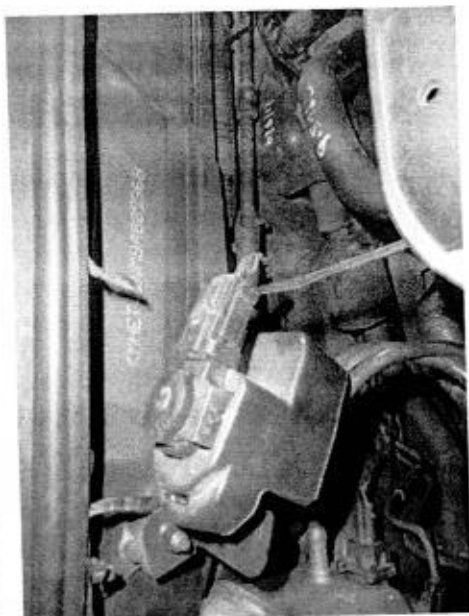
24/02/2018 10:38

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:



am: IN ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO: 305119741

COMER IS COMFORT TRANSPORTATION PTE LTD 7010045 COMER NO 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 65508755 (P) (P)	REGN NO	SH 8764J	MILEAGE
	MAKE	HYUNDAI	FUEL
	MODEL	SONATA	DATE/TIME IN
	YR OF MANU	17.03.2011	TARGET DATE
	CHASSIS CODE	KMHET41VMBA805968	COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 24.02.2018
 ATURE: 3P 24.02.18/C

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

NHuc

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SH 8764J LARRY

Vehicle No.: SH 8764J

if Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 8764J

DATE 26/2/2018 11:54

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 1,151.80
	Bonnet Moulding			\$ 120.90
	Bonnet Insulator			\$ 232.80
	Bonnet Insulator Clips			\$ 10.00
	Radiator Grille			\$ 282.10
	Radiator Grille U Moulding			\$ 108.90
	Front Bumper Cover			\$ 538.80
	Front Bumper Sponge			\$ 136.30
	Front Bumper Reinforcement			\$ 504.10
	Front Bumper Centre Grille			\$ 131.10
	Front Bumper Lip			\$ 59.90
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Protector (LH/RH)		\$ 29.20	\$ 58.40
	Front Bumper Bracket (LH/RH)		\$ 20.10	\$ 40.20
	Headlamp (LH/RH)		\$ 797.90	\$ 1,595.80
	Front Windscreen Glass			\$ 1,015.00
	Front Windscreen Moulding			\$ 60.00
	SUB TOTAL			\$ 6,090.90
	LESS 20%			\$ 1,218.18
	DISCOUNTED TOTAL			\$ 4,872.72
	Front Fender Advertisement Logo (RH)			\$ 100.00
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
	Front Windscreen Sealant			\$ 46.00
	Front ERP Sticker			\$ 30.00
	LKK Auto Consultants hence notify the Repairer of the following:			
	• To resurvey before or after spray painting			
	• To display damaged parts 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			
	\$ 231.00			
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Remove/Refix Front Windscreen Glass			\$ 120.00
	Remove/Refix Cushion & Upholstery Front			\$ 90.00
	TOTAL LABOUR			\$ 1,460.00
	ESTIMATE TOTAL			\$ 6,563.72

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 Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Date : 1. Mar. 2018

Fax:

Vehicle Reg No. : SH 8764J

Date of Accident: 24.02.2018

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

1. The repair job shall bill to: NTUC FH9765D
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** \$2,800.00
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

We confirm the estimates and finalized amount

Signature : _____
Name : Cg/wh
Date : 6/3/18

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
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/INC18003754/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 12-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FH 9765D	Veh. Inspected	SH 8764J
Policy No.	5032231703-09	Coverage (\$)	0.00
Claim No.	MT/0985159-001	Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA805968	Colour	BLUE
Odometer	465617	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 FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	24/02/2018	Inspection Date	26/02/2018
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. SH 8764J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BONNET	DENTED	1,151.80	1,151.80
1	BONNET MOULDING	TO REPAIR	120.90	-
1	BONNET INSULATOR	SERVICEABLE	232.80	-
1	BONNET INSULATOR CLIPS	NOT NECESSARY	10.00	-
1	RADIATOR GRILLE	SERVICEABLE	282.10	-
1	RADIATOR GRILLE U MOULDING	SERVICEABLE	108.90	-
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	131.10	-
1	FRONT BUMPER LIP	SERVICEABLE	59.90	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER PROTECTOR (LH/RH) @\$29.20	SERVICEABLE	58.40	-
2	FRONT BUMPER BRACKET (LH/RH) @\$20.10	SERVICEABLE	40.20	-
2	HEADLAMP (LH/RH) @\$797.90	O/S CRACKED / N/S SERVICEABLE	1,595.80	797.90
1	FRONT WINDSCREEN GLASS	CRACKED	1,015.00	1,015.00
1	FRONT WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-1,218.18	-700.70
			4,872.72	2,802.80
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NOT NECESSARY	100.00	-
1	FRONT NUMBER PLATE (SN)	BENT	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CRACKED	30.00	30.00
1	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	FRONT ERP STICKER (SN)	NOT NECESSARY	30.00	-
			231.00	55.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		860.00	520.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	360.00
			1,460.00	880.00
GRAND TOTAL			6,563.72	3,737.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,800.00

Report Ref No. NS/INC18003754/K1rbn2

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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