

Kalin

REF:

NS/INC18010621/Kidn2

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

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:

SHA 4517A

Yr Regn:

8 Dec 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Hyundai Z40

C.C.

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

240421

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB414MH409671x

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Campion.

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

8/6/8

D.O.I.

11/6/8

Survey held at

CDHE (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

SHA 4517A - C03/ATG/14010727/Hikok52

SGY 7368D - NBA/PC18010618/YL

DOA: 050614

DOA: 030618

INC

PIP

12/6/8

Contracted PIP \$2142.92/3 PIP.

Red: \$1869.70, 471.

RECEIVED 13 JUN 2018

Date/Time, File Pass to?



Preli. Report

1) typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Report Format:

TP

PIP: \$2142.92

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/INC18010621/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 11-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGY 7368D	Veh. Inspected	SHA 4517A
Policy No.	5090932581-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/06/2018

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	08/06/2018	Inspection Date	11/06/2018
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0998231-002	COMFORT TRANSPORTATION PTE LTD	SHA 4517A	SGY 7368D	08.06.2018	\$ 4,012.62	\$ 2,142.92
3	MT/0998472-001	SMRT	SHD 6044T	SLM 7007A	08.05.2018	\$ 1,604.60	\$ 450.00

Claim received from LKK Auto

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"/>	5090932581-01	DREAMZWORK WORK CREATION	53323734C	GCV	Comprehensive	SGY7368D	SGY7368D	08/05/2018	07/04/2019

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	08/06/2018 15:51
Date Of Accident	08/06/2018 10:25
Exact Location Of Accident	SERANGOON RD TWDS POTONG PASIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4517A
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	LAM SIEW FOO
NRIC No	S1539970H
Date Of Birth	18/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97510812
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	725 09-494 WOODLANDS AVENUE 6
Postcode	730725
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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)	1

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	SGY7368D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG SOO JIA
NRIC/Passport Number	S8324623E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

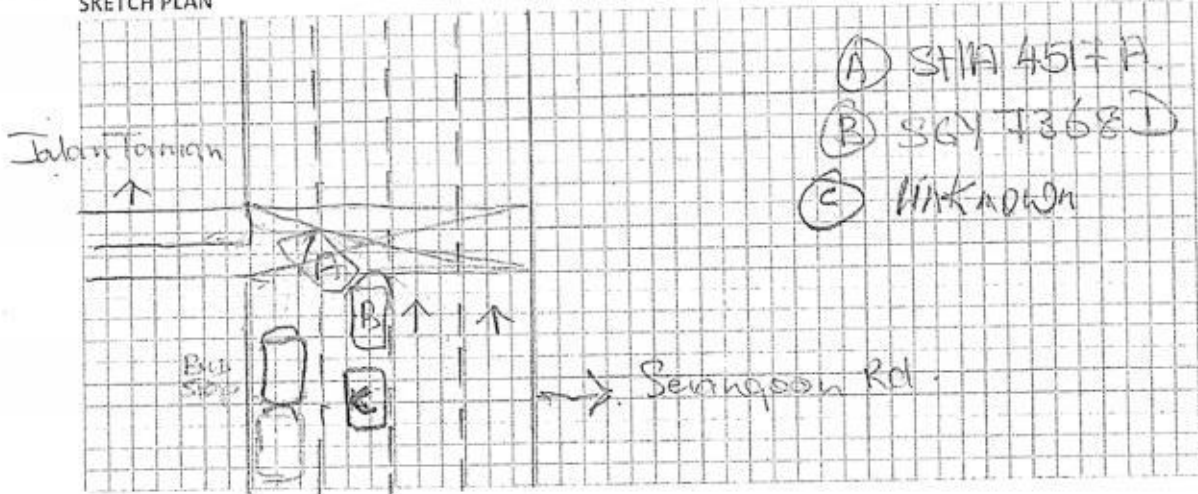
Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHONG SOO JIA
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SGY7368D
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

Refer: Police Report attach. T/20180608/2055

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE. L.
CC REG. NO. 192303821R

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.:

GIAT-SC SketchPlanForm_V3

8/6/18
Jackson Heng
CSO Jackson



**SINGAPORE
POLICE FORCE**



T/20180608/2055

1 of 3

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

Report No. T/20180608/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 13:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAM SIEW FOO			Address: APT BLK 725 WOODLANDS AVENUE 6 #09-494 HDB- WOODLANDS SINGAPORE 730725		
ID Type / ID No.: NRIC NO / S1539970H			Contact No.: Home/Office: Mobile: 97510812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/01/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No.	Date/Time of Accident: 08/06/2018 10:25	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD JALAN TAMAN				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY7368D	Car				Slightly Damaged	1
SHA4517A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180608/2055

2 of 3

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

Report No. T/20180608/2055

CONTINUATION OF REPORT

Driver			
Name	LAM SIEW FOO	ID No.	S1539970H
Related Vehicle	NIL	Contact No.	97510812
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 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 DATE AND LOCATION @ ABOUT 1025HRS,

I WAS DRIVING MY TAXI(SHA4517A) ALONG SERANGOON RD.THE ROAD CONSIST OF 4 LANES,I WAS ALONG THE 3RD LANE.I WAS GOING STRAIGHT AND I PASSED BY A BUS STOP.I WANTED TO OVER TAKE A BUS,WHILE I WAS OVERTAKING,A CAR HIT INTO MY VEHICLE FROM THE BACK.I STOPPED MY TAXI ASIDE AND TALKED TO THE DRIVER.THE DRIVER SAID ,SHE IS NOT FEELING WELL AND NEED TO GO TO THE HOSPITAL.WE NEVER TALK MUCH BUT JUST CALLED THE AMBULLANCE .I REALISED THAT HER CAR WAS HIT BY ANOTHER CAR FROM BEHIND TOO..

AMBULLANCE ARRIVED AND THE DRIVER WAS BROUGHT OVER TO THE HOSPITAL

THATS ALL

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE

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



T/20180608/2055

3 of 3

Report No. T/20180608/2055

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 /

YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD

Contact No.: 65476439

Authentication Stamp

NP168

Signature Of Informant:

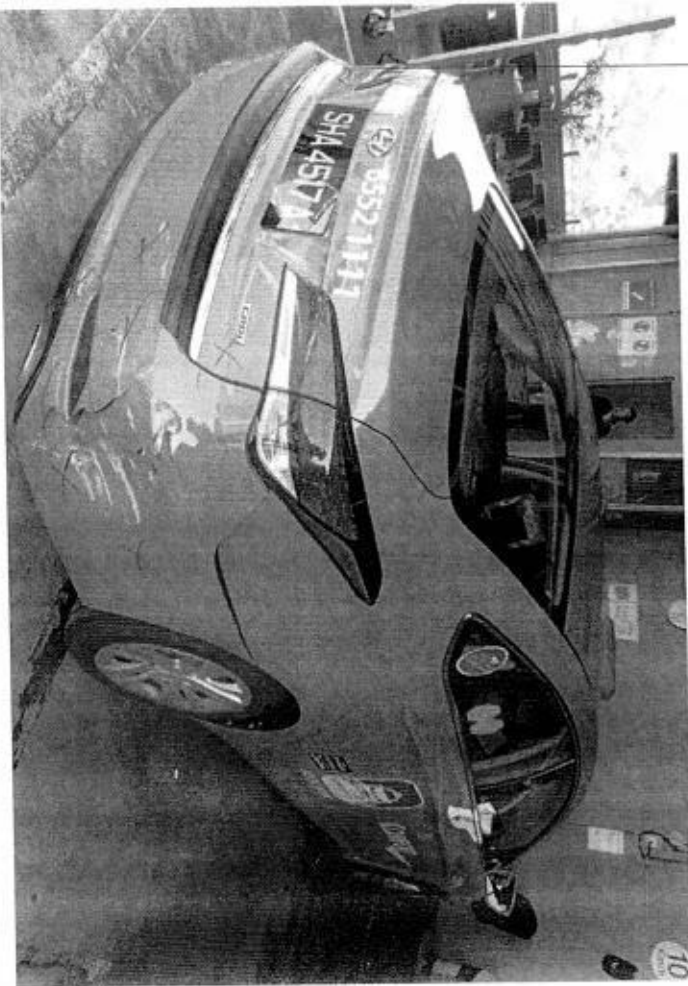
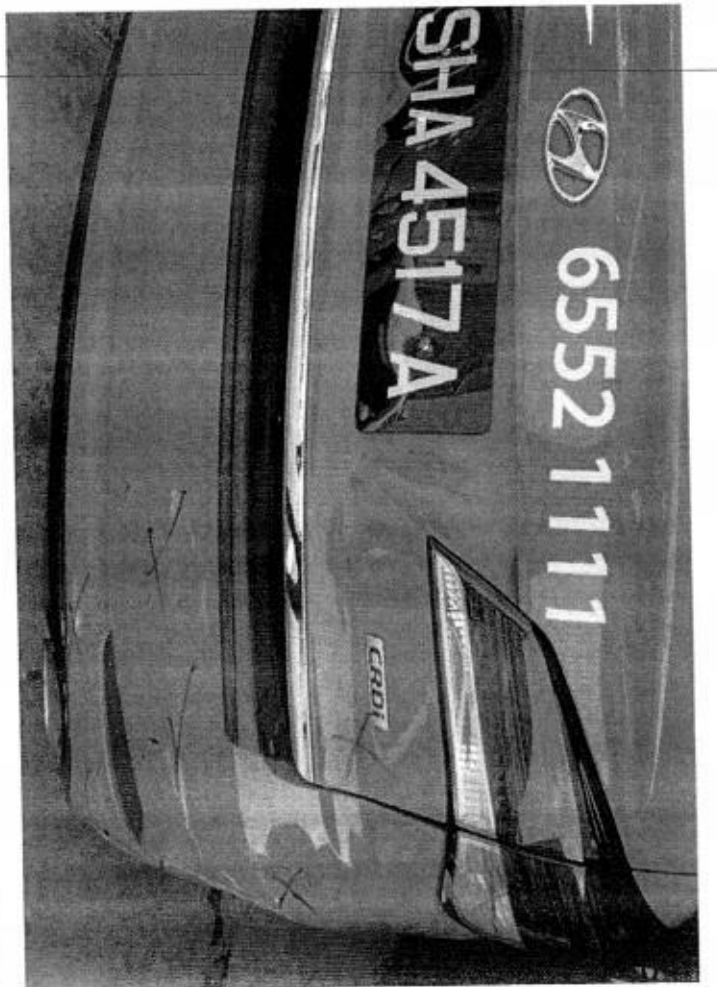
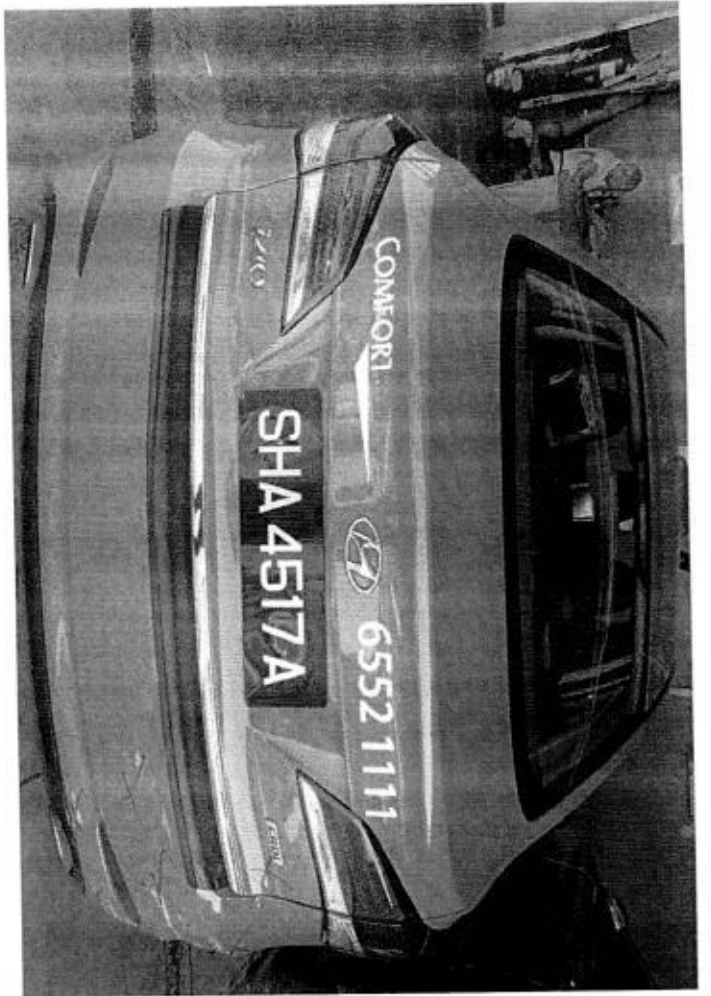
Date/Time:

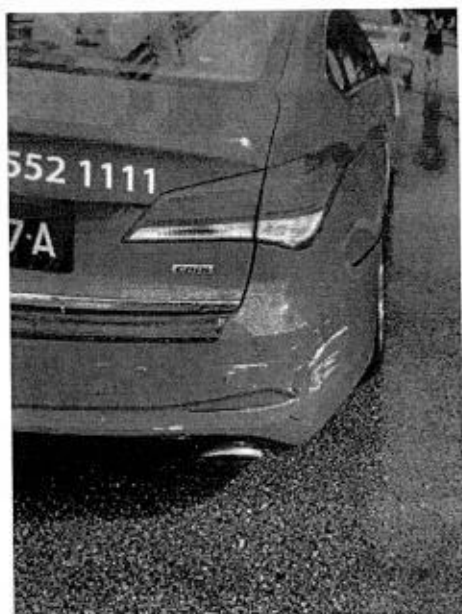
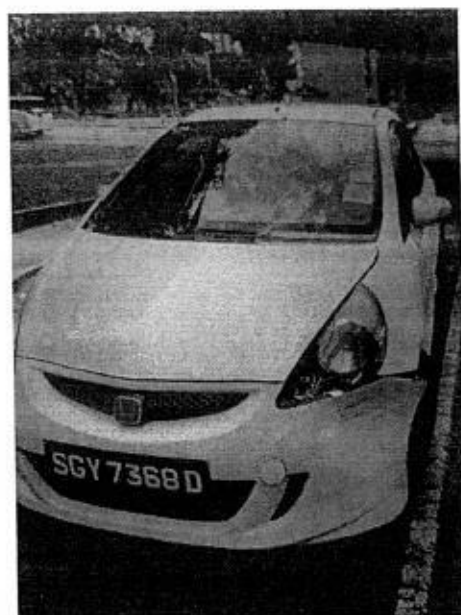
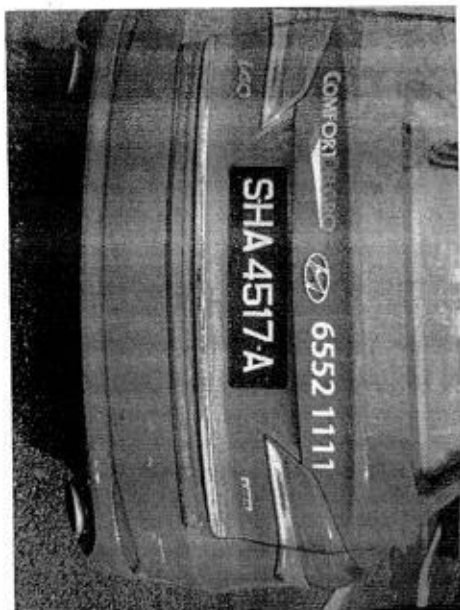
08/06/2018 13:09

Classification Of Case:



SINGAPORE
POLICE FORCE





Date/Time: 08.06.2018 16:47

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305171349

COMFORT TRANSPORTATION PTE LTD

VO 7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO:

SHA4517A

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

1-40

DATE/TIME IN
08.06.2018 14:25

YR OF MANU

08.12.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMHU096714

COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 08.06.2018

E: 3P 08.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHA4517A

JU NTUC LKK

Vehicle No.:

SHA4517A

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 : SHA 4517A

DATE 8/6/2018 16:01

MAKE :

MODEL : HYUNDAI i40

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	
	Bootlid Moulding + <i>nc</i>			\$ 85.00	
	Bootlid i40 Emblem — <i>nc</i>			\$ 41.00	
	Bootlid Lower Garnish <i>X</i>			\$ 398.00	
	Rear Bumper — <i>nc</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>nc</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>nc</i>	\$	180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>nc</i>	\$	49.00	\$ 98.00	
	Rear Bumper Clips — <i>nc</i>			\$ 22.00	
	Rear Bumper Sponge <i>nc</i>			\$ 143.40	
	Rear Bumper Under Cover — <i>nc</i>			\$ 225.00	
	Rear Bumper Reflector Lamp (RH) — <i>nc</i>			\$ 32.00	
	Tail Lamp (RH) — <i>nc</i>			\$ 565.60	
	SUB TOTAL			\$ 3,146.15	
	LESS 20%			\$ 629.23	
	DISCOUNTED TOTAL			\$ 2,516.92	
	Boot Lid Comfort Logo & Tel No. Sticker — <i>nc</i>			\$ 30.00	27
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70	10% Nett
	Rear Bumper Rubber Mat — <i>nc</i>			\$ 50.00	Nett
				\$ 215.70	
	Labour Charge				
	Panel Beating			\$ 560.00 <i>400</i>	
	Spray Painting Charge			\$ 500.00 <i>400</i>	
	Wiring Charge			\$ 50.00 <i>20</i>	
	Tuff Kote			\$ 50.00 <i>X</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X</i>	
	TOTAL LABOUR			\$ 1,280.00	
	ESTIMATE TOTAL			\$ 4,012.62	
<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 parts during resurvey.
- Parts prices are subject to confirmation.
- Third party survey is on a "Without Prejudice" basis.
- No illegal modifications, alterations.
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company.

Acknowledged by Repairer
Signature:
Date:

Ka/lu 10/10/18
11/6/18 1000 hrs
3 Days
P/P
Before Part photo

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

JOB NO : 305171349
 REGN NO : SHA4517A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.12.2016
 DATE/TIME IN : 08.06.2018 14:25
 ACCIDENT DATE : 08.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1	41.00	20.00	32.80
0002	04-01-0103-0787-G	I40VC EMBLEM-I40	1	41.00	20.00	32.80
0003	04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1	27.20	20.00	21.76
0004	28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1 N	15.00	10.00	13.50
0005	28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1 N	15.00	10.00	13.50
0006	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0007	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0008	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0009	04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0010	04-01-0103-0585-A	I40VC LAMP ASSY-RR COMB O	1	565.60	20.00	452.48
0011	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00

SUB-TOTAL : 1,322.92

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 12.06.2018

Time: 14:28:18

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 : 305171349
REGN NO : SHA4517A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.12.2016
DATE/TIME IN : 08.06.2018 14:25
ACCIDENT DATE : 08.06.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING- REAR			400.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA			400.00		
0002 17-01	CHECK ALL LIGHTING			20.00		
				SUB-TOTAL	:	820.00
				TOTAL	:	2,142.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305171349

Date : 12/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA4517A

Date of Accident : 08/05/18

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

1. The repair job shall bill to: NTUC --- SGY7368D
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,322.92

(b) Labour Charges ### \$820.00

Total for Part-By-Part Repair Cost \$2,142.92

(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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 12/6/18

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: 52963356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010621/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGY 7368D	Veh. Inspected	SHA 4517A
Policy No.	5090932581-01	Coverage (\$)	0.00
Claim No.	MT/0998231-002	Excess (\$)	0.00
Assign From		Assign Date	11/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096714	Colour	BLUE
Odometer	240421	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	08/06/2018	Inspection Date	11/06/2018
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.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHA 4517A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
1	REAR BUMPER	DEFORMED	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	CRACKED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	TAIL LAMP (RH)	CRACKED	565.60	565.60
	LESS 20% DISCOUNT		-629.23	-311.48
			2,516.92	1,245.92
<u>NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT		-	-3.00
			30.00	27.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00

Report Ref No. NS/INC18010621/K1rbn2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,280.00	820.00
GRAND TOTAL			4,012.62	2,142.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,142.92

Report Ref No. NS/INC18010621/K1rbn2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.