

W  
1

REF: NS/INC18003769/KH/002

Sum: KH/002

**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: SKZ 5012R

Policy No. 5077302138-02 260118-250117

Claims No. MT/0983442-002

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 Rport: \_\_\_\_\_ 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

Vehicle: IN / OUT

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

Veh No: SHC 8134J Yr Regn: 28 Apr 2016

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 c.c. 1605

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 297500 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KAHCBK14A64087891

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hankook

Front R/Bal. 7 mm Rear R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 22/2/18 D.O.I. 23/2/18

Survey held at CP&E (67 mg)

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

Rear

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

Date / Time	Action / Instruction
	SHC 8134J - x
	CP&E (67 mg)

JPL  
PIA

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 1/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0984190-001	CITY CAB PTE LTD	SHB 2020Z	SLU 1543R	15/2/2018	0:25	\$ 2,461.58
2	MT/0983753-002	COMFORT TRANSPORTATION PTE LTD	SHC 3890S	YN 6525T	26/2/2018	11:35	\$ 1,314.40
3	MT/0982386-002	COMFORT TRANSPORTATION PTE LTD	SHD 4031T	SIH 2579Z	11/2/2018	22:40	\$ 2,555.88
4	MT/0984208-002	CITY CAB PTE LTD	SHB 3199K	SJN 665P	24/2/2018	11:30	\$ 1,986.32
5	MT/0983483-002	COMFORT TRANSPORTATION PTE LTD	SHD 4619Z	SKX 9138X	23/2/2018	18:50	\$ 2,220.92
6	MT/0982572-002	COMFORT TRANSPORTATION PTE LTD	SHC 8037G	SLM 6012R	15/2/2018	21:40	\$ 5,582.00
7	MT/0982638-002	COMFORT TRANSPORTATION PTE LTD	SHD 3573C	AX 8757J	17/2/2018	16:50	\$ 6,024.30
8	MT/0983442-002	COMFORT TRANSPORTATION PTE LTD	SHC 8134J	SKZ 5012R	22/2/2018	22:50	\$ 2,461.58
9	MT/0982938-002	COMFORT TRANSPORTATION PTE LTD	SHA 3542H	YM 3550U	14/2/2018	14:30	\$ 10,041.50



# 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/INC18003769/K1rb			
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.	SKZ 5012R	Veh. Inspected	SHC 8134J
Policy No.	5077302138-02	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.			

Hello, NAC\_PAYA\_UBI\_800601

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**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="checkbox"/>	5093615112	ALPINE CAR RENTAL PTE LTD	199003483E	GFT	Third Party	SKN8654G	SKN8654G	01/09/2017	

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="checkbox"/>	5077302138-02	OUGH CHEE KEONG	S7626994G	GPC	drivo CLASSIC	SKZ5012R	SKZ5012R	26/01/2018	25/01/2019

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO:305119330

CUSTOMER  
 MS **COMFORT TRANSPORTATION PTE LTD**  
 CUSTOMER NO **7010045**  
 ADDRESS **383 SIN MING DRIVE**  
**Singapore SINGAPORE 575717**  
**65508755** (R) (O)  
 (P)

REGN NO: <b>SHC8134J</b>	MILEAGE
MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>23.02.2018 09:40</b>
YR OF MANU <b>28.04.2016</b>	TARGET DATE
CHASSIS CODE <b>RHHLB41UMGU087891</b>	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.02.2018  
 NATURE: 3P 22.02.2018

3/NO                      LABOR CODE                      DESCRIPTION

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip No.: Vehicle No.: <b>SHC8134J</b> <b>CHIANG</b>		Exit Pass Vehicle No.: <b>SHC8134J</b>	
Signature/Date	Signature/Date	Name of Service Advisor	Date
returned to Service Reception upon collection		To be kept by Security Guard	

## 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 11:02
Date Of Accident	22/02/2018 22:50
Exact Location Of Accident	WOODLAND AVE 5 SLIP RD TWDS W'LANDS AVE 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8134J
<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	KOH MENG YEO
NRIC No	S0095587F
Date Of Birth	17/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 153 SIMEI STREET 1 #09-45
Postcode	520153
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	COLLISION - HEAD TO REAR
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?	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	SKZ5012R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OUGH CHEE KEONG
NRIC/Passport Number	S7626994G
Contact Number	90995588
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	KOH MENG YEO
------	--------------

Approximate Age	66
Injuries Sustain	GIDDY ,VOMICING,SHOULDER AND RIGHT HAND PAIN.
Injured person in which vehicle?	SHC8134J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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

23/2/12  
Jackson Heng  
CSO

Policyholder's Signature  
Date & Time:

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

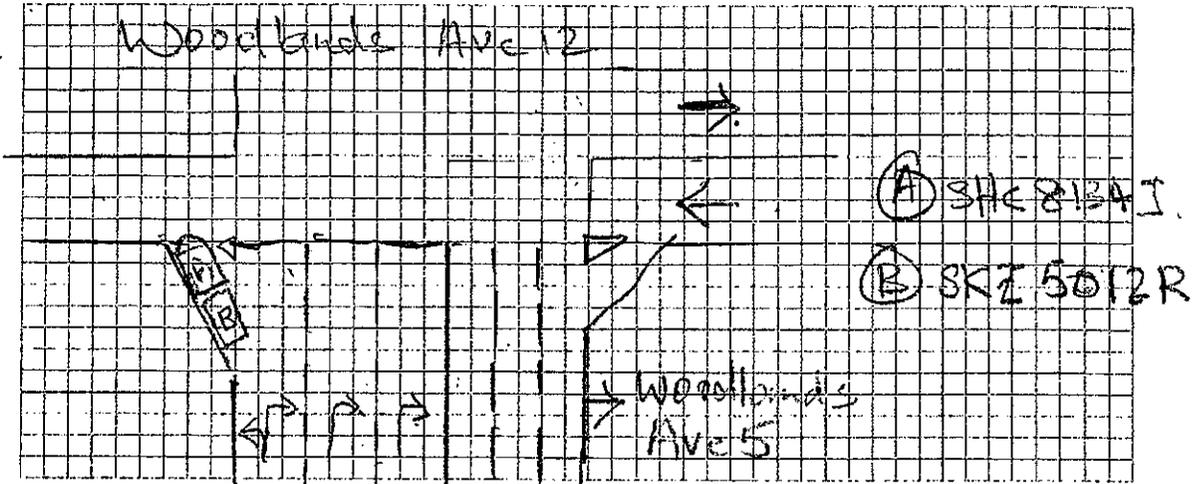
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIAKIAE SketchPlanForm\_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/2/2018 at about 2250hrs, I vehicle A was driving along woodlands ave 5 slip road toward Woodlands ave 12. While I was at the give way stop line. Vehicle B came from my face and being onto my lane from position. Because of great impact I was force and jerk by the safety belt. I felt giddy, vomiting, shoulder and right hand pain.

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:

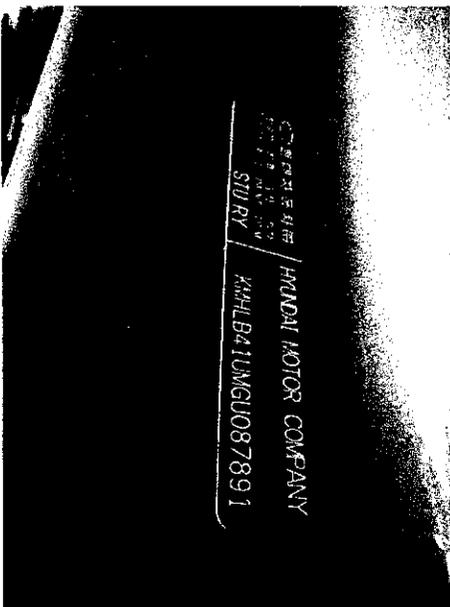
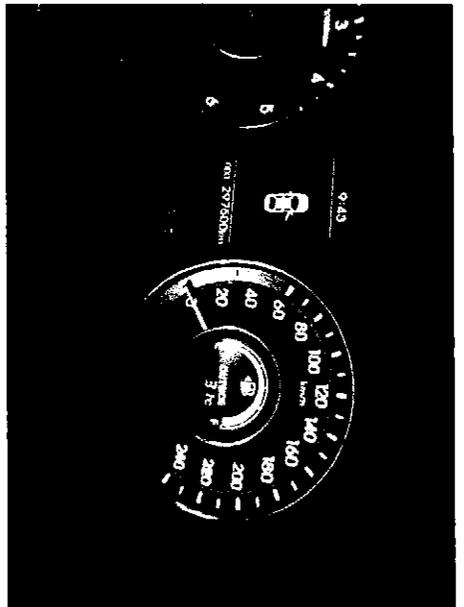
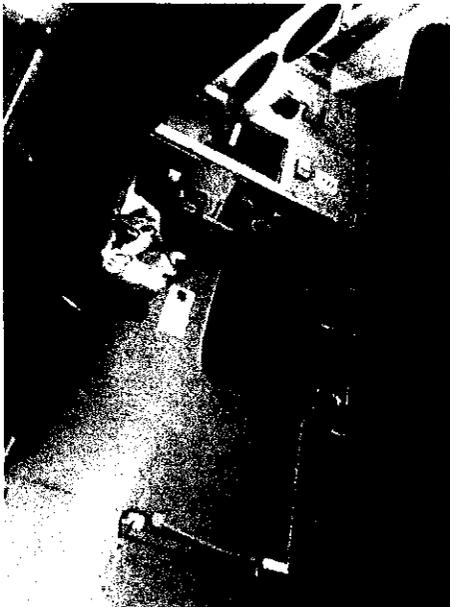
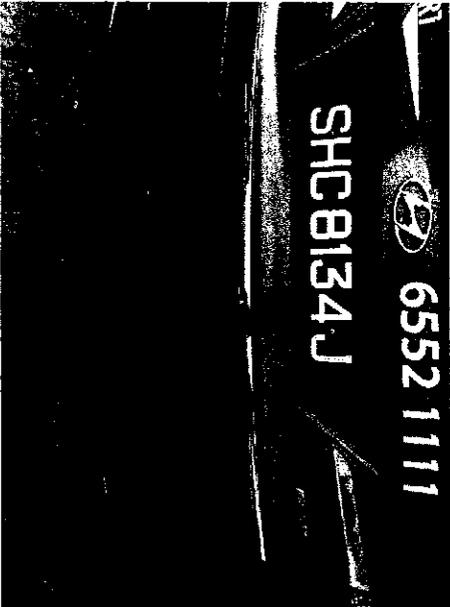
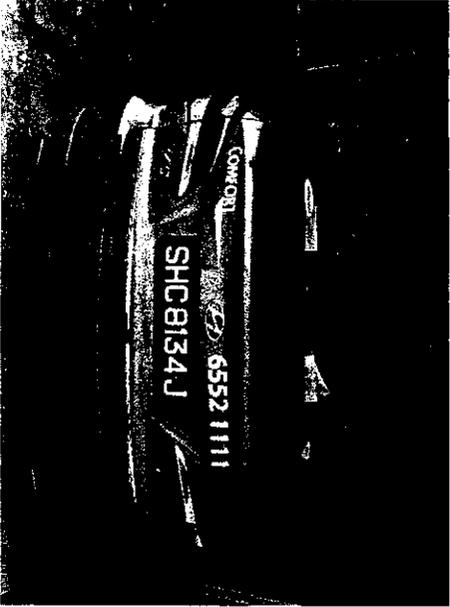
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

23/2/18

Jackson Hong  
CSO

*Jackson*





**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 8134J

DATE 23/2/2018 9:47

*Nine*

MAKE :

*Chiang*

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Red</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X see</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X see</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X see</i>			\$ 49.00
	Rear Bumper Clips <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>X see</i>			\$ 143.40
	Rear Bumper Under Cover <i>X see</i>			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20% DISCOUNTED TOTAL</b>			<b>\$ 381.47</b>
				<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor <i>X see</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>see 186</i>		45	\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>380.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>X 44</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 750.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,461.58</b>

*Kalvin (Kky)*  
*23/2/18 1500hrs.*  
*2 Days.*  
*P/P Before Paint photo*

**LKK Auto Consultants hence notify the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) 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 surveyed 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

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

Our Job Ref No : 305119330  
Date : 26/02/18

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHC8134J 22/02/2018

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

1. The repair job shall bill to: NTUC SKZ5012R
2. The finalized amount shall be:
 

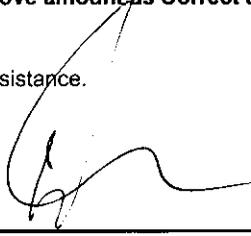
(a) Spare Parts after List discount	<u>\$545.48</u>
(b) Labour Charges	<u>\$400.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$945.48</u></b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kalvin  
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:

\_\_\_\_\_

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305119330  
 REGN NO : SHC8134J  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 28.04.2016  
 DATE/TIME IN : 23.02.2018 09:40  
 ACCIDENT DATE : 22.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	10.00	45.00
						SUB-TOTAL : 545.48

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	20.00
		SUB-TOTAL : 400.00

TOTAL : 945.48

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :



# 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/INC18003769/K1rbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-03-2018
Code: INC4	



### 1. Policy Particulars

Insured Veh.	SKZ 5012R	Veh. Inspected	SHC 8134J
Policy No.	5077302138-02	Coverage (\$)	0.00
Claim No.	MT/0983442-002	Excess (\$)	0.00
Assign From		Assign Date	23/02/2018

### 2. Vehicle Particulars

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087891	Colour	BLUE
Odometer	297500	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Condition of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
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 Day 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. SHC 8134J

Qty	Description of Parts	Condition	Estimated Cost	Adjusted Cost
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
<b>NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (N)	NECESSARY	50.00	50.00
	LESS 10% DISCOUNT		-	-5.00
			50.00	45.00
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		550.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			750.00	400.00
<b>GRAND TOTAL</b>			<b>2,461.58</b>	<b>945.48</b>

### RECOMMENDED COST OF REPAIRS (CONFIRMED)

Report Ref No. NS/INC18003769/K1rbe2

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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