

Incident

Kalin

REF:

NS/INC18011001/Klsbnz

# ASSIGNMENT

From:  
Estimated Cost:

Date:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: FBH 5020

Policy No: 5072205483-02 20817 - 210818

Claims No: MT/1000385-001

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAG 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHC 3193X

Yr Regn: 31 Jan 2011

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

Truck / Trailer or

Make:

Hyundai Sonata

C.C. 1991

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

707874

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM HET 410MBA 804527

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

215/60 R16

R:

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

TOYO / YOKO or

Maxxi

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/6/08

D.O.I.

18/6/08

Survey held at

CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SHC 3193X - X

FBH 5020 - X

25/6/08 Control US \$ 700 / 2 hrs.  
(\$1,343.60 Red-65%?)

INC  
42

RECEIVED 27 JUN 2018

Date/Time. File Pass to?

27/06/08

1) Typist

Date/Time. File Return to?

2)



: Preli. Report



: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

) \$ + RS. \$

) Photos

) Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Report Format: US \$ 700/-

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/INC18011001/K1sb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2018

189556



Code: INC4

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

Insured Veh.	FBH 502C	Veh. Inspected	SHC 3193X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	5072205483-02	Assign Date	18/06/2018

**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	15/06/2018	Inspection Date	18/06/2018
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"/>	5072205483-02	NG ZHEN WEI	S8837438Z	GMC	Third Party	FBH502C	FBH502C	22/08/2017	21/08/2018

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

Date : 26/06/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1000385-001	COMFORT TRANSPORTATION PTE LTD	SHC 3193X	FBH 502C
2	MT/0998883-002	COMFORT TRANSPORTATION PTE LTD	SHC 1576M	SLX 7001H
3	MT/0999459-002	COMFORT TRANSPORTATION PTE LTD	SH 6426Z	GBA 4103G
4	MT/0999645-002	COMFORT TRANSPORTATION PTE LTD	SHC 2166G	FBG 234G

## 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	16/06/2018 11:18
Date Of Accident	15/06/2018 17:00
Exact Location Of Accident	BEDOK NTH AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3193X
<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-2.0 (A)

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	SNG ONG THIAM
NRIC No	S1188488A
Date Of Birth	11/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96738022
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 401 BEDOK NORTH AVENUE 3 #11-297
Postcode	460401
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	
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	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180615/2071 \* TYPE OF ACCIDENT :- HEAD TO SIDE

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

Nature Of Damage

OVERALL BODY WORK

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

UNKNOWN(PILLION)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

UNKNOWN

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**IMPORTANT NOTICE**

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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. 199303621R

*Thian*

*[Signature]* 10/6/18  
S R Moorthy  
CSO

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.:



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/2018 0615/2018

## DECLARATION

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

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.:



**SINGAPORE  
POLICE FORCE**

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



T/20180615/2071

1 of 3

Report No. T/20180615/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2018 17:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SNG ONG THIAM		Address: APT BLK 401 BEDOK NORTH AVENUE 3 #11-297 SINGAPORE	
ID Type / ID No.: NRIC NO / S1188488A		Contact No.: Home/Office: Mobile: 96738022	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 11/10/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/06/2018 17:00	Type of Location:
Location: Along Road 1 BEDOK NORTH AVENUE 3				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3193X	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO		Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**

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



T/20180615/2071

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Report No. T/20180615/2071

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SNG ONG THIAM		ID No. S1188488A
Related Vehicle	SHC3193X (Car)		Contact No. 96738022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	Unknown Rider		ID No. S8837438Z
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/6/18 at about 1700hrs

I was about to set off for work, I was about to drive my taxi out from the parking lot. I checked my left for vehicles while making a right turn. I was not exiting the lot very quickly when suddenly a motorbike coming from the right side against the flow of traffic brushed past my vehicle causing the rider and pillion to fall. I called for ambulance as the pillion was injured. Police and ambulance then came. The ambulance conveyed the pillion to hospital and I was told to come to Traffic Police to meet the investigator.



**SINGAPORE  
POLICE FORCE**

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



T/20180615/2071

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Report No. T/20180615/2071

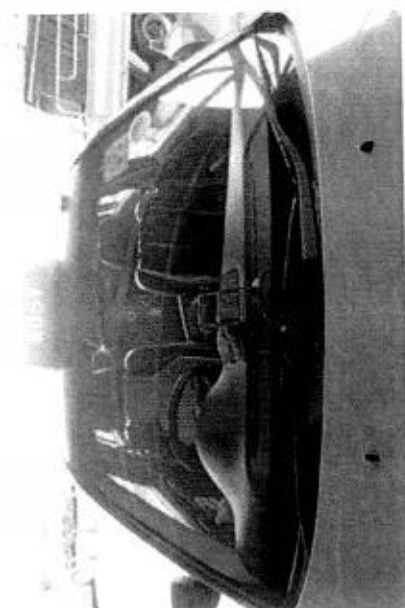
**CONTINUATION OF REPORT**

**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 / WONG ZI WEI	Signature Of Informant:  <i>Tina</i>
Signature Of interpreter: Not applicable	Date/Time: 15/06/2018 17:58
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:   SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: <i>20</i>



**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
FBH502C	15 Jun 2018 / 17:00:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SAC 3193X

Date/Time: 18.06.2018 10:36

Page : 1

Team: IN ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305176454

TOMER  
COMFORT TRANSPORTATION PTE LTD  
TOMER NO. 7010045  
RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)  
(P)

REGN NO. SHC3193X	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 16.06.2018 09:40
YR OF MANU. 31.01.2011	TARGET DATE
CHASSIS CODE KMHET41VMBA804527	COMPLETION DATE/TIME:

NTUC

COUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 15.06.2018  
ATURE: 3P 15.06.2018

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

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

No.: SHC3193X

LKE

Exit Pass

Vehicle No.: SHC3193X

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

VEHICLE NO : SHC 3193X

MAKE :

MODEL : HYUNDAI SONATA

DATE 18/6/2018 8:33

*lkk/kalwin* *4/8am*  
*lkk* *NTUC*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>x see</i>			\$ 282.10
	Radiator Grille U Moulding <i>x see</i>			\$ 108.90
	Front Bumper Cover <i>1 ea</i>			\$ 538.80
	Front Bumper Sponge <i>x see</i>			\$ 136.30
	Front Bumper Reinforcement <i>x see</i>			\$ 504.10
	Front Bumper Centre Grille <i>x see</i>			\$ 131.10
	Front Bumper Bracket Top (LH/RH) <i>x see</i>	\$	22.40	\$ 44.80
	Front Bumper Protector (LH/RH) <i>x see</i>	\$	29.20	\$ 58.40
	<b>SUB TOTAL</b>			<b>\$ 1,804.50</b>
	<b>LESS 20%</b>			<b>\$ 360.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,443.60</b>
	<i>Front Number plate missing \$25</i>			
	<b>Labour Charge</b>			<i>20%</i>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,043.60</b>
				<i>2068.60</i>

*Kalwin 10/11/18*  
*18/6/18 1110h*  
*2 Rys*  
*4/5*  
*After Repair p L*

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 is allowed
- Supplementary (sums) must be resurveyed and is subject to final approval from Insurance Company

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

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.



VEHICLE NO.: SHC3193X

MODEL : H. SONATA

JOB NO : 305176454

TYPE OF CLAIM : TP-FBH502C  
SURVEY BY : LKE/Kalvin Ang  
DATE : 18/6/18

**SUPPLEMENTARY OF PARTS AND LABOUR COSTS**

[illegible]

Our Job Ref No 305176454  
Date : 22/06/18

## FINALIZATION FORM

To : \_\_\_\_\_ LKK

Fax :

Attn : Mr. KALVIN ANG

Vehicle Reg No. SHC3193X CTPL

15.06.18

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

- |   | NTUC | ---                          | FBH502C         |
|---|------|------------------------------|-----------------|
| 1. The repair job shall bill to:  |      |                              |                 |
| 2. The finalized amount shall be:   |      |                              |                 |
| (a) Spare Parts after List discount   |      |                              |                 |
| (b) Labour Charges  |      |                              |                 |
| <b>Total for Part-By-Part Repair Cost</b>   |      |                              |                 |
| (c.) Lumpsum Repair (if applicable)   |      |                              |                 |
| Total for Lumpsum repair cost after Less:   | 20%  |                              | \$700.00        |
| <b>Final Lumpsum Repair cost</b>  |      |                              | <b>\$700.00</b> |
| 3. Estimated normal period for repairs:   | 2    | working days.                |                 |
| 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days |      |                              |                 |
| 5. Thank you for your assistance.   |      | We confirm the estimates and |                 |

Signature : \_\_\_\_\_

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




# National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC18011001/K1sbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 28-06-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FBH 502C	Veh. Inspected	SHC 3193X
Policy No.	5072205483-02	Coverage (\$)	0.00
Claim No.	MT/1000385-001	Excess (\$)	0.00
Assign From		Assign Date	18/06/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA804527	Colour	BLUE
Odometer	707874	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	15/06/2018	Inspection Date	18/06/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3193X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	SERVICEABLE	282.10	-
1	RADIATOR GRILLE U MOULDING	SERVICEABLE	108.90	-
1	FRONT BUMPER COVER	CRACKED	538.80	538.80
1	FRONT BUMPER SPONGE	SERVICEABLE	136.30	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	504.10	-
1	FRONT BUMPER CENTRE GRILLE	SERVICEABLE	131.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER PROTECTOR (LH/RH) @\$29.20	SERVICEABLE	58.40	-
	LESS 20% DISCOUNT		-360.90	-107.76
			1,443.60	431.04
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NUMBER PLATE (SN)	MISSING	25.00	25.00
			25.00	25.00
<b>LABOUR</b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
<b>GRAND TOTAL</b>			<b>2,068.60</b>	<b>856.04</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>700.00</b>

Report Ref No. NS/INC18011001/K1sbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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REGD Auto Consultant-SAE, Licensed Appraiser

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