OSPINIS DE L'ANTE	REF:	NS/INC 18007183/K	lybn2		
Byrie M. Kalvi	1	ASSIGNMENT	MINIT.		
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Insured: PC		Eng/No:	ICAUCT	SIVADA SS	4 686
	70318352-03 1803		Fair / Poor / Bus		, 0.0
Claims 1-10	MT 0990716-		G / Jammed / Leake		
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Makeof Wh					
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IDACA Collent Rport	Consistent? : Yes		7	L/Bal. 7	mm
GIA / PR Seen:	days Res.: Yes	A. A	5/4/18	D.O.I. 16/4	18
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E-CONTROL FORMUL (MARKET CAMPAGE)	970 SECTION SOCIETY			is, I N/S / U/C / Roofto	p or
CA / REV / RE	EP. / 24 HRS	Vehicle: IN / OUT	0	S From.	
Date:	Person Contacted:	The U/C	/ Chassis frame / E	Body Structure affected d	ue to collision.
Date / Time A	Action / Instruction			INC	
	40 4678C-X	Last up /D	NA:	030416 45.	
		60062412 /TI	1272.88, 587	000110	
18/4/18	on frame 1 c/s \$ 900		13.13.88, 581		
-	RECEIVED	8 APR 2018	///		
			Military		
Diate/Time, File Pass to	? Prell. Report	Days Of R	epair: 2		
1)	: Final Report	The same of the sa	No. of Trip:	Survey Fee:	160
Date/Time, File Return			9.0	Transportation:	35
CSENSON (1)	typist	Add Fee: : Sit	e Insp (\$)s+Rssi	
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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





NTU	C INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800703	33/K1vb
73 BI #05-(1895) JNION HOUSESINGAPORE	Date:	16-04-2018 INC4	
E BLS	E-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Policy Particulars	430 300		
1.	Insured Veh.	PC 3197R	_	nspected	SHD 4678C
	Policy No.	5070318352-03		age (\$)	0.00
	Claim No.	0070010002 00	Exces	- 1/1 (P) (N)	0.00
	Assign From			n Date	16/04/2018
2.		Vehicle Part	iculars &	& Condition	PARTY INLANC
377.33	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	ir.	
	Odometer	04/	Steer	ing	
	Brakes		Modif	ication	
	General				
3.		Condit	tions 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 D	amages	
5.		Gener	al Inform	nation	
٠.	Accident Date	15/04/2018	MONE SOCIALISM	ection Date	16/04/2018
	Survey held at	COMFORTDELGRO ENGINEE			
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	LASETICIST AND A		Remark		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	ITHOUT WE HAV	PREJUDICE" BASI E NOT AUTHORISI	S. ED REPAIRS.

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601	11/2 - 12/20/20/20/20/20		The same of the sa	Charles of the Control of the Contro		Change La	nguage	· Change Password	▶ Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	vo.				Date of Acci	dent	15/0	4/2018 18:58	
	Vehicle	No.(For Motor)	PC3197R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5070318352-03	RH LINK TRANSPORT SERVICES	53288919C	GBS	Comprehensive	PC3197R	PC3197R	03/03/2018	02/03/2019
					- 8	Continue				

TP Claims against NTUC Income: Follow-Through Survey

		Constant of the second	Chaimant Vohicle Mo	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
C/MS	Income Reference	Claimant (Owner / Taxi Company)	Cidillality Vellicia No.	The second			
ONI/C	INCOME INCIDENCE			000000	15/04/2019	2 1177 88 6	00.006
		MOITATGOOD TO NACO DAY	SHD 4678C	PC 319/K	15/04/2010	2 6,11,6.00	
	MI/0990/16-002	COMPONE INCIDENCE OF THE PROPERTY OF THE PROPE					400000
+				240000000	15/04/2018	2 381 58	00.006
	COO C1-10000/	MOITATADANADA TECNANDA	SHB 41255	3JQ 640/IM	13/04/2010	C. C. C. C. C.	4
2	MI/USSUSTE-DUZ	COMPONENT TO SERVICE STATE OF THE PARTY OF T					

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 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.

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 aforesald

ACCI	DENT	COTAI	$r = \kappa$	II E N	•
AUU	DEN	STAT	ICIV	11-11	ш

Date Of Report

16/04/2018 11:25

Date Of Accident

15/04/2018 15:30

Exact Location Of Accident

SYED ALWI RD TWDS JLN BESAR NEAR SHOPPING CTR DR 1

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD4678C

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

SONATA

Exact Purpose for which vehicle was being used at

Are you claiming under your own insurance policy

time of accident

NO

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

TAXI

Vehicle Category

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088936MFSH

Cover Note Number

Driver

Name of Driver

KWANG MENG HUA

NRIC No Date Of Birth S0775465E

15/08/1949

Occupation

OUTDOOR

11/03/1971 Date Of Driving Pass

47 YEARS AND 1 MONTH

Driving Experience Gender

MALE

Mobile Number

Fax Number

Contact Number **EMail Address**

NOEMAIL

Address

BLK 9 GLOUCESTER ROAD #14-15

Postcode

210009

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PC3197R

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT REAR

No. Of Passenger (Including Driver)

Page 2 of 18

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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.:

GININAC SketchPlanForm_V3

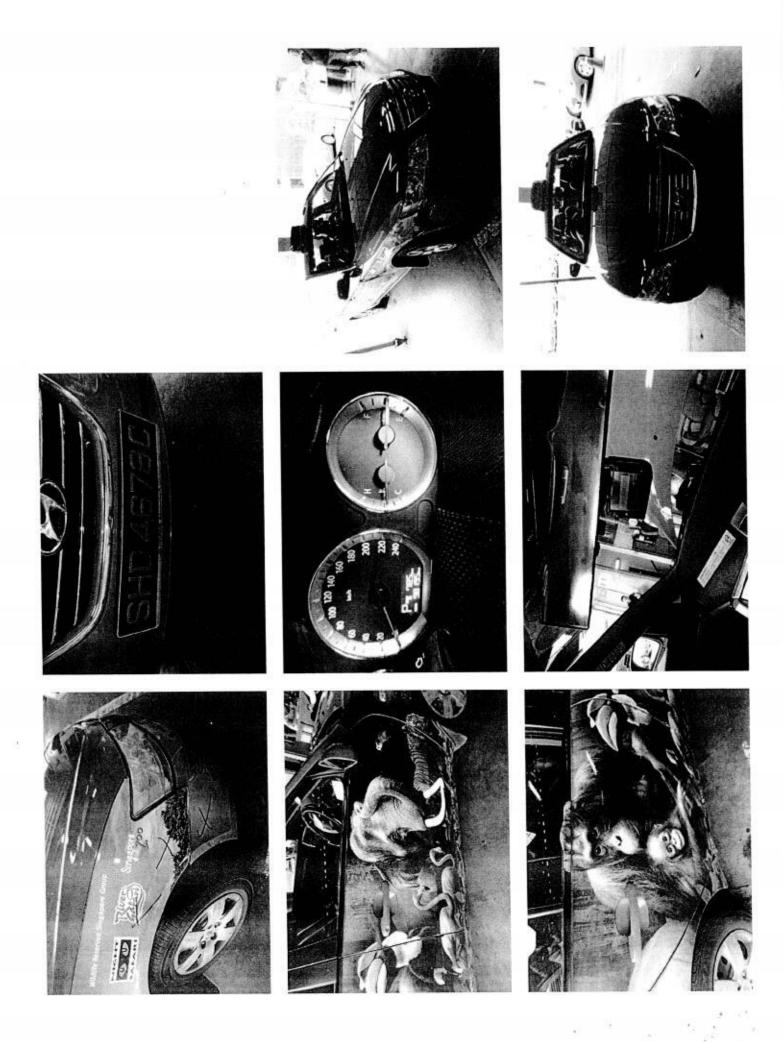
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Sketch Plan Pg. 2

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DESCRIBE CIRCUMSTANCES OF THE	1000DENT	
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along syed	Almi Rd two	of in cesar.
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1000 1 04	opped as Veh	B Suddenly
Move of Sto	Speci as ver	
doshed in	to my lane 1	and hit My
(1117,116,66,15)	J	J
Veh A r	tant front Do	ordion. No
	i	
DOSSENGE	on board d	+ no injury
		J)
reported	i. Of the po	IT Of accident
DECLARATION 1/We declare the foregoing particulars as	re true in every respect.	
TRANSPORTATION PTE	LTG & SE	of yen y
CO REG NO. 199303821R	~~	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signatute (If driver is not the policyholder)	Name:
Date of Time.	Date & Time:	NRIC/FIN No.:

GMRMC ShetchPlenForm_V3





ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO305142172

COMFORT TRANSPORTAT	ION PTE LTD
7010045 383 SIN MING DRIVE Singapore SINGAPORE	575717
65508755	(O)

REGN NO.: SHD4678C	MILEAGE
MAKE HYUNDAI	FUEL E
MODEL SONATA 16	.04.2018 10:15
YR OF MANU 6. 2013	TARGET DATE
CHASSIS CODE KMHET41VMDA834686	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 15.04.2018

E: 3P 15.04.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:					
SERVICE ADVISOR	_			CUSTOMER'S SIGNATURE	
ent Slip	*	Exit Pass			
SHD4678C JU NTUC LK	K	Vehicle No.:	SHD4678C		
e Advisor Signal to Service Reception upon collection		Name of Service A		Date	0

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHD 4678C

DATE 16/4/2018 14:58

NT4C

MAKE

Otre	: HYUNDAI SONATA Parts Description/ Labour	Type	Unit Price	Amount
Qty	Farts Description/ Labour	Турс	· · · · · · · · · · · · · · · · · · ·	\$ 538.80
	Front Bumper Cover Front Bumper Bracket Top (RH) Front Bumper Protector (RH) Front Fender (RH)			\$ 22.40
	Front Bumper Bracket Top (RH)			1966
	Front Bumper Protector (RH)			
	Front Fender (RH)			\$ 593.00
	Front Fender Shield (RH)			\$ 86.00
	Front Fender Retainer > 5	-		\$ 9.20
	SUB TOTAL			\$ 1,278.60
	LESS 20%			\$ 255.72
	DISCOUNTED TOTAL			\$ 1,022.88
	Front Fender Advertisement Logo (RH)			\$ 100.00
				\$ 100.00
	Labour Charge			200
	Panel Beating			s 500.00
	Spray Painting Charge			\$ 590.00
	Tuff Kote			\$ 50.00
	Tuli Kote			3,000
	TOTAL LABOUR			\$ 1,050.00
	ESTIMATE TOTAL			\$ 2,172.88
	V has CUCKY			
	Kaluk (UK) 16/4/18 15/16/10.		Auto Consultants hendepairer of the following	
	2 Pys	• To r • To c • Par	esurvey before/after spray p isplay damaged part(s) dur is prices are subject to confi	painting ing resurvey irmation
	After Repair photo	* No * Sup	t party survey is on a 'With legal modification(s) is allo plementary item(s) must be bject to final approval from	wed resurveyed and
			nwledged by Repairer	
	This is an initial estimate based on a visual inspection of the	ne above ve	hicle. The final repa	ir quantum will

COMFORTDELGRO

Date : 17/04/2018 Controllocition Engineering the Ltd 56 Loyage Date Shapere 608999 Fax 6546 8158 FINALIZATION FORM To : LKK Fax: Altn : KALVIN Vehicle Reg No. : SHD4678C Date of Accident : 15/04/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:- 1. The repair job shall bill to: NTUC PC 3197R ### 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 Part-By-Part Repair cost (c.) Lumpsum Repair ost after Less: 20% \$900.00 Final Lumpsum Repair cost 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within? Working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature: Name: JUMANI Name: Calvin Tel: 62/14 6315 Date: 18/44/8 Fax: 65468\subseteq 55 For Official Use Only Remarks 1. Rental Rate P/Day YES 1. LTA Search Fee S7.49 3. Survey Fees 4. LTA Search Fee S7.49 3. Overrun 3. Overrun 3. Ocerum 4. Ocerum 4. Ocerum 4. Ocerum 4. Ocerum 5. Online By (Signature) 7. Remarks 6. Ocerum 6. Ocerum 6. Ocerum 6. Ocerum 6. Ocerum 6. Ocerum 7. Ocerum 7. Ocerum 8. Ocerum 8. Ocerum 8. Ocerum 8. Ocerum 9. Oce		ob Re	f No : 3051	42172			NGINEERING	ū	
FRACES46 1156 Fax: 6346 1156 To: LKK Fax: Altn: KALVIN Vehicle Reg No.: SHD4678C Date of Accident: 15/04/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:- 1. The repair job shall bill to: NTUC PC 3197R ### The finalized amount shall be: RTUC PC 3197R ### Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% \$900,00 Final Lumpsum Repair cost 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: JUMANI Name: Signature: Name: JUMANI Name: J&f## Signature: Name: JUMANI Name: J&f## Amount Attached Signature) 1. Rental Rate P/Day YES 1. Loss of income Paid Name Struckers 3. Survey Fees 4. Lint Search Fee S7.49 5. Medical Fees (on behalf of driver, if splicable) 1. Int Asearch Fee S7.49 5. Medical Fees (on behalf of driver, if splicable) 1. Int Search Fee S7.49 5. Medical Fees (on behalf of driver, if splicable)	Date					Comfor 59 Lova	tDelGro Engineering Pte Lt	d S9	
Altin: KALVIN Vehicle Reg No.: SHD4678C Date of Accident: 15/04/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:- 1. The repair job shall bill to: NTUC - PC 3197R 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: 20% \$900.00 Final Lumpsum Repair cost after Less: 20% \$900.00 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 Tel: 6214 8313 Date:	FINA	LIZAT	ION FORM			Fax: 65	46 8156	-	
Alth: KALVIN Vehicle Reg No.: SHD4678C Date of Accident: 15/04/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows: 1. The repair job shall bill to: NTUC — PC 3197R 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: 20% \$900.00 Final Lumpsum Repair cost after Less: 20% \$900.00 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: Name: JUMANI Name: Calvin Tel : 6214 8313 Date: 18/4/8 Fax : 65468 58 For Official Use Only Item Amount Attached Yes or No (Signature) YES 1. Rental Rate P/Day YES 1. Land Rate P/Day YES 3. Survey Fees 4. LTA Search Fee S7.49 3. Medical Fees (on behalf of driver; if splicable)	То		L	.KK		Fax:			
Vehicle Reg No. : SHD4678C Date of Accident : 15/04/2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:- 1. The repair job shall bill to: NTUC PC 3197R 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: 20% \$900.00 Final Lumpsum Repair cost after Less: 20% \$900.00 Sestimated 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: JUMANI Name: Calimb Park Signature: Name: JUMANI Name: JUMANI Name: Calimb Park Signature: Name: JUMANI Name: Calimb Park Signature) Name: Amount Attached Yes or No (Signature) Remarks 1. Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees 4. LTA Search Fee S 7.49 3. Survey Fees 4. LTA Search Fee S 7.49 5. Medical Fees (on behalf of driver; if Splicable)	Attn	:	К	ALVIN					
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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: 20% \$900.00 Final Lumpsum Repair cost 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: JUMANI Name: JAPPB Fax: 65468 56 For Official Use Only Item Amount Attached Yes or No (Signature) Remarks 1. Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees 4. LTA Search Fee S7.49 5. Medical Fees (on behalf of driver, if applicable)	The s	urvey	and estimates of th	e repairs of the a	bove-mentione	d vehicle are as	follows:-	 #	
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: 20% Final Lumpsum Repair cost 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: JUMANI Tel: 6214 8319 Fax: 65468 56 For Official Use Only Item Amount Document Attached Yes or No (Signature) Remarks 1. Rental Rate P/Day 2. Loss of Income Paid 3. Survey Fees 4. LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable)	1.	The	repair job shall bill t	0:	NTUC		PC 3197R		
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4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days 5. Thank you for your assistance. Signature: Name: Name: Signature: Name: Date: Signature: Name: Name: Lalin Tel: 6214 8315 Date: Lalin Tel: 6214 8315 Date: Lalin Remarks Signature: Name: Confirm By (Signature) (Signature) Remarks 1. Rental Rate P/Day YES Loss of Income Paid N Survey Fees LTA Search Fee S7.49 Medical Fees (on behalf of driver, if applicable)	2	Fatler	nate of annual control		•				
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LTA Search Fee \$7.49 Medical Fees (on behalf of driver, if applicable)	4. 5.	Signa Name Tel Fax	n 7 working days k you for your assis sture : e : JUMANI : 6: Cuse Only	214 8315 5468 56	Signal Na Da Document Attached Yes or No	e confirm the est alized amount	Caluna 18/4/8		
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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



410	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800703	33/K1vbn2
		D UNION HOUSESINGAPORE	Date:	20-04-2018	
			Code:		
1.		Policy Particulars	_		SHD 4678C
_	Insured Veh.	PC 3197R 5070318352-03	-	nspected	0.00
	Policy No.	MT/0990716-002	_	rage (\$)	0.00
_	Claim No.	M1709907 10-002	Exces	n Date	16/04/2018
	Assign From	V.L.L. D. A			THE STATE OF THE S
2.		Vehicle Parti	1	& Condition	1991
	Make & Model	HYUNDAI SONATA	c.c		2013
	Engine No.	HIDDEN	_	of Reg.	BLUE
	Chassis No.	KMHET41VMDA834686	Colou		
	Odometer	98195	Steer		IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	GOOD			The second secon
3.			ions of		
		Size	Make		Balance
	R/H Front Tyre	215/60 R16		LAKE	7 mm
	L/H Front Tyre	215/60 R16	2000	LAKE	7 mm
	R/H Rear Tyre	215/60 R16	_	LAKE	7 mm
	L/H Rear Tyre	215/60 R16	_	LAKE	7 mm
4.		Descript	-		
	THE VEHICLE SU	STAINED DAMAGES AT THE O	'S FRON	T PORTION.	
5.			al Inforr	mation	
	Accident Date	15/04/2018	Inspe	ection Date	16/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remark		
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, I	THOUT WE HAV	PREJUDICE" BASI E NOT AUTHORISE	S. ED REPAIRS.
5b.		Estimate	Days o	of Repair	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4678C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	100
	FRONT BUMPER PROTECTOR (RH)	TO REPAIR	29.20	12
1	FRONT FENDER (RH)	TO REPAIR	593.00	3
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	10-
	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-255.72	-107.76
			1,022.88	431.04
	SPECIAL NETT ITEMS			
.1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		500.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
			1,050.00	600.00
	GRAND TOTAL		2,172.88	1,131.04
	RECOMMENDED COST OF LUMP SUM REPAIRS			900.

(TO ITS PRE-ACCIDENT CONDITION)
(CONFIRMED)

Report Ref No. NS/INC18007033/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

h

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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