

Survey by: Kevin

REF: NS/ZNC18007934/KIVbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / RES / OD RES / EVA / INV / MV
 To Insp Vehicle No: _____
 at Work Shop No: _____
 of _____
 Insured: FX 5386E
 Policy No: 50-71448086-02 130118-120119
 Claims No: MT10992272-002
 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 Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD 3438K Yr Regn: 13 Aug 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 C.C. 1685
 Colour: Blue A/C: Ins Std / NI / NA
 Sp. Reading: 154592 T/Radio: Ins Std / NI / NA
 Eng/No: _____
 C/No: 1CMHL0X14M640 9735
 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: 25/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harada
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 28/4/8 D.O.I. 30/4/8
 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear o/s
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 3438K - CCS/AYA13005032/MIC/PR2 FX 5386E - X CA: (512)13 Inc PIP
3/5/18	Labour PIP \$1524.84 / 2/17. (Reel 1523.30, 50/9)
	RECEIVED 03 MAY 2018

Date/Time, File Pass? : Prel. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) 3/5 - typist
 TP
 PIP \$1524.84

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Ins. (\$))
 Survey Fee: 160
 Transportation: 35
 S + RS, SI
 Photos
 Others: 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007934/K1vb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 30-04-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FX 5886E	Veh. Inspected	SHD 3438K
Policy No.	5077448086-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/04/2018
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	28/04/2018	Inspection Date	30/04/2018
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.			

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 3 May 2018 2:25 PM
To: Veron Chen (LKKAuto)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi

All claim created.

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Thursday, 3 May, 2018 11:00 AM
To: mtreg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0992272-002	COMFORT TRANSPOTATION PTE LTD	SHD 3438K	FX 5886E
2	MT/0991709-002	COMFORT TRANSPOTATION PTE LTD	SH 8808S	XB 8491T

Time of Accident	Estimate	Tentative repair cost
15:20	\$3,048.14	\$1,524.84
14:45	\$9,484.35	\$1,026.75

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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"/>	5077448086-D2	MUHAMMAD DANIAL GOH JIN WEI BIN MUHAMMAD ATHAR GOH	S9212913F	GMC	Third Party	FX5886E	FX5886E	13/01/2018	12/01/2019

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 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	30/04/2018 08:21
Date Of Accident	28/04/2018 15:20
Exact Location Of Accident	PASIR RIS DRIVE 3 TWDS ELIAS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3438K
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	KUAN CHAO HONG
NRIC No	S1338092I
Date Of Birth	10/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	KUANCH69@GMAIL.COM

Address	BLK 19 CHAI CHEE ROAD #06-334
Postcode	461019
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?	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)	1

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	FX5886E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	GON BENG CHEW
NRIC/Passport Number	S1352791A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
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:

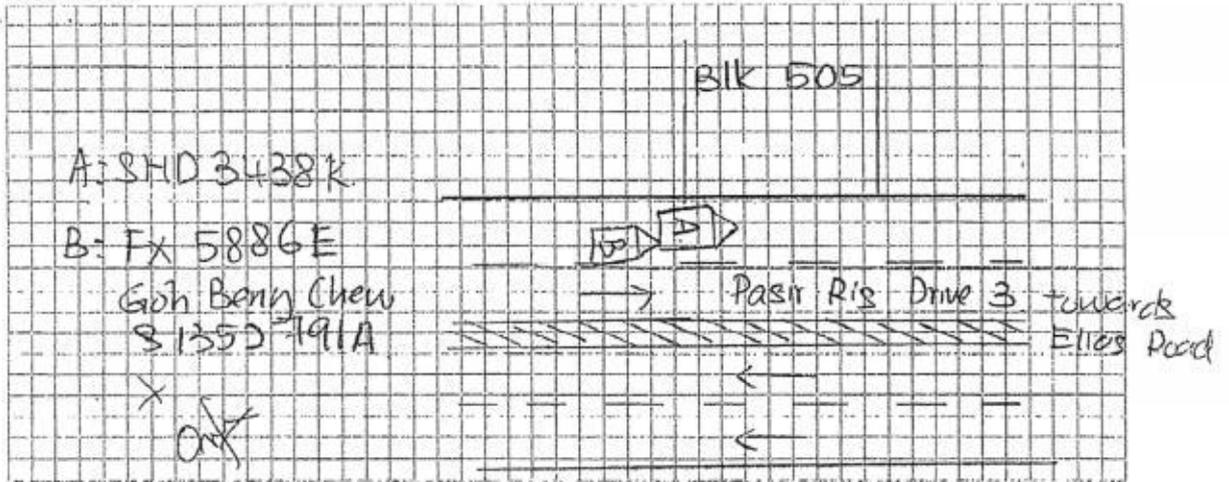
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 29/4/18
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTDX
CC REG. NO. 190203821R

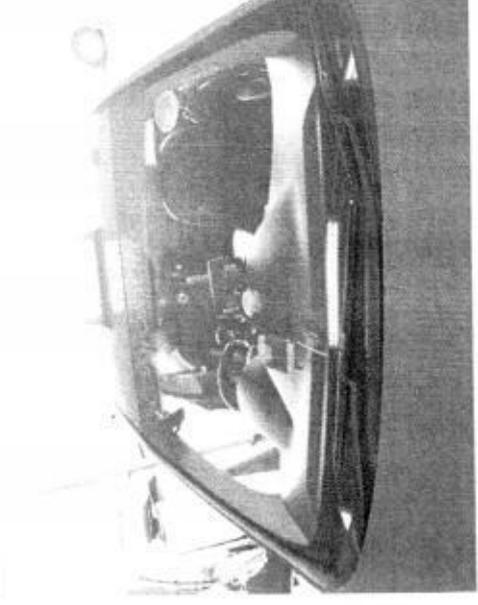
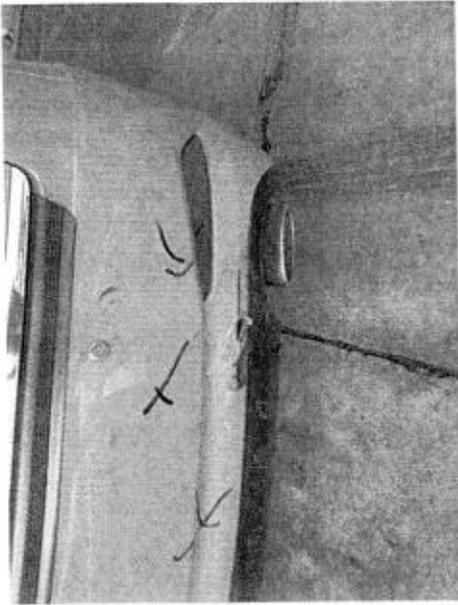
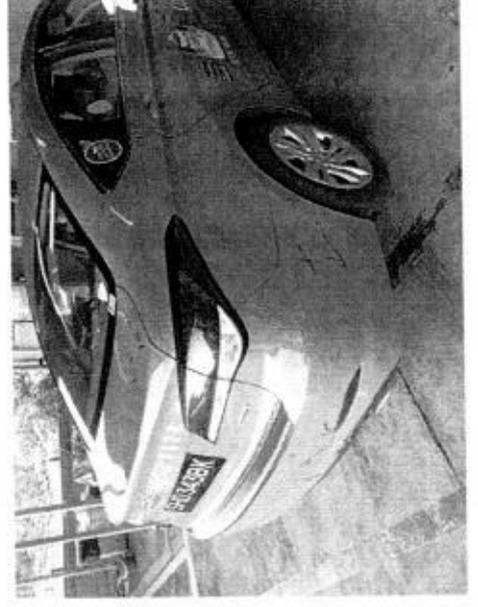
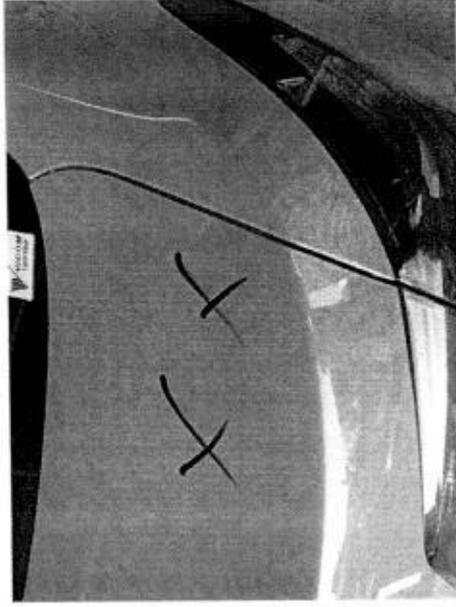
Policyholder's Signature
Date & Time:

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

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

SIABAC SketchPlanForm_v3

29/4/18



member of COMFORTDELGRO

Date/Time: 30.04.2018 09:56 Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO. 305154639

OMER COMFORT TRANSPORTATION PTE LTD 7010045 OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (P) (O)	REGN NO. SHD3438K	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 29.04.2018 08:00
	YR OF MANU 18.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU093315	COMPLETION DATE/TIME:

NTUC

JOB DESCRIPTION

Incident Date: 28.04.2018
 DURE: 3P 28.04.2018

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

RECEIVED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Redemption Slip

No.: SHD3438K LKE

 Signature/Date

turned to Service Reception upon collection

Exit Pass

Vehicle No.: SHD3438K

 Name of Service Advisor

 Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3438K

DATE 30/4/2018 10:31

MAKE :

MODEL : HYUNDAI i40

LKK/kawani
Linka

P5YP
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem - <i>nc</i>			\$ 27.20
	Boot Lid CRDI Plate - <i>nc</i>			\$ 41.00
	Rear Bumper - <i>ora</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	\$ 98.00
	Rear Bumper Clips - <i>nc</i>			\$ 22.00
	Rear Bumper Sponge <i>Xsu</i>			\$ 143.40
	Rear Bumper Under Cover - <i>nc</i>			\$ 225.00
	Boot Lid 'I40' Emblem - <i>nc</i> \$41			
	SUB TOTAL			\$ 2,024.55
	LESS 20%			\$ 404.91
	DISCOUNTED TOTAL			\$ 1,619.64
	Boot Lid Comfort Logo & Tel No. Sticker - <i>nc</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>x su</i>			\$ 135.70
	Rear Bumper Rubber Mat - <i>nc</i>			\$ 50.00
				\$ 215.70
	Labour Charge			
	Panel Beating			\$ 560.00 <i>300</i>
	Spray Painting Charge-Bootlid/Bumper			\$ 400.00 <i>360</i>
	Wiring Charge			\$ 50.00 <i>x 22</i>
	Tuff Kote			\$ 50.00 <i>x 22</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 1,180.00
	ESTIMATE TOTAL			\$ 3,015.34
			3048.14	

27

10%

Nett

Nett

Nett

\$ 215.70

300

360

x 22

x 22

20

\$ 1,180.00

\$ 3,015.34

Koke 10/11/16

30/4/18 15-20h

2 hrs

PIP

Before Paint photo

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 "With All Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to the approval from Insurance Company

Acknowledged by Repairer:
Signature:

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 PTE LTD

Date: 02.05.2018

REPAIR ESTIMATE

Time: 10:13:07

Page: 1

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

JOB NO : 305154639
REGN NO : SHD3438K
MILEAGE : 000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.08.2016
DATE/TIME IN : 29.04.2018 08:00
ACCIDENT DATE : 28.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0787-G	I40VC EMBLEM-I40	1 L	41.00	20.00	32.80
0002	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1 L	41.00	20.00	32.80
0003	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	603.60	20.00	482.88
0004	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	225.00	20.00	180.00
0005	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0006	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0007	04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1 L	27.20	20.00	21.76
0008	28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1 N	20.00	10.00	18.00
0009	28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1 N	10.00	10.00	9.00

SUB-TOTAL : 844.84

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.05.2018

REPAIR ESTIMATE

Time: 10:13:07

Page: 2

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

JOB NO : 305154639
REGN NO : SHD3438K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.08.2016
DATE/TIME IN : 29.04.2018 08:00
ACCIDENT DATE : 28.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 20-22 REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL : 680.00

TOTAL : 1,524.84

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305154639
Date : 02/05/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD3438K CTPL 28.04.18

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

1. The repair job shall bill to: NTUC --- FX5886E
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$844.84
(b) Labour Charges	\$680.00
Total for Part-By-Part Repair Cost	\$1,524.84
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
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 : _____
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156



Signature : _____
Name : Calvin
Date : 3/5/18

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				
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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007934/K1vbn2			
73 BRAS BASAH ROAD		Date: 08-05-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FX 5886E	Veh. Inspected	SHD 3438K
Policy No.	5077448086-02	Coverage (\$)	0.00
Claim No.	MT/0992272-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093315	Colour	BLUE
Odometer	154592	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	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 O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	28/04/2018	Inspection Date	30/04/2018
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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3438K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	REAR BUMPER	CRACKED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	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	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	BOOTLID "I40" EMBLEM	NECESSARY	41.00	41.00
	LESS 20% DISCOUNT		-413.11	-191.96
			1,652.44	767.84
NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT		-	-3.00
			30.00	27.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		730.00	320.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	360.00
			1,180.00	680.00
GRAND TOTAL			3,048.14	1,524.84
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,524.84

Report Ref No. NS/INC18007934/K1vbn2



Page No.:2 of 2

Report Ref No. NS/INC18007934/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

**BEng(Hons), B.Bus, MBA, PEng, PE,
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