

REF: NS/INC18006030/Klvbnz

REF:

NS/INC18006030/Klvbnz

ASSIGNMENT

From: _____ Date: _____
Estimate Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Insp Vehicle No: _____
at Workshop mis _____
of _____
Insured: **8 SJL 270E**
Policy No: **5088229793** **240217 - 120518**
Claims No: **mr/0988715-002**
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vhi: _____

Veh No: **SHA 9768J** Yr Regn: **15 Jan 2015**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / **0**
Truck / Trailer or _____
Make: **Hyundai Ix0** c.c. **1685**
Colour: **Yellow** A/C: Ins **0** Std / NI / NA
Sp. Reading: **360680** T/Radio: Ins **0** Std / NI / NA
Eng/No: _____
C/No: **KMHCD414AF40 6x631**
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inor **0** / Jammed / Leaked / Burnt or
Brake: Inor **0** / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD **0** / Rim or
Tyre Size: F: **205/60R16**
R: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Triangle**

Front: _____ Rear: _____
R/Bal. **7** min R/Bal. **7** min
L/Bal. **7** min L/Bal. **7** min
D.O.A. **30/3/8** D.O.I. **2/4/8**
Survey held at **CDGE (Loyang)**

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

n/s Frnt.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 9768J - 13/FCL17002843/Vgh3nz
	SJL 270E - X
6/4/15	whl L/S \$3400/4ty (Red 5458.80, 6219)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: **4**

1)

☐ : Final Report

Resurvey No. of Trip: **1**

Date/Time, File Return to?

2) **914 - typist**

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech Insp (\$)

Survey Fee:

Transportation:

G + RS, \$

Photos:

Other:

TOTAL

Repair Estimate:

TP

LS \$3400/2

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/INC18006020/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 270E	Veh. Inspected	SHA 9768J
Policy No.	5088229793	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

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	30/03/2018	Inspection Date	02/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor)

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088229793	GRABUBER	53338474E	GCV	Comprehensive	SJL270E	SJL270E	24/02/2017	12/05/2018

[Continue](#)

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 9 April 2018 3:56 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi

All claim created.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0989219-002	COMFORT TRANSPORTATION PTE LTD	SH 8308T	SKB 4888M
2	MT/0988775-002	CITYCAB PTE LTD	SHA 9768J	SJL 270E

D.O.A	Time of Accident	Estimate	Tentative repair cost
2/4/2018	6:50	\$9,897.03	7391..75
30/3/2018	13:30	\$8,858.80	\$3,400.00

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 9 April, 2018 11:53 AM
To: mtreg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1		COMFORT TRANSPORTATION PTE LTD	SH 8308T	SKB 4888M
2		CITYCAB PTE LTD	SHA 9768J	SJL 270E

D.O.A	Time of Accident	Estimate	Tentative repair cost
2/4/2018	6:50	\$9,897.03	7391..75
30/3/2018	13:30	\$8,858.80	\$3,400.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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	01/04/2018 07:58
Date Of Accident	30/03/2018 13:30
Exact Location Of Accident	SENGKANG EAST RD SLIP RD BUANGKOK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9768J
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	TOH SWEE CHENG
NRIC No	S7015314I
Date Of Birth	11/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 470 02-906 ANG MO KIO AVENUE 10
Postcode 560470
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE (Hand to side)
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? 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) 2
Passenger 1 NAME: : -
GENDER: : MALE

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

SEE ATTACH.

Attachment(s)

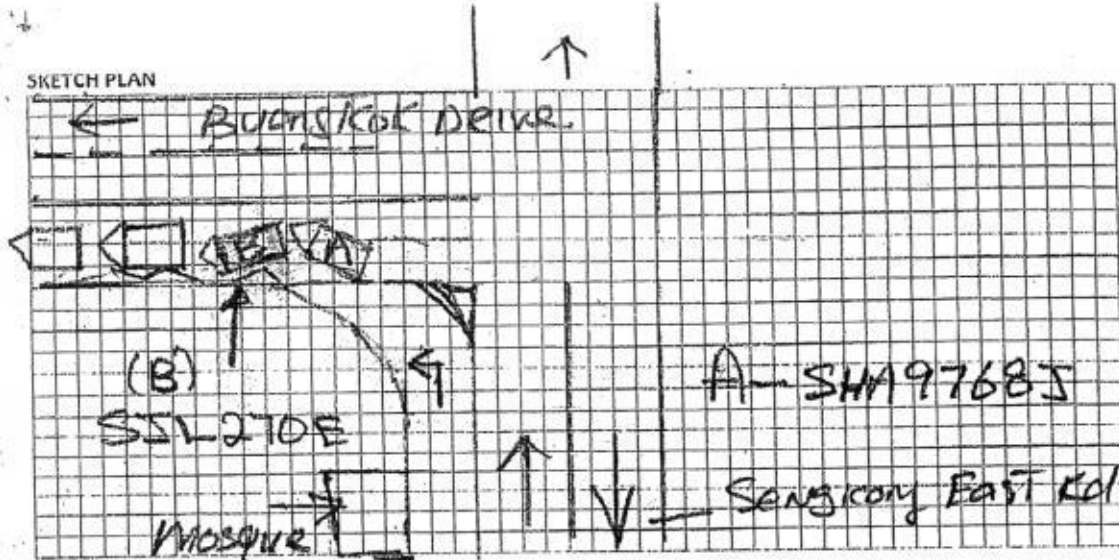
Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: -
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL270E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MOHAMED FAISAL BIN MOHAMED AYUB
NRIC/Passport Number S8838115G
Contact Number 87527405
Address
Postcode
Insurance Company Name
Nature Of Damage RHT REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/3/18 @ 1330hr, I was driving along Sengkang East Rd slip road towards ~~the~~ Buangkok drive. my taxi was stop to check on coming traffic on right. When I ~~going~~ start moving out from slip, suddenly there is vehicle (B) SSL 270E change lane and stop ^{immediately} at end of Zebra Crossing and Zig Zag cause my taxi hit rear right vehicle (B) SSL 270E.

There is Video Footage on the Scene.

DECLARATION

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

L11YCAB PTE LTD
O. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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:

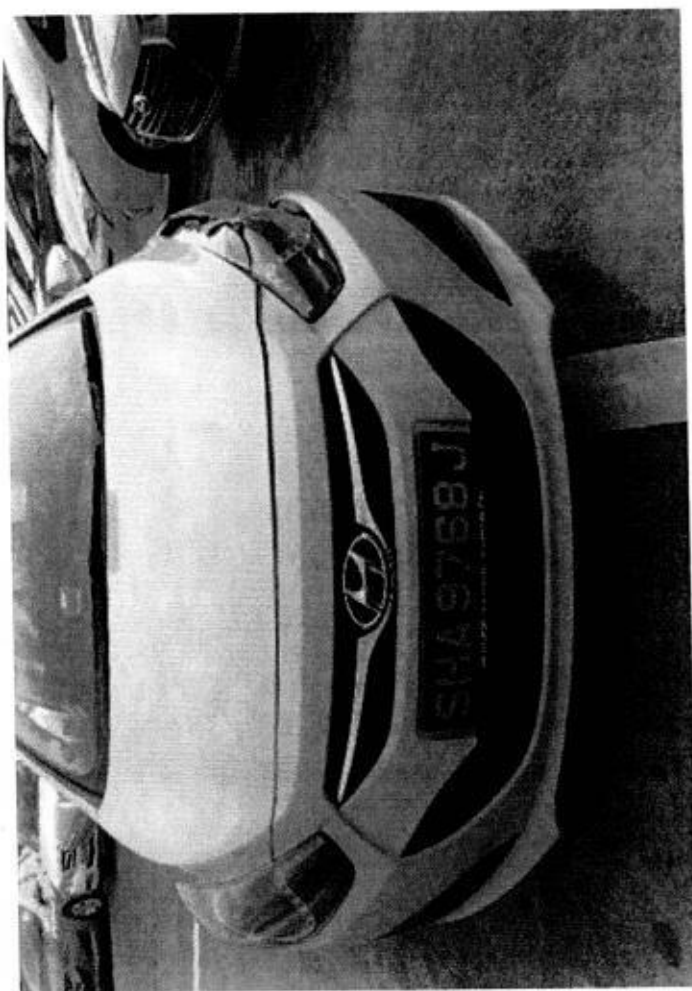
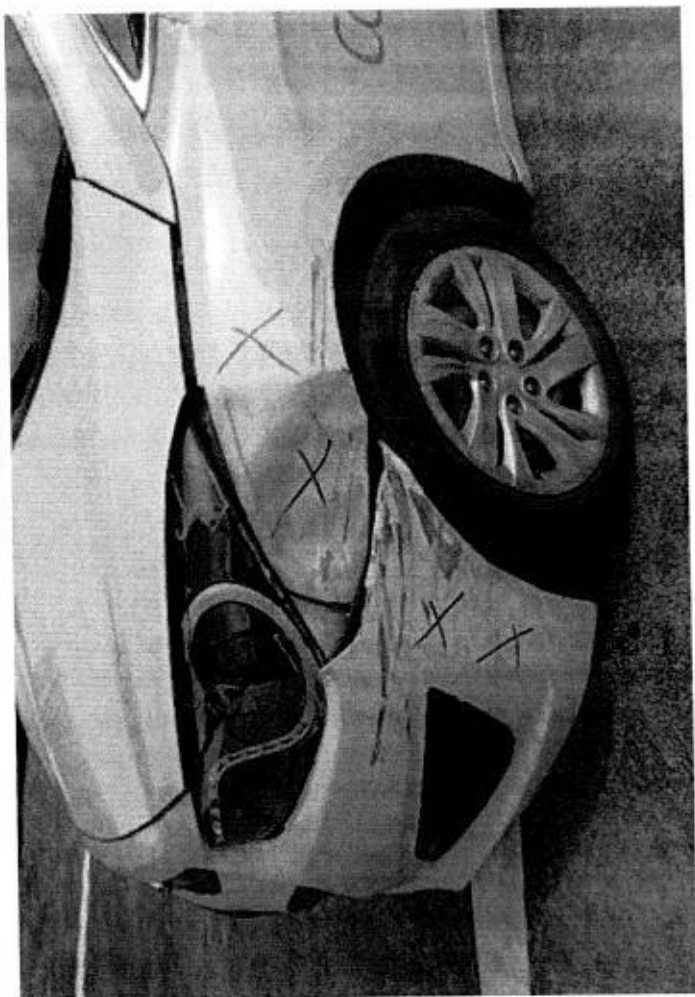
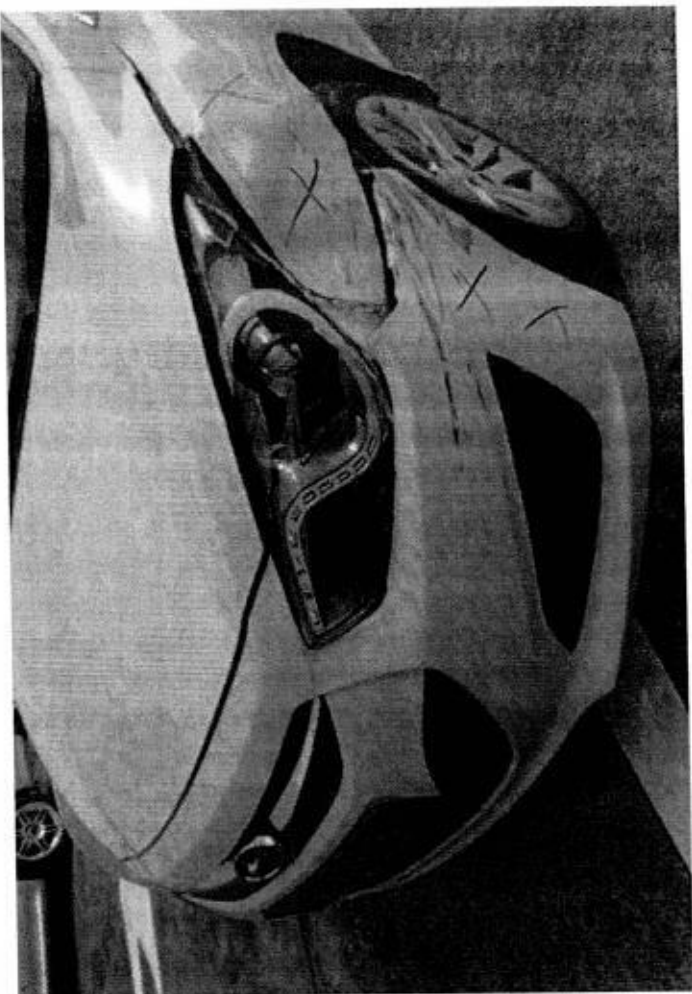
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

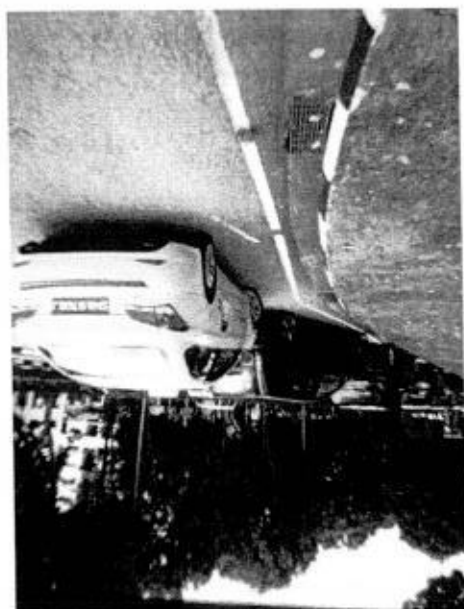
CITYCAB PTE LTD
U. REG. NO. 199502839C

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.:





Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3814506

JC NO 305137074

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

COUNT CARD NO.

REGN NO:

SHA9768J

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN 30.03.2018 13:30

YR OF MANU

15.01.2015

TARGET DATE

CHASSIS CODE

KMHLE41UMFU064633

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.03.2018

NATURE: 3P 30.03.18/B-

/NO

LABOR CODE

DESCRIPTION

TOWING - NORMAL

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA9768J

FZ NTUC VAC

Vehicle No.:

SHA9768J

Signature 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 9768J

DATE 2/4/2018 11:08

MAKE :

MODEL : HYUNDAI i40

NTUC/LKK
FRONT LEFT

F2

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Pat</i>			\$ 562.30
	Front Bumper Sponge <i>X</i>			\$ 142.20
	Front Bumper Reinforcement <i>X</i>			\$ 526.10
	Front Bumper Grille (LH) <i>cut</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>on</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>on</i>			\$ 24.60
	Headlamp Support Panel Assy <i>on</i>			\$ 1,067.50
	Headlamp (LH) <i>on</i>			\$ 1,388.00
	Headlamp Halogen Bulb (LH) <i>X</i>			\$ 14.40
	Front Fender (LH) <i>Pat</i>			\$ 619.00
	Front Fender Shield (LH) <i>on</i>			\$ 169.80
	Rocker Panel Outer Garnish <i>X</i>			\$ 483.60
	Front Wheel Hub Cap (LH) <i>X</i>			\$ 150.70
	Front Wheel Bearing <i>X</i>			\$ 258.50
	Front Shock Absorber (Assy) (LH) <i>X</i>			\$ 342.20
	Front Shock Absorber Mounting (LH) <i>X</i>			\$ 75.10
	Front Suspension Lower Arm (LH) <i>X</i>			\$ 715.10
	Knuckle Arm (LH) <i>X</i>			\$ 582.95
SUB TOTAL				\$ 7,184.75
LESS 20%				\$ 1,436.95
DISCOUNTED TOTAL				\$ 5,747.80
	Frt Door Color Comfort Logo, LH <i>X</i>			\$ 75.00
	Front Tyre (LH) <i>X</i>			\$ 216.00
				\$ 291.00
Labour Charge				
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
TOTAL LABOUR				\$ 2,820.00
ESTIMATE TOTAL				\$ 8,858.80

Repairs Consultants hence notify
 the Repairer of the following:
 • To resurvey before and after repair
 • To display
 • Repairs are subject to confirmation
 • Third party survey is on a "No Fault" basis
 • No illegal modification is allowed
 • Supplementary item(s) must be surveyed 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.

Kali 11/11/11

2/4/18 1230h

4 Ps.

4/5

After Repair photo

400

\$ 1,000.00

\$ 1,000.00

\$ 50.00

\$ 50.00

\$ 50.00

\$ 400.00

\$ 120.00

\$ 150.00

\$ 2,820.00

\$ 8,858.80

 Nett
 Nett

 600
 20
 20
 X 11
 X 11
 50

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

1. Date: _____ Time Received: _____

2. ☐ New ☐ SPARK Kakis
Name of Customer : TOH SWEET CHENG
Contact No. : 97547721
Vehicle No. : SHA97685
Make / Model / Colour : 140
Email : _____

3. Vehicle Type:
☐ Private
☒ Taxi (CTPL/CCPL)
☐ Fleet
☐ STK (Boon Lay)

5. Nature of Service:
☐ Jumpstart
☐ Recovery
☐ Change Tyre / Battery

4. Type of Towing:
☒ Normal Tow
☐ King Dolly
☐ Flat Bed
☐ Crane-up

6. Parts Replaced/Remarks:

7. Location: 473A FERNVALE ST.

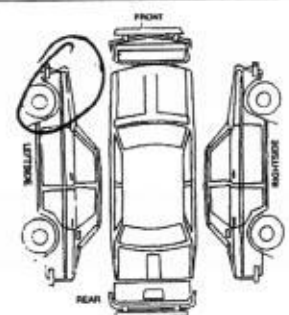
9. Preferred Workshop:
☐ Braddell ☒ Loyang ☐ Pandan
☐ Sin Ming ☐ Sungei Kadut ☐ Ubi
☐ Senoko ☐ Komoco (UBI / Leng Kee) ☐ Cycle & Carriage (PD)
☐ Others: _____

8. Vehicle Tow - In Workshop:
☐ Smoky Exhaust ☐ Wheel Jammed
☐ Overheating ☐ Steering Faulty
☐ Brake Faulty ☐ Alternator Faulty
☐ Starting Problem ☐ Loss Power
☒ Accident ☐ Engine Stalled
☐ Return Taxi

10. Odometer Reading : 360679km
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☐ TZ ☒ YISHUN ☐ OTHERS
Name of Driver : GAOX
Vehicle No. : YP8480P.
Time Dispatch : 1453
Time of Arrival : 1535
Time Completed : _____



: Cracked X : Dented
/ : Scratched O : Missing

toh
Signature of Customer

13. Cash Invoice No. : _____

14. WORKSHOP
Name of Attending Staff/Guard : _____ Date & Time of Arrival : 1535
Signature of Attending Staff/Guard : _____

30/03/2018
Date

1535
Time

toh
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard : _____ Date & Time of Arrival : _____ Signature of Attending Staff/Guard : _____

CUSTOMER'S C

Our Job Ref No : 305137074
Date : 06.03.2018

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

FINALIZATION FORM

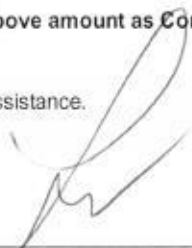

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA9768J

Date of Accident : 30.03.2018

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

1. The repair job shall bill to: NTUC --- SJL 270E
 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)
Total for Lumpsum repair cost after Less: 20% \$3,400.00
Final Lumpsum Repair cost \$3,400.00
 3. Estimated normal period for repairs: 4 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.
- Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156
- We confirm the estimates and finalized amount
Signature : 
Name : Kahr
Date : 6/4/18

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:



Thatcham escribe

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006020/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 13-04-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJL 270E	Veh. Inspected	SHA 9768J
Policy No.	5088229793	Coverage (\$)	0.00
Claim No.	MT/0988775-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064633	Colour	YELLOW
Odometer	360680	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	TRIANGLE	7 mm
L/H Front Tyre	205/60 R16	TRIANGLE	7 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	7 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/03/2018	Inspection Date	02/04/2018
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:	4 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9768J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	CUT	40.30	40.30
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	CRACKED	1,067.50	1,067.50
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	HEADLAMP HALOGEN BULB (LH)	NOT NECESSARY	14.40	-
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	TORN	169.80	169.80
1	ROCKER PANEL OUTER GARNISH	TO REPAIR	483.60	-
1	FRONT WHEEL HUB CAP (LH)	SERVICEABLE	150.70	-
1	FRONT WHEEL BEARING	SERVICEABLE	258.50	-
1	FRONT SHOCK ABSORBER (ASSY)(LH)	SERVICEABLE	342.20	-
1	FRONT SHOCK ABSORBER MOUNTING (LH)	SERVICEABLE	75.10	-
1	FRONT SUSPENSION LOWER ARM (LH)	SERVICEABLE	715.10	-
1	KNUCKLE ARM (LH)	SERVICEABLE	582.95	-
	LESS 20% DISCOUNT		-1,436.95	-778.78
			5,747.80	3,115.12
SPECIAL NETT ITEMS				
1	FRT DOOR COLOR COMFORT LOGO LH (SN)	NOT NECESSARY	75.00	-
1	FRONT TYRE (LH)(SN)	SERVICEABLE	216.00	-
			291.00	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,720.00	470.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	620.00
	TOWING CHARGE.		50.00	50.00
			2,820.00	1,140.00

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GRAND TOTAL		8,858.80	4,255.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,400.00

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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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