

18/4/18
Suzuki Calvin

REF: NS/ ZNC 18007031 / Klwbz

ASSIGNMENT

From: _____ Date: _____
Estimate ~~Cost~~ _____
OD / TP ~~US~~ / TP RES / OD RES / EVA / INV / MV
To Insp ~~Vehicle~~ No: _____
at Work ~~Perms~~ _____
of _____
Insured: SJF 8842J
Policy No: 6037 131940-08 130617-120618
Claims No: MT/0990054-002
Sum Ins Unit: _____ Excess: _____
(Client's record)
Make of Vh: _____

N/S	O/S

(Policy condition)
Remark: The veh had commenced its repair at the time of inspection.

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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD3199A Yr Regt: 8 July 2016
Type: M.Car / M.Cycle / Bus / Van / Lorry / T ~~6~~ / Prime Mover /
Truck / Trailer or _____
Make: Hyundai Z40 c.c. 1685
Colour: Blue A/C: Ins ~~0~~ / Std / NI / NA
Sp. Reading: 258918 T/Radio: Ins ~~0~~ / Std / NI / NA
Eng/No: _____
C/No: KM 4LB X1UM 64091852
Gen. Cond: ~~0~~ / Fair / Poor / Burnt
Steering: Inor ~~0~~ / Jammed / Leaked / Burnt or _____
Brake: Inor ~~0~~ / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 205/60R16
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook
Front R/Bal. 7 mm
Rear R/Bal. 7 mm
L/Bal. 2 mm
L/Bal. 2 mm
D.O.A. 11/4/18 D.O.I. 16/4/18
Survey held at CDGE (Loyang)
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
18/4/18	Contract P/P \$ 1150.48 / 2 Pgs. (Red 1431.10, 55) JMC P/P

RECEIVED 20 APR 2018

Datetime, File Pass to? : Preil. Report
1) : Final Report
Datetime, File Return to?
2) 20/4 - typist

Days Of Repair: 2
Resurvey No. of Trip: 1
Add Fee: : Site Insp (\$) : Interview (\$)

Survey Fee:	160
Transportation:	35
S + RS, SI	
Phone:	

TP
P/P \$ 1150.48

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/INC18007031/K1vb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 16-04-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJF 8842J	Veh. Inspected	SHD 3199A
Policy No.	5037131940-08	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	16/04/2018

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	11/04/2018	Inspection Date	16/04/2018
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/0991009-001	COMFORT TRANSPORTATION	SH 9400C	CB 7499C	15/4/2018
2	MT/0990416-002	COMFORT TRANSPORTATION	SHA 4513K	GBE 3953E	13/4/2018
3	MT/0990629-002	COMFORT TRANSPORTATION	SHC8422C	SCH 377K	14/4/2018
4	MT/0990685-002	CITYCAB PTE LTD	SHA 352J	SKD 22K	12/4/2018
5	MT/0991013-001	COMFORT TRANSPORTATION	SHC 8829M	SJM 1869S	13/4/2018
6	MT/0990856-002	COMFORT TRANSPORTATION	SHA 7278U	FBG 9719R	16/4/2018
7	MT/0990054-002	COMFORT TRANSPORTATION	SHD 3199A	SJF 8842J	11/4/2018
8	MT/0990358-002	COMFORT TRANSPORTATION	SHD 3085U	SGS 8799T	13/4/2018
9	MT/0991016-001	COMFORT TRANSPORTATION	SHB 4465K	SJJ 5341L	14/4/2018
10	MT/0990602-002	COMFORT TRANSPORTATION	SHA 5005D	XD 8050Y	14/4/2018

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"/>	5037131940-08	GOM AH KWANG	S0213631G	GPC	drive CLASSIC	SJF8842J	SJF8842J	13/06/2017	12/06/2018

Continue

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	12/04/2018 10:05
Date Of Accident	11/04/2018 10:00
Exact Location Of Accident	TAMPINES AVE 2 AVE 4 X JUNCTION SIMEI X AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3199A
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	LIM JUAY HONG
NRIC No	S1512644B
Date Of Birth	05/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	BJHLIM11@GMAIL.COM

Address BLK 411 BEDOK NORTH AVENUE 2 #12-108
 Postcode 460411
 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 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: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TANAH MERAH NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T20180411/2182

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 SJF8842J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver GOH AH KWANG
 NRIC/Passport Number S0213631G
 Contact Number
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM JUAY HONG
Approximate Age	57
Injuries Sustain	PAIN ON THE BACK OF THE NECK. ON 4 DAYS MC.
Injured person in which vehicle?	SHD3199A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE

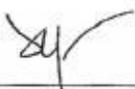
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

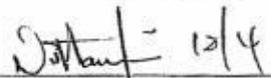
I understand, acknowledge, agree and consent that:

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

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

Policyholder's Signature
Date & Time:


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

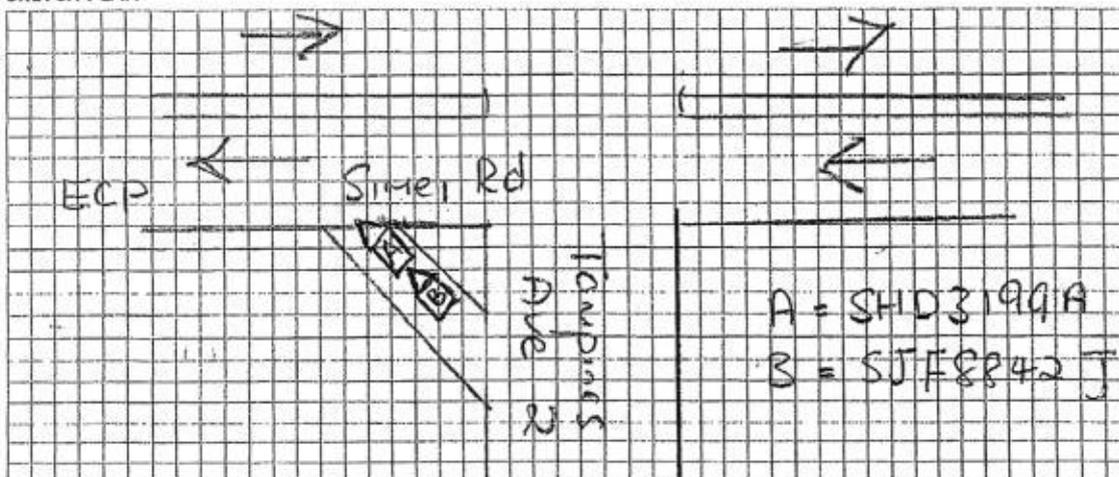
N. S. Maniam (SO)

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

GIA/RIAC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/4/18 @ 10.00hrs, 1 Veh A driving along Slip Rd towards Simei Rd & stopped on the give way line. Suddenly Veh B hit my Veh A rear. Veh A ferry 1 male passenger & no injury at the point of time.

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:

Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

N. S. Maniam (JSO)

Signature

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180411/2182

1 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180411/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 21:49	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: LIM JUAY HONG		Address: APT BLK 411 BEDOK NORTH AVENUE 2 #12-108 SINGAPORE 460411	
ID Type / ID No.: NRIC NO / S1512644B		Contact No.: Home/Office: Mobile: 91873611	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 05/02/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/04/2018 10:00	Type of Location:
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3199A	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJF8842J	Car	TOYOTA	VIOS E MANUAL	Silver	Slightly Damaged	0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180411/2182

2 of 3

Report No. T/20180411/2182

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM JUAY HONG	ID No.	S1512644B
Related Vehicle	SHD3199A (Taxi)	Contact No.	91873611
Hospital/Clinic	OASIS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/04/2018	Date Discharge	11/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH AH KWANG	ID No.	S0213631G
Related Vehicle	SJF8842J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11/04/2018 at about 1000hrs, I was driving my taxi, SHD3199A, along Tampines Avenue 2 towards Tampines Ave 5. I was carrying one passenger at that time. While at the slip road turning left to go to Tampines Avenue 5. I stopped my taxi to give way to oncoming vehicles along Tampines Ave 5 when suddenly I felt an impact from the rear of my vehicle. I then went out to make a check what happened and saw that the vehicle, SJF8842J, had collided with the rear of my vehicle. We then exchanged particulars and took photos before leaving the scene. No one was injured. Our vehicles suffered slight damages however vehicles were able to move.

After moving off, I made a check with my passenger if he is injured however he mentioned that he is fine. After few hours, I then felt pain on the back of my neck. As such I went to the clinic and got 4 days of MC from 11/04/2018 to 14/04/2018.



SINGAPORE
POLICE FORCE



T/20180411/2182

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

3 of 3

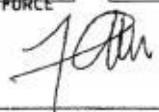
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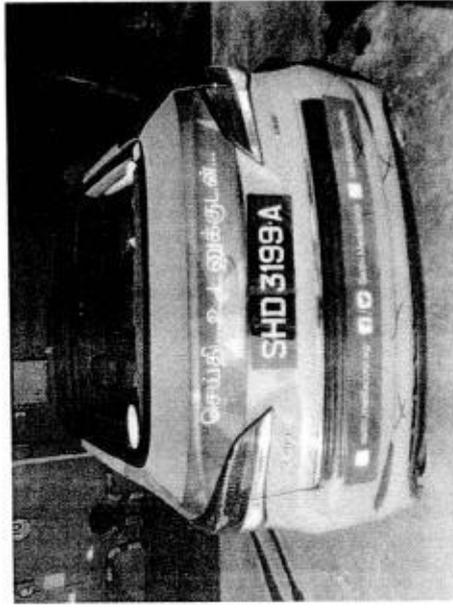
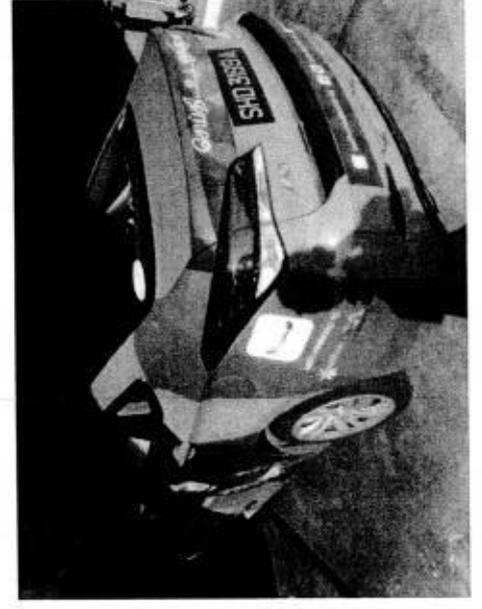
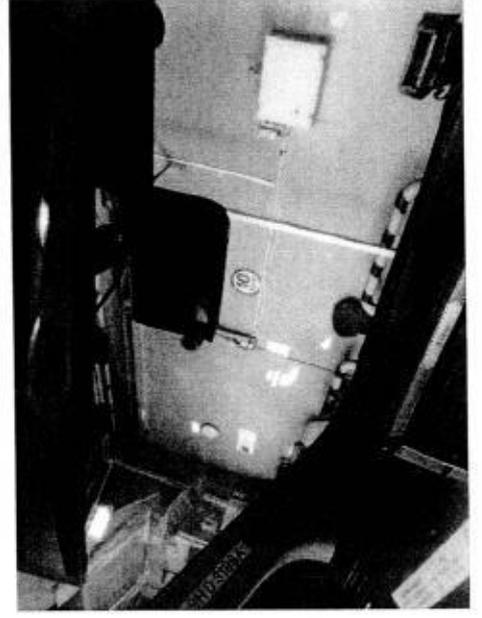
CONTINUATION OF REPORT

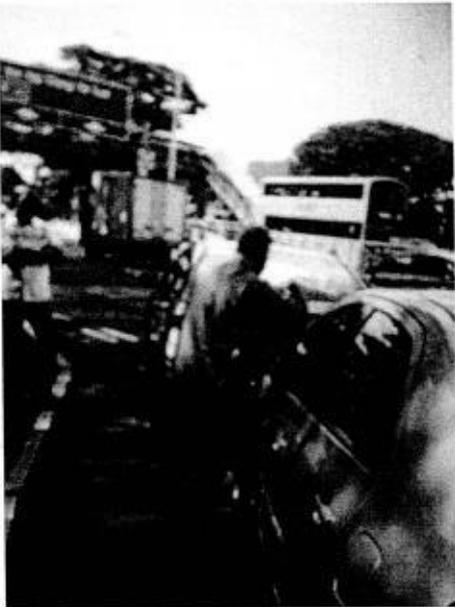
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD FAZLI BIN ZAILANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2018 21:49
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE





Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305142175

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD U/M/S NO: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL: (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO: SHD3199A MILEAGE
	MAKE: HYUNDAI FUEL: E.....1/2.....F
	MODEL: I-40 DATE/TIME IN: 16.04.2018 09:40
	YR OF MANU: 08.07.2016 TARGET DATE
	CHASSIS CODE: KMFLB41UMGU091852 COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.04.2018
 NATURE: 3P 11.04.2018

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi Rear Damage
		CKK/Kohmi -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD3199A
 Name: LARRY
 Signature/Date: *Larry Ng*

Vehicle No.: SHD3199A

Name of Service Advisor: _____
 Date: _____

Name of Service Advisor: _____
 Date: _____

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3199A

MAKE :

MODEL : HYUNDAI i40

NOTE

DATE 16/4/2018 11:26

DATE: 11.04.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Reform</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X see</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X see</i>	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X see</i>			\$ 49.00
	Rear Bumper Clips <i>see</i>			\$ 22.00
	Rear Bumper Sponge <i>X see</i>			\$ 143.40
	Rear Bumper Under Cover <i>up</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>X see</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>see</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>+ "</i>	\$	100.00	\$ 200.00 Nett
				\$ 385.70
	Labour Charge			<i>200</i>
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X 11</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 670.00
	ESTIMATE TOTAL			\$ 2,581.58

Kalvin IC (IK)
16/4/18 1500hr
2 Pys
P/P
Before paint photo

Larry Ng

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Sign: _____
 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.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305142175
 REGN NO : SHD3199A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.07.2016
 DATE/TIME IN : 16.04.2018 09:40
 ACCIDENT DATE : 11.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00

SUB-TOTAL : 730.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 420.00

TOTAL : 1,150.48

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305142175
Date : 18. Apr. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3199A

Date of Accident: 11/04/18

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

1. The repair job shall bill to: NTUC SJF8842J

2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$730.48</u>
(b) Labour Charges	<u>\$420.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,150.48</u>

(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 8316

Date : 18/4/18

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:



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



Thatcham ecribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007031/K1vbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 25-04-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJF 8842J	Veh. Inspected	SHD 3199A
Policy No.	5037131940-08	Coverage (\$)	0.00
Claim No.	MT/0990054-002	Excess (\$)	0.00
Assign From		Assign Date	16/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091852	Colour	BLUE
Odometer	258918	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 REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	11/04/2018	Inspection Date	16/04/2018
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3199A

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	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NOT NECESSARY	200.00	-
			385.70	50.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	420.00
GRAND TOTAL			2,581.58	1,150.48
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,150.48

Report Ref No. NS/INC18007031/K1vbn2

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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