arre Mikalvin	REF: N8/7NC 15	8008139/KM2	
unite of the	A	SSIGNMENT	.,
	Date	Veh No: SHC 7	707MyrRegn: 16 Fb 2012
From: Estimatelias	Date:		Van / Lorry / Tab / Prime Mover /
OD IT INSTERES / OF	D DEC LEVA LINVLWV	Truck / Trailer or	
	D RESTEVATION THE		6 South 00 /94
To Insp Silvelide No:		Colour Yel	6- A/C: Instfld/Std/NI/NA
at Work to mk		Sp.Reading 35 2A	 7
Insured: SLL 4	TRLU	Eng/No:	•
			HETKING (A821706
Policy N 4 50 86	11 2766-01 230218-22	Gen. Cond: Good / F / Poo	
200	992554-002	Steering: Inorder / Jammed /	
Sum ins Unit	Excess:	Brake: Inordar / Jammed /	
(Client *sRecord)		Modi: Nil / S/Rim / ST6	
Make of Wh;		Tyre Size; F:	215/60116
		No olea, II	· ·
(Policy Condition)	mmenced its N/S (O/S RS / DUN / EXNOVA / GY / F	COLUZA / MIC / OHTQU / PIR / SUMI /
Remark: The web had con	ne of inspection.	TOYO / YOKO or	Wellke
		Front	Rear
Bal. or Market Value:	Consistent?: Yes or No		nm R/Bal. 7 mm
IDACAccident Rport:	Consistent?: Yes or No	1	nm L/Bal. 2 mm
GIA / PR Seen:		D.O.A. 29 /4/1	D.O.I. 2/5/18
All III	da/s Res.: Yes or No	Survey held at	(DGE (Loyang)
Lum Sum:			ar I OIS I NIS I UIC I Rooftop or
CA / REV / REP.	/ 24 HRS Vehicle: IN		Re-
Date: P	erson Contacted:	The U/C / Chassis fran	me / Body Structure affected due to collision.
	/ Instruction		
	7707m - X	,	In
	4056H - NS/IN(17015433	/Klybn2	NA-080817 45
	med 45\$3600/4/	71.	
led:	4319.90,54%	*	
	RECEIVED 0-0	MAY 2018	
			•
Dateline, file Pass to?	: Prell. Report	Days Of Repair: 4	
1) typist	: Final Report	Resurvey No. of Trip:	Survey Fee: 160
Datefine, File Return to?		[]	The reportation in
2)	Ad	d Fee: Site Insp (\$	
7	40	: Interview (\$) Photos
F. FMATT THE	TP	TACK IT IS 18	
ند ۱۱۰	\$3600	F Rest C	1



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

ITUC	INCOME INSURA	ANCE CO-OPERATIVE LTD	Ref: NS/INC1800803	39/K1rb
'3 BF #05-0		NION HOUSESINGAPORE	Date: 02-05-2018 Code: INC4	
	NAMES OF THE OWNER, TH	Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SLL 4056H	Veh. Inspected	SHC 7707M
	Policy No.	5088112766-02	Coverage (\$)	0.00
_	Claim No.	0000112100 02	Excess (\$)	0.00
	Assign From		Assign Date	02/05/2018
2.	Assign From	Vehicle Parti	culars & Condition	
1300	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
_	Chassis No.		Colour	
	Odometer	: -	Steering	
	Brakes		Modification	
	General			
3.	ACTOR OF THE ACTOR	Condi	tions 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.		Descript	tion of Damages	
		Gener	ral Information	
5.	Accident Date	29/04/2018	Inspection Date	02/05/2018
-		COMFORTDELGRO ENGINE		
	Survey held at	59 LOYANG DRIVE SINGAPORE 508969		
5a.	19 HERE VIEWS	PER MANAGEMENT AND PR	Remarks	0000年(1.04000日)。 1.0400
	TAXELE MODEOTI	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS,	VITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second second		,	Change Lar	guage '	Change Password	· Log Out
My Desktop	Poli	cy Query						7857785		
Notice of Loss	Policy N	io.				Date of Acci	dent	29/04/	2018 18:50	
	Vehicle	No.(For Motor)	SLL4056H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088112766-01	AMV PTE. LTD.	201505825Z	GPC	drivo PREMIUM	SLL4056H	SLL4056H	23/02/2018	22/02/2019
					- 1	Continue				

TP Claims against NTUC Income: Follow-Through Survey

							֡
			100 100 100	Anna Vobielo No	Date of Accident		tative ie
		(Vacama) incl (see O)	Claimant Vehicle No.	Income venicle ivo.	2000		
Charles	Incomo Reference	Claimant (Owner / Idxi Company)			20/04/2010		* 1
ON	Income nelection		CHC 28155	SLM 50722	23/04/2010		
	FOO TOCKOON AL	CONNECT TRANSPORTATION PLE LID	CETOS OUE				
_	M1/0992386-002		CHA ACATAR	CHD 1776Y	28/04/2018	\$ 1,334.3U \$	C Triangle
		OLYMPIA TO ANGRORED TO A TO	NI 454/INI	COLO TO TO			
0	MT/0992320-002	5	a supplied to the	HEADERH	29/04/2018		
	-	OT STO MOITY FOODS AND STORY	SHC //U/M	31T-4030H			
	KAT/0007554_007	COMPORT I KANSPORTATION PIECED	200		0100/20/20		33
2	WII/0352334-002	Chi Line in Company	CHC 8354R	SIS 8251X	21/04/2010		
1	COO CECEOOO! ***	COMFORT TRANSPORTATION PIE LIU	SHC 0034II				
4	MI/0992223-002						

Claim received from LKK Auto

MCD618056558 / ComfortDelGro Engineering Pte Ltd - Loyang ENTRY DATE & TIME: 30/04/2018 15:57 SUBMITTED BY: Huang XiaoYan

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 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.

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.
- 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 15:57

Date Of Accident

29/04/2018 19:30

Exact Location Of Accident

ORCHARD ROAD TWDS SELEGIE (NEAR GRANGE RD)

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC7707M

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

CITYCAB PTE LTD

Co Reg No

199502839G

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

SONATA

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

TAXI

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

Fleet Policy

YES

Policy Number

D-18088937MFSH

Cover Note Number Driver

Name of Driver

WEE CHIN FATT

NRIC No

S1422869A

Date Of Birth

05/12/1960

Occupation

OUTDOOR

Date Of Driving Pass

24/07/1982 35 YEARS AND 9 MONTHS

Driving Experience

MALE

Gender

Mobile Number

Fax Number

Contact Number

EMail Address

NOEMAIL

. Address *

BLK 43 SIMS DRIVE #06-197

Postcode

380043

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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:

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

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

Vehicle Make/Model/Colour

SLL4056H

Details Of Properties

Vehicle Category

PRIVATE CAR

Page 2 of 15

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RENDEEP SINGH

91545505

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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:
 - 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:
 - 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.

CITYCAB PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Jackson Heng CSO

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

GIARIAC ShetchPlanForm_V3

17

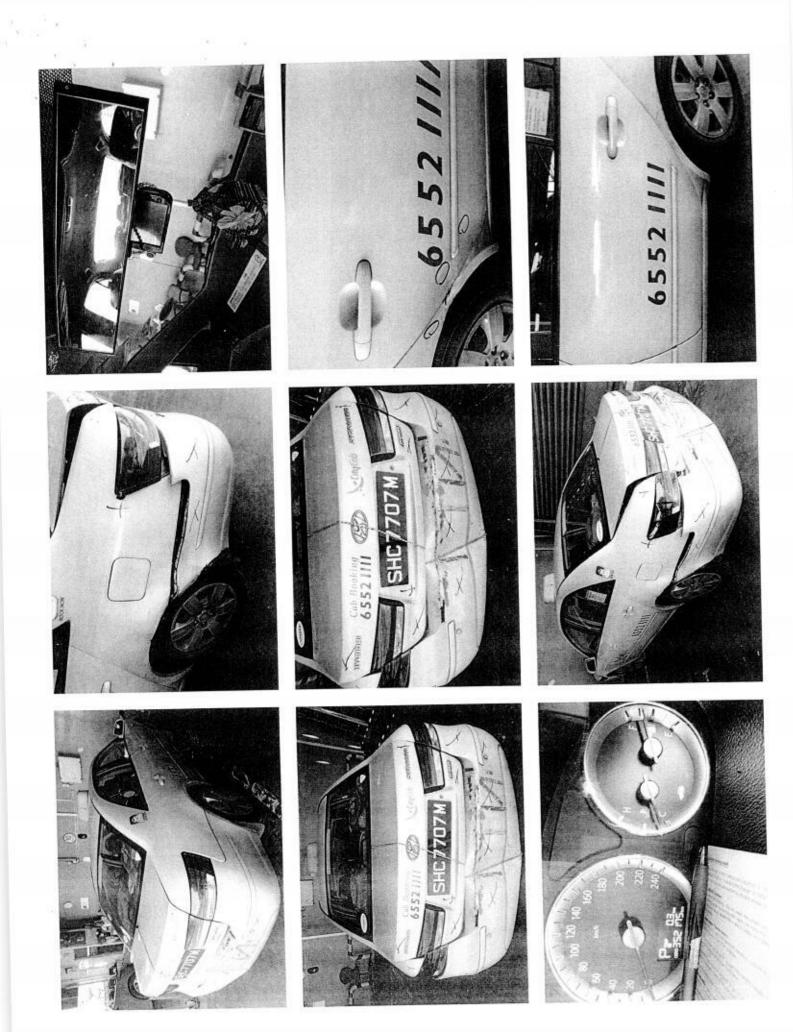
2

Sketch Plan Pg. 2

753	
	Total I have been seen as a second se
	TITLIFICATION OF THE PROPERTY
	The sovehered Round
	A S GOUGIE
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT
0.011.10	
DN 29/4/2018	at about 1930 hrs, I vehicle A was
Fr	orchard road on the extreme
There up un	BICKERTON LONCE. ON THE ONLY
	shile & Stationary Vehicle E Care
Might Laure, W	shile & Stationary Vehicle C Car-e
bear to bear	and bang onto my taxa rear portion
from deg seed	200 200
, ,	34 Vii
/	damage
Causing the	cininacye
DECLARATION	
	lars are true in every respect.
We declare the foregoing particula	1 1 1
We declare the foregoing particular CITYCAB PTE LTD	lars are true in every respect. 35/4/18 Jackson Henry Packs
We declare the foregoing particular CITYCAB PTE LTD	1 1 1
CO. REG. NO. 199502839G	Jackson Henry Ficks
We declare the foregoing particular CITYCAB PTE LTD	1 1 1

GIARMC SketchPlanForm_V3

Page 5 of 15











COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date

Date/Time: 30.04.2018 16:47 Page: 1

Team: ARC Repair TP(CFSO)1	JOB CARD Sales Order:	TC NOSOSTSSTTO
JSTOMER	REGN NO. SHC7707M	MILEAGE
RVMS CITYCAB PTE LTD 7010070	MAKE HYUNDAI	FUEL EF
STOMER NO. 383 SIN MING DRIVE SINGAPORE 5757	17 MODELSONATA 29.	04.2018 21:45
L. (R) 65551188 (O)	YR OF MANU2. 2012	TARGET DATE
(P)	CHASSIS CODE KMHET41VMCA821706	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 29.04.2018 NATURE: 3P 29.04.2018

e of Service Advisor

3 returned to Service Reception upon collection

LABOR CODE

MTUC - tari Rea damage LKK/Kalvin -

Signature/Date

CKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
iowledgement Slip	Exit Pass
e: lo.: SHC7707M LARRY	Vehicle No.: SHC7707M

Name of Service Advisor

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*
VEHICLE NO: SHC 7707M

NTINC

DATE 30/4/2018 15:19

MAKE

HVIINDAI SONATA

DUA: 29.04.18

DEL	: HYUNDAI SONATA Parts Description/ Labour	Type	Unit Price	Amount	
Qty	Boot Lid / W-			\$ 1,349.50	
	Boot Lid Rubber × 50			\$ 110.90	
	Boot Lid Lock Upper			\$ 132.10	
	Doot Lid Lock Lower ~			\$ 30.30	
	Boot Lid Sonata Plate			\$ 43.60	
	Boot Lid Sonata Plate			s 24.20	
	Boot Lid Hyundai Plate			\$ 26.10	
	Boot Lid 'H' Emblem	1 1		\$ 22.70	
	Boot Lid CRDI Plate			\$ 230.20	
	Boot Lid Lamp (LH) Boot Lid Trimboard			\$ 165.40	
	Boot Lid Trimboard			S 10.00	
	Boot Lid Trimboard Clips (10pcs)			\$ 578.40	
	Rear Bumper // fire			\$ 483.30	
	Rear Bumper Reinforcement			s 22.00	
	Rear Bumper Clip - rec			\$ 137.40	
	Rear Bumper Sponge - to-			\$ 185.80	
	Rear Bumper Under Cover			\$ 38.00	
	Rear Bumper Protector (LH)			\$ 344.00	
	Tail Lamp (LH)			\$ 391.80	
	Dane Danel			\$ 95.80	
	Rear Panel Garnish			\$ 1,935.90	1
	Rear Fender (LH) X Mal			\$ 74.10	
	Rear Fender Inner Linning (LIT)			\$ 60.00	
	Rear Windscreen Moulding × 22			5 00.00	
	SUB TO	DTAL		\$ 6,491.50	- 1
	LESS	20%		\$ 1,298.30	-
	DISCOUNTED TO	DTAL		\$ 5,193.20	
	Boot Lid City Cab Logo & Tel No. Sticker	w		\$ 30.00	1
	Rear No.Plate			\$ 25.00	1
	Rear Bumper Reverse Sensor			\$ 135.70	1
	Rear Windscreen Sealant 😾 🔭			\$ 46.00	1
				\$ 236.70	
	Labour Charge	LKK Auto Consultar	s hence notity	/	
	Panel Beating	the Repairer of the To resurvey beforelat	in abusy bainting	\$ 1,200.00)
	Spray Painting Charge	. To resurvey	parties during resurvey	s 800.00	7
	Wiring Charge	 To display gamages Parts sizes are 5 dis 	15 00" - Kre" bas	s \$ 50.00	7
	Tuff Kote	 Third party. 	- 43 	\$ 50.00	7
	Remove/Refix Cushion & Upholstery Rear	• No 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Suranue	\$ 150.00	7
	Remove/Refix Rear Windscreen Glass	surject to the		s\ 120.00	
	D	Acknowled: 10	4	\$ 120.00	0
arry N	Ko Lai CKI4 15051	Signature:			
	TOTAL LA	воев	†	\$ 2,490.00	0
	1/2/5/10 After Pros	ple			
	ESTIMATE T	Silverson		\$ 7,919.90	0

COMFORTDELGRO ENGINEERING

		205455	110			
	b Ref				ComfortD	elGro Engineering Pte Ltd g Drive Singapore 508969
ate		: 7. May. 2	2010		59 Loyani Fax: 6546	i 8156
INAL	IZATIO	ON FORM			-	
0	:	LKH	(_	Fax:	
Attn	1	KAL	_VIN	_		
/ehic	le Reg	No. : SHC7707	/M	Date o	f Accident:	29.04.2018
he s	survey a	and estimates of the r	repairs of the abo	ve-mentioned v	ehicle are as fo	ollows:-
		epair job shall bill to:				
	The f	inalized amount shall	l be:			
	(a)	Spare Parts after Li				
	(b)	Labour Charges				
	1853111	Total for Part-By-F	Part Repair Cost			
	(c.)	Lumpsum Repair (i Total for Lumpsum Final Lumpsum R	repair cost after l			\$3,600.0
	We	mated normal period t			king days.	s no reply from you
4.	We :		e amount as Corr	rect and Confin	med if there is	
4.	We :	shall treat the above nin 7 working days	e amount as Corr	rect and Confin	med if there is	
4.	We swith	shall treat the above nin 7 working days	e amount as Corr	wect and Confin	med if there is	timates and
4.	We swith	shall treat the above nin 7 working days nk you for your assist	e amount as Corr	weet and Confir We fina Sig	confirm the es	timates and
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4.	We with Tha	shall treat the above nin 7 working days nk you for your assist nature: ne : Lar 6214 8316	tance.	wect and Confir We fina Sig Na	confirm the es	timates and
5.	We swith Tha Sign Nar Tel Fax	shall treat the above nin 7 working days nk you for your assist that the above nin 7 working days nature: ne: 6214 8316 6546 8156	tance.	wect and Confir We fina Sig Na	confirm the es	timates and
4.	We swith Tha Sign Nar Tel Fax	shall treat the above nin 7 working days nk you for your assist nature: ne : Lar 6214 8316	tance.	rect and Confir We fina Sig Na Da Document Attached	confirm the es	timates and
For	We swith Tha Sign Nar Tel Fax	shall treat the above in 7 working days nk you for your assist that the above in 7 working days nature: 1 6214 8316 2 6546 8156 al Use Only Item	tance.	rect and Confir We fina Sig Na Da	confirm the estilized amount inature: me : te : Confirm By	Kalan 7/5/18
For 1.	We swith Tha Sign Nar Tel Fax r Offici	shall treat the above in 7 working days nk you for your assist that the shall treat the above in 7 working days nk you for your assist that the shall treat the above in 7 working the shall treat the shall	tance.	Pect and Confine We fina Sig Na Da Document Attached Yes or No	confirm the estilized amount inature: me : te : Confirm By	Kalan 7/5/18
For 1. 2.	We with Tha Sign Nar Tel Fax r Offici	shall treat the above nin 7 working days nk you for your assist nature: 6214 8316 6546 8156 al Use Only Item I Rate P/Day of Income Paid	tance.	Pect and Confine We fina Sig Na Da Document Attached Yes or No	confirm the estilized amount inature: me : te : Confirm By	Kalan 7/5/18
For 1. 2. 3.	We swith Tha Sign Nar Tel Fax r Offici Rental Loss of	shall treat the above nin 7 working days nk you for your assist nature: ne: 6214 8316 6546 8156 al Use Only Item I Rate P/Day of Income Paid y Fees	tance.	Pect and Confine We fina Sig Na Da Document Attached Yes or No	confirm the estilized amount inature: me : te : Confirm By	Kalan 7/5/18
1. 2. 3.	We swith Tha Sign Nar Tel Fax r Offici Rental Loss of Surve LTA S Medic	shall treat the above nin 7 working days nk you for your assist nature: 6214 8316 6546 8156 al Use Only Item I Rate P/Day of Income Paid	tance.	Pect and Confine We fina Sig Na Da Document Attached Yes or No	confirm the estilized amount inature: me : te : Confirm By	Kalan 7/5/18



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



ITUC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: N	IS/INC1800803	9/K1rbn2
3 BRAS BASAH ROA			1-05-2018 NC4	
	Policy Particulars	:- THIRD F	PARTY CLAIM	
Insured Veh.	SLL 4056H	Veh. Ins		SHC 7707M
Policy No.	5088112766-02	Coverag	e (\$)	0.00
Claim No.	MT/0992554-002	Excess ((\$)	0.00
Assign From		Assign [Date	02/05/2018
	Vehicle Parti	culars & C	Condition	
Make & Model	HYUNDAI SONATA	c.c		1991
Engine No.	HIDDEN	Year of I	Reg.	2012
Chassis No.	KMHET41VMCA821706	Colour		YELLOW
Odometer	352175	Steering)	IN ORDER
Brakes	IN ORDER	Modifica	ation	STANDARD ALLOY RIM
General	FAIR			
3.	Condi	tions of Ty	res	THE RESIDENCE OF THE PARTY OF T
	Size	Make		Balance
R/H Front Tyre	215/60 R16	WEST LA	AKE	7 mm
L/H Front Tyre	215/60 R16	WEST LA	AKE	7 mm
R/H Rear Tyre	215/60 R16	WEST LA	AKE	7 mm
L/H Rear Tyre	215/60 R16	WEST LA	AKE	7 mm
4.		tion of Dar		
THE VEHICLE SI	USTAINED DAMAGES AT THE R	EAR PORTI	ION.	
5.		al Informa	ition	
Accident Date	100 mm		tion Date	02/05/2018
Survey held at		ERING PTE	LTD	
July of Hold at	59 LOYANG DRIVE SINGAPORE 508969			0
5a.		Remarks		
TAITUE INCRECT	TION WAS CONDUCTED ON A"W NCE TO YOUR INSTRUCTIONS,	WE HAVE I	NOT AUTHORIS	IS. ED REPAIRS.
5b.	Estimat	e Days of	Repair	THE RESIDENCE OF THE PARTY OF T
	RMAL PERIOD FOR REPAIR:		4 Working Day	S



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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7707M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	DENTED	1,349.50	1,349.50
	BOOT LID RUBBER	SERVICEABLE	110.90	-
	BOOT LID LOCK UPPER	SERVICEABLE	132.10	125
	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
	BOOT LID LAMP (LH)	SERVICEABLE	230.20	-
	BOOT LID TRIMBOARD	SERVICEABLE	165.40	C+
	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	10.00	-
	REAR BUMPER	DEFORMED	578.40	578.40
	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
350	REAR BUMPER SPONGE	TORN	137.40	137.40
1 3	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
	REAR BUMPER PROTECTOR (LH)	TO REPAIR	38.00	-
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
	REAR PANEL	DENTED	391.80	391.80
8	REAR PANEL GARNISH	SERVICEABLE	95.80	-
		TO REPAIR	1,935.90	-
	REAR FENDER (LH) REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	o -
1 56	LESS 20% DISCOUNT		-1,298.3	-684.60
	LESS 20% DISCOUNT		5,193.2	2,738.40
	SPECIAL NETT ITEMS	000000000000000000000000000000000000000	20000	
8	1 BOOT LID CITY CAB LOGO & TEL NO STICKER (SN)	NECESSARY	30.0	
8	1 REAR NO PLATE (SN)	SERVICEABLE	25.0	30 (S)
	1 REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.7	0 135.70

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	
			236.70	165.70
	LABOUR THATCHAM STANDARD REPAIR TIME ON BODY WORKS. THATCHAM TTS STANDARD SPRAY PAINTING COST		1,640.00 850.00	VICTOR OF THE STATE OF THE STAT
	AND LABOUR.		2,490.00	1,630.00
	GRAND TOTAL		7,919.90	4,534.10

RECOMMENDED COST OF LUMP SUM REPAIRS	3,600.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

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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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