



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/INC18007662/K1vb			
73 BRAS BASAH ROAD		Date: 26-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJN 8596C	Veh. Inspected	SHA 3309R
Policy No.	5094768470	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/04/2018
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	25/04/2018	Inspection Date	25/04/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

Date : 02/05/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0991982-002	CTPL	SHD 3491E	XD6616D	26/04/2018	8:25	\$ 4,486.64	\$ 1,440.24
2	MT/0991289-002	CTPL	SHD 3301X	SJJ 3280S	20/04/2018	18:06	\$ 5,353.90	\$ 4,808.05
3	MT/0992192-002	CTPL	SHA 4645M	SLC 3102L	26/04/2018	18:15	\$ 2,311.58	\$ 1,015.20
4	MT/0991977-003	CTPL	SHA 3309R	SJN 8596C	25/04/2018	9:30	\$ 9,850.38	\$ 5,100.00
5	MT/0989359-002	SMRT TAXIS PTE LTD	SHB 757U	SLE 8939X	05/04/2018	17:40	\$ 7,706.32	\$ 3,950.00
6	MT/0992601-001	SMRT TAXIS PTE LTD	SHB 5717C	SJF 1261G	18/04/2018	6:30	\$ 3,335.11	\$ 1,125.39
7	MT/0990691-002	SMRT TAXIS PTE LTD	SHB 912M	SJK 3549M	14/04/2018	3:50	\$ 1,641.92	\$ 638.92

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5094768470	L AND M AND TRADING AND TRANSPORT	533100548	GPC	drive CLASSIC	SJN8596C	SJN8596C	04/10/2017	03/10/2018

Continue

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 willful 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	25/04/2018 13:47
Date Of Accident	25/04/2018 09:30
Exact Location Of Accident	ALONG ECP TWDS AIRPORT BEFORE SIGLAP EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3309R
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	WONG CHIN ANN
NRIC No	S1185790F
Date Of Birth	11/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	WONGANTHONY1110@YAHOO.COM.SG

Address BLK 59C GEYLANG BAHRU
 #06-3321
 Postcode 332059
 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 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 5

Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE
 Passenger 3 NAME: : -
 GENDER: : FEMALE
 Passenger 4 NAME: : -
 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 SJN8596C
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WONG LONG MIN
NRIC/Passport Number	S1123295G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN(PAX)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	SHA3309R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

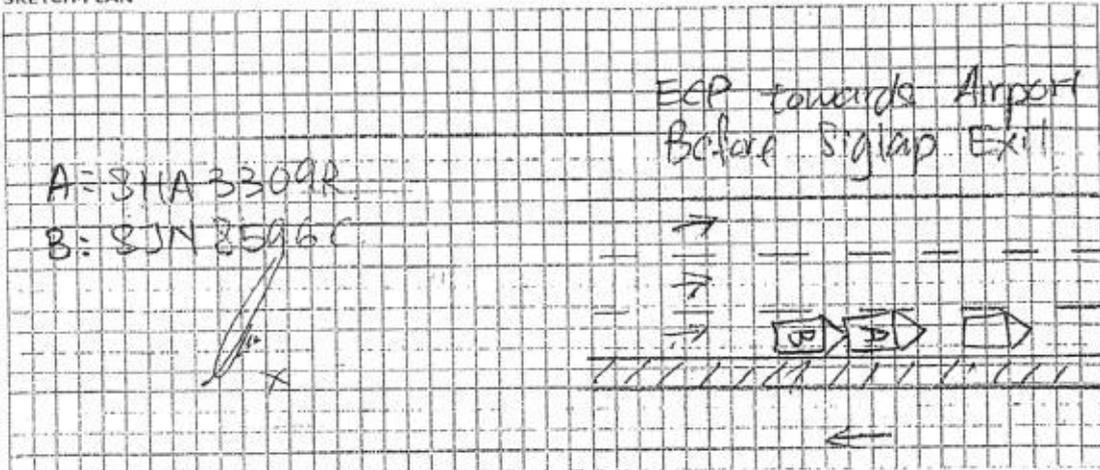


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

25/9/18

Sketch Plan Pg. 2

SKETCH-PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 25/4/18 at about 09:30 hrs, I was driving on first lane along ECP towards Airport before Siglap Exit.

Shortly after the transcab taxi in front of my taxi brake to stopped and I doing so upon seeing this. Fortunately I able to stop in-time to avoid collision. A split second later, I felt an impact from behind. A car SJN 8596C collided onto the rear portion of my stationary taxi.

female. 04 passenger on board my taxi one of my passenger conveyed to hospital by ambulance.

DECLARATION

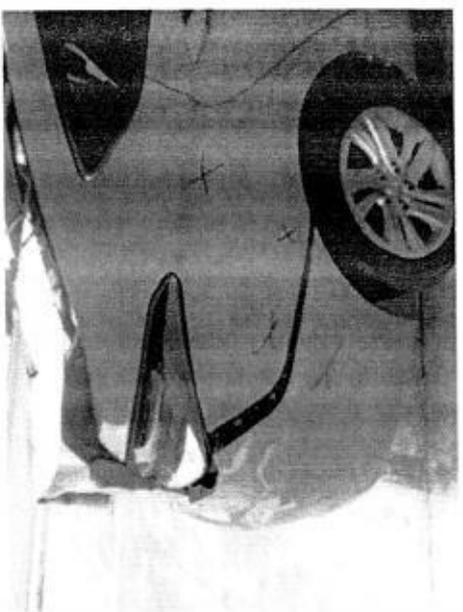
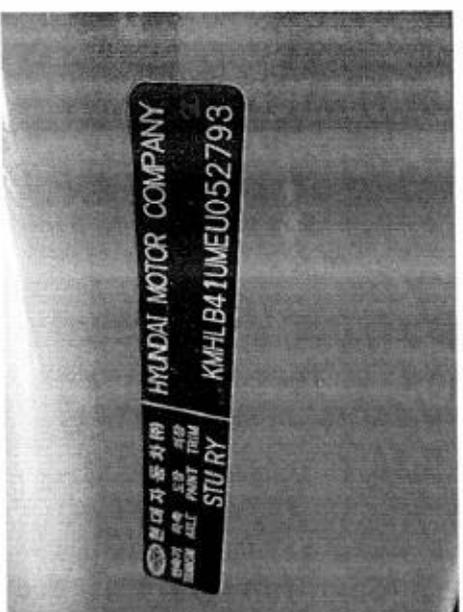
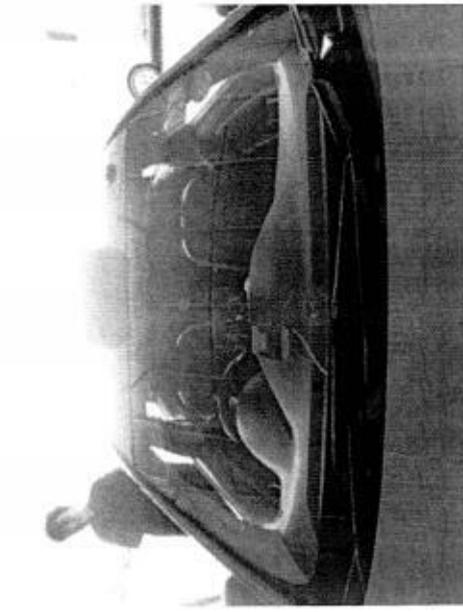
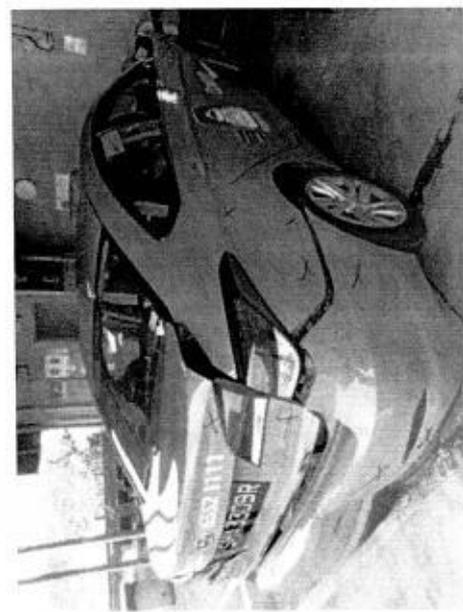
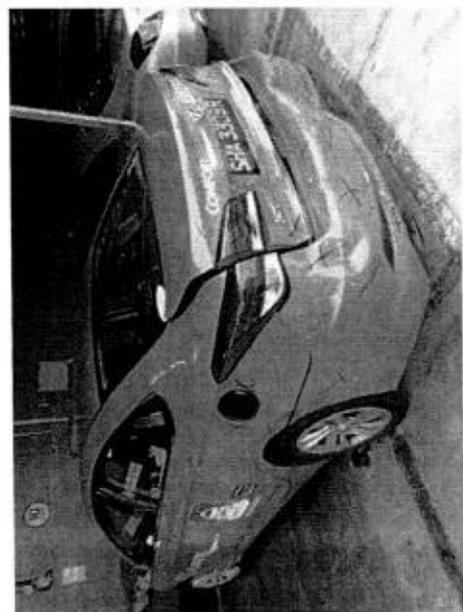
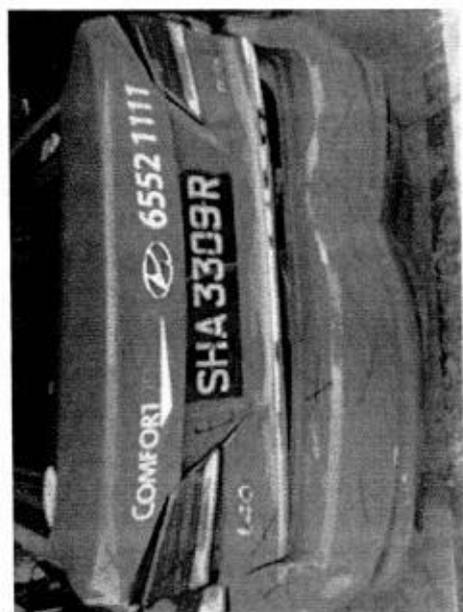
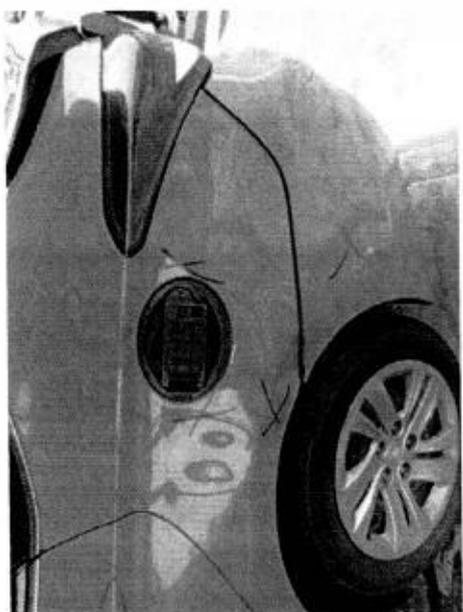
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: 27/4/18



Item: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3820174

JC NO305145792

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) JUNT CARD NO.	REGN NO: SHA3309R	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN 25.04.2018 09:30
	YR OF MANU: 27.03.2014	TARGET DATE
	CHASSIS CODE: KMHLB41UMEU052793	COMPLETION DATE/TIME

JOB DESCRIPTION

Incident Date: 25.04.2018
 NATURE: 3P 25.04.18/C

NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE

WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass

Exit Pass

No.: SHA3309R FZ NTUC

Vehicle No.: SHA3309R

Signature/Date

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 : SHA 3309R

DATE 25/4/2018 15:03

Handwritten: NINE LK FZ

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid / <i>And</i>			\$ 1,681.40
	Boot Lid Rubber X <i>su</i>			\$ 115.80
	Boot Lid Lock Upper / <i>Janual</i>			\$ 137.90
	Boot Lid Lock Lower X <i>repair</i>			\$ 31.70
	Boot Lid 'H' Emblem / <i>me</i>			\$ 27.20
	Boot Lid CRDI Plate / <i>me</i>			\$ 41.00
	Boot Lid Lamp (LH/RH) X <i>su</i>		\$ 556.80	\$ 1,113.60
	Bootlid Moulding / <i>me</i>			\$ 85.00
	Bootlid i40 Emblem / <i>me</i>			\$ 41.00
	Bootlid Lower Garnish / <i>me</i>			\$ 398.00
	Rear Bumper / <i>Rebrand</i>			\$ 603.60
	Rear Bumper Reinforcement / <i>me</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) / <i>De-1</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket X <i>su</i>		\$ 49.00	\$ 98.00
	Rear Bumper Clips / <i>me</i>			\$ 22.00
	Rear Bumper Sponge / <i>me</i>			\$ 143.40
	Rear Bumper Under Cover / <i>me</i>			\$ 225.00
	Tail Lamp (LH/RH) LH <i>me</i> RH <i>su</i>		\$ 565.60	\$ 1,131.20
	Rear Panel / <i>me</i>			\$ 592.30
	Rear Panel Garnish / <i>me</i>			\$ 57.70
	Rear Panel Lower Panel / <i>me</i>			\$ 495.50
	Spare Tyre Holder X <i>su</i>			\$ 28.80
	Spare Tyre Panel X <i>me</i>			\$ 900.50
	Spare Tyre Panel Cushion X <i>su</i>			\$ 209.05
	Rear Towing Hook X <i>su</i>			\$ 94.60
	Fuel Lid Cover X <i>repair</i>			\$ 98.50
SUB TOTAL				\$ 9,237.10
LESS 20%				\$ 1,847.42
DISCOUNTED TOTAL				\$ 7,389.68
	Boot Lid Comfort Logo & Tel No. Sticker / <i>me</i>			\$ 30.00 Nett
	Rear No. Plate / <i>me</i>			\$ 25.00 Nett
	Rear Bumper Reverse Sensor X <i>me</i>			\$ 135.70 Nett
				\$ 190.70
Labour Charge				
	Panel Beating			\$ 1,000.00 700
	Spray Painting Charge			\$ 1,000.00 800
	Wiring Charge			\$ 50.00 20
	Tuff Kote			\$ 50.00 20
	Remove/Refix Reverse Sensor			\$ 120.00 X me
	<i>Toway</i>			\$ 50.00 X me
TOTAL LABOUR				\$ 2,220.00
ESTIMATE TOTAL				\$ 9,800.38

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 legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature: *Kahin ILLIY*
 Date: *25/4/18 15:30hrs*
48 Days
45 After Repair p Loto

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.

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>25-4-18</u> Time Received: <u>1001</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>MR Wang</u> Contact No.: <u>83861476</u> Vehicle No.: <u>SHA 3309R</u> Make / Model / Colour: <u>I-40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	

7. Location: <u>1, Siglap Rd.</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 # : Cracked X : Dented / : Scratched O : Missing _____ Signature of Customer	
---	--	--	--	---	--

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> STD <input type="checkbox"/> TZ <input type="checkbox"/> IRS <input type="checkbox"/> OTHERS		 # : Cracked X : Dented / : Scratched O : Missing _____ Signature of Customer	
Name of Driver: <u>Kent</u>			
Vehicle No.: <u>G08 3862A</u>			
Time Dispatch: <u>1001</u>			
Time of Arrival: <u>1621</u>			
Time Completed: <u>1850</u>			

13. Cash Invoice Details (if applicable) 13. Cash Invoice No.: _____	
---	--

Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
Date: <u>25-4-18</u>	Time: <u>1831</u>	Signature of Customer: _____

14. WORKSHOP		
Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305145792

Date : 28.04.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA3309R

Date of Accident : 25.04.2018

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

1. The repair job shall bill to: NTUC --- SJN8596C
2. The finalized amount shall be:

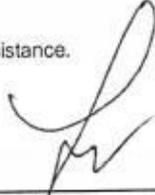
(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$5100.00</u>
Final Lumpsum Repair cost	<u> </u>

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 : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 2/5/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007662/K1vbn2			
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.	SJN 8596C	Veh. Inspected	SHA 3309R
Policy No.	5094768470	Coverage (\$)	0.00
Claim No.	MT/0991977-003	Excess (\$)	0.00
Assign From		Assign Date	25/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052793	Colour	BLUE
Odometer	707070	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/04/2018	Inspection Date	25/04/2018
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

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3309R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,681.40	1,681.40
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	JAMMED	137.90	137.90
1	BOOT LID LOCK LOWER	TO REPAIR	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
2	BOOT LID LAMP (LH/RH) @\$556.80	SERVICEABLE	1,113.60	-
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	CRACKED	398.00	398.00
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	CRACKED	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	BENT	360.00	360.00
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CRACKED	225.00	225.00
2	TAIL LAMP (LH/RH) @\$565.60	N/S GRAZED / O/S SERVICEABLE	1,131.20	565.60
1	REAR PANEL	DENTED	592.30	592.30
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	DENTED	495.50	495.50
1	SPARE TYRE HOLDER	SERVICEABLE	28.80	-
1	SPARE TYRE PANEL	TO REPAIR	900.50	-
1	SPARE TYRE PANEL CUSHION	SERVICEABLE	209.05	-
1	REAR TOWING HOOK	SERVICEABLE	94.60	-
1	FUEL LID COVER	TO REPAIR	98.50	-
	LESS 20% DISCOUNT		-1,847.42	-1,196.19
			7,389.68	4,784.76

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National Assessment Centre Services

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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPECIAL NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO PLATE (SN)	GRAZED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			190.70	55.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,170.00	720.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,050.00	820.00
	TOWING.		50.00	-
			2,270.00	1,540.00
GRAND TOTAL			9,850.38	6,379.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,100.00

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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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