

106/11/13

Driver: Mr. Kelvin

REF:

NS/WC18007462/K14602

ASSIGNMENT

From: _____ Date: _____

Estimate of Cost: _____

OD/TP / WS/TP RES / OD RES / EVA / INV / MV

To Insp of Vehicle No: _____

at Works Shop n/s _____

of _____

Insured: SKW 2592TPolicy No. 5084650425-01 22.10.17 - 21.10.18Claims No. MT/0991278-002

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SH 6746A

Yr Regn:

20 Dec 2017

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

Truck / Trailer or

Make:

Hyundai Z80

C.C.

1685

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

5 7760

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No:

KM HCB814M H4099759

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205 / 60 R16

R:

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

TOYO / YOKO or

Man Kue.

Front

7

mm

Rear

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

21/4/8

D.O.I.

23/4/8

Survey held at

CDGE (Loyang)

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

Rear

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

| Date / Time | Action / Instruction |
|---------------|--|
| | <u>SH 6746A - X</u> |
| | <u>SKW 2592T - X</u> |
| <u>25/4/8</u> | <u>Contract P/P \$1170.48 / 2 ty. (Red \$1411.10, 55%)</u> |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 20 APR 2018

Date/Time, File Pass to?



Prel. Report

18/6/4

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Other

16035195

Date/Time, File

TP

Date/Time, File

1170.48



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/INC18007462/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-04-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------|----------------|------------|
| Insured Veh. | SKW 2592T | Veh. Inspected | SH 6746A |
| Policy No. | 5084650425-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 23/04/2018 |

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 | 21/04/2018 | Inspection Date | 23/04/2018 |
| 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

General Claim

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"/> | 5084650425-01 | TEO SOO CHING CAROLINE | S6845472G | GPC | drive CLASSIC | SKW2592T | SKW2592T | 22/10/2017 | 21/10/2018 |

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|
| 1 | MT/0991171-002 | Comfort Transportation | SHC 1863J | SLK 8879D | 20/4/2018 |
| 2 | MT/0991056-002 | Comfort Transportation | SH 6314M | SHC 6794S | 19/4/2018 |
| 3 | MT/0991265-002 | Comfort Transportation | SHA 7627X | SLS 1369M | 21/4/2018 |
| 4 | MT/0991375-002 | Comfort Transportation | SHC 2164L | SJE 68K | 21/4/2018 |
| 5 | MT/0991583-002 | Comfort Transportation | SHA 5984C | SFZ 1009L | 21/4/2018 |
| 6 | MT/0991278-002 | Comfort Transportation | SH 6746A | SKW 2592T | 21/4/2018 |
| 7 | MT/0991262-002 | Comfort Transportation | SHC 3572K | GBG 8101D | 20/4/2018 |
| 8 | MT/0991924-001 | Comfort Transportation | SHD 4138U | SGY 5128T | 19/4/2018 |
| 9 | MT/0991927-001 | Comfort Transportation | SHA 3460K | FQ 2735P | 22/4/2018 |
| 10 | MT/0991206-002 | Comfort Transportation | SHD 3440C | GY 734B | 20/4/2018 |

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 | 21/04/2018 11:41 |
| Date Of Accident | 21/04/2018 10:00 |
| Exact Location Of Accident | BEDOK NAVE 3 TWDS B.RESERVOIR SLIP RD TO PIE JUR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------|
| Vehicle Registration Number | SH6746A |
| 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 | LOW PUAY THIAN |
| NRIC No | S1181916H |
| Date Of Birth | 20/07/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/01/1979 |
| Driving Experience | 39 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 411 EUNOS ROAD 5 #10-124 |
| Postcode | 400411 |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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 | SKW2592T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KOH SOON GUAN |
| NRIC/Passport Number | S1351215I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage | FRT LEFT |

No. Of Passenger (Including Driver)

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

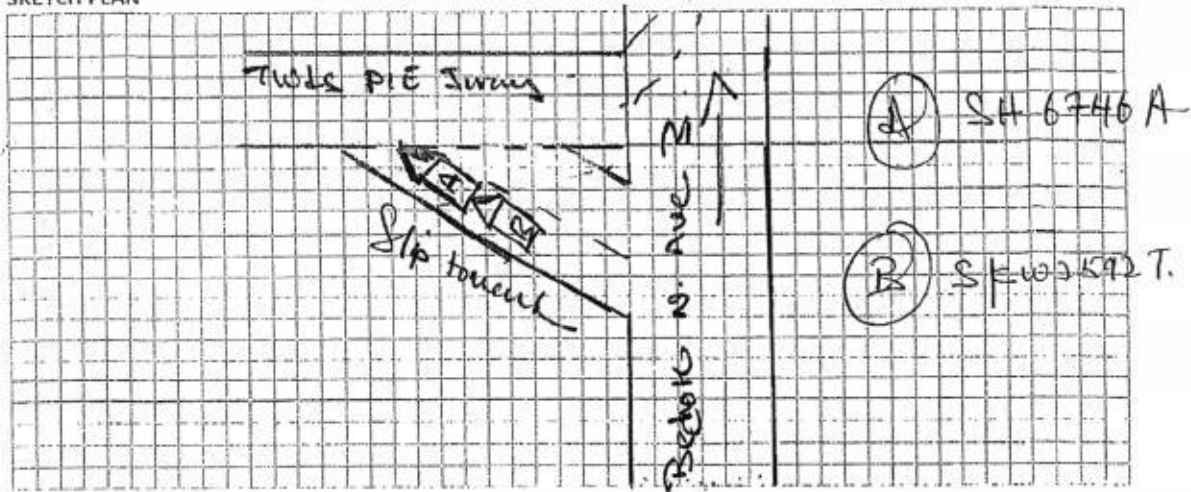
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 31 April 2013 @ 1000hrs I veh A
 Was driving along Bedok N. Ave & Twins
 R. Receiving. Veh A turning to Slip Rd
 towards PIE Survey. I veh A stop at
 the give way sign. Suddenly veh B from
 Rear hit veh A Rear. at the point of
 accident I veh A carry a male passenger
 He was OK.

DECLARATION

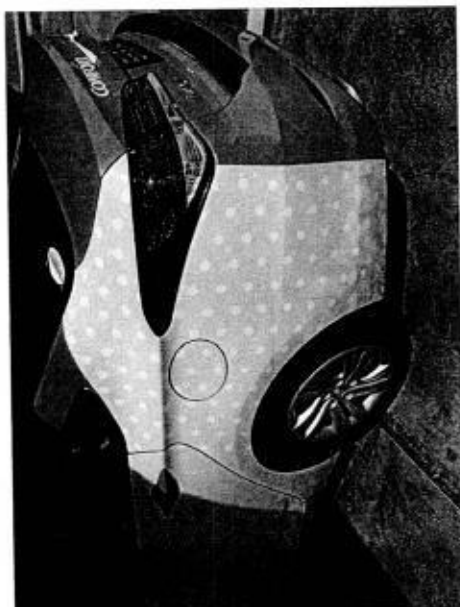
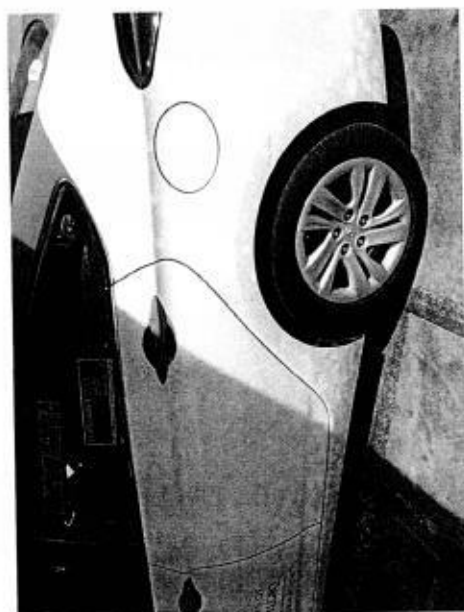
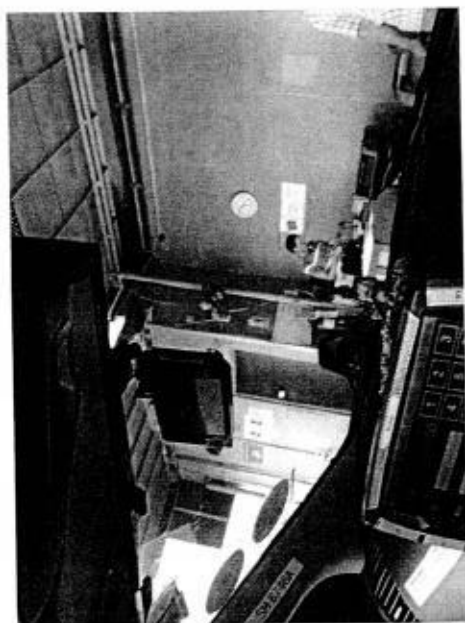
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
 Date & Time:

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

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





member of COMFORTDELGRO

Date/Time: 23.04.2018 09:54 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305144657

| | | | |
|-----------------------------------|--|-----------------------------------|----------------------------------|
| TOMER | | REGN NO: SH 6746A | MILEAGE |
| VS COMFORT TRANSPORTATION PTE LTD | | MAKE: HYUNDAI | FUEL E.....1/2.....F |
| TOMER NO 7010045 | | MODEL I-40 | DATE/TIME IN 21.04.2018 10:40 |
| RESS 383 SIN MING DRIVE | | YR OF MANU 20.12.2017 | TARGET DATE |
| Singapore SINGAPORE 575717 | | CHASSIS CODE KMHLB41UMHU099359 | COMPLETION DATE/TIME |
| (R) 65508755 (O) | | | |
| (P) | | | |

OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 21.04.2018
ATURE: 3P 21.04.2018

/NO LABOR CODE DESCRIPTION

HECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.: SH 6746A LKE

Vehicle No.: SH 6746A

Signature/Date Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 6746A

DATE 23/4/2018 10:01

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount | |
|---|--|------|------------|---------------------------------|------|
| | Rear Bumper <i>Ref. panel</i> | | | \$ 603.60 | |
| | Rear Bumper Reinforcement <i>Xsu</i> | | | \$ 504.35 | |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i> | | \$ 180.00 | \$ 360.00 | |
| | Rear Bumper Side Bracket <i>Xsu</i> | | | \$ 49.00 | |
| | Rear Bumper Clips <i>uc</i> | | | \$ 22.00 | |
| | Rear Bumper Sponge <i>Xsu</i> | | | \$ 143.40 | |
| | Rear Bumper Under Cover <i>Xsu</i> | | | \$ 225.00 | |
| | SUB TOTAL | | | \$ 1,907.35 | |
| | LESS 20% | | | \$ 381.47 | |
| | DISCOUNTED TOTAL | | | \$ 1,525.88 | |
| | | | | | |
| | Rear Bumper Reverse Sensor <i>X su</i> | | | \$ 135.70 | Nett |
| | Rear Bumper Advertisement Logo <i>X an</i> | | | \$ 50.00 | Nett |
| | Rear Fender Advertisement Logo (LH/RH) <i>uc</i> | | \$ 100.00 | \$ 200.00 | Nett |
| | Rear Bumper Rubber Mat <i>uc</i> | | \$ 50 | | |
| | | | | \$ 385.70 | |
| | | | | | |
| | Labour Charge | | | | |
| | Panel Beating | | | \$ 250.00 <i>200</i> | |
| | Spray Painting Charge | | | \$ 250.00 <i>200</i> | |
| | Wiring Charge | | | \$ 50.00 <i>X an</i> | |
| | R/Refix Reverse Sensor | | | \$ 120.00 <i>20</i> | |
| | TOTAL LABOUR | | | \$ 670.00 | |
| | | | | | |
| | ESTIMATE TOTAL | | | \$ 2,581.58 | |
| | | | | 2631.58 | |
| <div> <div> <i>Kalvin (C/C)</i> <i>23/4/18 1145L</i> <i>2 Rys</i> <i>P/P</i> <i>Before Part p Ltr</i> </div> <div> <p>LKH Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div> </div> | | | | | |
| <p>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.</p> | | | | | |

LKH/kalvin . pby P
NTUC

VEHICLE NO. : SH6746A
MODEL : I-40
JOB NO : 305144657

TYPE OF CLAIM : TP-SKW2592T
SURVEY BY : CKK/kalvin Ang
DATE : 23/4/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

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

JOB NO : 305144657
REGN NO : SH 6746A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 21.04.2018 10:40
ACCIDENT DATE : 21.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 L 603.60 20.00 482.88

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00

SUB-TOTAL : 550.48

JOB NATURE

0000 20-05 RENEW ADVERTISMENT STICKER- 200.00

0001 L PANEL BEATING 200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0003 20-22 REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 620.00

TOTAL : 1,170.48

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305144657

Date : 24/04/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SH6746A CTPL

21.04.18

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

1. The repair job shall bill to: NTUC --- SKW2592T
2. The finalized amount shall be:

| | |
|---|-------------------|
| (a) Spare Parts after List discount | \$550.48 |
| (b) Labour Charges | \$620.00 |
| Total for Part-By-Part Repair Cost | \$1,170.48 |
| | |
| (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 : 

Signature : 

Name : LIM KWOK ENG

Name : Kalvin

Tel : 62148316

Date : 25/4/18

Fax : 65468156

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



Thatcham escribe

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007462/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-05-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKW 2592T | Veh. Inspected | SH 6746A |
| Policy No. | 5084650425-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/0991278-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 23/04/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | KMHLB41UMHU099359 | Colour | BLUE |
| Odometer | 57768 | 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 | 21/04/2018 | Inspection Date | 23/04/2018 |
| 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 |
|-------------------------------------|----------------|



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. SH 6746A

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 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 | SERVICEABLE | 225.00 | - |
| | LESS 20% DISCOUNT | | -381.47 | -125.12 |
| | | | 1,525.88 | 500.48 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SERVICEABLE | 135.70 | - |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NOT NECESSARY | 50.00 | - |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) | NECESSARY | 200.00 | 200.00 |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 435.70 | 250.00 |
| <u>LABOUR</u> | | | | |
| | 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 | | | 2,631.58 | 1,170.48 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 1,170.48 |

Report Ref No. NS/INC18007462/K1qbn2

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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