

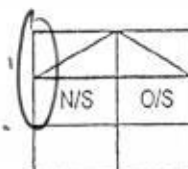
108 / 1113  
Q / 1113: Kalvin

REF: NS/WC 180 10028 / Klvb02

### ASSIGNMENT

Fr ☐ M: \_\_\_\_\_ Date: \_\_\_\_\_  
Es ☐ M: \_\_\_\_\_  
OD ☐ ITP / ☐ TP RES / ☐ OD RES / ☐ EVA / ☐ INV / ☐ MV  
To Insp Vehicle No: \_\_\_\_\_  
at ☒ Workshop / \_\_\_\_\_  
of \_\_\_\_\_  
Ins red: FBH 917P  
Pol # of No: 50.9857 4335 020318 - 010319  
Cla # ms No: MT/0997 816 - 001  
Sur ☐ Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

(Policy Condition)  
Remarks: The veh had commenced its  
repair at the time of inspection.



Bal. of 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: SHC 1299 M Yr Regn: 30 Apr, 211  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Hyundai Santa c.c. 1991  
Colour: Blue A/C: Ins ☒ Std / NI / NA  
Sp. Reading: 14786 T/Radio: Ins ☒ Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: KM HET KIV MBAR 10171  
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 / R/Rim or  
Tyre Size: F: 215/60R16  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /  
TOYO / YOKO or Maxxis  
Front Rear  
R/Bal. 7 mm R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 3/6/8 D.O.I. 5/6/8  
Survey held at (DGE (Loring))  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
N/S Fmt.  
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 1299 M - 004/AXA 16019096 / H126892 DA: 07.10.16 IMC
	FBH 917P - X 4/5.
7/6/18	Inspect 4/5 \$2000 / 3 hrs. (Red 8049.16, 789)

RECEIVED 08 JUN 2018

Date/Time, File Pass to? ☐ : Prel. Report  
1) ☐ : Final Report  
Date/Time, File Return to?  
2) 8/6 - typist  
Report Format: TP  
Lump Sum / I.B.I.: (\$ 22000)

Days Of Repair: 3  
Resurvey No. of Trip: 1  
Add Fee: ☐ : Site Insp (\$ )  
☐ : Interview (\$ )  
☐ : Tech. Invs (\$ )  
☐ : Weekend (\$ )

Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL 160



## 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/INC18010228/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-06-2018  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBH 917P	Veh. Inspected	SHC 1299M
Policy No.	5098574385	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

### 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	03/06/2018	Inspection Date	05/06/2018
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:** Friday, 8 June 2018 11:19 AM  
**To:** Veron Chen (LKKAuto)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

Claim created

With Regards

Samsia  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



---

**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, June 08, 2018 9:28 AM  
**To:** mtreg <mtreg@income.com.sg>  
**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/0997316-002	COMFORT TRANSPOTATION PTE LTD	SHC 1488J	SLT 1478B
2	MT/0997816-001	COMFORT TRANSPOTATION PTE LTD	SHC 1299M	FBH 917P

D.O.A	Time of Accident	Estimate	Tentative repair cost
5/6/2018	8:00	\$6,590.98	\$4,147.71
3/6/2018	0.50	\$10,249.16	\$2,200.00

Best Regards,

Veron Chen | Case Handler

**LKK Auto Consultants Pte Ltd**

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**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.

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098574385	RAMDAN BIN ABDUL RASHID	S9090566Z	GMC	Third Party	FBH917P	FBH917P	02/03/2018	01/03/2019

## 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	04/06/2018 15:33
Date Of Accident	03/06/2018 00:50
Exact Location Of Accident	BRADELL RD TWDS LORNIE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1299M
<b>Insured/Policyholder</b>	
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

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	CHNG KOK HENG
NRIC No	S0778835E
Date Of Birth	27/05/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1967
Driving Experience	51 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96780525
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	93 #11-3068 GEYLANG BAHRU
Postcode	330093
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	FBH917P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name RIDER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBH917P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name PILLION

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? FBH917P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

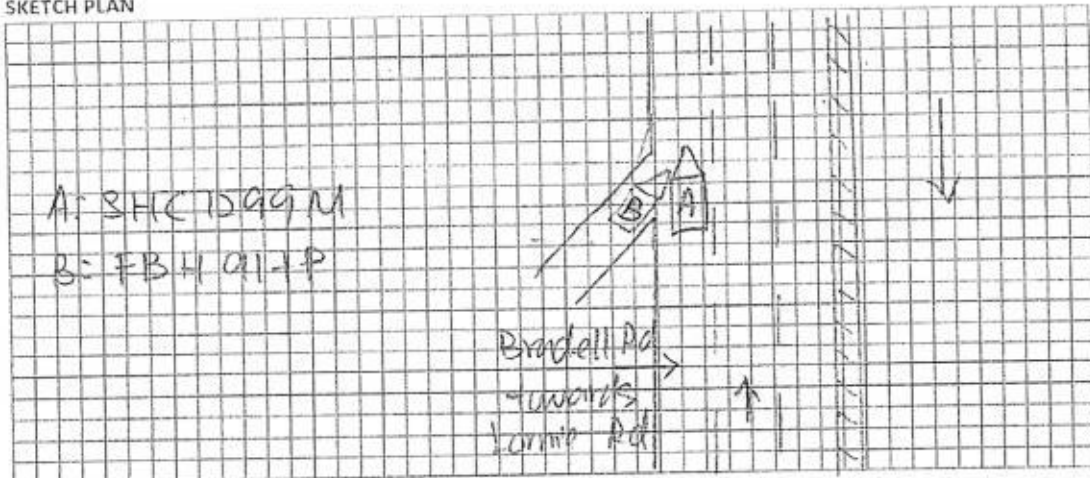
Address

Postcode



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180604/2037.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CC REG NO 1993038219

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Lole Wei Yieng

Reporting Centre Personnel's Signature

Name:

## Sketch Plan Pg. 2



SINGAPORE  
POLICE FORCE



T/20180604/2037

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180604/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 11:28	Vide Report No.: F/20180603/0043	Station Diary No.:
--	-------------------------------------	--------------------

## Informant's Particulars

Name of Informant: CHNG KOK HENG			Address: APT BLK 93 GEYLANG BAHRU #11-3068 HDB- KALLANG/WHAMPOA/NOVENA SINGAPORE 330093		
ID Type / ID No.: NRIC NO / S0778835E			Contact No.: Home/Office: Mobile: 87411142		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 27/05/1949	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2018 00:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD LORNIE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH917P	Motorcycle				Slightly Damaged	1
SHC1299M	Car				Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

## Sketch Plan Pg. 3



SINGAPORE  
POLICE FORCE



T/20180604/2037

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180604/2037

## CONTINUATION OF REPORT

Driver			
Name	CHNG KOK HENG	ID No.	S0778835E
Related Vehicle	SHC1299M (Car)	Contact No.	87411142
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG BRADDELL ROAD, TOWARDS LORNIE ROAD. I WAS DRIVING ON LANE 3 OUT OF 3. SUDDENLY, I FELT AN IMPACT ON THE LEFT SIDE OF MY VEHICLE. THE ROAD WAS CLEAR AHEAD, SO I WAS SHOCKED. I QUICKLY STOPPED AT THE SIDE. HE MUST HAVE CAME OUT FROM THE FILTER ROAD ON THE LEFT SIDE. AFTERWARDS I STOPPED MY CAR AT THE SIDE AND CAME OUT TO ASSIST. I NOTICED THEY HAD SOME INJURIES SO I CALLED THE AMBULANCE. AFTER THE AMBULANCE AND POLICE ARRIVED, THE RIDER AND PILLION WERE CONVEYED AND I WAS INFORMED BY THE POLICE TO HEAD DOWN TO TRAFFIC POLICE HQ TO LODGE A REPORT AND MEET IO ABDILLAH.



SINGAPORE  
POLICE FORCE



T/20180604/2037

3 of 3

Report No. T/20180604/2037

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

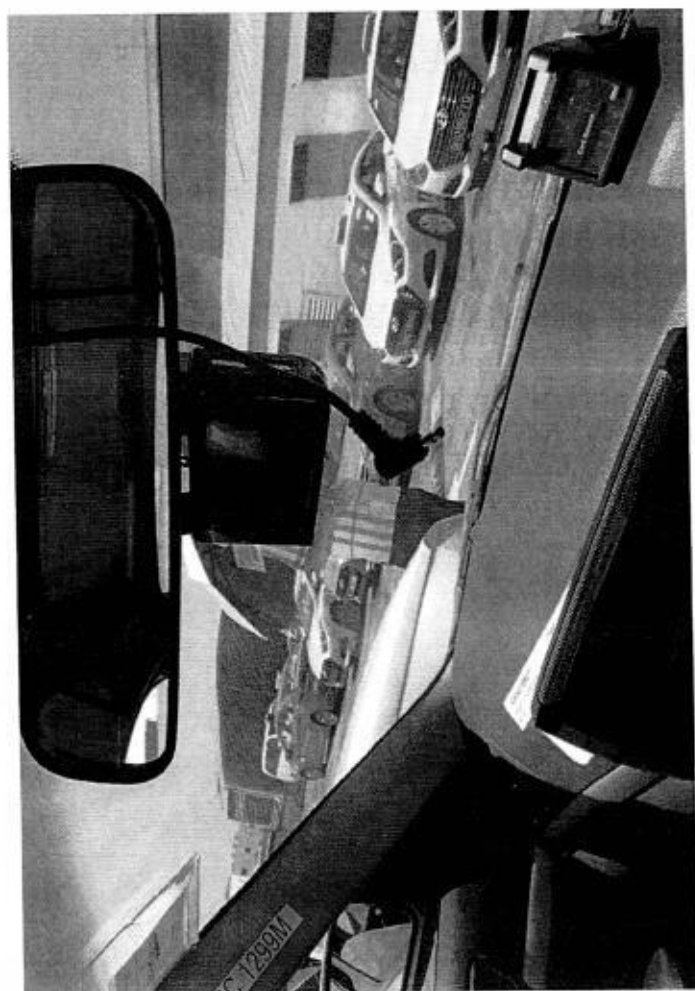
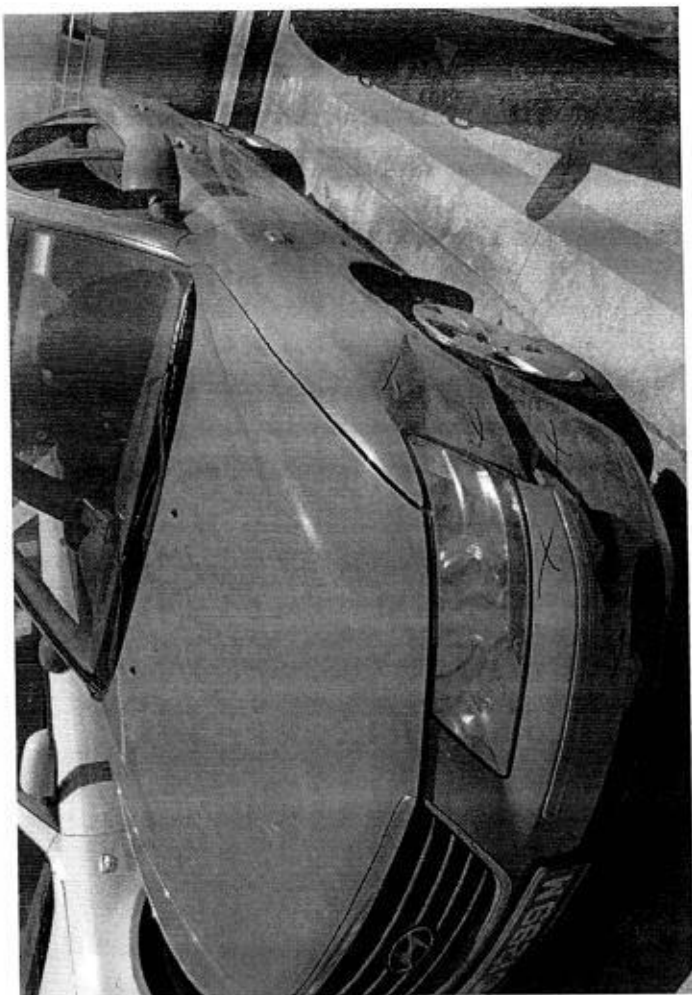
*Money Ching*

Date/Time:  
04/06/2018 11:28

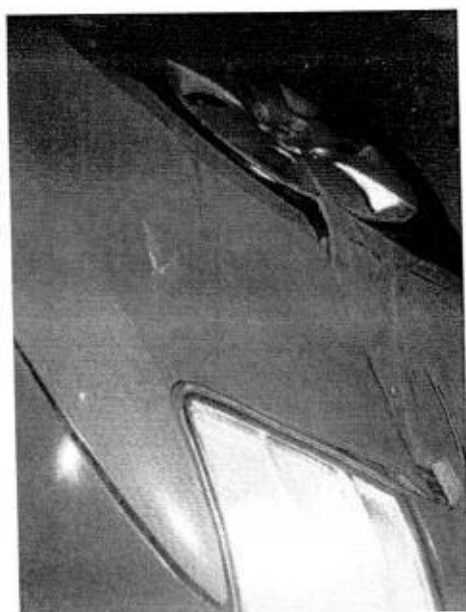
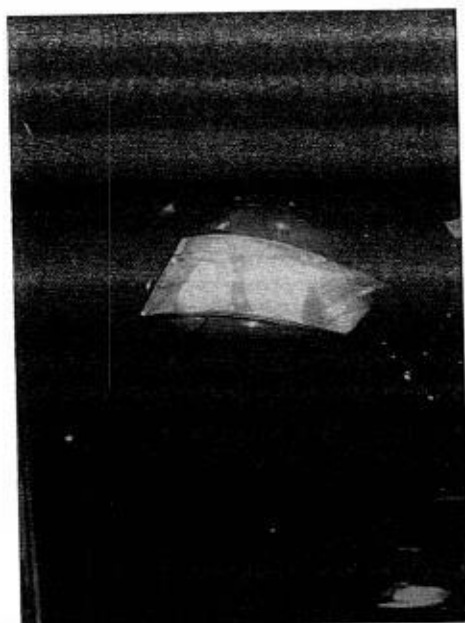
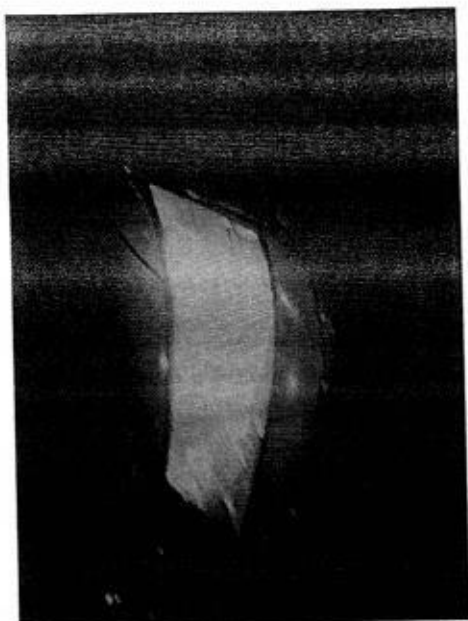
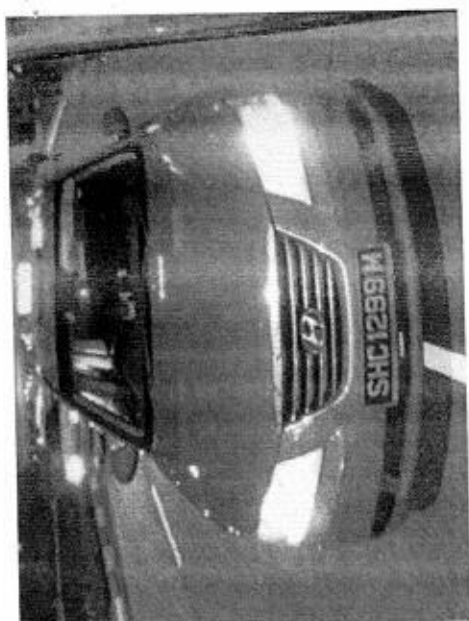
Classification Of Case:



SINGAPORE  
POLICE FORCE







ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305169398

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (0)

REGN NO. SHC1299M	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 03.06.2018 00:50
YR OF MANU. 30.04.2011	TARGET DATE
CHASSIS CODE KMHET41VMB A810171	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 03.06.2018  
E: 3P 03.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHC1299M

JU NTUC LKK

Vehicle No.:

SHC1299M

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 1299M

DATE 4/6/2018 14:55

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Paint</i>			\$ 538.80
	Front Bumper Sponge <i>X</i>			\$ 136.30
	Front Bumper Reinforcement <i>X</i>			\$ 504.10
	Front Bumper Bracket Top (LH) <i>X</i>			\$ 22.40
	Front Bumper Protector (LH) — <i>4</i>			\$ 29.20
	Headlamp Support Panel Assy <i>X</i>			\$ 1,023.00
	Headlamp (LH) — <i>1 ea</i>			\$ 797.90
	Front Fender (LH) — <i>1 ea</i>			\$ 593.00
	Front Fender Shield (LH) — <i>1 ea</i>			\$ 86.00
	Front Fender Retainer <i>X</i>			\$ 9.20
	Front Wheel Rim (LH) <i>X</i>			\$ 284.70
	Front Wheel Hub Cap (LH) — <i>1 ea</i>			\$ 145.00
	Front Wheel Bearing <i>X</i>			\$ 258.50
	Front Shock Absorber (Assy) (LH) <i>X</i>			\$ 203.70
	Front Shock Absorber Mounting (LH) <i>X</i>			\$ 72.00
	Front Shock Absorber Fork (LH) <i>X</i>			\$ 203.30
	Front Suspension Upper Arm (LH) <i>X</i>			\$ 240.00
	Front Drive Shaft (LH) <i>X</i>			\$ 1,025.00
	Rack & Pinion Assy <i>X</i>			\$ 2,093.00
	STG Tie End <i>X</i>			\$ 66.50
	Stabilizer Bar <i>X</i>			\$ 213.20
	Stabilizer Bar Bush (LH) <i>X</i>			\$ 12.80
	Stabilizer Bar Link <i>X</i>			\$ 78.30
	Stabilizer Bracket <i>X</i>			\$ 23.00
	Front Suspension Lower Arm (LH) <i>X</i>			\$ 685.20
	Knuckle Arm (LH) <i>X</i>			\$ 558.60
	<b>SUB TOTAL</b>			<b>\$ 9,902.70</b>
	<b>LESS 20%</b>			<b>\$ 1,980.54</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 7,922.16</b>
	Front Tyre (LH) <i>1 ea 50%</i>			\$ 207.00
	<b>Labour Charge</b>			<b>\$ 207.00</b>
	Panel Beating			\$ 850.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Undercarriage (FRT)			\$ 400.00
	FRT Wheel Alignment			\$ 120.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
	<b>TOTAL LABOUR</b>			<b>\$ 2,120.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 10,249.16</b>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Supplementary items to be resurveyed and
- Is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

10) 50  
Nett

1 ea 11 (K.K.)  
5/6/18 1250 L,  
3 Rep,  
4's  
After Repair

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 Page 1 of 1  
taylor appointed by the insurance company.



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169398

Date : 07/06/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC1299M

Date of Accident : 03/06/18

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

1. The repair job shall bill to: NTUC --- FBH917P  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges ###

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$2,200.00

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 3 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature :

Name : Kalin

Date : 7/6/18

## 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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010228/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-06-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBH 917P	Veh. Inspected	SHC 1299M
Policy No.	5098574385	Coverage (\$)	0.00
Claim No.	MT/0997816-001	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA810171	Colour	BLUE
Odometer	14786	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	03/06/2018	Inspection Date	05/06/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1299M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	DEFORMED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER PROTECTOR (LH)	CUT	29.20	29.20
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,023.00	-
1	HEADLAMP (LH)	CRACKED	797.90	797.90
1	FRONT FENDER (LH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (LH)	TORN	86.00	86.00
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL RIM (LH)	SERVICEABLE	284.70	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	145.00	145.00
1	FRONT WHEEL BEARING	SERVICEABLE	258.50	-
1	FRONT SHOCK ABSORBER (ASSY)(LH)	SERVICEABLE	203.70	-
1	FRONT SHOCK ABSORBER MOUNTING (LH)	SERVICEABLE	72.00	-
1	FRONT SHOCK ABSORBER FORK (LH)	SERVICEABLE	203.30	-
1	FRONT SUSPENSION UPPER ARM (LH)	SERVICEABLE	240.00	-
1	FRONT DRIVE SHAFT (LH)	SERVICEABLE	1,025.00	-
1	RACK & PINION ASSY	SERVICEABLE	2,093.00	-
1	STG TIE END	SERVICEABLE	66.50	-
1	STABILIZER BAR	SERVICEABLE	213.20	-
1	STABILIZER BAR BUSH (LH)	SERVICEABLE	12.80	-
1	STABILIZER BAR LINK	SERVICEABLE	78.30	-
1	STABILIZER BRACKET	SERVICEABLE	23.00	-
1	FRONT SUSPENSION LOWER ARM (LH)	SERVICEABLE	685.20	-
1	KNUCKLE ARM (LH)	SERVICEABLE	558.60	-
	LESS 20% DISCOUNT		-1,980.54	-437.98
			7,922.16	1,751.92
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT TYRE (LH)(50%)(SN)	CUT	207.00	103.50

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
			207.00	103.50
	<b>LABOUR</b>			
	PANEL BEATING.		850.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX UNDERCARRIAGE (FRT).	NOT NECESSARY	400.00	-
	FRT WHEEL ALIGNMENT.		120.00	60.00
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			2,120.00	900.00
	<b>GRAND TOTAL</b>		<b>10,249.16</b>	<b>2,755.42</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,200.00</b>

Report Ref No. NS/INC18010228/K1vbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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