

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0991340-002	COMFORT TRANSPORTATION PTE LTD	SH 7013A	SJL 3277S
2	MT/0990420-002	COMFORT TRANSPORTATION PTE LTD	SHC 1833X	GBG 6935C
3	MT/0991001-002	COMFORT TRANSPORTATION PTE LTD	SHB 4181D	SJF 4165G
4	MT/0987576-002	SMRT TAXIS	SHB 5490E	SGN 2724A
5	MT/0988974-002	SMRT TAXIS	SHF 474P	SKP 1761R
6	MT/0988606-002	SMRT TAXIS	SHF 287M	SHD 1850R
7	MT/0988375-002	SMRT TAXIS	SHB 5737U	SKZ 9804X
8	MT/0991050-002	COMFORT TRANSPORTATION PTE LTD	SHD 6647D	SJM 4176P
9	MT/0991603-001	COMFORT TRANSPORTATION PTE LTD	SH 9594B	SJF 8421R
10	MT/0989297-002	SMRT TAXIS	SHB 5445L	GZ 8719M
11	MT/0989010-002	SMRT TAXIS	SHB 668T	SLV 3014H
12	MT/0988555-002	SMRT TAXIS	SHB 5515T	SLS 2028R
13	MT/0981124-002	SMRT BUSES	SMB 8039Y	SJC 8146B
14	MT/0991610-001	COMFORT TRANSPORTATION PTE LTD	SHC 8728X	GBG 2031L
15	MT/0991074-002	COMFORT TRANSPORTATION PTE LTD	SHC 2948S	GZ 1977E
16	MT/0990979-002	COMFORT TRANSPORTATION PTE LTD	SHD 6658Y	FBK 791T
17	MT/0990696-002	COMFORT TRANSPORTATION PTE LTD	SHD 4138U	PC 2948Y
18	MT/0990960-002	COMFORT TRANSPORTATION PTE LTD	SHD 4928G	YP 6440T



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/INC18007179/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBG 6935C	Veh. Inspected	SHC 1833X
Policy No.	5094545968	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/04/2018

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	15/04/2018	Inspection Date	17/04/2018
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. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094545968	ENL ENGINEERING	52988932C	GCV	Comprehensive	GBG6935C	GBG6935C	29/09/2017	28/09/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	16/04/2018 14:44
Date Of Accident	15/04/2018 09:15
Exact Location Of Accident	LIM CHU KANG RD AFTER CEMENTRY PATH 17
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC1833X
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 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	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TOH KIA YEW
NRIC No	S1496784B
Date Of Birth	08/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1982
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 790 CHOA CHU KANG NORTH 6 #18-248
Postcode	680790
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: : MALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180415/2077

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	GBG6935C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEO BOON HIAT
NRIC/Passport Number	S1451827D
Contact Number	96575155
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT RIGHT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TOH KIA YEW
Approximate Age	57
Injuries Sustain	HAVING ACHES ON NECK, BACK AND HEAD. ON 4 DAYS MC.
Injured person in which vehicle?	SHC1833X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ONG LAI HENG
Approximate Age	
Injuries Sustain	FELT DIZZY AND FELT PAIN ON LEFT HAND AND NECK.
Injured person in which vehicle?	SHC1833X
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:

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

6/10/18 SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN

After Cemetery Path 17
Lim Chu Kang Rd

A: SHC 1833X
B: GBG 6935C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached Police Report.

T/20180415/2077

DECLARATION

COMFORT TRANSPORTATION PTE LTD
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.:

GIATMOC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20180415/2077

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180415/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2018 18:18		Vide Report No.:	Station Diary No.: 70
Informant's Particulars			
Name of Informant: TOH KIA YEW		Address: APT BLK 790 CHOA CHU KANG NORTH 6 #18-248 SINGAPORE 680790	
ID Type / ID No.: NRIC NO / S1496784B		Contact No.:	Mobile: 90529076
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 08/03/1961	Type of Informant: Driver
Race: Chinese		Language:	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: 15/04/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 LIM CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG6935C	Lorry				Slightly Damaged	0
SHC1833X	Car				Seriously Damaged	1

Details of Person Involved

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180415/2077

2 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180415/2077

CONTINUATION OF REPORT

Driver			
Name	Teo Boon Hiat	ID No.	S1451827D
Related Vehicle	GBG6935C (Lorry)	Contact No.	96575155
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
Driver			
Name	TOH KIA YEW	ID No.	S1496784B
Related Vehicle	SHC1833X (Car)	Contact No.	90529076
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2018	Date Discharge	15/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	Ong Lai Heng	ID No.	S1661911F
Related Vehicle	SHC1833X (Car)	Contact No.	81544642
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 15/4/2018 at about 0915hrs, I was driving along Lim Chu Kang Road with one passenger onboard when I approached a point and I noticed that there were a lot of vehicles making illegal U-turn. As such, I slowed down my vehicle to about 50km/h and proceeded on while sounding the car horn. As I was about to pass, I noticed that the lorry (GBG6935C) had stopped and as such, I drove on. Suddenly the said lorry made a illegal U-turn and collided onto the side of my taxi. As a result, my taxi sustained severe damage at the left portion of the taxi. I observed that the lorry sustained damages at the front portion as well. As no one was injured at that point in time, both the driver and I agreed to claim the damages from our respective insurance companies. No traffic police or ambulance came to the scene. I would like to state that my taxi has a in car camera which had captured the incident. As I was having aches on my neck, back and head, I went to Mount Alvernia Hospital on 15/4/2018 and I was subsequently given a 4 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20180415/2077

3 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180415/2077

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180415/2077

4 of 4

Report No. T/20180415/2077

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:

J/
Sgt 2 YAO MING YANG, CASIMIR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP/AEIT
SSI/2 SITIMARSITA BINTE BOHARI
Contact No. 65476219

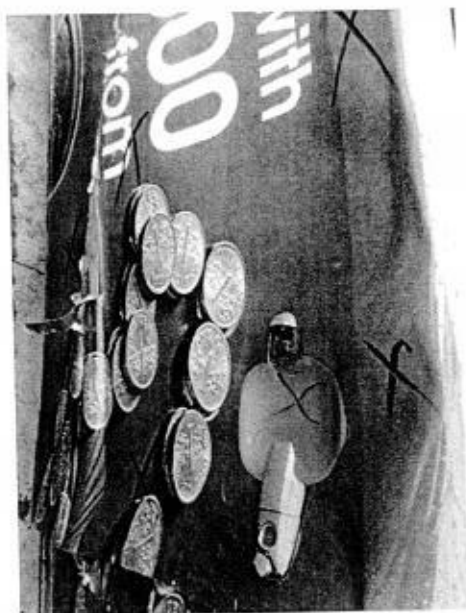
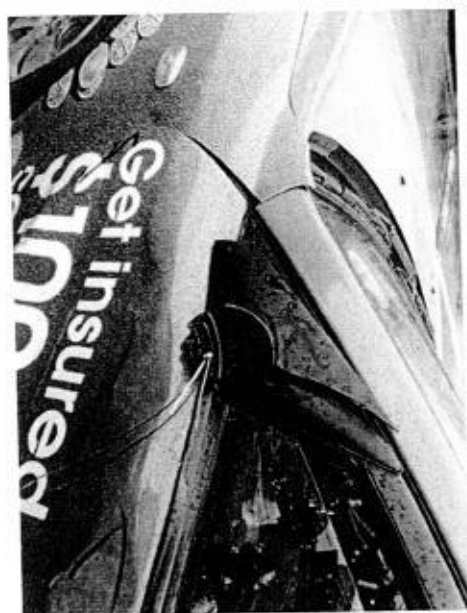
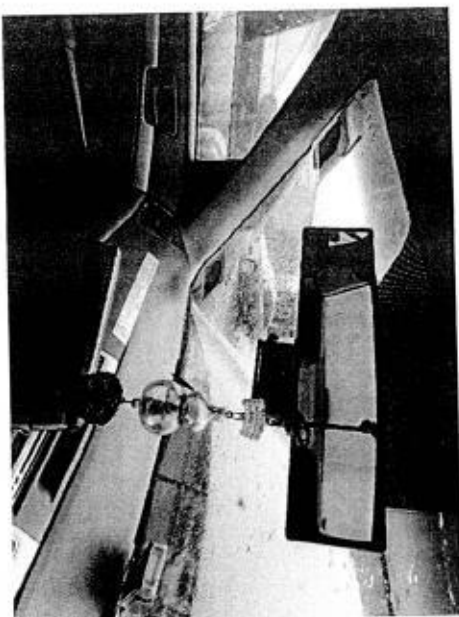
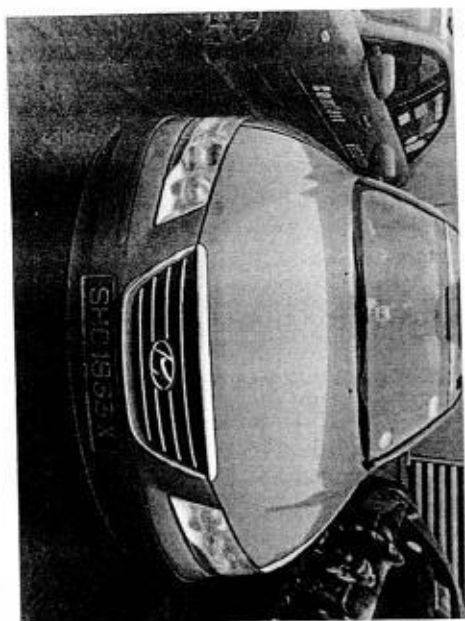
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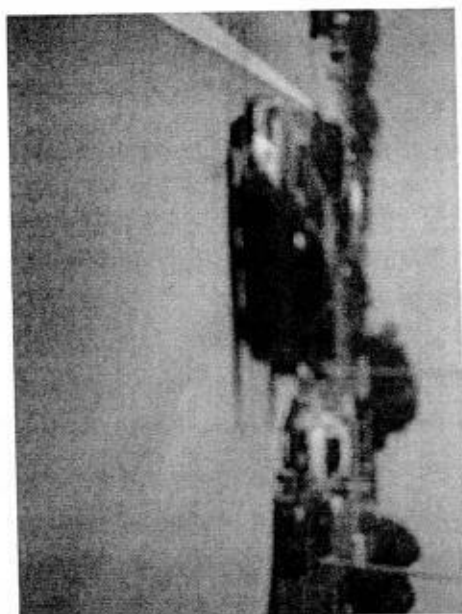
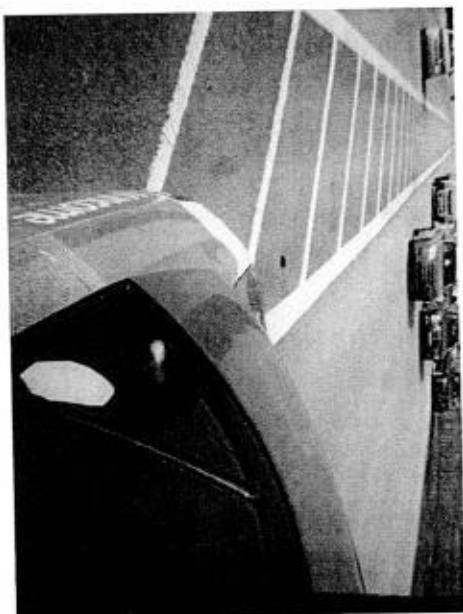
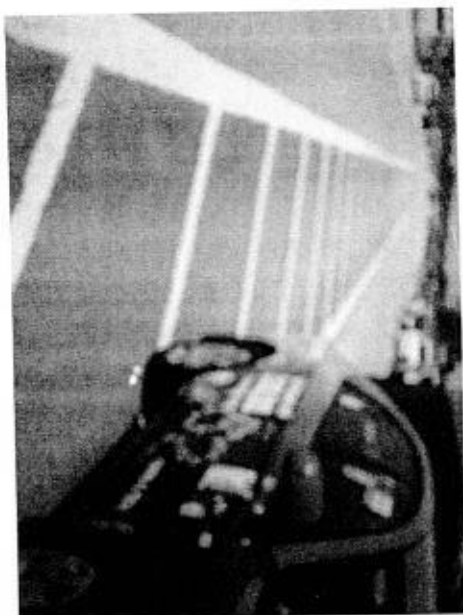
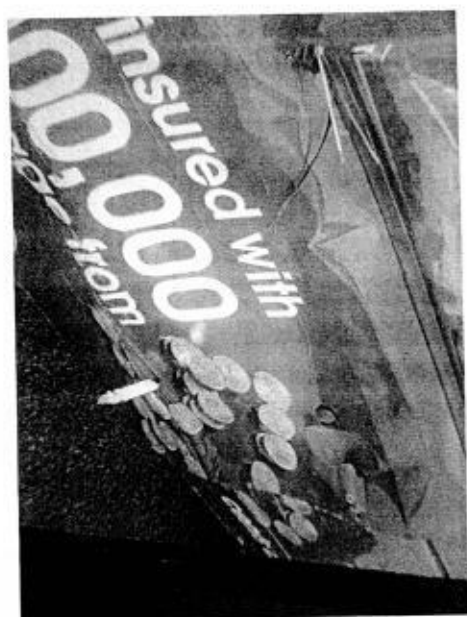
Signature Of Informant:

Date/Time:
15/04/2018 18:18

Classification Of Case:

Singapore Police Force





Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305142587

CUSTOMER
RMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

VAR5

REGN NO: SHC1833X	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 15.04.2018 09:15
YR OF MANU 31.07.2012	TARGET DATE
CHASSIS CODE KMHET41VMCA826938	COMPLETION DATE/TIME:

(B)

SCOUT CARD NO.

JOB DESCRIPTION

Accident Date: 15.04.2018
NATURE: 3P 15.04.2018

C / NO	LABOR CODE	DESCRIPTION
		NTUC - taxi whole left side damage LKR / Kalini

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Slip

Exit Pass

Vehicle No.: SHC1833X LARRY

Vehicle No.: SHC1833X

Signature of Service Advisor
Larry Ng

Signature/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 : SHC1833X
MAKE : HYUNDAI
MODEL : SONATA

Date : 17.04.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Front Door - LH <i>Defect</i>			\$ 1,345.00
1	Front Door Protector - LH <i>one</i>			74.90
1	Front Door Outer handle - LH <i>one</i>			34.00
1	Front Door Outer Molding - LH <i>one</i>			61.00
1	Side Mirror - LH <i>Broken</i>			545.50
1	Rear Door - LH <i>Defect</i>			\$ 1,294.70
1	Rear Door Protector <i>one</i>			\$ 54.50
1	Rear Fender - LH <i>X repair</i>			\$ 1,935.90
1	Wheel Cover - LH <i>broken</i>			\$ 145.00
1	Steel Rim - LH <i>X</i>			\$ 284.70
1	Rear Bumper <i>X repair</i>			\$ 578.40

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

1	Front Door Comfort Sticker <i>one</i>			\$ 75.00	Nett
1	Rear Door Tel Sticker <i>one</i>			\$ 10.00	Nett
1	Tyre <i>X</i>			\$ 207.00	Nett
1	Advertisement - LHF Door <i>one</i>			\$ 100.00	Nett
1	Advertisement - LHR Door <i>one</i>			\$ 100.00	Nett
2	Advertisement - Rear Fenders LH/RH <i>one</i>		\$100.00	\$ 200.00	Nett
1	Advertisement - Rear Bumper <i>one</i>			\$ 100.00	Nett

Labour Charge

1	Panel Beating			\$ 800.00
1	Spray Painting Charge			\$ 800.00
2	Transfer of Door			\$ 360.00
1	Wiring Charge			\$ 100.00
1	Tuff Kote			\$ 100.00
1	Rear Wheel Alignment			\$ 120.00
1	Remove/refix reverse sensor			\$ 120.00

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 part(s) must be resurveyed and is subject to final approval from insurance company

Acknowledged
Signature

TOTAL LABOUR

ESTIMATE TOTAL

Larry Ng

Kalvin LKK
17/4/18
4 days
4/5 After Repair photo

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 . 305142587

Date : 24. Apr. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1833X

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 GBG6935C
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 \$3,900.00

3. Estimated normal period for repairs: 4 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Calvin

Name : Calvin

Date : 24/4/18

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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007179/K1s3be2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-05-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBG 6935C	Veh. Inspected	SHC 1833X	
Policy No.	5094545968	Coverage (\$)	0.00	
Claim No.	MT/0990420-002	Excess (\$)	0.00	
Assign From		Assign Date	17/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA826938	Colour	BLUE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions 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. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	15/04/2018	Inspection Date	17/04/2018	
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:		4 Working Days		

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1833X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR - LH	DENTED	1,345.00	1,345.00
1	FRONT DOOR PROTECTOR	CRACKED	74.90	74.90
1	FRONT DOOR OUTER HANDLE - LH	CRACKED	34.00	34.00
1	FRONT DOOR OUTER MOLDING - LH	CUT	61.00	61.00
1	SIDE MIRROR - LH	BROKEN	545.50	545.50
1	REAR DOOR - LH	DENTED	1,294.70	1,294.70
1	REAR DOOR PROTECTOR	CRACKED	54.50	54.50
1	REAR FENDER - LH	TO REPAIR	1,935.90	-
1	WHEEL COVER - LH	GRAZED	145.00	145.00
1	STEEL RIM - LH	SERVICEABLE	284.70	-
1	REAR BUMPER	TO REPAIR	578.40	-
	LESS 20% DISCOUNT		-1,270.72	-710.92
			5,082.88	2,843.68
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT STICKER (SN)	NECESSARY	75.00	75.00
1	REAR DOOR TEL STICKER (SN)	NECESSARY	10.00	10.00
1	TYRE (SN)	SERVICEABLE	207.00	-
1	ADVERTISEMENT - LHF DOOR (SN)	NECESSARY	100.00	100.00
1	ADVERTISEMENT - LHR DOOR (SN)	NECESSARY	100.00	100.00
2	ADVERTISEMENT - REAR FENDERS LH / RH @\$100.00 (SN)	NECESSARY	200.00	200.00
1	ADVERTISEMENT - REAR BUMPER (SN)	NECESSARY	100.00	100.00
			792.00	585.00
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,500.00	720.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		900.00	740.00
			2,400.00	1,460.00
GRAND TOTAL			8,274.88	4,888.68

Report Ref No. NS/INC18007179/K1s3be2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,900.00
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Report Ref No. NS/INC18007179/K1s3be2

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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