

(08/11/13)

Surveyor: Kalvin

REF:

NS / INCI 8003756 / Klapb2

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: SKR 659APolicy No. 5093507802 260917 - 250918Claims No. WT/0983390-002

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: 2 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: SHB 4346X Yr Regn: 29 Jan, 2015

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1680Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 400102 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLP414AF9065729

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: 205/60R16

R: _____

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

TOYO / YOKO or Wear/te

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/2/18 D.O.I. 26/2/18Survey held at CDHE (Loyang)

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

o/s B.L.

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

Date / Time	Action / Instruction
	SHB 4346X - CS / TCI 8002664 / Und302 DOA: 060218 <u>Inc</u>
	SKR 659A - X <u>4/2</u>
<u>28/2/18</u>	<u>checked 45 \$1400 / 2 Pgs. (Red & 9, 17, 40, 40%)</u>

RECEIVED 01 MAR 2018

Date/Time, File Pass to?

☐ : Preli. Report1) 9/3 train☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I.: (\$ 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/INC18003756/K1qb

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.	SKR 659A	Veh. Inspected	SHB 4346X
Policy No.	5093507802	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	23/02/2018	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.
--

Survey Department Check List (Case Handler)

Reference No.: *NS/INC18003756/K196*
Policy Type: OD / TP / TP RES / TL / EVA

SHB4346 X

Case Handler

Typist

Admin (*Cathy*): 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				
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess				

Surveyor (*Calvin*): 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"/>		
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(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"/>		
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Check By:

[Signature]
Case Handler

01/07/18
Date

*C: Critical *N: Non-Critical

21/05/2014

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 9858B	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	GBF7872Z	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

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/02/2018 15:54"/>						
Vehicle No. (For Motor)	<input type="text" value="SKR659A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093507802	CHONG HIN MIN	S7322528J	GPC	drive CLASSIC	SKR659A	SKR659A	26/09/2017	25/09/2018
<input type="button" value="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 16:02
Date Of Accident	23/02/2018 11:00
Exact Location Of Accident	SLIP RD FROM UPP EAST COAST RD > BEDOK STH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4346X
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	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
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	GHAZALI B A HASAN
NRIC No	S2001462H
Date Of Birth	17/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 246 BANGKIT ROAD #04-296
Postcode	670246
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SKR659A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG MIN MIN
NRIC/Passport Number	S7322528J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LH FRONT

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:

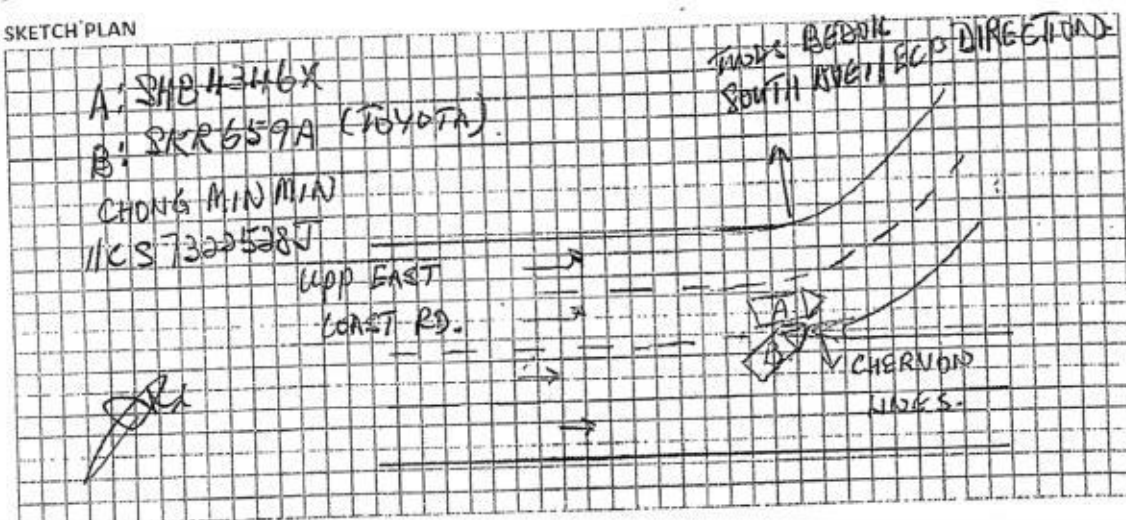
22/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



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.:

GIW/AC SketchPlanForm_V3

Sketch Plan Pg. 3

Describe Circumstances of the Accident

On 23 Feb 2018 at about 11:00 hrs I was driving on the second lane from the left along a Slip Rd from Upper East Coast Rd heading towards Bedok South Ave 1 and henceforth towards ECP.

Suddenly a black Toyota car SKR659A coming from my right cut into my lane across the Chervon Lines towards the slip road in a careless manner. As a result of this, the left hand side front of the car hit and grazed the right hand side front and right hand side front door of my taxi thus damaging them in the process.

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

Declaration

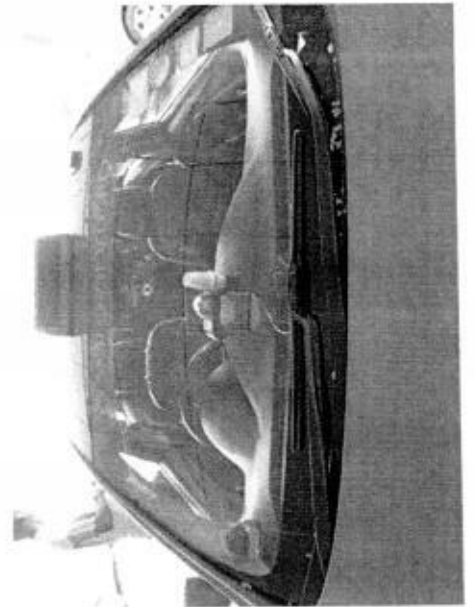
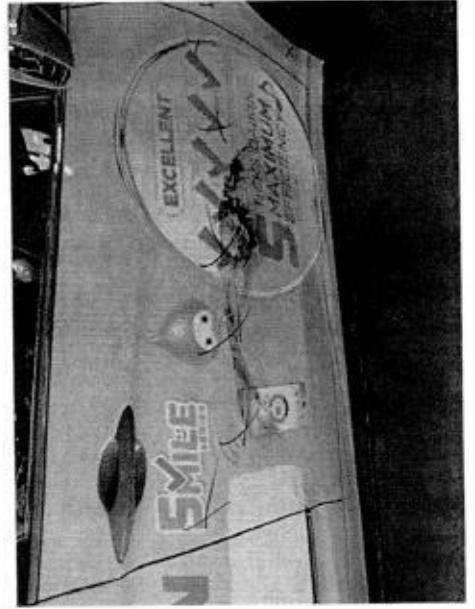
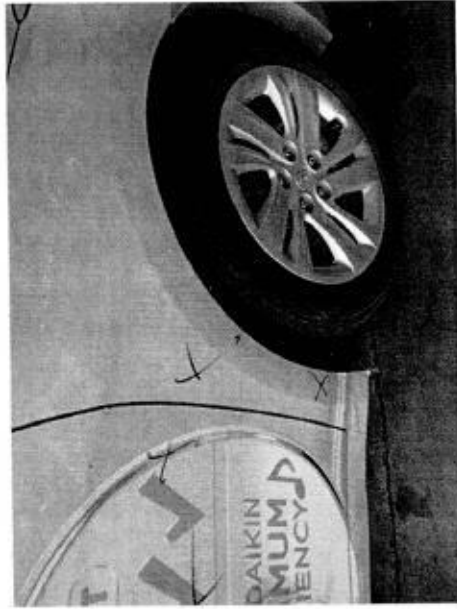
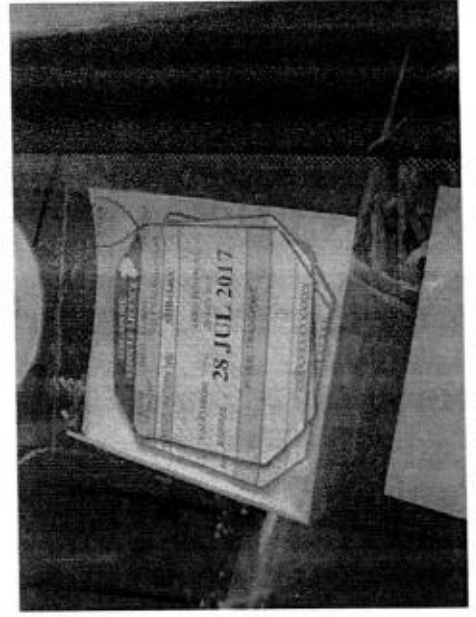
I/We declare the foregoing particulars are true in every respect.

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



Date/Time: 23.02.2018 16:38

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3806370

JC NO: 305119361

STOMER	REGN NO: SHB4346X	MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
STOMER NO 7010045	MODEL I-40	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU 29.01.2015	DATE/TIME IN 23.02.2018 14:50
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU065729	TARGET DATE
65508755 (R) (P) (O)		COMPLETION DATE/TIME:
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 23.02.2018
NATURE: 3P 23.02.18/B

NTUC

3/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHB4346X FZ NTUC LKK

Vehicle No.: SHB4346X

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4346X

DATE 26/2/2018 10:25

MAKE :

MODEL : HYUNDAI i40

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (RH) <i>Dead</i>			\$ 1,403.00	
	<i>Front Fender (RH) to repair</i>				
	SUB TOTAL			\$ 1,403.00	
	LESS 20%			\$ 280.60	
	DISCOUNTED TOTAL			\$ 1,122.40	
	Front Fender Advertisement Logo (RH) <i>+m</i>	<i>-10%</i>	<i>67.50</i>	\$ 100.00	Nett
	Front Door Comfort Logo (RH) <i>-m</i>			\$ 75.00	Nett
	Front Door Advertisement Logo (RH) <i>-m</i>			\$ 100.00	Nett
				\$ 275.00	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>2100</i>	
	Spray Painting Charge			\$ 400.00 <i>260</i>	
	Tuff Kote			\$ 50.00 <i>20</i>	
	Transfer of Door			\$ 120.00 <i>50</i>	
	TOTAL LABOUR			\$ 920.00	
	ESTIMATE TOTAL			\$ 2,317.40	
<i>Kalk 16/11/18</i> <i>26/2/18 10:40</i> <i>201</i> <i>4</i> <i>After Repair please</i>					
LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before and after painting • To display damaged part(s) during resurvey • Parts prices are subject to quotation • Third party surveys on a "Without Prejudice" basis • No illegal modifications is allowed • Subsequent repairs must be resurveyed and is subject to final approval from Insurance Company Acknowledged by Repairer: Signature: Date:					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305119361
Date : 27.02.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHB4346X

Fax :
Date of Accident : 23.02.2018

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

1. The repair job shall bill to: NTUC --- SKR 659A
2. The finalized amount shall be:

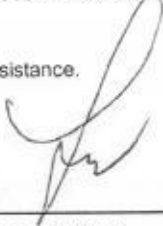
(a) Spare Parts after List discount		\$0.00
(b) Labour Charges		\$0.00
Total for Part-By-Part Repair Cost		\$0.00
(c.) Lumpsum Repair (if applicable)		\$1,400.00
Total for Lumpsum repair cost after Less: 20%		\$1,400.00
Final Lumpsum Repair cost		\$1,400.00


3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kala
Date : 28/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

**National Assessment Centre Services**


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003756/K1qbn2				
73 BRAS BASAH ROAD		Date: 05-03-2018		
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4		
189556				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKR 659A	Veh. Inspected	SHB 4346X	
Policy No.	5093507802	Coverage (\$)	0.00	
Claim No.	MT/0983380-002	Excess (\$)	0.00	
Assign From		Assign Date	26/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU065729	Colour	BLUE	
Odometer	400102	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 BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/02/2018	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.				
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4346X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR (RH)	DENTED	1,403.00	1,403.00
1	FRONT FENDER (RH)(NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-280.60	-280.60
			1,122.40	1,122.40
NETT ITEMS				
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NOT NECESSARY	100.00	-
1	FRONT DOOR ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			200.00	100.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		470.00	150.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			920.00	530.00
GRAND TOTAL			2,317.40	1,819.90
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,400.00

Report Ref No. NS/INC18003756/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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