REF: NS/TNC 180	07176/KIVbn2
am I will	GNMENT
From: Date:	Veh No: SHA72784 Yr Regn: 3054, 211
EstimatelCost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / T 2 / Prime Mover /
OD ITP WS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Irisp ed Vehicle No:	Make: - Hyurli Sacto 0.0 184
at Work stop m/s	Colour Blue A/C: Insteed / Std / NI / NA
of .	Sp.Reading 280328 T/Radio: Inamed / Std / NI / NA
Insured: FBG 9719R	Eng/No:
Policy Na BO87841704-01 28018-270119	CINO: KMHETKIUMBASI38H
claims EV. mT0990856-002	Gen. Cond: Good / Fair / Poor / Burnt
Sumin Sued: Excess:	Steering: Inoder / Jammed / Leaked / Burnt or
(Clent's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD/H/Rim or
	Tyre Size; F: 215/601/6
(Policy Condition)	R: 7
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO OF West Clas
Bal or Maket Value:	<u>Front</u> <u>Rear</u>
ID AC Accident Roort: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. + mm
Est.Repairs: days Res.: Yes or No	D.O.A. 16/4/-8 D.O.I. 17/4/-8
LumSum: % 3 Val.: Yes or No	Survey held at CD4E (Loyeag)
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	7.11
SHA 778U - CS/FCI14013376/	m19m3i2 DCA: 100714 Zm
666 979 R - X	10 1 6 0 0 1 1 1 1 1
19/4/18 Whild 4/5\$900/2 Pap.	(Red 648.96, 4>9)
RECEIVED 2 0 ADR 201	18
RECEIVED 2 0 mm 201	<i>u</i>
Partie	
Datefime, File Pass to? : Preil. Report	Days Of Repair: 2
1) : Final Report	Resurvey No. of Trip: Survey Fee: 160 Transportation: 35
DateTime, File Return to?	
2) 2014- tupist Add Fe	
	: Interview (\$) Photos
TP	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

105-01 18955 1.		) INION HOUSESINGAPORE	Date:			
_			Code:	18-04-2018 INC4		
		Policy Particulars	:- THIR	D PARTY CLAIM	· YES (1000) (1000)	
	Insured Veh.	FBG 9719R	Veh. li	nspected	SHA 7278U	
	Policy No.	5087841204-01	Cover	rage (\$)	0.00	
- 1	Claim No.		Excess (\$)		0.00	
1	Assign From		Assig	n Date	17/04/2018	
2.		Vehicle Parti	culars 8	& Condition		
	Make & Model		c.c		0	
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	¥	Steering			
	Brakes		Modification			
	General					
3.		Condit	ions of			
		Size	Make		Balance	
	R/H Front Tyre				mm	
	L/H Front Tyre				mm	
	R/H Rear Tyre	x			mm	
	L/H Rear Tyre				mm	
4.	TANKE IN	Descript	ion of D	amages		
5.	Engage ton	Genera	al Inform	nation		
	Accident Date	16/04/2018		ection Date	17/04/2018	
	Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	Goneral	F ON WAS CONDUCTED ON A"W	Remarks	2000		

TP Claims against NTUC Income: Follow-Through Survey

		(vacamo) ive I   O)	Claimant Vehicle No.	Income venicle No.	
COMFORT TRANSPORTATION  SHD 3199A  COMFORT TRANSPORTATION  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K  SHA 5005D	Opposition Deforance	Claimant (Owner / Taxi Collipariy)		70001	15/4/2018
COMFORT TRANSPORTATION  SHD 3199A  COMFORT TRANSPORTATION  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K  SHA 5005D	Income neielene	MOITATGOGGAGT TOOLS	SH 9400C	CB /499C	0103/1/01
COMFORT TRANSPORTATION  SHD 3199A  SHD 3199A  SHD 3185U  SHD 3085U  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K  SHA 5005D	MT/0991009-001	COMPORT TRANSPORTATION	VC134 AL12V	GBE 3953E	13/4/2018
COMFORT TRANSPORTATION SHC8422C CITYCAB PTE LTD COMFORT TRANSPORTATION COMFORT TRANSPORTATION COMFORT TRANSPORTATION COMFORT TRANSPORTATION COMFORT TRANSPORTATION SHD 3199A COMFORT TRANSPORTATION SHB 4465K COMFORT TRANSPORTATION SHB 4465K		COMFORT TRANSPORTATION	SHA 4515N		0100/1/4/
COMFORT TRANSPORTATION  SHB 3085U  COMFORT TRANSPORTATION  SHB 4465K  COMFORT TRANSPORTATION  SHB 4465K	MT/0990416-002	NOTA FOREST	SHC8422C	SCH 377K	14/4/7010
COMFORT TRANSPORTATION SHC 8829M  COMFORT TRANSPORTATION SHD 3199A  COMFORT TRANSPORTATION SHD 3085U  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K	500 05300007 ***	COMFORT TRANSPORTATION	21100110	200	12/1/2018
COMFORT TRANSPORTATION SHC 8829M  COMFORT TRANSPORTATION SHA 7278U  COMFORT TRANSPORTATION SHD 3199A  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K	M1/0990629-002	CF-LHG GEOGRAPH	SHA 352J	SKD 22K	17/4/71
COMFORT TRANSPORTATION SHC 8829M COMFORT TRANSPORTATION SHD 3199A COMFORT TRANSPORTATION SHD 3085U COMFORT TRANSPORTATION SHB 4465K COMFORT TRANSPORTATION SHB 4465K	AAT /0000685-007	CITYCAB PIELID		20201	13/4/2018
COMFORT TRANSPORTATION SHA 7278U  COMFORT TRANSPORTATION SHD 3199A  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K	TOO COOCEO/IIN	MOITATGO TTO ANICO ON THE ANIC ON THE ANI	SHC 8829M	SJIVI 18093	10011101
COMFORT TRANSPORTATION SHA 7278U  COMFORT TRANSPORTATION SHD 3199A  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K  SHA 5005D	MT/0991013-001	COMPORT TRANSPORTED	110000	FRG 9719R	16/4/2018
COMFORT TRANSPORTATION SHD 3199A  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 5005D		NONTENANT TRANSPORTATION	SHA /2/80		oroci el el
COMFORT TRANSPORTATION SHD 3085U  COMFORT TRANSPORTATION SHB 4465K  COMFORT TRANSPORTATION SHB 5005D	MT/0990856-002		CUD 2199A	SJF 8842J	11/4/2018
COMFORT TRANSPORTATION SHB 3085U SHB 4465K SHB 4465K SHB 5005D	500 41000001 ===	COMFORT TRANSPORTATION	ACCTC DUC	10000	12/1/2018
COMFORT TRANSPORTATION SHB 4465K	MI/0990054-002	MOITATAGAGGGGG	SHD 3085U	565 87991	13/4/51
COMFORT TRANSPORTATION SHB 4465K	*** /0000359.007	COMFORT IRANSPORTATION	2000	11001	14/4/2018
COMFORT I KANSPORTATION SHA 5005D	1VI / 0330-0550-055	MOITATGOODIAAGT TGGGGGGGG	SHB 4465K	SJJ 5341L	107/11/17
SHA 5005D	MAT/0991016-001	COMPORT IRANSPORTATION	6	VD 2050V	14/4/2018
	The state of the s	SOMEORT TRANSPORTATION	SHA 5005D	LOCOO OV	

eBaoTech								V. S.	Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601	NI- TO A LUNGS		The section is a second			Change Lar	nguage	· Change Password	+ Log Out
My Desktop Notice of Loss		y Query			_	Date of Acci	dent	16/04	/2018 14:31	
Hotee of East	Policy No. Vehicle No.(For Motor)		FBG9719R		$\exists$	Date of Acco	uen.	11000		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087841204-01	BHASITH ASLAM	592241281	GMC	Third Party, Fire & Theft	FBG9719R	FBG9719R	28/01/2018	27/01/2019
					1	Continue				

MCD618050632 / ComfortDelGro Engineering Pte Ltd - Loyang

ENTRY DATE & TIME: 17/04/2018 09:10

SUBMITTED BY: Huang XiaoYan

### SINGAPORE ACCIDENT STATEMENT

### 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,
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

### ACCIDENT STATEMENT

Date Of Report

17/04/2018 09:10

Date Of Accident

16/04/2018 16:10 NORTH BRIDGE RD TWDS SOUTH BRIDGE RD

Exact Location Of Accident Country/State of Loss

SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA7278U

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No 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

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

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

Type Of Coverage

Fleet Policy

Policy Number

Name of Driver

D-18088936MFSH

Cover Note Number

Driver

LIM POH THYE

NRIC No

S1780140F

Date Of Birth

28/07/1966

Occupation

OUTDOOR

Date Of Driving Pass

17/09/1997

**Driving Experience** 

20 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number

**EMail Address** 

NOEMAIL

Page 1 of 19

Address

BLK 5 LORONG LEW LIAN #05-108

\* Postcode

530005

Was driver an employee of the Insured's Company

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

DRIZZLING

Road Surface

WET

NO

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

: MALE GENDER:

**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:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBG9719R

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE

Vehicle Category Name of Driver

BHASITH ASLAM

NRIC/Passport Number

S9224128I

Contact Number

98552406

Address

Postcode

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

Insurance Company Name

FRT

## **DETAILS OF INJURED PERSON 1**

Name

BHASITH ASLAM

Approximate Age

Injuries Sustain

FELT PAIN ON LEFT LEG AND LEFT HAND

Injured person in which vehicle?

FBG9719R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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.
- 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.
- 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:

- 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)
  - (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
- (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
- 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.
- 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 .:

GIARRAC SketchPlanForm\_V3

## Sketch Plan Pg. 2

	PARLIAMENT
KETCH PLAN	Touse
A: 844 72784	
B. FBG91198	A D
BHASITI	
ASLAM A	
114 5 922 4128 1	Day Brast Breat
4098552406	NORTH BOAT QUAY
DESCRIBE CIRCUMSTANCES OF THE A	ACCIDENT
	diction
A-8	per attached.
	,
50000-1000-100	
	25.50
DECLARATION	
I/We declare the foregoing particulars	1 1600 11.
COMPORT TRANSPORTATION PTE L CO. REG. NO. 199303821R	Ontro Personnel's Signature
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)  Date & Time:  NRIC/FIN No.:

GIARING Skatch-PlanForm\_V3

### Sketch Plan Pg. 3

escribe Circums	stances of the Accident.
n 16 Apr 2018 a	at about 16:10 hrs I was driving straight on the second lane from the right
long North Brid	ge Rd heading towards the direction of South Bridge Rd.
have bot	ore North Boat Quay an unknown white Mercedes taxi on my right filter
	eft. Upon seeing this, I immediately braked to avoid a collision. Fortunately
bruptly to its le	eft. Upon seeing this, i inimediately branch
	It are a metarcycle FBG9719R came from
was able to bra	ake in time. However a split second later a motorcycle FBG9719R came from
nehind collided	onto the Rear Left Corner of my stationary taxi.
havely after I s	tepped out to render assistance to the male motorcyclist at the same time
snortly after 13	tepped out to
L. d blue subse	ther he is injured or not . He told me that his left hand is injured and felt pain
asked nim whe	ther he is injured of free the
	offer to call for an ambulance but he decline. I advised him to see a Doctor
to his left leg. I	offer to call for all allibuidites 2 2 1
later on.	
01 male passer	nger on board my taxi.
Enclosed is a vi	ideo footage to support my claims.

Declaration

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

COMFORT TRANSPORTATION PTE LTD CO REG NO 199303821R

Policyholder's Signature/Date &

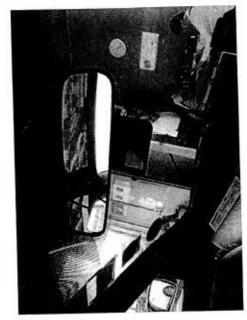
Time

Driver's Signature(If driver is not the policyholder)/Date

& Time

Witnessed by Reporting Centre Personnel

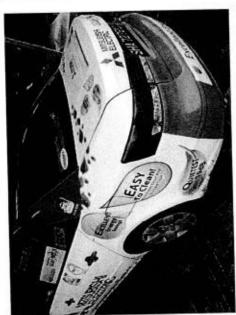
b 1404/18

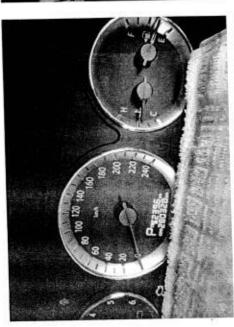




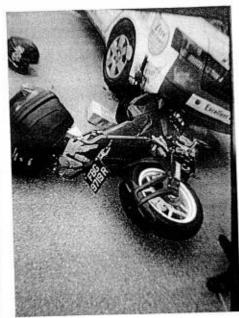








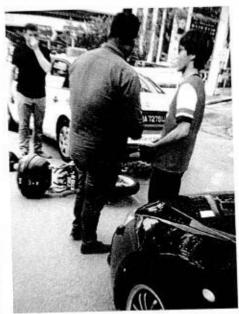
















COMPORT SUCE ENGINEERING

Date/Time: 17.04.2018 10:15 Page: 1

eam: AE ARC Repair TP(CLSO)1	JOB CARD Sales Order:	JC NO305142895
TOMER	REGN NO.; SHA7278U	J MILEAGE
MS COMFORT TRANSPORTATION PTE	LTD MAKE HYUNDAI	FUEL E1/2F
RESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL	16.04.2018 16:45
(P) 65508755 (O)	YR OF MANU. 30.06.20	011 TARGET DATE
(P)	CHASSIS CODE KMHET41	VMBA813471 COMPLETION DATE/TIME:
COUNT CARD NO.	KMHET41	VMBA8134/1
	JOB DESCRIPTION	

Accident Date: 16.04.2 WATURE: 3P 16.04.18/C

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:		10.			
SERVICE ADVISOR				CUSTOMER'S SIGNATUR	RE
owledgement Slip		X Exit Pass			
o.: le No.: SHA7278U	JU NTUC LKK	Vehicle No.:	SHA7278U		
3 of Service Advisor returned to Service Reception upon c	Signature/Date	Name of Service Ad		Date	

# COMFORTDELGRO ENGINEERING PTE LTD

NTUC

REPAIR ESTIMATE\*

VEHICLE NO: SHA 7278U

DATE 17/4/2018 11:53

MAKE

	Parts Description/ Labour	Type	Unit	Price	Al	nount	
Qty	Rear Bumper - Mont				\$	578.40	
					\$	22.00	
	Rear Bumper Clip				\$	185.80	
	Rear Bumper Under Cover				3. Tab	2221227	
	CVID TOTAL				\$	786.20	9. 
	SUB TOTAL				\$	157.24	-
	LESS 20%				S	628.96	
	DISCOUNTED TOTAL				,	020.70	
	Rear Bumper Advertisement Logo		s	100.00	s s	50.00 200.00	Net Net
	Rear Fender Advertisement Logo (LH/KH)						
					\$	250.00	
	Labour Charge Panel Beating Spray Painting Charge Wiring Charge				s s s	250.00 250.00 50.00	2. X
	Remove/Refix Reverse Sensor				\$	120.00	1
	Remove Rena Revelse sense						
	TOTAL LABOUR				\$	670.00	4
	ESTIMATE TOTAL				\$	1,548.96	
	ADMINISTRAÇÃO DE CONTRACTOR DE						
	Kahir (104) 17/4/18/33.h.s 2005						-
	1/4/18 1330hi	LKK	Auto Consulta Repairer of the	ants hence no e following:	tify		
	1111	the F	resurvey before/	after spray painting re	survey	1	
	2/7	• To	ITS THOUSE	- Without	Lid lann	e" basis	
	,	• 77	Aud bairk and	in all of allower	1	d and	
	1/1 //	- N	o illegal mountary it	ation(s) is allowed em(s) must be re- approval from In	surveye surance	Company	
	Affa Repulphit	1	s subject to final	em(s) must be re- approval from In-	2000		
	Alla Pr		cknowledged by	Repairer			11
	////	\ A	cknowledged of Signature:				7
			Date		-		
	I I						

This is an initial estimate based on a visual inspection of the above vehicle. The final repa be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

### COMFORTDELGRO ENGINEERING

ur Job Ref	305	142895		ENGINEERIN					
ate	:		04/2018		ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 50896				
INALIZATI	ION FO	RM				Fax: (	5546 8156		
0 :			LKK			Fax:			
ttn :			KALVIN						
ehicle Reg	No.	: SHA7	CONTRACT CONTRACT		Date	of Accident :	16/04/2018		
ne survey	and es	timates of	the repairs of the	above-mention	oned	vehicle are a	s follows:-		
The r	epair jo	ob shall bill	l to:	NTUC		1000	FBG9719R		
	000	d amount s				###			
(a)			er List discount						
(b)	1000	ur Charges			###				
(5)			, By-Part Repair C	ost	m				
(c.)	Total	for Lumps	air (if applicable) sum repair cost af n Repair cost	fter Less: 2	20%		\$900.00		
We s withi	hall tre		5		onfi We				
We s withi	hall tre n 7 wo	eat the aborking days	ove amount as 0 s		- Confi We fins	rmed if there confirm the e lized amount	stimates and		
We s with! Than	hall tre in 7 wo k you f	eat the aborking days	ove amount as 0 sistance.		We fins	rmed if there confirm the e lized amount	stimates and		
We s within Than Signa Name	hall tre in 7 wo k you f	eat the aborking days	ove amount as 0 sistance.		We fina	confirm the e lized amount nature :	stimates and		
We s withi Than	hall tre in 7 wo k you f	eat the aborking days	ove amount as 0 sistance.		We fins	confirm the e lized amount nature :	stimates and		
We s within Than Signal Name Tel Fax	hall trein 7 wo	eat the aborking days	ove amount as C sistance.		We fina	confirm the e lized amount nature :	stimates and		
We s within Than Signal Name Tel Fax	hall trein 7 wo	eat the aborking days	ove amount as C sistance.	Correct and C	We fina	confirm the e lized amount nature :	stimates and		
We s within Than Signal Name Tel Fax	hall trein 7 wo	eat the aborking days	ove amount as C sistance.	Docume Attach	We final Sig Na. Dar	confirm the e lized amount nature :	stimates and		
We s within Than Signa Name Tel Fax	hall trein 7 woodk you for ture:	JUMANI	ove amount as 0 sistance. 6214 8315 65468056	Correct and C	We final Sig Na. Dar	confirm the e slized amount nature : te :	Kalulu 19)4/-8		
We s within Than Signa Name Tel Fax	hall tre in 7 wo k you for sture: e: : Use C	JUMANI Only	ove amount as 0 sistance. 6214 8315 65468056	Docume Attach Yes or	We final Sig Na. Dar	confirm the e slized amount nature : te :	Kalulu 19)4/-8		
We s withi  Than  Signs Name  Tel  Fax  or Official	hall tre in 7 wo k you f  ature : e : : Use C  Item	JUMANI Only	ove amount as 0 sistance. 6214 8315 65468056	Docume Attach Yes or	We final Sig Na. Dar	confirm the e slized amount nature : te :	Kalulu 19)4/-8		
We s within Than Signal Name Tel Fax or Official	hall trein 7 woo k you for ture:  e ::  Use College Item Rate P/II Income Fees (c, if appl	JUMANI  Day Paid	ove amount as 0 sistance. 6214 8315 65468056	Docume Attach Yes or	We final Sig Na. Dar	confirm the e slized amount nature : te :	Kalulu 19/4/-8		



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 INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800717	'6/K1vbn2		
#05-0	BRAS BASAH ROAD 5-01 NTUC TRADE UNION HOUSESINGAPORE 9556		Date: 25-04-2018				
			Code:	INC4			
1.		Policy Particulars	_				
	Insured Veh.	FBG 9719R	-	nspected	SHA 7278U		
	Policy No.	5087841204-01	-	rage (\$)	0.00		
	Claim No.	MT/0990856-002	Exces		0.00		
	Assign From		Assign Date		17/04/2018		
2.		Vehicle Parti	ticulars & Condition				
	Make & Model	HYUNDAI SONATA	c.c		1991		
	Engine No.	HIDDEN	Year	of Reg.	2011		
	Chassis No.	KMHET41VMBA813471	Colour Steering		BLUE IN ORDER		
	Odometer	280328					
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM		
	General	GOOD	1				
3.	THE RESERVE OF THE PERSON NAMED IN	Condit	ions of	Tyres			
		Size	Make	)\	Balance		
	R/H Front Tyre	215/60 R16	WEST	LAKE	7 mm		
	L/H Front Tyre	215/60 R16	WEST	LAKE	7 mm		
	R/H Rear Tyre	215/60 R16	WEST	LAKE	7 mm		
	L/H Rear Tyre	215/60 R16	WEST	LAKE	7 mm		
4.		Descript	ion of D	Damages			
	THE VEHICLE SU	STAINED DAMAGES AT THE R	EAR N/S	PORTION.			
	DAMAGES SEE D			POWIE STORY			
5.		Gener	al Infor				
	Accident Date	16/04/2018	_	ection Date	17/04/2018		
	Survey held at	COMFORTDELGRO ENGINE	RING P	TE LTD			
		59 LOYANG DRIVE SINGAPORE 508969					
5a.	DECEMBER OF		Remark				
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	ITHOUT WE HAV	PREJUDICE" BASI E NOT AUTHORIS	S. ED REPAIRS.		
5b.			and the second second	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





### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7278U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
- 1	REAR BUMPER	DEFORMED	578.40	578.40
- 1	REAR BUMPER CLIP	NECESSARY	22.00	22.00
47.00	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
- 0	LESS 20% DISCOUNT	PSANOEDSON-TO-	-157.24	-120.08
			628.96	480.32
	SPECIAL NETT ITEMS			
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
	(S4)		250.00	250.00
	LABOUR		300,000	***********
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	
	THATCHAM TTS STANDARD SPRAY PAINTING COST		250.00	200.00
	AND LABOUR.		670.00	400.00
	GRAND TOTAL		1,548.96	1,130.32

RECOMMENDED COST OF LUMP SUM REPAIRS	900.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. NS/INC18007176/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

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.