

08/11/13

Size: Kalvin

REF: NS/TNC18003794/Klgbm2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate Cost: \_\_\_\_\_  
 OD / T / F / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SKA 6590M  
 Policy No: 5070451165-02 230317 - 220318  
 Claims No: MT/0983682-002  
 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: 3 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: SHC8332D Yr Regn: 6 Aug 2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Z40 C.C. 1685  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 442196 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB 414MH407 6862  
 Gen. Cond: Good / F / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / 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 Fluorok  
 Front 2 mm Rear 2 mm  
 R/Bal. 2 mm L/Bal. 2 mm  
 L/Bal. 2 mm D.O.A. 26/2/18 D.O.I. 27/2/18  
 Survey held at CDHE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 8332D - NS/TNC17019465/Klgbm2 EXA: 091017 <u>IM</u>
	SKA 6590M - X <u>43</u>
<u>6/3/18</u>	<u>Chk up \$2150/3 Pgs. (Chk 67762.30, 78%)</u>

RECEIVED 05 MAR 2018

Date/Time, File Pass to?

1) 06/3/18 IM

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

Survey Fee: 160

Transportation: 35

\$ + RS. \$ \_\_\_\_\_

Photos

195

43  
7p  
2150



# 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/INC18003794/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.	SKA 6590M	Veh. Inspected	SHC 8332D
Policy No.	5070451165-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/02/2018

## 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

--

## 5. General Information

Accident Date	26/02/2018	Inspection Date	27/02/2018
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. :

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

Case Handler

Typist

**Admin** ( *Orth* ): 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"/>	<input checked="" type="checkbox"/>		
C Customer Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Assign From	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Assign Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Insured)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C D.O.A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Policy No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Claim No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Report Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Weekend Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held at/Repairer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Excess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

**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"/>		
--	-------------------------------------	--	--

## (3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>		
C Market Value for OD cases	<input checked="" type="checkbox"/>		
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)	<input checked="" type="checkbox"/>		
C Days of repair	<input checked="" type="checkbox"/>		
C Finalised Amount	<input checked="" type="checkbox"/>		
C Re-inspection Cases to Finalize within 5 Days	<input checked="" type="checkbox"/>		

## (4) System - (Views/Merimen)

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>		
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Check By:

*Calvin*  
Case Handler

06/3/18  
Date

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

21/05/2014

# TP Claims against NTUC Income: Follow-Through Survey

Date : 5/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983987-002	COMFORT TRANSPORTATION PTE LTD	SHD 3779B	SGF 2628L	27/2/2018	22:50	\$ 7,764.56
2	MT/0984022-002	CITY CAB PTE LTD	SHD 8837J	SLV 9583S	28/2/2018	8:55	\$ 6,364.38
3	MT/0983682-002	COMFORT TRANSPORTATION PTE LTD	SHC 8332D	SKA 6590M	26/2/2018	8:45	\$ 9,912.30
4	MT/0983845-002	COMFORT TRANSPORTATION PTE LTD	SH 6511K	SLC 6282E	26/2/2018	18:20	\$ 4,228.95

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"/>	5070451165-02	CHIDARWAR MANISH MADHUKAR	S8066294G	GPC	drive CLASSIC	SKA6590M	SKA6590M	23/03/2017	22/03/2018

## 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	26/02/2018 16:59
Date Of Accident	26/02/2018 08:45
Exact Location Of Accident	AYE TWDS CITY NEAR ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8332D
<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	CHAN CHONG KONG
NRIC No	S1737029D
Date Of Birth	14/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	CHONGKONG@GMAIL.COM

Address BLK 652 KANG CHING ROAD#11-57  
 Postcode 610352  
 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) 2  
 Passenger 1 NAME: : -  
 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] PASIR RIS N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180226/2063

#### 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 SKA6590M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver CHIDДАРWAR MANISH MADHUKAR  
 NRIC/Passport Number S8066294G  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

CHAN CHONG KONG

Approximate Age

51

Injuries Sustain

FELT GIDDY AND NAUSEATING. PAIN TO NECK AND SHOULDER. ON 7 DAYS MC.

Injured person in which vehicle?

SHC8332D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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/sre 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

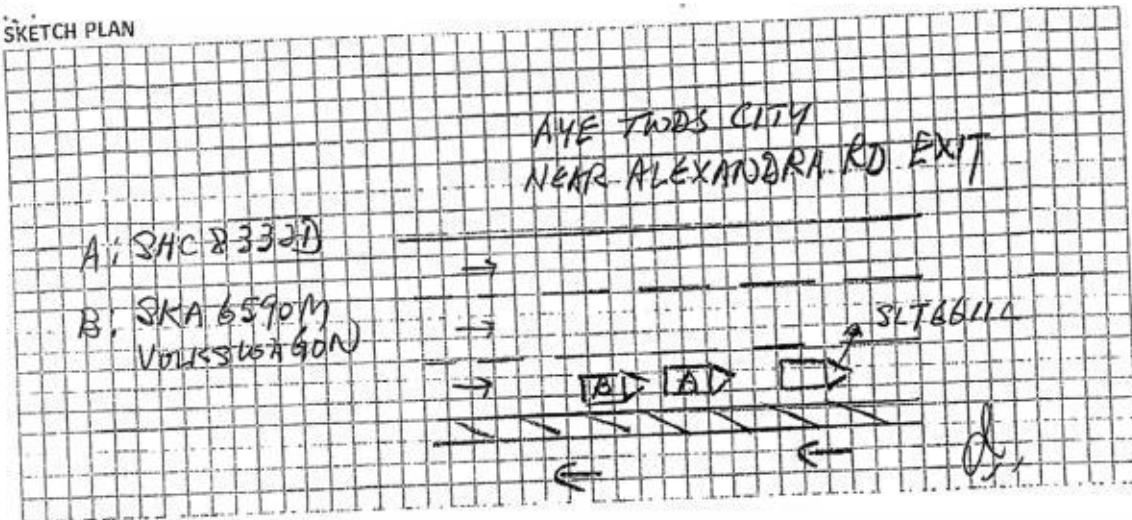
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report 7/20180226/2063

## 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:

26/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180226/2063

1 of 3

Report No. T/20180226/2063

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/02/2018 13:07		Vide Report No.:	Station Diary No.: 69
<b>Informant's Particulars</b>			
Name of Informant: CHAN CHONG KONG		Address: APT BLK 352 KANG CHING ROAD #11-57 SINGAPORE 610352	
ID Type / ID No.: NRIC NO / S1737029D		Contact No.: Home/Office: Mobile: 94526919	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 14/03/1966	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 Others	Drink Drive: No	Date/Time of Accident: 26/02/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards CTE before Alexandra exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8332D	taxi				Slightly Damaged	1
SKA6590M	Car				Slightly Damaged	0

**Details of Person Involved**

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180226/2063

2 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180226/2063

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	angela seah	ID No.	NIL
Related Vehicle	SHC8332D (taxi)	Contact No.	98418666
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
<b>Driver</b>			
Name	CHAN CHONG KONG	ID No.	S1737029D
Related Vehicle	SHC8332D (taxi)	Contact No.	94526919
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2018	Date Discharge	26/02/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	CHIDDARWAR MANISH MADHUKAR	ID No.	S8066294G
Related Vehicle	SKA6590M (Car)	Contact No.	NIL
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

**Brief Details.**

On 26/02/2018 at about 0845hrs, I was travelling along AYE towards CTE on lane 1. Right before Alexandra exit, there was a car which was in front of me suddenly applied the brake, hence, I also applied the brake. However, there was a vehicle bearing the plate number SKA6590M hit onto the rear end bumper of my taxi. We exit our vehicle and exchange particulars. There was an in car camera in my taxi however, it only records the front view of the taxi. I went to the doctor and was given 7 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20180226/2063

3 of 3

Report No. T/20180226/2063

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:

G /  
Sgt 2 JEREMY CHUNG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

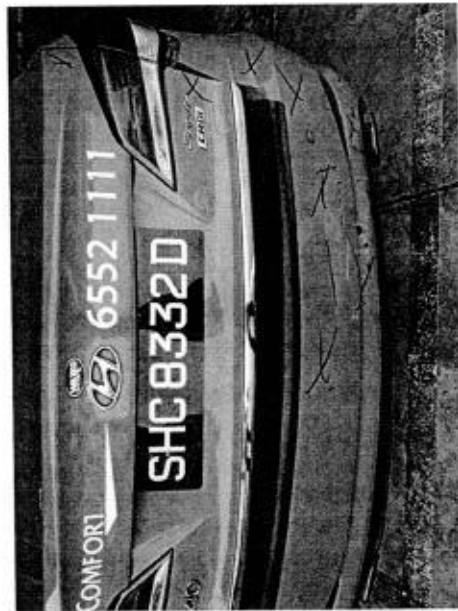
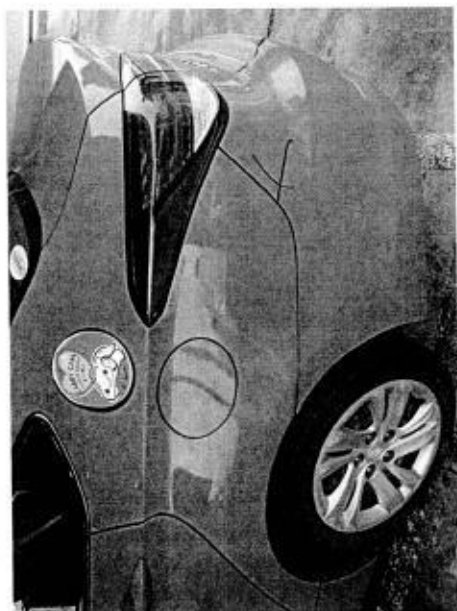
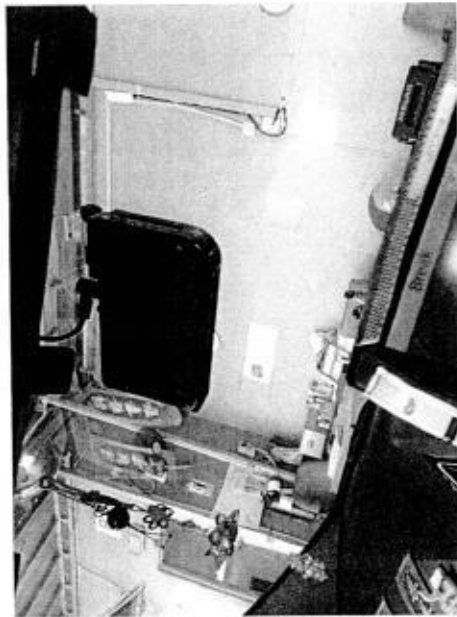
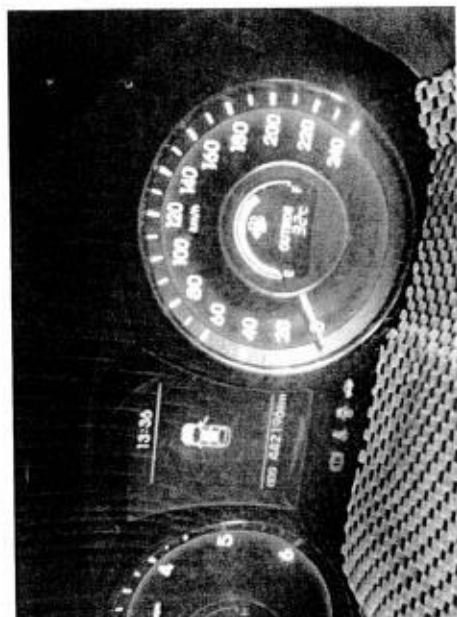
SIGNATURE

Signature Of Informant:

Date/Time:  
26/02/2018 13:07

Classification Of Case:





SHC8332D  
COMFORT  
6552 1111  
HYUNDAI MOTOR COMPANY  
KMLB41UMGU076862  
STU RY

Job: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305120213

OWNER COMFORT TRANSPORTATION PTE LTD IS 7010045 OMER NO. 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (R) (P)	REG NO. SHC8332D MAKE HYUNDAI MODEL I-40 YR OF MANU 06.08.2015 CHASSIS CODE RMHLB41UMGU076862	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 26.02.2018 13:32 TARGET DATE COMPLETION DATE/TIME
---	---	--

Accident Date: 26.02.2018  
NATURE: 3P 26.02.18  
  
/NO LABOR CODE DESCRIPTION

SIGNED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
No.: SHC8332D	JU NTUC LKK	Vehicle No.: SHC8332D	
Signature/Date	Name of Service Advisor	Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8332D

DATE 26/2/2018 14:28

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid X <sup>su</sup>			\$ 1,681.40
	Boot Lid Rubber X <sup>su</sup>			\$ 115.80
	Boot Lid Lock Upper X <sup>su</sup>			\$ 137.90
	Boot Lid Lock Lower X <sup>su</sup>			\$ 31.70
	Boot Lid 'H' Emblem X <sup>su</sup>			\$ 27.20
	Boot Lid CRDI Plate X <sup>su</sup>			\$ 41.00
	Bootlid Moulding X <sup>su</sup>			\$ 85.00
	Bootlid i40 Emblem X <sup>su</sup>			\$ 41.00
	Bootlid Lower Garnish X <sup>su</sup>			\$ 398.00
	Rear Bumper <sup>Rebel</sup>			\$ 603.60
	Rear Bumper Reinforcement X <sup>su</sup>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) 2H X <sup>su</sup> RH <sup>su</sup>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket X <sup>su</sup>		\$ 49.00	\$ 98.00
	Rear Bumper Clips <sup>su</sup>			\$ 22.00
	Rear Bumper Sponge <sup>su</sup>			\$ 143.40
	Rear Bumper Under Cover <sup>su</sup>			\$ 225.00
	Rear Bumper Reflector Lamp (RH) <sup>su</sup>			\$ 32.00
	Exhaust Pipe Insulator, RH X <sup>su</sup>			\$ 58.55
	Exhaust Silencer, RH <sup>su</sup>			\$ 954.00
	Exhaust Pipe Hanger, RH X <sup>su</sup>			\$ 58.55
	Exhaust Pipe Centre X <sup>su</sup>			\$ 1,150.30
	Rear Fender (RH) X <sup>su</sup>			\$ 2,020.10
	Rear Fender Inner Lining (RH) X <sup>su</sup>			\$ 164.40
	Rear Windscreen Moulding X <sup>su</sup>			\$ 60.00
	<b>SUB TOTAL</b>			<b>\$ 9,013.25</b>
	<b>LESS 20%</b>			<b>\$ 1,802.65</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 7,210.60</b>
	Boot Lid Comfort Logo & Tel No. Sticker X <sup>su</sup>			\$ 30.00 <b>Nett</b>
	Rear Bumper Reverse Sensor <sup>su</sup>			\$ 135.70 <b>Nett</b>
	Rear Bumper Rubber Mat <sup>su</sup>			\$ 50.00 <b>Nett</b>
	Rear Windscreen Sealant X <sup>su</sup>			\$ 46.00 <b>Nett</b>
	<b>Labour Charge</b>			<b>\$ 261.70</b>
	Panel Beating <sup>Kalun (LKK)</sup>			\$ 1,200.00 <sup>300</sup>
	Spray Painting Charge <sup>27/2/18 1145 L</sup>			\$ 600.00 <sup>360</sup>
	Wiring Charge			\$ 50.00 <sup>X</sup>
	Tuff Kote <sup>3 Rys</sup>			\$ 50.00 <sup>X</sup>
	Remove/Refix Cushion & Upholstery Rear <sup>45</sup>			\$ 150.00 <sup>50</sup>
	Remove/Refix Rear Windscreen Glass <sup>After Repair p Lb</sup>			\$ 120.00 <sup>X</sup>
	Remove/Refix Reverse Sensor			\$ 120.00 <sup>20</sup>
	Remove/Refix Exhaust Pipe			\$ 150.00 <sup>80</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 2,440.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 9,912.30</b>

NTUC LKK

Jumani



Our Job Ref No : 305120213  
Date : 05/03/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC8332D  
Date of Accident : 26.02.18

Fax :

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

1. The repair job shall bill to: NTUC --- SKA6590M  
###
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: 20% \$2,150.00  
Final Lumpsum Repair cost
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 : JUMANI  
Tel : 6214 8319  
Fax : 6546 8156

Signature :  
Name : Kalvin  
Date : 6/3/18

### 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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:RR BUMPER REINFORCEMENT & BRACKET

**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/INC18003794/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 07-03-2018



Code: INC4

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

Insured Veh.	SKA 6590M	Veh. Inspected	SHC 8332D
Policy No.	5070451165-02	Coverage (\$)	0.00
Claim No.	MT/0983682-002	Excess (\$)	0.00
Assign From		Assign Date	27/02/2018

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU076862	Colour	BLUE
Odometer	442196	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	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 O/S PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	26/02/2018	Inspection Date	27/02/2018
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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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8332D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID	SERVICEABLE	1,681.40	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NOT NECESSARY	41.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NOT NECESSARY	41.00	-
1	BOOTLID LOWER GARNISH	SERVICEABLE	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	O/S BENT / N/S SERVICEABLE	360.00	180.00
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CRACKED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	BENT	954.00	954.00
1	EXHAUST PIPE HANGER,RH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	SERVICEABLE	1,150.30	-
1	REAR FENDER (RH)	TO REPAIR	2,020.10	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	164.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-1,802.65	-432.00
			7,210.60	1,728.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70

Report Ref No. NS/INC18003794/K1qbn2



# National Assessment Centre Services

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			261.70	185.70
	<b>LABOUR</b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,790.00	450.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		650.00	360.00
			2,440.00	810.00
	<b>GRAND TOTAL</b>		<b>9,912.30</b>	<b>2,723.70</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,150.00</b>

Report Ref No. NS/INC18003794/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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