

108 11/13  
 8 myel: Kalvin

REF: NS/INC 1801031 / Klesber

### ASSIGNMENT

Fr ☐ m: \_\_\_\_\_ Date: \_\_\_\_\_  
 Es ☐ imated Cost: \_\_\_\_\_  
 OD ☐ ITP/RS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at ☒ Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Ins ☐ red: SJP 3346E  
 Pol ☐ of No: 5079864471-02 26042018  
 Cla ☐ ms No: MT/0997622-002  
 Sur ☐ insund: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Clerk's Record)  
 Mak ☐ e of Veh: \_\_\_\_\_

(Policy Condition)

Rem ☐ ark: 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: SHC 1963D Yr Regn: 25 Jan, 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>0</sub> / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai 240 c.c.: 1685  
 Colour: Bke A/C: Insured / Std / NI / NA  
 Sp. Reading: 159843 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KM HLB414AH4098560  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD / R/m or  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Hunk  
 Front Rear  
 R/Bal. 7 mm R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 3/6/18 D.O.I. 5/6/18  
 Survey held at (DGE (Layang))  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
 N/S Prod.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 1963D - C03/M26/10025260 / Da2v2n DCA: 10-12-10 INC
	SJP 3346E - C03/INC/11020460 / Uvm DCA: 02-10-11 P/P
8/6/18	Car driven P/P \$3371.52 / 30%
11/04/18	(\$5,437.68 - \$3,371.52) - Reduction = 37%

RECEIVED 11 JUN 2018

Date/Time, File Pass to? 11/06/18 ☐ : Prel. Report

1) Typist ☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.I. (\$) P/P \$3,371.52

Days Of Repair: 3

Resurvey No. of Trlp: 1

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$)

Survey Fee: 160

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/INC18010231/K1sb

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.	SJP 3346E	Veh. Inspected	SHC 1963D
Policy No.	5079864471-02	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.
--

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5079864471-02	AUTOBAHN RENT A CAR PTE. LTD.	201607970Z	GFT	drive CLASSIC	SJP3346E	SJP3346E	26/04/2018	

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 11/06/2018

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/0997622-002	COMFORT TRANSPORTATION PTE LTD	SHC 1963D	SJP 3346E	3/6/2018	16:45	\$ 5,437.68	\$ 3,371.52

# COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

Handwritten: NHC  
LKC

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701  
Mainline + 65 6383 6280 Facsimile + 65 6280 9755  
Workshops  
59 Loyang Drive Singapore 508989 24 Serangoon Loop Singapore 758156  
353 Sin Ming Drive Singapore 575717 7 Sungai Kadut Way Singapore 728791  
45 Pandan Road Singapore 509296 6 Defu Avenue 1 Singapore 539537  
321 Hoi Road Singapore 186493

Date/Time: 05.06.2018 08:42 Page : 1

am: ARC Repair TP(CLSO)1

### JOB CARD Sales Order:

JC NO305169564

OMER

IS COMFORT TRANSPORTATION PTE LTD  
OMER NO 7010045  
IESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

DUNT CARD NO.

REGN NO.: SHC1963D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 03.06.2018 16:45
YR OF MANU. 25.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098560	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 03.06.2018  
ATURE: 3P 03.06.18

/NO LABOR CODE DESCRIPTION

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC1963D LIMITS

Vehicle No.: SHC1963D

Service Advisor

Signature/Date

Name of Service Advisor

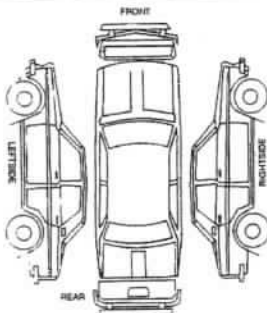
Date

turned to Service Reception upon collection

To be kept by Security Guard

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

Date: <u>03/06/18</u> Time Received: <u>1750</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						
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR LIM</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____						
Contact No. : <u>96170616</u> <u>SHC 1963 D</u>										
Vehicle No. : <u>SHG 5267 M</u>										
Make / Model / Colour : <u>comfort 140</u>										
Email : _____										
Location: <u>408 Tampines St 41</u>				8. Vehicle Tow - In Workshop:						
9. Preferred 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						
<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 : _____		11. Radio / CD Player		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer _____</p>						
Fuel Level : <table border="1"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4			1/2	3/4	E	<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
F	1/4	1/2	3/4			E				
<b>Job Attended</b>										
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING										
Name of Driver : <u>TH1124</u>		Vehicle No. : <u>YP 46550</u>								
Time Dispatch : <u>1820</u>		Time of Arrival : <u>1820</u>								
Time Completed : <u>1855</u>										

### 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™.

03/06/18

Date

1820

Time

Signature of Customer

### 14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

**CUSTOMER'S COP**

## 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 17:23
Date Of Accident	03/06/2018 16:45
Exact Location Of Accident	TAMPINES ST 41 OPEN SPACE CAR PARK (BLK 408)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1963D
<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	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	LIM SENG PEOW
NRIC No	S1434286I
Date Of Birth	01/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/09/1980
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96170616
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	353 TAMPINES STREET 33 #07-508
Postcode	S520353
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by 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)	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

HEAD TO SIDE. PLS SEE 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	SJP3346E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HEE SENG
NRIC/Passport Number	S1195869I
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	



**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

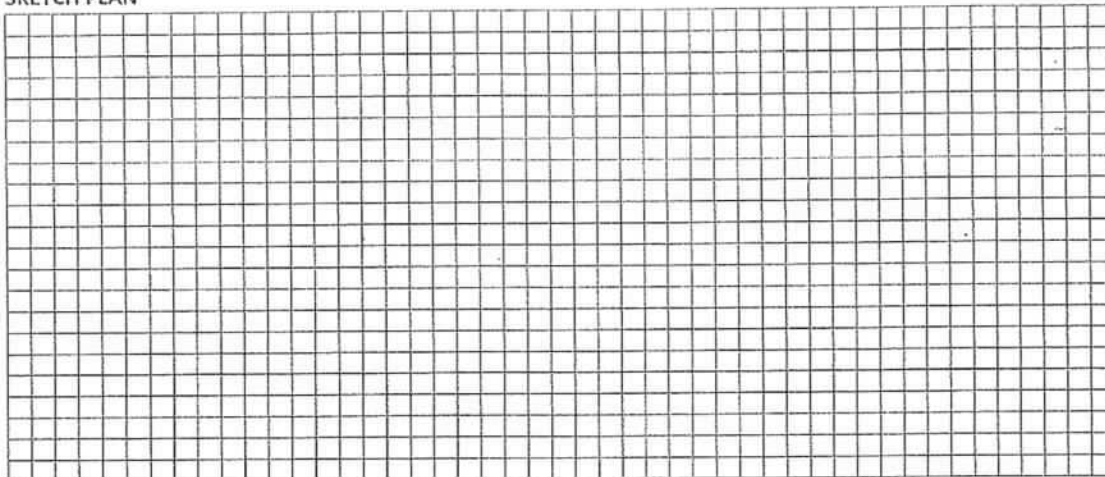
Policyholder's Signature  
Date & Time:

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

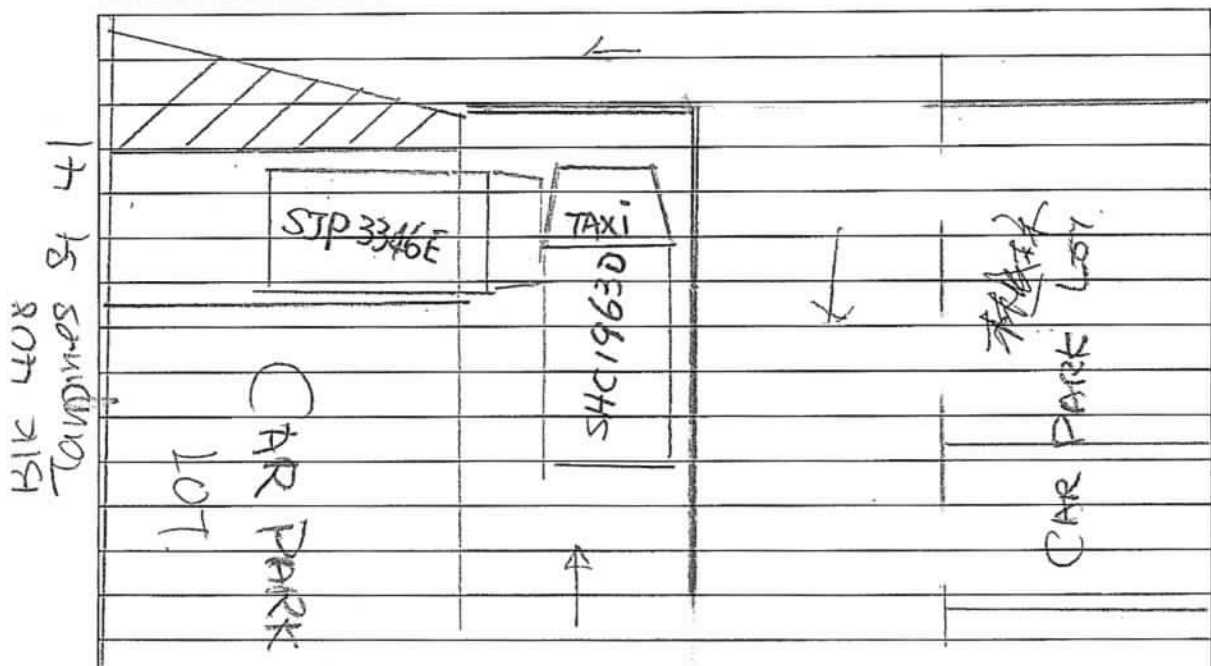
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Loke Wei Yieng

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



On 3/6/18 at about 16:45 hrs, I was driving straight in Blk 408 Tampines St 41 Open Space Car Park. Suddenly a car STP3346E drive out from left car park lot and hit onto the left front portion of my taxi. No passenger in my taxi. No injury reported in this accident.

DECLARATION

I declare the foregoing particulars are true in every respect.  
 REPORTING CENTRE TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

Loke Wen Liang

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.:

**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHC 1963D

MAKE :

MODEL : HYUNDAI i40

NTUC - LSUM

DATE 6/5/2018 11:25

LKK - kalvin

IS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>haze</i>			\$ 562.30
	Front Bumper Sponge <i>X</i>			\$ 142.20
	Front Bumper Reinforcement <i>X</i>			\$ 526.10
	Front Bumper Grille (LH) <i>X</i>			\$ 40.30
	Front Bumper Bracket Top (LH) <i>X</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>in</i>			\$ 24.60
	Headlamp Support Panel Assy <i>X</i>			\$ 1,067.50
	Headlamp (LH) <i>haze</i>			\$ 1,388.00
	Front Fender (LH) <i>Part</i>			\$ 619.00
	Front Fender Shield (LH) <i>to</i>			\$ 169.80
	Front Fender Retainer (LH) <i>X</i>			\$ 9.20
	Front Wheel Hub Cap (LH) <i>haze</i>			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 4,722.10</b>
	<b>LESS 20%</b>			<b>\$ 944.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,777.68</b>
	<b>Labour Charge</b>			<b>600</b>
	Panel Beating			\$ <del>850.00</del>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Wiring Charge			\$ <del>30.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	FRT Wheel Alignment			\$ <del>80.00</del> <i>X</i>
	Remove/Refix Aircon & Refill Gas			\$ <del>150.00</del> <i>X</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,660.00</b>
	<i>fy- vehicle Towed in.</i>			
	<i>Kalvin LKK</i>			
	<i>5/6/18 12:00hrs</i>			
	<i>3 Pys</i>			
	<i>PIP</i>			
	<i>Before Part photo</i>			
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,437.68</b>
<p>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.</p>				

**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 illegal modification(s) is allowed
- Supplementary work must be resurveyed and is subject to approval from Insurance Company

Acknowledged by: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305169564  
Date : 08/06/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG

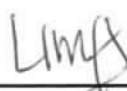
Fax :


Vehicle Reg No. : SHC1963D Date of Accident : 03-Jun-18

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

1. The repair job shall bill to: NTUC --- SJP3346E
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$2,331.52
  - (b) Labour Charges \$1,040.00
  - Total for Part-By-Part Repair Cost** **\$3,371.52**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20%  
**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 : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 8/6/18

## 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				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

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

JOB NO : 305169564  
REGN NO : SHC1963D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 25.01.2017  
DATE/TIME IN : 03.06.2018 16:45  
ACCIDENT DATE : 03.06.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-2322-A	FRT BUMPER	1	562.30	20.00	449.84
0002	04-01-0103-0639-G	FRT BUMPER BRKT LH	1	24.60	20.00	19.68
0003	04-01-0103-0781-A	HEADLAMP LH	1	1,388.00	20.00	1,110.40
0004	04-01-0103-0574-A	FRT FENDER LH	1	619.00	20.00	495.20
0005	04-01-0103-2834-A	FRT FENDER SHIELD LH	1	169.80	20.00	135.84
0006	04-01-0103-0658-G	FRT WHEEL CAP LH	1	150.70	20.00	120.56

SUB-TOTAL : 2,331.52

## JOB NATURE

0000	L	PANEL BEATING	600.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002	17-01	CHECK ALL LIGHTING	20.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 1,040.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.06.2018

Time: 17:56:15

REPAIR ESTIMATE

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 : 305169564  
REGN NO : SHC1963D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 25.01.2017  
DATE/TIME IN : 03.06.2018 16:45  
ACCIDENT DATE : 03.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,371.52

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :  
AUTHORISED : YES / NO



## 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/INC18010231/K1sbe2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 19-06-2018



Code: INC4

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

Insured Veh.	SJP 3346E	Veh. Inspected	SHC 1963D
Policy No.	5079864471-02	Coverage (\$)	0.00
Claim No.	MT/0997622-002	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098560	Colour	BLUE
Odometer	159843	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 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

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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1963D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	1,067.50	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	TORN	169.80	169.80
1	FRONT FENDER RETAINER (LH)	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP (LH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-944.42	-582.88
			3,777.68	2,331.52
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		850.00	600.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	REMOVE / REFILL AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
			1,660.00	1,040.00
	<b>GRAND TOTAL</b>		<b>5,437.68</b>	<b>3,371.52</b>
	<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>			<b>3,371.52</b>

Report Ref No. NS/INC18010231/K1sbe2

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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