Burney Kalvin	REF: N3/[N(180)	KITA / KITHOR	
dine I Palvill		ICNMENT	
	£ And he	Clinzeriu	8 Sep 3 16
From:	Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tag	gn:
Estima t elCost		Truck / Trailer or	Trine mover
OD ITP WS ITP RES / OD RES	/ EVA / INV / MV		0.0 / (er
To Insp 60 Vehicle No.		Make: Hyuli Zxo Colour Ble A/C:	Inst G d / Std / NI / NA
at Workship m/s		1/1/	o: Inst Q ed / Std / NI / NA
of		- Optive during 10 10 1	b. Histored / Old / Hill NA
Insured: 6BF 6657	К	Eng/No:	41. 07401
Policy Na 50875013	30-01 350118 - 1201	A CARLOS CONTROL CONTR	164093494
claims No. MT/09	8886400L	Gen. Cond: Good / Fair / Poor / Burnt	
Sumin swd:	Excess:	Steering: Inordey / Jammed / Leaked / Burnt o	
(Clenit's Record)		Brake: Inorfer+Jammed / Leaked / Burnt of	
Make of Veh:		Modi: Nil / S/Rim / STDA/Rim or	16.016
		Tyre Size; F: 2-5/	0 = /*. 0
(Policy Condition)		R:	
Remark: The veh had commend		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / O	HTSU/PIR/SUMI/
repair at the time of ir	aspection.		7.0
Ball or Market Value:	•	Front Rear	2
IDAC Accident Rport:	Consistent? : Yes or No	100.	
GIA / PR Seen:	Consistent?: Yes or No	7	-7/
Est Repairs:	lays Res.: Yes or No	1065	//
LumSum: 9	% 3 Val.: Yes or No	00110) 11010	
CA / REV / REP. / 24 H	HRS	Des. of Damages : Frt / Rear / O/S W/S /	U/C / Rooftop or
D-III Down	Vehicle: IN / O	The U/C / Chassis frame / Body Struct	ure affected due to collision.
	Contacted:	The O/C / Chassis frame / Body Chass	no anotos sas to term
Date / Time Action / Instr	1 - (13/A](100)] = 110/	FA-1 DUA: 27062010	ZM
GBF 457K			PIP
	P/9 \$ 158 6.97/3	19, (Red: 794.61: 33%)	
	PECELVED A 6 APR	018	
	TEOLITED		
		-	
Datellime, File Pass to?	: Prell. Report	Days Of Repair: 3	
1) 6/4 TUDIST >	: Final Report	Modernot mer er mit	rvey Fee: 160
	■ DF 1 89705	Tra	nsportation: 35
DateTime, File Return to?			S+RSSI

TP 1586.97

Others

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

NTU	INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/INC180060	029/K1tb
73 BF #05-0 1895) JNION HOUSESINGAPORE	Date: 02-04-2018 Code: INC4	
1.	Maria Sanak	Policy Particulars	:- THIRD PARTY CLAIR	M
	Insured Veh.	GBF 6657K	Veh. Inspected	SHD 3541U
	Policy No.	5087501330-01	Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	02/04/2018
2.	A State of S	Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer		Steering	
	Brakes		Modification	
	General			
3.		Condit	ions 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.		Descript	ion of Damages	
5.	ng a think and a state of	Genera	al Information	
	Accident Date	30/03/2018	Inspection Date	02/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	70.71	
	•	59 LOYANG DRIVE SINGAPORE 508969		
5a.	GREAT WATER	F	Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, I	THOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.

								Gener	alClaim
00601					,	Change Lar	nguage	Change Password	d • Log Ou
Polic	cy Query								8
Policy N	vo.				Date of Acc	ident	30/03	/2018 19:17	
Vehicle	No.(For Motor)	GBF6657K							
					Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
6	5087501330-01	SIEW RENOVATION & TRADING	53320568M	GCV	Comprehensive	G8F6657K	GBF6657K	23/01/2018	22/01/2019
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name SIEW 5087501330-01 RENOVATION &	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder NRIC SIEW 5087501330-01 RENOVATION & 53320568M	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name NRIC SIEW 5087501330-01 RENOVATION & 53320568M GCV	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Policyholder Name Name NRIC SIEW SOB7501330-01 RENOVATION & 53320568M GCV Comprehensive	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) GBF6657K Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle No. SIEW 5087501330-01 RENOVATION & 53320568M GCV Comprehensive GBF6657K	Policy Query Policy No. Date of Accident 30/03 Vehicle No.(For Motor) GBF6657K Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Object SIEW S087501330-01 RENOVATION & 53320568M GCV Comprehensive GBF6657K GBF6657K	Policy Query Policy No. Date of Accident 30/03/2018 19:17 Vehicle No. (For Motor) GBF6657K Search Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Object Date SIEW 5087501330-01 RENOVATION & 53320568M GCV Comprehensive GBF6657K GBF6657K 23/01/2018

TP Claims against NTUC Income: Follow-Through Survey

Date : 5/4

5/4/2018

			oll olivina Mo	Dromp Venicle NO.
		(Cannany)	Claimant Venicle No.	III COIII CALIFORNIA
C/NI-	Income Reference	Claimant (Owner / Taxi Company)	0000	CIV 6649G
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	MI/0989133-001		CUD 25/1111	GBF 665/K
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	MT/098864-002	COMPANIES CONTRACTOR	Orocc	GRF 879R
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-	1000011A.001	COMPORT IRANSPORTATION TILLING		ILIVEDY JO
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1	100 74 100000 1-1-	COMFORT TRANSPORTATION PIELID		
_	MI/0989145-001			

MCD618042939 / ComfortDelGro Engineering Ptc Ltd - Loyang

ENTRY DATE & TIME: 31/03/2018 12:39 SUBMITTED BY: Huang XiaoYan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

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Date Of Report

31/03/2018 12:39

Date Of Accident

30/03/2018 15:55

Exact Location Of Accident

SIMS AVE TOWARDS NICOLL HIGHWAY

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3541U

SINGAPORE

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

Co Reg No

199303821R

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No.

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

140

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

INDIA INTERNATIONAL INSURANCE PTE LTD

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

Fleet Policy

YES

Policy Number

MCOM0015

Cover Note Number

Driver

LEE ENG HWA Name of Driver

S1505193J NRIC No 19/02/1961 Date Of Birth OUTDOOR Occupation 04/01/1980

Date Of Driving Pass

38 YEARS AND 2 MONTHS

Driving Experience

MALE

Gender

Mobile Number

Fax Number

Contact Number **EMail Address**

NOEMAIL

Page 1 of 13

Address

BLK 350 YISHUN AVENUE 11 #11-231

Postcode

760350

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

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

GBF6657K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

PECK KOK SONG

NRIC/Passport Number

S6845237F

Contact Number

92396496

Address

Postcode

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

Insurance Company Name

FRT

DETAILS OF INJURED PERSON 1

Name

DIONG PIE LING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

difficulties

Address Postcode HEAD PAIN

SHD3541U

YES

NO

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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 LIL 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.:

GIARMC SketchPlanForm_V3

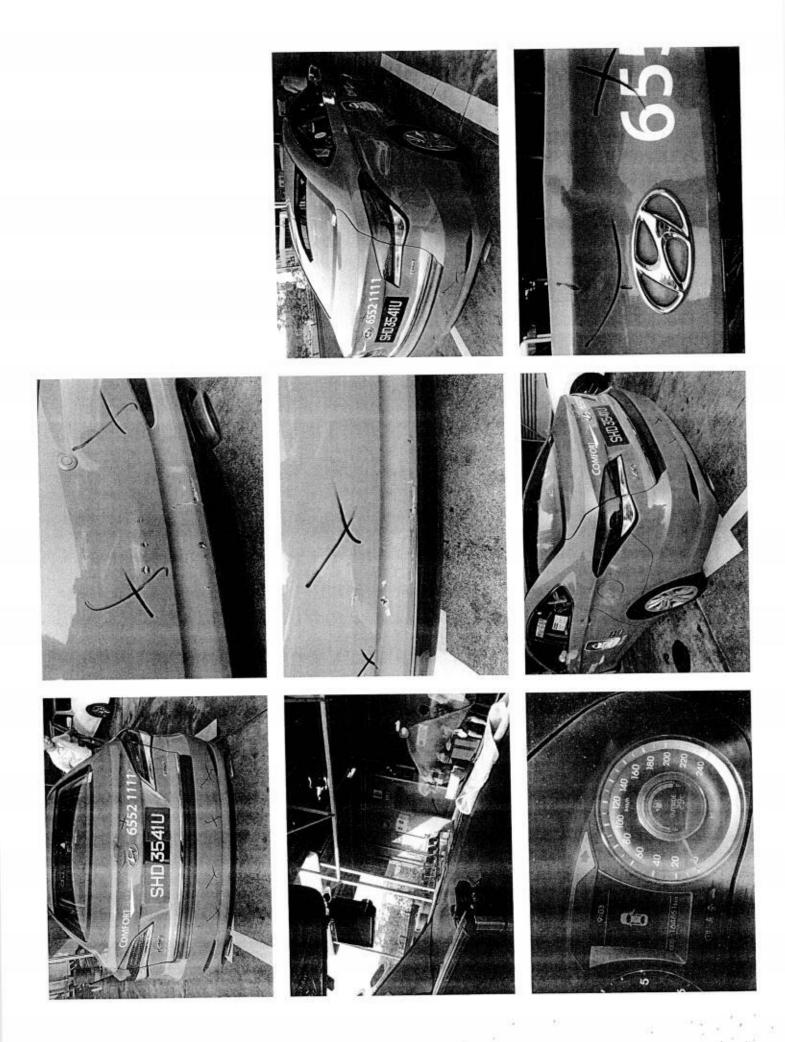
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Sketch Plan Pg. 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 30/03/18 & 1555hr I was driving along S'IMS have towards Nicoll Highway on Exhause Left Love. Thore ISS Base to them Out Brun the Bris stop and I stopped my text Suddenty Wahrle (B) CRSF 6657K hit my text (M) The COT Perform Cause domagned. There is Video Twage on the Scene, DOMFORT TRANSPORTATION PTE LTO (A) CO. REG. NO. 199303821R DOMFORT TRANSPORTATION PTE LTO (A) CO. REG. NO. 199303821R Debablished Stensive Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	SKETCH PLAN
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COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R Driver's Signature Oriver's Signature Policytolider's Signature Property Signature	I/We declare the foregoing particulars are true in every respect.
CO. REG. NO. 199303821N Policybolder's Signature Driver's Signature Reporting Centre Personnel's Signature	(W) -171/1/
Polinibolder's Signature Driver's Signature Reporting Centre Personner's Signature	
	Poparting Centre Personnel's Signature

GIARRAC Sketch@lanForm_V3







Date/Time: 02.04.2018 15:43 Page: 1

m:	ARC	Repair	TP(CLSO)	1

JOB CARD Sales Order:

JC NO305137329

OMER	REGN SAD3541U	MILEAGE
COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045	MAKE HYUNDAI	FUEL E
Singapore SINGAPORE 575717	MODE 1-40 31	.03.2018 09:15
(R) 65508755 (O)	YR OF MANU. 08.09.2016	TARGET DATE
DUNT CARD NO.	CHASSIS CODE KMHLB41UMGU093494	COMPLETION DATE/TIME:

cident Date: 30.03.2018

YTURE: 3P 30.03.18

'NO LABOR CODE

DESCRIPTION

& PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
ement Slip	Exit Pass
SHD3541U JU NTUC LKK	Vehicle No.: SHD3541U
Service Advisor Signature/Date	Name of Service Advisor Date
rned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD REPAIR ESTIMATE*

VEHICLE NO: SHD 3541U

VEHICLE NO : SHD 35

DATE 2/4/2018 11:32

MILLER

MAKE

MODEL : HYUNDAI i40

Jumani

Qty	Parts Description/ Labour	Type	Unit Price	A	mount	
	Rear Bumper			S	603.60	*
	Rear Bumper Reinforcement 7500			S	504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$	360.00	
	Rear Bumper Side Bracket			\$	49.00	
	Rear Bumper Clips /			\$	22.00	
	Rear Rumper Sponge Xr			\$	143.40	
	Rear Rumper Under Cover			S	225.00	
	De a del secono					
	The forting X to \$48UB TOTAL	Me		\$	1,907.35	
	Ren Booth Ended Les LESS 20%	ne		\$	381.47	
	Eylla -CAPZ DISCOUNTED TOTAL			S	1,525.88	
	Per poolid Enden - 240 \$48UB TOTAL Ren poolid Enden - 240 \$48UB TOTAL Enden - CFPZ - J41 LESS 20% Enden - CFPZ - DISCOUNTED TOTAL 140 Symbol Mark Tink - \$22.20	nel		30.877		
	, ,					
	Rear Bumper Reverse Sensor - 10% Rear Bumper Rubber Mat - 10% Rear Bumper Rubber Mat - 10% Rear Bumper Rubber Mat - 10%					
	Rear Bumper Reverse Sensor / 10%			\$	135.70	Nett 122-13
	Rear Bumper Rubber Mat			\$	50.00	Nett
	pen boot Logo - un' \$30 -15%		27			
				\$	185.70	
	Labour Charge				200	
	Panel Beating			S	250.00	
	Spray Painting Charge		25	3	20.00	400
	Wiring Charge			S	50.00	200
	R/Refix Reverse Sensor			\$	120.00	20
	TOTAL LABOUR			S	670.00	
	ESTIMATE TOTAL			\$	2,381.58	
					2748.94	
	Kelm 11104 1/2/4/18/16704 3 Rg,					
	16 Partition	LKK	Auto Consultants hence n	otify		
	1/ 2/4/8/128	the l	Repairer of the following:	1		
	1/ 2/1/- 16/84	* To:	esurvey before/after spray paint tisplay damaged part(s) during r	esurvey		
	2 Rm	a Do	ternings are subject to confirma	tipn:		
		• Thi	rd party survey is on a "Without I illegal modification(s) is affewed	E , 1010	E (19212)	
	Refore Paint pll		amortan, dun symust in this	urveyed	and	
	n/ 0 1/	is	subject to final approval from Ins	Jiance	company	
	Setore l'any plus	Ack	nowledged by Repairer			
			ature:			
		Date	82	-		

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.04.2018 Time: 14:42:58

Page: 1

REPAIR ESTIMATE

COMPAINY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305137329 : SHD3541U : 0000000000 : HYUNDAI

MAKE MODEL : I-40

DATE OF REGN

: 08.09.2016

DATE/TIME IN

: 31.03.2018 09:15

ACCIDENT DATE : 30.03.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-O1-0103-0579-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

1 225,00 20,00 180,00 0003 04-01-0103-0738-G I40VC COVER-RR BUMPER LWR

0004 09-01-9999-0068-A HYUNDAI REVERSE SENSOR AS 1 N 135.70 10.00 122.13

0005 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 1.00- 50.00

1 41.00 20.00 32.80 0006 04-01-0103-0787-G I40VC EMBLEM-I40

0007 04-01-0103-0786-G I40VC EMBLEM-CRDI 1 41.00 20.00 32.80

0008 04-01-0103-0800-G I40VC SYMBOL MARK-TRUNK L 1 27.20 20.00 21.76

13.50 0009 28-01-0103-0005-A (I40/SONATA)REAR BOOT LOG 1 N 15.00 10.00

0010 28-01-0103-0006-A (I40/SONATA)REAR BOOT TEL 1 N 15.00 10.00 13.50

SUB-TOTAL : 966.97

JOB NATURE

0000 L

1

PANEL BEATING- REAR

200.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.04.2018 Time: 14:42:58

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305137329 : SHD3541U

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: I-40

DATE OF REGN

: 08.09.2016

DATE/TIME IN

: 31.03.2018 09:15

ACCIDENT DATE : 30.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0001 23-502

SPRAYPAINT ON AFFECTED AREA

400.00

0002 L

REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL: 620.00

TOTAL : 1,586.97

AUTHORISED: YES/NO

MVA NAME & SIGNATURE

1

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO

Our J			7329			NGINEERING	
Date		: 04/04	1/18		59 Loya	DelGro Engineering Pte Ltd ng Drive Singapore 508969	
INA	LIZATI	ON FORM			Fax: 654	90 8130	
To	: _	LK	K		Fax:		1 C 100 C 17 C 100
Attn	:	KA	LVIN				
Vehic	de Reg	No. : SHD354	10	Date	of Accident:	30.03.18	
The s	survey	and estimates of the	repairs of the at	ove-mentioned	vehicle are as f	follows:-	
1.	The r	repair job shall bill to:	1	NTUC		GBF6657K	•
2.	The f	inalized amount shall	ll be:		###		
	(a)	Spare Parts after L	ist discount			\$966.97	
	(b)	Labour Charges		###		\$620.00	
		Total for Part-By-I	Part Repair Cos	t		\$1,586.97	20
	(c.)	Lumpsum Repair (i Total for Lumpsum		Less: 20%			
		Final Lumpsum R		2070	•		T) Tis
			for repairs:	3wo	rking days		
3.	Estin	nated normal period i	0.5				
		shall treat the above	78 8 5	rect and Confi	irmed if there is	s no reply from you	
	We s	96	78 8 5	rrect and Confi	irmed if there is	s no reply from you	
4.	We s	shall treat the above	amount as Co	We	e confirm the es		
4.	We s	shall treat the above in 7 working days	amount as Co	We			
4.	We s	shall treat the above in 7 working days	amount as Co	We fina	e confirm the es alized amount		
4.	We s within	shall treat the above in 7 working days	amount as Co	We fina	e confirm the es		
4.	We s within	shall treat the above in 7 working days ak you for your assist	amount as Co	We fin:	e confirm the es alized amount		
ı.	We s within	shall treat the above in 7 working days ak you for your assist ature :	amount as Co	We fin:	e confirm the estalized amount gnature:		
i.	We s within Than Sign:	shall treat the above in 7 working days ak you for your assist ature :	amount as Col	We fin:	e confirm the estalized amount gnature:		<u>/</u>
4.	We s within Than Sign Nam Tel	shall treat the above in 7 working days ak you for your assist ature :	amount as Contance.	We fin:	e confirm the estalized amount gnature:		
5.	We s within Than Sign Nam Tel	shall treat the above in 7 working days ak you for your assist ature: i.e.—:—JUMANI— i.e.—62	amount as Contance.	We fin:	e confirm the estalized amount gnature:		1
5.	We s within Than Sign Nam Tel Fax	shall treat the above in 7 working days ak you for your assist ature: ie: JUMANI	amount as Col	Sig Na Da Document Attached	e confirm the established amount gnature :	timates and	
i. For (We s within Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days ak you for your assist ature : ie : JUMANI 62 i 65	amount as Col	Sig Na Da Document Attached Yes or No	e confirm the established amount gnature :	timates and	
1. For (We s within Than Sign Nam Tel Fax Officia	shall treat the above in 7 working days ak you for your assist ature : :	amount as Col	Sig Na Da Document Attached Yes or No YES	e confirm the established amount gnature :	timates and	
1. For (We s within Than Sign. Nam Tel Fax Officia	shall treat the above in 7 working days ak you for your assist ature : :	amount as Col	Sig Na Da Document Attached Yes or No YES	e confirm the established amount gnature :	timates and	
1. F 2. L 3. S 4. L 5. N	We s within Than Sign. Nam Tel Fax Officia Rental Fooss of Survey. TA Se Medical	shall treat the above in 7 working days ak you for your assist ature: ie : JUMANI ie : 62 if Use Only Item Rate P/Day Income Paid Fees arch Fee Fees (on behalf r, if applicable)	amount as Contance. 14 8315 468156 Amount	Sig Na Da Document Attached Yes or No YES	e confirm the established amount gnature :	timates and	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800602	29/K1tbn2
73 BI #05-0 1895		D UNION HOUSESINGAPORE	Date:	12-04-2018 INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	GBF 6657K	Veh. I	nspected	SHD 3541U
	Policy No.	5087501330-01	Cover	age (\$)	0.00
	Claim No.	MT/0988864-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	02/04/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year o	of Reg.	2016
	Chassis No.	KMHLB41UMGU093494	Colou	ır	BLUE
	Odometer	164851	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	FAIR			
3.		Condit	ions of	Tyres	
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	HANK	оок	7 mm
	L/H Front Tyre	205/60 R16	HANK	оок	7 mm
	R/H Rear Tyre	205/60 R16	HANK	оок	7 mm
	L/H Rear Tyre	205/60 R16	HANKOOK		7 mm
4.		Descript	ion of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR POR	RTION.	
5.			al Inform	nation	
-	Accident Date	30/03/2018	Inspe	ction Date	02/04/2018
	Survey held at	COMFORTDELGRO ENGINEE			
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remarks		
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A'W CE TO YOUR INSTRUCTIONS, I	NE HAVE	E NOT AUTHORISE	S. ED REPAIRS.
5b.		Fetimate	Days	of Repair	



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



Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3541U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	927
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	. 0+
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BOOTLID (NPA)	TO REPAIR	-	
1	REAR BOOTLID EMBLEM 140	NECESSARY	41.00	41.00
1	EMBLEM-CRDI	NECESSARY	41.00	41.00
1	140 SYMBOL MARK TRUNK	NECESSARY	27.20	27.20
	LESS 20% DISCOUNT		-403.31	-191.96
			1,613.24	767.84
	NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	REAR BOOT LOGO (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT			-16.57
			165.70	149.13
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			920.00	620.00
	GRAND TOTAL		2,748.94	1,586.97

1,586.97





Report Ref No. NS/INC18006029/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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