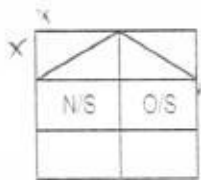


**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: **FBB 8804K**  
 Policy No: **50 93967832-01 210817 - 230818**  
 Claims No: **MT/0989573-02**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
  
 (Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.  
  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repairs: **2** days Res: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
  
**CA / REV / REP. / 24 HRS**  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT



Veh No: **SHD 8853 L** Yr Regn: **12 SEP 2012**  
 Type: M.Car / M.Cycle / Bus / Van / Lorry Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: **MERCEDES BENZ E200C1 cc 2143**  
 Colour: **WHITE** A/C: Insured Std / NI / NA  
 Sp. Reading: **1004694** T.Radio: Insured Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **WDD2120022A680666**  
 Gen. Cond: Good Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD / Rim or  
 Tyre Size: F: **205/60 R16**  
 R: **205/60 R16**  
REAR  
 ES: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **WESTLAKES - FRONT**  
 Front: **B** Rear:  
 R/Bal: **6** mm R/Bal: **6** mm  
 L/Bal: **6** mm L/Bal: **6** mm  
 D.O.A: **5/4/18** D.O.I: **6/4/18**  
 Survey held at: \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
**N/S FRONT**  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	By
SHD 8853L	CC4/ASMT071865 / m/kg352	DUA: 13-11-17
FBB 8804K - X		NTUC
		4/5
14/18	FINALIZED LUMP SUM \$300 / 2 DAYS (Red. \$3756.40, 93%) no lump sum.	16/4

**RECEIVED 19 APR 2018**

Date/Time File Pass to? ☐ : Preli. Report  
 11/4/18 **lynia** ☐ : Final Report  
 Date/Time File Return to? \_\_\_\_\_  
 Report Format: **TP**  
 Lump Sum / I.B.I: \$ **300**  
 Days Of Repair: **2**  
 Resurvey No. of Trip: **1**  
 Add Fee: ☐ Site Insp. \$  
☐ Interview \$  
☐ Tech. Invs \$  
☐ Neervend \$  
 Survey Fee: **160**  
 Transportation: **35**  
 TOTAL: **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/INC18006471/Nqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 09-04-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBB 8804K	Veh. Inspected	SHD 8853L
Policy No.	5083967832-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/04/2018

## 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	05/04/2018	Inspection Date	06/04/2018
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/0989577-002	COMFORT TRANSPORTATION	SHC 1170A	SLC 6753M	5/4/2018
2	MT/0989633-002	CITYCAB PTE LTD	SHB 4539G	SJJ 5132Z	5/4/2018
3	MT/0990076-001	COMFORT TRANSPORTATION	SHC 8400R	SLV 7599K	6/4/2018
4	MT/0989536-002	COMFORT TRANSPORTATION	SHC 3261H	SJP 7666E	09/04/2018
5	MT/0989573-002	CITYCAB PTE LTD	SHD 8853L	FBB 8804K	05/04/2018

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"/>	5083967832-01	TA HUU NGOC	G5308396Q	GMC	Third Party	FBB8804K	FBB8804K	29/08/2017	23/08/2018

## 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	05/04/2018 14:32
Date Of Accident	05/04/2018 08:00
Exact Location Of Accident	JUNCTION OF FERNVALE LINK AND SENGKANG WEST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD8853L
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	E220
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	PEK LOO SENG
NRIC No	S1780201A
Date Of Birth	17/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/01/1985
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KENNYPEKLS@GMAIL.COM

Address	BLK 226 CHOA CHU KANG CENTRAL #02-219
Postcode	680226
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	SIDE SWIPE
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?	YES
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?	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	FBB8804K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	92782686
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	UNKNOWN
Approximate Age	
Injuries Sustain	FELT PAIN ON RIGHT LEG
Injured person in which vehicle?	FBB8804K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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  
CO. REG. NO. 199502839C

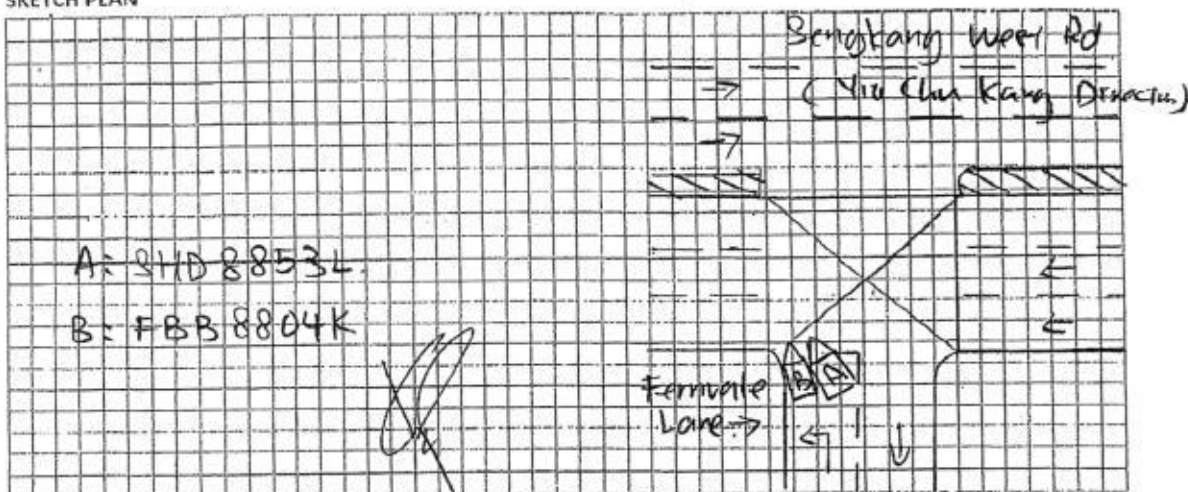
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 514/18

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per attached statement.

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 1995028300

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.: 5/4/18

GLTRAC SketchPlanForm\_V3

### Sketch Plan Pg. 3

Describe Circumstances of the Accident.
On 05 Apr 2018 at about 08:00 hrs I stopped my taxi at the stop line at the junction of Fernvale
Lane and Sengkang West Rd checking for the traffic from my right.
After ensuring it is clear and safe I slowly proceeded to move forward and make a left turn.
At the point of moving forward suddenly I felt an impact coming from the left hand side front
of my taxi. Shortly after I stopped my taxi and stepped out to check. Found that the
motorcycle had come from my left rear squeezed through a small gap between my taxi and
the road kerb thus causing this accident to happen.
Meanwhile I rendered assistance to the motorcyclist at the same time asked him whether he
is okay or not. He told me his right leg is in pain and requested me to call for an ambulance.
Later the ambulance arrived at the scene followed by the Police. The paramedics attended to
him and subsequently the ambulance send him to the hospital for further medical treatment.
Later I found that the left hand side front of my taxi grazed the right hand side mid-section of
the motorcycle. The motorcycle did not sustained at damage at all. My taxi sustained damages
on the left hand side front and front corner bumper.
I would like to highlight the motorcycle failed to form in line when turning left and choose to
squeeze through a small gap resulting in this unwarranted accident.

#### Declaration

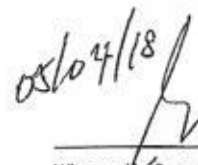
I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

\_\_\_\_\_  
Policyholder's Signature/Date &  
Time



\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)/Date  
& Time



\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel

Team: ARC Repair TP(CFSO)1

**JOB CARD** Sales Order:

JC NO305138796

ISTOMER CITYCAB PTE LTD 7010070 ISTOMER NO 383 SIN MING DRIVE IDRESS Singapore SINGAPORE 575717 65551188 L. (R) (O) (P) SCOUNT CARD NO.	REGN NO: SHD8853L MAKE: MERCEDES BENZ MODEL: E220CDI (E5) YR OF MANU: 12.09.2012 CHASSIS CODE: WDDZ120022A680666	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 05.04.2018 12:55 TARGET DATE COMPLETION DATE/TIME:
---	---	--

### JOB DESCRIPTION

Accident Date: 05.04.2018  
NATURE: 3P 05.04.18/C

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

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

\_\_\_\_\_  
SERVICE ADVISOR

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
Date: Loc.: Plate No.: SHD8853L	LIMITS	Vehicle No.: SHD8853L	
Signature of Service Advisor	Signature/Date	Name of Service Advisor	Date
To be returned to Service Reception upon collection		To be kept by Security Guard	

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NAUC-L

LKK-Ka'

13/4

378028

0.0

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

REGN NO

MILEAGE

MAKE

MODEL

DATE OF REGN

DATE/TIME IN

ACCIDENT DATE

Dcs B

E220CDI(E5)

12.09.2012

05.04.2018 12:55

05.04.2018

100.0+

200.0+

=

300.0\*

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0202-2033-A FRT BUMPER 1 1,890.50 20.00 ~~1,512.40~~ 2

0002 04-01-0202-0781-A HEADLAMP LH 1 2,380.00 20.00 1,904.00 X nn

SUB-TOTAL : 3,416.40

## JOB NATURE

0000 L PANEL BEATING

~~300.00~~ 100

0001 23-502 SPRAYPAINT ON AFFECTED AREA

~~300.00~~ 200

0002 17-01 CHECK ALL LIGHTING

40.00 X nn

SUB-TOTAL : 640.00

TOTAL : 4,056.40

MVA NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME &amp; SIGNATURE

DATE :

NAZ

LKK 6/4/18 1030 hrs

L/S

2 days

After repair photo

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305138796  
REGN NO : SHD8853L  
MILEAGE : 0000000000  
MAKE : MERCEDES BENZ  
MODEL : E220CDI(E5)  
DATE OF REGN : 12.09.2012  
DATE/TIME IN : 05.04.2018 12:55  
ACCIDENT DATE : 05.04.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

MVA NAME &amp; SIGNATURE

DATE :



SURVEYOR NAME &amp; SIGNATURE

DATE :

AUTHORISED : YES / NO

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305138796

Date : 09/04/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHD8853L

Date of Accident : 05-Apr-18

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

1. The repair job shall bill to: NTUC --- FBB8804K
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	NIL
(b) Labour Charges	\$300.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$300.00</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
<b>Final Lumpsum Repair cost</b>	

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : NAZ

Date :

## 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

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

PHOTOGRAPHS FOR VEHICLE NO. SHD 8853L

INSPECTION





## 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





## 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

PHOTOGRAPHS FOR VEHICLE NO. SHD 8853L

RE-INSPECTION





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/INC18006471/Nqbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 20-04-2018



Code: INC4

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

Insured Veh.	FBB 8804K	Veh. Inspected	SHD 8853L
Policy No.	5083967832-01	Coverage (\$)	0.00
Claim No.	MT/0989573-002	Excess (\$)	0.00
Assign From		Assign Date	06/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220 CDI	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	WDD2120022A680666	Colour	WHITE
Odometer	1004694	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	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	BRIDGESTONE	6 mm
L/H Rear Tyre	205/60 R16	BRIDGESTONE	6 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	05/04/2018	Inspection Date	06/04/2018
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.
--

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
-------------------------------------	----------------



# National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 8853L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRT BUMPER	TO REPAIR	1,890.50	-
1	HEADLAMP LH	NOT NECESSARY	2,380.00	-
	LESS 20% DISCOUNT		-854.10	-
			3,416.40	-
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		340.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		300.00	200.00
			640.00	300.00
	<b>GRAND TOTAL</b>		<b>4,056.40</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18006471/Nqbn2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.