

(08/1/13)

Surveill: Kalvin

REF:

NS/INC18006680/K11b2

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Insp Vehicle No: _____

at Work stop m/s _____

of _____

Insured: SJP 7666E

Policy No 5039066012-01 250818

Claims No MT/0989536-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: _____

Veh No: SHC3261H Yr Regn: 27 Mar, 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 621268 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HCB414ME 405292

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/6.11.6

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal. 3 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 9/4/8 D.O.I. 06/4/8

Survey held at CD4E (Loyang)

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

O/S Frnt.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC3261H - NS/INC17007624/H11h3m2
	SJP 7666E - X
11/4/8	Insured 45850/20% (Red. 950.24 : 50%)

RECEIVED 13 APR 2010

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report

11/3/14 Typist

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS, SI

Photos

160

35

195

45 8507



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/INC18006680/K1tb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 11-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 7666E	Veh. Inspected	SHC 3261H
Policy No.	5089066012-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/04/2018
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	09/04/2018	Inspection Date	10/04/2018
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.	<input type="text"/>	Date of Accident	<input type="text" value="09/04/2018 14:46"/>						
Vehicle No.(For Motor)	<input type="text" value="SJP7666E"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5089066012-01	ASIA EXPRESS CAR RENTAL PTE LTD	201116882D	GFT	Third Party, Fire & Theft	SJP7666E	SJP7666E	25/03/2018	
<input type="button" value="Continue"/>									

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	FB8 8804K	05/04/2018

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 willful 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	09/04/2018 15:18
Date Of Accident	09/04/2018 07:05
Exact Location Of Accident	UPPER CHANGI ROAD EAST TWDS SIMER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3261H
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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	TAN SONG KEONG
NRIC No	S1742464E
Date Of Birth	13/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	SKTAN1305@GMAIL.COM

Address	BLK 296A COMPASSVALE CRESCENT #13-291
Postcode	541296
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : -
	GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180409/2045

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	SJP7666E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK MUI HONG
NRIC/Passport Number	S1652744J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN SONG KEONG
Approximate Age	51
Injuries Sustain	FELT PAIN ON BACK. ON 1 DAY MC.
Injured person in which vehicle?	SHC3261H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG AI HUA
Approximate Age	
Injuries Sustain	FELT PAIN ON BACK. ON 1 DAYS MC.
Injured person in which vehicle?	SHC3261H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN

As per attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

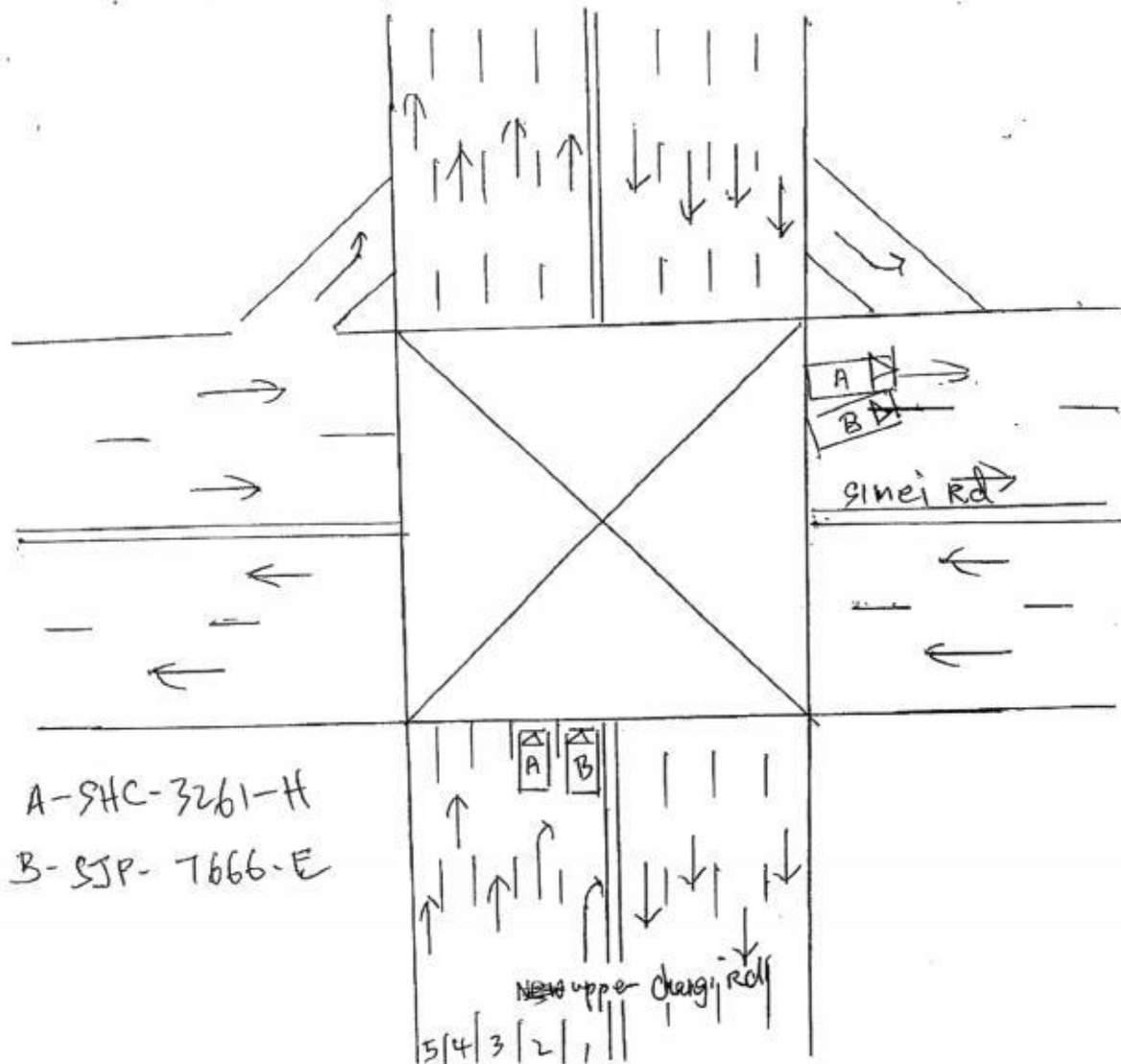
Policyholder's Signature
Date & Time:

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

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

GIARAC SketchPlanForma_V3

Sketch Plan Pg. 3





**SINGAPORE
POLICE FORCE**



T/20180409/2045

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180409/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 11:16		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: TAN SONG KEONG			Address: APT BLK 296A COMPASSVALE CRESCENT #13-291 SINGAPORE 541296		
ID Type / ID No.: NRIC NO / S1742464E			Contact No.: Home/Office: Mobile: 97701329		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 13/05/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/04/2018 07:05	Type of Location: X-Junction
Location: Along Road 1 NEW UPPER CHANGI ROAD NEW UPPER CHANGI ROAD EAST TOWARDS SIMEI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC3261H	TAXI				Slightly Damaged	1
SJP7666E	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180409/2045

2 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180409/2045

CONTINUATION OF REPORT

Passenger			
Name	NG AI HUA	ID No.	S7603641A
Related Vehicle	SHC3261H (TAXI)	Contact No.	NIL
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC (BEDOK RESERVOIR)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Driver			
Name	TAN SONG KEONG	ID No.	S1742464E
Related Vehicle	SHC3261H (TAXI)	Contact No.	97701329
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC (BEDOK RESERVOIR)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	09/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Driver			
Name	QUEK MUI HONG	ID No.	S1652744J
Related Vehicle	SJP7666E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 9/4/2018 at about 0705 hrs, I was driving along Upper Changi Road East towards Simei road. While making a turn, Vehicle (SJP7666E) side swiped my vehicle and the right portion of my vehicle was damaged. We then exchanged particulars and left.

Shortly after the accident, my passenger and myself felt discomfort and went to seek medical treatment and was given 1 day of MC respectively.



**SINGAPORE
POLICE FORCE**



T/20180409/2045

3 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180409/2045

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180409/2045

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180409/2045

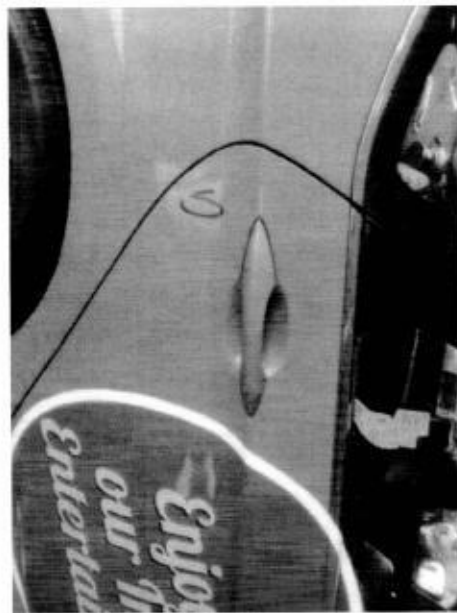
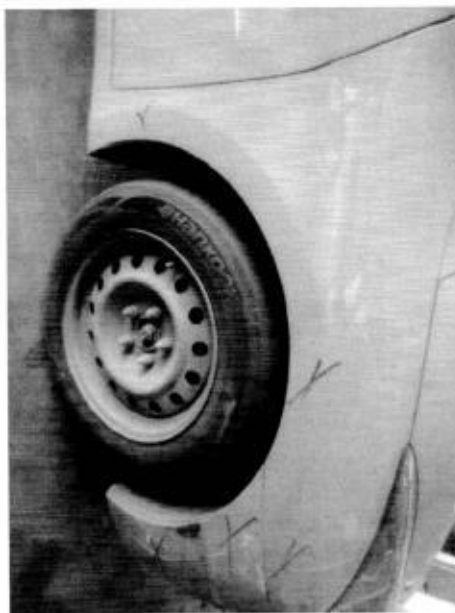
CONTINUATION OF REPORT

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 / Staff Sgt WONG JIANYONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2018 11:16
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="587 1809 1069 2016" data-label="Image"> </div>





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305140255

CUSTOMER		REGN NO: SHC3261H	MILEAGE
COMFORT TRANSPORTATION PTE LTD		MAKE: HYUNDAI	FUEL
7010045			E.....1/2.....F
CUSTOMER NO	383 SIN MING DRIVE	MODEL	DATE/TIME IN
DRESS	Singapore SINGAPORE 575717	I-40	09.04.2018 14:05
65508755		YR OF MANU	TARGET DATE
L (R)	(O)	27.03.2014	
(P)		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMEU052999	
SCOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 09.04.2018
NATURE: 3P 09.04.2018

Q / NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Right Front damage
	LKK/	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

sowledgement Slip

Exit Pass

Job: SHC3261H LARRY

Vehicle No.: SHC3261H

Larry Ng
 ie of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

e returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC3261H

MAKE : HYUNDAI

MODEL : i40

Date: 10.04.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Front Bumper <i>Refund</i>			\$ 562.30
10	Rear Bumper clips @ \$2.20 <i>me</i>		\$2.20	\$ 22.00
1	Front Bumper Side Bracket (retainer) - RH <i>X me</i>			\$ 24.60
1	Front Bumper Top Bracket - RH <i>X me</i>			\$ 22.40
1	Front Fender - RH <i>X rep. 2</i>			\$ 619.00
SUB TOTAL				\$ 1,250.30
LESS 20%				250.06
DISCOUNTED TOTAL				\$ 1,000.24
				\$ 0.00
Labour Charge				
Panel Beating				\$ 250.00 <i>200</i>
Spray Painting Charge				\$ 500.00 <i>400</i>
Tuff Kote				\$ 50.00 <i>0</i> <i>X an</i>
TOTAL LABOUR				\$ 800.00
ESTIMATE TOTAL				\$ 1,800.24

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 final approval
- Third party survey is on a "no win, no fee" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be approved and is subject to final approval from insurance company

Acknowledged by Repairer:

Signature:

Date:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305140255

Date : 11. Apr. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3261H

Date of Accident: 09/04/18

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

1. The repair job shall bill to: NTUC SJP7666E

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:

Final Lumpsum Repair cost \$850.00

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 : 

Signature : 

Name : Larry Ng

Name : Calvin

Tel : 6214 8318

Date : 11/4/18

Fax : 6546 8156

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:



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/INC18006680/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 18-04-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJP 7666E	Veh. Inspected	SHC 3261H
Policy No.	5089066012-01	Coverage (\$)	0.00
Claim No.	MT/0989536-002	Excess (\$)	0.00
Assign From		Assign Date	10/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052999	Colour	BLUE
Odometer	621268	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

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 O/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/04/2018	Inspection Date	10/04/2018
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
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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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3261H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	562.30	562.30
10	FRONT BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	FRONT BUMPER SIDE BRACKET (RETAINER)-RH	SERVICEABLE	24.60	-
1	FRONT BUMPER TOP BRACKET-RH	SERVICEABLE	22.40	-
1	FRONT FENDER-RH	TO REPAIR	619.00	-
	LESS 20% DISCOUNT		-250.06	-116.86
			1,000.24	467.44
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		250.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			800.00	600.00
GRAND TOTAL			1,800.24	1,067.44
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC18006680/K1tbn2

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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