



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/INC18003934/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	PC 4246B	Veh. Inspected	SHA 9243G
Policy No.		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.
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Survey Department Check List (Case Handler)

Reference No. : NS/INC/8093934/K96
Policy Type: OD (TP) / TP RES / TL / EVA

SHA 974.3G

Case Handler

Typist

Admin (Chen): 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				
C Claim No				
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<input checked="" type="checkbox"/>			
C Weekend Charges				
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess				

Surveyor (Kumar): 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:

Chen 05/07/18
Case Handler 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	Tentative repair cost
1	-	SMRT BUSES LTD	SMB 3529H	FV 3043U	11/12/2018	16:15	\$ 3,858.03	\$ 2,550.00
2	MT/0983770-002	COMFORT TRANSPORTATION PTE LTD	SHC 8339K	FY 5545J	25/2/2018	2:25	\$ 6,898.96	\$ 4,100.00
3	MT/0984758-001	COMFORT TRANSPORTATION PTE LTD	SHC 3155G	GBG 1237S	22/2/2018	14:40	\$ 2,549.36	\$ 1,400.00
4	MT/0980882-004	COMFORT TRANSPORTATION PTE LTD	SHD 3132S	GBC 3328X	3/2/2018	7:55	\$ 3,503.26	\$ 1,348.21
5	MT/0984276-002	COMFORT TRANSPORTATION PTE LTD	SHC 746X	SLR 7216L	28/2/2018	2:00	TOTAL LOSS	TOTAL LOSS
6	MT/0984762-001	SMRT BUSES LTD	SG 5452J	SKQ 3494T	5/1/2018	13:22	\$ 8,131.29	\$ 7,161.29
7	MT/0984765-001	SMRT BUSES LTD	SMB 336S	SHD 1237L	27/1/2018	18:30	\$ 2,990.00	\$ 700.00
8	MT/0979197-002	SMRT BUSES LTD	TIB 1116B	GBD 5665D	23/1/2018	10:05	\$ 3,964.77	\$ 3,000.00
9	MT/0983952-002	COMFORT TRANSPORTATION PTE LTD	SHB 6713G	SLA 46X	26/2/2018	6:05	\$ 6,740.80	\$ 4,950.00
10	NOT INSURED	COMFORT TRANSPORTATION PTE LTD	SHA 6973C	FBB 4102D	23/2/2018	17:15	\$ 1,250.48	\$ 600.00
11	MT/0983501-002	CITY CAB PTE LTD	SHA 9243G	PC 4246B	23/2/2018	18:05	\$ 2,681.58	\$ 2,400.00
12	MT/0984783-001	CITY CAB PTE LTD	SHB 4736D	FBL 7388Z	22/2/2018	12:30	\$ 2,487.18	\$ 950.48
13	MT/0982510-002	COMFORT TRANSPORTATION PTE LTD	SH 6763A	SJP 3496E	13/2/2018	22:00	\$ 2,324.08	\$ 1,295.76
14	MT/0984221-001	CITY CAB PTE LTD	SHC 926T	SDX 6942T	18/2/2018	16:50	\$ 3,181.90	\$ 1,400.00
15	MT/0984099-001	COMFORT TRANSPORTATION PTE LTD	SHA 4722Z	SJR 294E	16/2/2018	16:40	\$ 5,637.20	\$ 2,237.52
16	MT/0984101-001	COMFORT TRANSPORTATION PTE LTD	SHC 3372X	SLU 1543R	18/2/2018	5:35	\$ 4,132.08	\$ 560.00
17	MT/0984790-001	CITY CAB PTE LTD	SHC 7866L	SLP 4518X	18/2/2018	17:50	\$ 1,375.12	\$ 660.00
18	MT/0983617-002	COMFORT TRANSPORTATION PTE LTD	SH9111L	SHC 6770K	24/2/2018	22:50	\$ 2,605.10	\$ 975.48
19	MT/0983513-002	COMFORT TRANSPORTATION PTE LTD	SH A 3341X	SJL 7579U	24/2/2018	14:05	\$ 6,414.38	\$ 1,200.00
20	MT/0972860-002	COMFORT TRANSPORTATION PTE LTD	SMB 3141S	GBE 9185R	4/12/2017	14:25	\$ 6,153.67	\$ 6,090.67
21	MT/0983749-002	COMFORT TRANSPORTATION PTE LTD	SHA 7760T	SJD 3446M	25/2/2018	22:15	\$ 6,759.82	\$ 1,850.00

2/26/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
PC4246B	23 Feb 2018 / 18:05:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHA 9243G

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 14:06
Date Of Accident	23/02/2018 18:05
Exact Location Of Accident	BEDOK SOUTH AVE 1 TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9243G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	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-18088937MFSH
Cover Note Number	
Driver	
Name of Driver	OMAR B AB RAHMAN
NRIC No	S1043635D
Date Of Birth	02/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	OMBARA9980@YAHOO.COM

Address	BLK 54 CHAI CHEE STREET #15-869
Postcode	460054
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	DRIZZLING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180224/2098

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	PC4246B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	OMAR B AB RAHMAN
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHA9243G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE

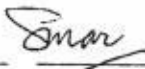
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
REG. NO. 199502839G

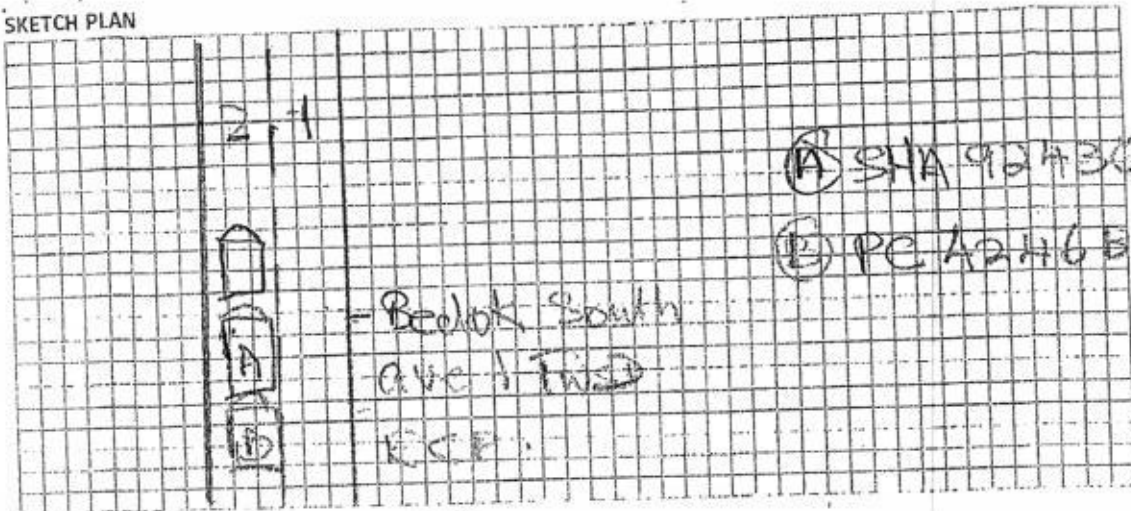
Policyholder's Signature
Date & Time:


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

26/2/18
Jackson Hong
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report attach T/20180224/2098

DECLARATION

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

CITYCAB PTE LTD

REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

26/2/18
Jackson Heng
CSO

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180224/2098

1 of 4

Report No. T/20180224/2098

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Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2018 16:42		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: OMAR B AB RAHMAN			Address: APT BLK 54 CHAI CHEE STREET #15-869 SINGAPORE 460054		
ID Type / ID No.: NRIC NO / S1043635D			Contact No.: Home/Office: Mobile: 90685701		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 02/05/1949	Type of Informant: Driver		
Race: Arab			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 BEDOK SOUTH AVENUE 1				
Along Bedok South Ave 1, about 100 to 150 metre to the junction of Upper East Coast Road				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4246B	Bus/Coach/Mi nibus	YUTONG		Silver	Slightly Damaged	0
SHA9243G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly, Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180224/2098

2 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20180224/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OMAR B AB RAHMAN	ID No.	S1043635D
Related Vehicle	SHA9243G (Car)	Contact No.	90685701
Hospital/Clinic	USRAH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	24/02/2018	Date Discharge	24/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 23/02/2018 at about 1800hrs, I had picked a couple along Bedok North Street 1 in my vehicle (SHA 9243G) and both of them was seated at the back passenger seat. The destination that the said couple will be heading to was at Harbourfront.

On the same day at about 1815hrs, I was driving along Bedok South Ave 1 at the centre lane as I was intending to go to ECP expressway. It was a slow moving traffic and the road condition was wet as it was raining. While I was driving along Bedok South Ave 1, I noticed that the vehicle ahead of me came to a stop as such my vehicle came to a halt. Shortly after my vehicle came to a stop, I felt an impact coming from the rear. I then look at the front rear mirror and noticed that a mini bus (PC 4246B) had collided onto the rear of my vehicle. I then press the hazard light and before I alighted my vehicle, I asked both passengers inside my vehicle if they were injured. Both of them then informed that they do not want to be involved in the accident and just stay inside the vehicle.

I then came out from my vehicle and I made a check on the damage to my vehicle. I noticed that my vehicle rear was dented and scratches was also seen. In addition, the cover of the boot also went in and there was a difficulty opening it. I then approached the driver of the mini-bus to exchange particulars. After exchanging particulars, I then took a photo of the damages on my vehicle. Both of us then left the accident location as no towing crew was needed. I continued on my journey to send both passenger to their said destination. Furthermore, before both passengers left my vehicle, I gave them a receipt and informed them that if they felt any pain, they can contact my company and they acknowledged. No ambulance or police was called in during accident.

I then went back home straight after sending both passenger and once I was at home, I felt pain at the back of my head. Since I was not able to drive the vehicle to the workshop, I contacted the towing company to tow the vehicle to the workshop.

Thus, on 24/02/2018 at about 1200hrs, I went to USRAH MEDICAL CLINIC located at Blk 510 Bedok North Street 3 #01-25 for check up and treatment. I was then given 4 days of Medical Leave from 24/02/2018 till 27/02/2018.

I wish to state that I have a photo of the particulars of the driver of the mini-van in my mobile phone however the photo is not clear.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20180224/2098

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Report No. T/20180224/209

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 MUHAMMAD KHAIRI BIN MOHAMMAD
KUSBARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/02/2018 16:42

Classification Of Case:

SINGAPORE
POLICE FORCE

SIGNATURE

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO 305120063

OWNER	REGN NO.	MILEAGE
CITYCAB PTE LTD	SHA9243G	
IS 7010070	MAKE	FUEL
OWNER NO.	HYUNDAI	E.....1/2.....F
383 SIN MING DRIVE	MODEL	DATE/TIME IN
ESS Singapore SINGAPORE 575717	I-40	26.02.2018 11:50
65551188	YR OF MANU	TARGET DATE
(R) 06.08.2015	06.08.2015	
(P)	CHASSIS CODE	COMPLETION DATE/TIME:
	KMHLB41UMGU075330	
DUPLICATE CARD NO.		

Accident Date: 23.02.2018
 ATURE: 3P 23.02.18

JOB DESCRIPTION

/NO	LABOR CODE	DESCRIPTION
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BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA9243G

LIMITS

Vehicle No.: **SHA9243G**

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 9243G

DATE 26/2/2018

MAKE :

MODEL : HYUNDAI i40

LKK - kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 435.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 50.00
	Wiring Charge			\$ 120.00
	R/Refix Reverse Sensor			
	TOTAL LABOUR			\$ 720.00
	ESTIMATE TOTAL			\$ 2,681.58
				4344.54

Kalvin LKK/14

26/2/18 16:00

3 Days

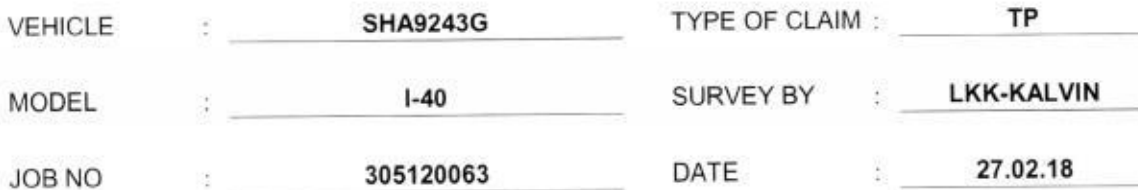
After Repair

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 surveys on a "without Prejudice" basis
- No illegalised labour is allowed
- Supplementary items must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer
 Signature: _____

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.

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305120063
Date : 01/03/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA9243G

Date of Accident : 23-Feb-18

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

1. The repair job shall bill to: NTUC --- PC4246B

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%

Final Lumpsum Repair cost

\$2,400.00

\$2,400.00

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 finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 1/3/18

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				
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

Thatcham escribe

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18003934/K1qbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 09-03-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	PC 4246B	Veh. Inspected	SHA 9243G
Policy No.		Coverage (\$)	0.00
Claim No.	MT/0983501-002	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.	KMHLB41UMGU075330	Colour	YELLOW
Odometer	254374	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 N/S PORTION. 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:		3 Working Days	



National Assessment Centre Services

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9243G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	BOOTLID	BENT	1,681.40	1,681.40
1	BOOTLID EMBLEM-I40	NECESSARY	41.00	41.00
1	BOOTLID EMBLEM-CRDI	NECESSARY	41.00	41.00
1	BOOTLID EMBLEM-H	NECESSARY	27.80	27.80
	LESS 20% DISCOUNT		-739.71	-483.36
			2,958.84	1,933.44
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	BOOTLID COMFORTDELGRO (SN)	NECESSARY	20.00	20.00
1	BOOTLID 65521111 (SN)	NECESSARY	10.00	10.00
			465.70	465.70
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		520.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
			920.00	580.00
GRAND TOTAL			4,344.54	2,979.14

Report Ref No. NS/INC18003934/K1qbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,400.00
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Report Ref No. NS/INC18003934/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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