(08/11/	32	-	Ş.,		
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# REF: NS/MC18007467/Klobn2

ASSIC	GNMENT	2/
From: Date:	Veh No: SHC 2164L	Yr Regn: May 212
Estimat (NCos	Type: M.Car / M.Cycle / Bus / Van / Lorry	
OD ITP INSTPRES   OD RES   EVA   INV   MV	Truck / Frailer or	
To Insp @d Yelids No:	Make: Hyunds Som	4 00 /99
at Workshop nis		A/C: Insu <b>G</b> d / Std / NI / NA
of	Sp.Reading 734927	T/Radio: Ins <b>G</b> ed / Std / NI / NA
Insured: SJR 68K	Eng/No:	
Policy N 0 5081824932-01 26.10.17 - 23.10.18	C/No: KMHET41	UM(A 825502
Claims No. MT 1991375-002	Gen. Cond: Good / Fair / Poor / Burnt	
Sum in s Uted: Excess:	Steering: Inorder / Jammed / Leaked / Bu	urnt or
(Client*sRecord)	Brake: Inorden Jammed / Leaked / Bu	irnt or
Make of Veh:	Modi: Nil / S/Rim / STD ARim or	
* .	Tyre Size; F: 2 (5	160016
(Policy Condition)	R:	•
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / M	C / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or	10xx13
Bal. or Market Value:	Front 0	Rear
IDACAccident Rport: Consistent?: Yes or No	R/Bal. 7 mm	R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal. + mm	L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 21/4/18	D.O.I. 23/4/8
LumSum: % 3 Val.: Yes or No	Survey held at CD	FE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/\$ / N	I/S / U/C / Rooftop or
Vehicle: IN/OUT	0/5/	ENd.
Date:Person Contacted:	The U/C / Chassis frame / Body S	tructure affected due to collision.
Date / Time Action / Instruction	0/0.11/19/17	Dar C
SHC2164L - 85/11/17/1693/1/1/20	N 14 N 10 F	ch.
25/4/e Cham y 45 f"50/ 2 lys.	001-000-10	92.
Red \$786.56, 411	4	
RECEIVED 2 8 Acres 2010		
Dateline, File Pass to? : Prell. Report	Days Of Repair: 2	
	Resurvey No. of Trip:	Survey Fee: 160
Datefina, File Return to?		Transportation: 35
2) Add Fee	: Site Insp (\$	)S+RS,SI
MS 32/47 Security	: Interview (\$	) Photos
Esperatura Te	Tech missi <sup>3</sup>	Officers
LIS: 1150	**************************************	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

NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800746	67/K1rb		
		D UNION HOUSESINGAPORE	Date:	23-04-2018 INC4			
		Policy Particulars	:- THIRI	D PARTY CLAIM			
	Insured Veh.	SJE 68K	Veh. Ir	nspected	SHC 2164L		
	Policy No.	5081824932-01	Cover	age (\$)	0.00		
	Claim No.		Exces	s (\$)	0.00		
	Assign From		Assign	n Date	23/04/2018		
		Vehicle Parti	culars 8	Condition			
	Make & Model		c.c		0		
	Engine No.	HIDDEN	Year o	of Reg.			
	Chassis No. Colour						
	Odometer		Steering				
	Brakes		Modification				
77.7	General						
in the	N. F. B. B. L. C.	Condit	ions 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		
		Descripti	on of Da	amages	AL THE PROPERTY OF		
		Genera	I Inform	nation			
	Accident Date	21/04/2018	Inspe	ction Date	23/04/2018		
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD			
		59 LOYANG DRIVE SINGAPORE 508969					
ā.	Linneral .		temarks				
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT F	REJUDICE" BASIS	S. D REPAIRS.		

Hello, NAC_PAYA_UBI_800	601						Change La	nguage	· Change Password	Log Ou
My Desktop	Poli	cy Query						, i i i i i i i i i i i i i i i i i i i		3
Notice of Loss	Policy N	lo.				Date of Acci	dent	21/04	/2018 17:41	
	Vehicle	No.(For Motor)	SJE68K							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5081824932-01	NAH YUN AO, DENNIS (LAN YUNAO)	58602066A	GPC	drivo CLASSIC	SJE68K	SJE68K	26/10/2017	23/10/2018

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 <u>truthful and accurate</u> 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.
- 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.
- 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	23/04/2018 08:26
Date Of Accident	21/04/2018 14:25
Exact Location Of Accident	GRANGE RD TWDS ORCHARD BLVD B4 GRANGE RD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC2164L

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-2.0 (A)

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?

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 LIM ANN KHENG

 NRIC No
 \$1851979H

 Date Of Birth
 29/07/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/08/1987

30 YEARS AND 8 MONTHS

Driving Experience Gender

MALE

Mobile Number

Fax Number

Contact Number

**EMail Address** 

LIMANNKHENG@YAHOO.COM.SG

Address

BLK 516 HOUGANG AVENUE 10

#07-199

Postcode

530516

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

2

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 2

NAME:

Number of Passengers (Including Driver)

Passenger 1

: -

GENDER:

: FEMALE

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

REFER 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

SJE68K

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NAH YUN AO, DENNIS

NRIC/Passport Number

S8602066A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LH REAR

### No. Of Passenger (Including Driver)

alberta di

# Name LIM ANN KHENG Approximate Age Injuries Sustain NECK AND SHOULDER Injured person in which vehicle? SHC2164L Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

### Sketch Plan Pg. 1

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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)

Lunderstand, 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)
  - (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

NRIC/FIN No .:

### Sketch Plan Pg. 2

DECLARATION  Note declare the foregoing particulars are true in every respect.  CO. REG. NO. 1990/308217R  MARIANSPORTATION PTE LTD  CO. REG. NO. 1990/308217R  MARIANSPORTATION PTE LTD  CO. REG. NO. 1990/308217R			01	III LEH DEGNE
DECLARATION    Declaration   D			8)	FI FILL BY
DECLARATION    Declaration   D		SE PROFILE DATE OF THE PROFILE OF TH		Orcho
DECLARATION    Declaration   D				1111111WK
DECLARATION    Declaration   D				
DECLARATION    Declaration   D		1411111	HH	+++19+4++1
DECLARATION    Declaration   D	A-1941/21/4	<del>1</del>	MIIII	
DECLARATION  We declare the foregoing particulars are true in every respect.  The property of the accident of				
DECLARATION  We declare the foregoing particulars are true in every respect.  TRANSPORTATION PTE LTD  A Dev Aftached  Declaration  Transport Trans	BC371 68K		JAII T	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT  AS PER AFFACASA  DECLARATION  We declare the foregoing particulars are true in every respect.  DECLARATION PTE LTD  ADMINISTRANSPORTATION PTE LTD		1 Change 1	11 11 11	
DECLARATION  We declare the foregoing particulars are true in every respect.  DECLARATION PTE LTD  DECLARATION PTE LTD  DECLARATION PTE LTD				NIAJ MILLI
DECLARATION  We declare the foregoing particulars are true in every respect.		THROTTAN		
DECLARATION  We declare the foregoing particulars are true in every respect.			111111111111111111111111111111111111111	
DECLARATION  We declare the foregoing particulars are true in every respect.  POWE ORT TRANSPORTATION PTE LTD  A 1011 M	ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
DECLARATION  We declare the foregoing particulars are true in every respect.  POWE ORT TRANSPORTATION PTE LTD  A 1011 M				
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I/We declare the foregoing particulars are true in every respect.				
COMEORT TRANSPORTATION PTE LTD				Λ
COMFORT TRANSPORTATION FIELD /	DECLARATION			<u> </u>
	DECLARATION  I/We declare the foregoing particul	ars are true in every respect.		

Date & Time

### Sketch Plan Pg. 3

scribe Circumstances of the Accident.
21 Apr 2018 at about 14:25 hrs hrs my taxi on second lane from left along Grange Roa
wards Orchard Blvd before Grange road junction.
ddenly a car SJE68K come out from my right hand side cut into my lane. Upon seeing
s, I immediately brake to reduce my taxi speed and honked at the car repeatedly but
alert the driver but to no avail.
a result, the car left rear portion grazed onto right front portion of my taxi.
e car continue to drive off after the collision, I honked at the car and eventually the ca
me to stop after the junction.
female passenger in my taxi. I felt pain on neck and shoulder after the accident, will
nsult doctor later on.
eclaration
We declare the foregoing particulars are true in every respect.
MFORT TRANSPORTATION PTE LTD ,

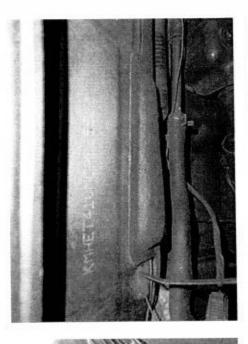
Oriver's Signature(If driver is not the policyholder)/Date

& Time

Policyholder's Signature/Date &

Time

Centre Personne

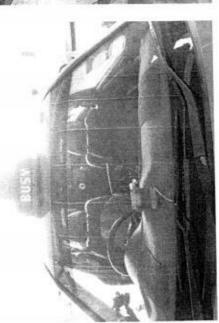












# COMFORTDELGRO ENGINEERING

A member of ComfortDeLGRO

### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapow 579701

Marries + 65 8383 6260 Factimes + 65 5265

59 Layang Dave Singapore 508

24 Seroko Loop Sergipore 758158 1 Sungui Kadul War, Singapore 728791

Date/Time: 23.04.2018 09:56

Page : 1

JOB CARD Sales Order: JC NO305144671 ARC Repair TP(CLSO)1 eam: REGN NO. SHC2164L MILEAGE STOMER COMFORT TRANSPORTATION PTE LTD MAKE HYUNDAI FUEL 'MS 7010045 E.....F STOMER NO. 383 SIN MING DRIVE MODEL 04.2018 09:10 )RESS Singapore SINGAPORE 575717 65508755 YR OF MANU. 31.05.2012 TARGET DATE . (R) (P) CHASSIS CODE KMHET41VMCA825502 COMPLETION DATE/TIME: COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.04.2018

MIUND.

3/NO

LABOR CODE

DESCRIPTION

ECKED & PASSED OUT BY:		-	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
owledgement Slip		Exit Pass	
s.: e No.: SHC2164L LKE		Vehicle No.: SHC2164L	
of Service Advisor	Signature/Date	Name of Service Advisor  To be kept by Security Guard	Date

### COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHC 2164L

MAKE :

DATE 23/4/2018 10:10

Lee NTUC

MODEL	: HYUNDAI SONATA	0			-10
Qty	Parts Description/ Labour	Type	Unit Price	Amount	- □
	Front Fender (RH)			\$ 593.00	
	Front Fender Shield (RH)			\$ 86.00	
	Front Fender Retainer 1 6004			\$ 9.20	-1
	Front Wheel Hub Cap (RH)			\$ 145.00	
	SUB TOTAL			\$ 833.20	
	LESS 20%			\$ 166.64	
	DISCOUNTED TOTAL			\$ 666.56	
	Front Fender Advertisement Logo (RH)			\$ 100.00	Nett
				\$ 100.00	
	Labour Charge			300	4
	Panel Beating-Repair Bumper			\$ 500.00	- 0 -
	Spray Painting Charge			\$ 500.00	Sept. 1997
	Tuff Kote			\$ 50.00	3-
	FRT Wheel Alignment			\$ 120.00	' حر
	TOTAL LABOUR			\$ 1,170.00	
	ESTIMATE TOTAL			\$ 1,936.50	5
	K. b-1 ((ch) 1 23/4/3 112.6 2 Rys	•			
	2 Rays	L In	K Auto Constitution esti- Repairer of the total wife tresurvey beatle start surviv	THE UNITY	
	Affer Ryn pl		to display damages partisted to display damages subject to control parts prices are subject to control parts prices are a first to control parts prices are a first to control parts are a subject to their section in the	nation that Prejudice" basis or well	is
			Acknowled and the source Signature		4

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

ur J						ComfortD	elGro Engineering Pte LI
Date		:	24/04/	18		59 Loyan Fax: 654	g Drive Singapore 5089
INA	LIZATI	ON FOR	RM				
То	2		LKK			Fax:	
Attn	: M	r	KALVIN	N ANG			
Vehic	de Reg	No.	SHC2164L	CTPL		2	21.04.18
The	survev :	and estir	mates of the repair	s of the above-men	tioned vehicle a	re as follows:-	
					NTUC		SJE68K
10	The r	epair job	shall bill to:	-	NIUC		SJEOOK
2,	The f	inalized	amount shall be:				
	(a)	Spare	Parts after List dis	count			
	(b)	Labour	r Charges				
		Total f	for Part-By-Part F	Repair Cost			
	163	Lumes	sum Repair (if appli	icable)			
	(c.)	Total fo	or Lumpsum repair	cost after Less:	20%		\$1,150.00
			Lumpsum Repair				\$1,150.00
1.	We s	shall trea			nd Confirmed if	e confirm the est	ly from you within
4.	We s	shall trea	at the above amo		nd Confirmed in	f there is no rep e confirm the est alized amount	
4.	We s 7 wo Than	shall trea rking da nk you fo ature :	at the above amo ays or your assistance.		nd Confirmed it W fir	f there is no rep e confirm the est alized amount gnature :	imates and
4.	We s 7 wo Than	shall trea rking da nk you fo ature :	at the above amo		nd Confirmed it W fir	f there is no rep e confirm the est alized amount	Calux
4.	We s 7 wo	shall treaterking data	at the above amo ays or your assistance.		od Confirmed in William Si	f there is no rep e confirm the est alized amount gnature :	imates and
4.	We s 7 wo Than Sign. Nam	shall trearking dank you fo	at the above amo ays or your assistance.		od Confirmed in William Si	f there is no represented amount  gnature:	Calux
4.	We s 7 wo Than Sign. Nam Tel Fax	shall trearking dank you fo	at the above amo ays or your assistance. LIM KWOK ENG 62148316 65468156		od Confirmed in William Si	f there is no represented amount  gnature:	Calux
4.	We s 7 wo Than Sign. Nam Tel Fax	shall tree rking da nk you fo ature : ne :	at the above amo ays or your assistance. LIM KWOK ENG 62148316 65468156		od Confirmed in William Si	f there is no represented amount  gnature:	Calux
4. 5.	We s 7 wo Than Sign: Nam Tel Fax Officia	shall tree rking dank you for ature:	at the above amo ays or your assistance. LIM KWOK ENG 62148316 65468156	ount as Correct an	od Confirmed in  W fin  Si  No  Document Attached	e confirm the est halized amount  gnature : hate :  Confirm By	CALUN 25/4/-8
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5. For 1. For 2. L 3. \$ 4. L	We s 7 wo Than Sign. Nam Tel Fax Officia Rental F Loss of Survey	shall trearking dank you for ature:  ature:  ature:  ature:  I Use Or  Item  Rate P/D  Income  Fees  arch Fees	at the above amo	ount as Correct an	Document Attached Yes or No	e confirm the est halized amount  gnature : hate :  Confirm By	CALUN 25/4/-8
4. 5. 1. For 2. L 3. \$ 4. L 5. 1. 5. 1.	We s 7 wo Than Sign. Nam Tel Fax Officia Rental F Loss of Survey LTA Se Medical	shall trearking dank you for ature:  ature:  ature:  ature:  I Use Or  Item  Rate P/D  Income  Fees  arch Fees	at the above amo	ount as Correct an	Document Attached Yes or No	e confirm the est halized amount  gnature : hate :  Confirm By	CALUN 25/4/-8



### **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



NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800746	37/K1rbn2
73 B #05- 1895		D UNION HOUSESINGAPORE	Date:	03-05-2018 INC4	
1.	the transfer of	Policy Particulars		0000	
	Insured Veh.	SJE 68K	_	nspected	SHC 2164L
	Policy No.	5081824932-01	Cover	age (\$)	0.00
	Claim No. MT/0991375-002 Excess (\$)		0.00		
	Assign From		Assig	n Date	23/04/2018
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model	HYUNDAI SONATA	c.c		1991
	Engine No.	HIDDEN	Year	of Reg.	2012
	Chassis No. KMHET41VMCA825502 Colour		BLUE		
	Odometer	334927	Steering		IN ORDER
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM
	General	GOOD			
3.		Condit	ions of	Tyres	
		Size	Make	U	Balance
	R/H Front Tyre	215/60 R16	MAXXI	S	7 mm
	L/H Front Tyre	215/60 R16	MAXXI	S	7 mm
- 13	R/H Rear Tyre	215/60 R16	MAXXI	S	7 mm
	L/H Rear Tyre	215/60 R16	MAXX	S	7 mm
4.		Descripti			
	THE VEHICLE SU	STAINED DAMAGES AT THE O/	S FRON	FPORTION.	
	DAMAGES SEE D	ETAILS.			
5.		Genera	al Inform	nation	
	Accident Date	21/04/2018	Inspe	ction Date	23/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	NA COMPANY	The state of the s	Remarks		
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT F	PREJUDICE" BASIS NOT AUTHORISE	D REPAIRS.
5b.		Estimate	Dave	f Repair	



### **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





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<b>ADJUSTMENT</b>	ON REPAIR	COST FOR	VEHICLE NO.	SHC 2164L
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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER (RH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	
1	FRONT WHEEL HUB CAP (RH)	GRAZED	145.00	145.00
L	LESS 20% DISCOUNT		-166.64	-147.60
	Section and the section of the secti		666.56	590.40
	SPECIAL NETT ITEMS			
1 F	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
	ON 96997 (5)		100.00	100.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		620.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	430.00
			1,170.00	730.00
	GRAND TOTAL		1,936.56	1,420.40
la se	RECOMMENDED COST OF LUMP SUM REPAIRS			1,150.00

RECOMMENDED COST OF LUMP SUM REPAIRS	1,150.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. NS/INC18007467/K1rbn2

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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