

Kalin

REF: NS/INC18011002/Klvbnz

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop n/s

of

Insured: SG0 38724

Policy No: 5087572160-01 130118-120119

Claims No: MT/0998811-002

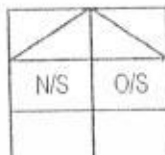
Sum Insured: _____ Excess: _____

(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: SH 6758 R

Yr Regn: 26 May 2016

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

Truck / Trailer or

Make: Hyundai

C.C. 1685

Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 208192

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB414A44 089862

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 A/Rim or

Tyre Size: F: 205/60R16

R: 7

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 15/6/10

D.O.A. 18/6/10

Survey held at

CDHE (Loyang)

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

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

Date / Time

Action / Instruction

SH 6758 R - NS/INC09027200/Ch

DA: 01/12/2009

IM

SG0 38724 - NA/INC08031735/p

DA: 02/12/2008

4/5

20/6/10

Label 453770/367. (Red 5595.74, 609)

RECEIVED 2-1 JUN 2010

Date/Time, File Pass to?



Preli. Report

Days Of Repair: 3

1)



Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

21/6- typist

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Survey Fee:

Transportation

S + RS: SI

Photos

Others

Report Format:

TP

LS \$3750/2

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/INC18011002/K1vb

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.	SGQ 3872H	Veh. Inspected	SH 6758R
Policy No.	5087572160-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		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.
--

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 21 June 2018 10:33 AM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR CLAIM NUMBER

Hi all,

Claims created.

With Regards

Junainah

Senior Admin Assistant, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: 21 June 2018 08:03
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 No.
1	MT/0998811-002	COMFORT TRANSPOTATION PTE LTD	SH 6758R	SGQ 3872H
2	MT/0998922-002	COMFORT TRANSPOTATION PTE LTD	SHB 4238A	GV 3263P

D.O.A	Time of Accident	Estimate	Tentative repair cost
15/6/2018	1:15	\$9,345.74	\$3,750.00
15/6/2018	21:00	\$4,702.64	\$1,000.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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 checked="" type="radio"/>	5087572160-01	MD FEIRUZ B ABD RAHMAN	S7304357C	GPC	Third Party, Fire & Theft	SGQ3872H	SGQ3872H	13/01/2018	12/01/2019

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	17/06/2018 12:19
Date Of Accident	15/06/2018 01:15
Exact Location Of Accident	ONAN RD TWDS CHANGI RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6758R
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	SHA'RI BIN MADON
NRIC No	S6810771G
Date Of Birth	23/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86188477
Fax Number	
Contact Number	
Email Address	MADON.SHARI6@GMAIL.COM

Address	BLK 112 RIVERVALE WALK #02-51
Postcode	540112
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180617/2004

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	SGQ3872H
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD FEIRUZ BIN ABDUL RAHMAN
NRIC/Passport Number	S7304357C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHA'RI BIN MADON
Approximate Age	
Injuries Sustain	SHOULDER
Injured person in which vehicle?	SH6758R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

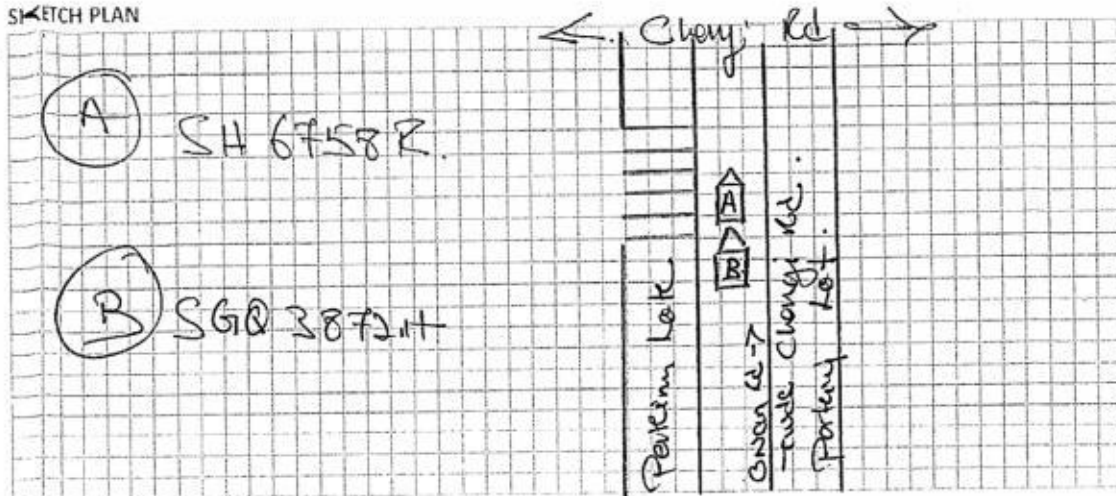
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 15 JUNE 2018 @ 01:15 hr I

VEH A was driving along Oran Rd

Towards Cheng Rd. at vehicle instant

Slow down and stop I VEH A also

Slow down and stop Suddenly VEH B

from Rear hit VEH A Rear. at

the point of accident I VEH A

carry 3 passengers. NO injuries.

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**



T/20180617/2004

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180617/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2018 01:51	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SHA'RI BIN MADON			Address: APT BLK 112 RIVERVALE WALK #02-51 SINGAPORE 540112	
ID Type / ID No.: NRIC NO / S6810771G			Contact No.:	Mobile: 86188477
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 50	Date of Birth: 23/03/1968	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2018 01:15	Type of Location: Straight Road
Location: Along Road 1 ONAN ROAD				
Along Onan Road before turning left into Changi Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGQ3872H	Car	HONDA	STREAM 1.8 A Blue 12/07/2018	Blue	Slightly Damaged	4
SH6758R	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20180617/2004

2 of 4

Report No. T/20180617/2004

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHA'RI BIN MADON	ID No.	S6810771G
Related Vehicle	SH6758R (Car)	Contact No.	86188477
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MOHAMAD FEIRUZ BIN ABDUL RAHMAN	ID No.	S7304357C
Related Vehicle	NIL	Contact No.	96181710
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 the 15/06/2018 at around 0115hrs, I was driving my vehicle bearing licence plate no. SH6758R along Onan Road. My wife and 2 children were in the car with me. The traffic was heavy and I was waiting in queue to turn into Changi Road. I was moving about 5km/h at a slow pace. Suddenly, I felt a huge impact from behind my car. A vehicle bearing licence plate no. SGQ3872H had collided into the rear of my vehicle. We immediately stopped at the side and exchanged particulars. My rear bumper suffered a few dents and part of it was also broken. My boot cannot be closed. The driver had 4 other passengers in his vehicle. No one was injured at that point of time. There was no Traffic Police or Ambulance at scene.

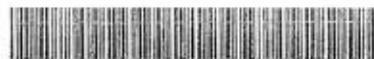
Initially the driver informed that he wished for private settlement. He agreed verbally to pay for the cost for my taxi rental fee and also for my lost of income. However on the 16/06/2018, after I spoke to him over the phone and informed him that the cost for private settlement will be very high, he informed that we should just proceed on with insurance claims. At around 0030hrs, I went to Mount Alvernia Hospital to see a doctor as I experience some ache on my right shoulder. I was given 5 day outpatient sick leave.

As such, I am lodging this report for Insurance Claims. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180617/2004

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Report No. T/20180617/2004

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20180617/2004

4 of 4

Report No. T/20180617/2004

CONTINUATION OF REPORT

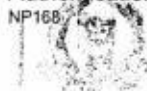
Sketch Plan

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: A / Sgt 2 GLENN CHEAH YONG QUAN <i>gcy</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 01:51
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp



SN 13

gcy

Singapore Police Force

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

NOTE
LKK

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 578701
Mainline + 65 6383 6280 Facsimile + 65 6280 6755
Workshops:
59 Loyang Drive Singapore 508505 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Bungei Kadut Way Singapore 738791
45 Pandan Road Singapore 600086 6 Delfi Avenue 1 Singapore 539537
8200 Raffles Boulevard Singapore 700086

Date/Time: 18.06.2018 08:56 Page : 1

am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No305176373

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(P) (O)

JUNT CARD NO.

REGN NO:
SH 6758R

MILEAGE

MAKE:
HYUNDAI

FUEL

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

MODEL
1-40

DATE/TIME IN
17.06.2018 11:25

YR OF MANU
26.05.2016

TARGET DATE

CHASSIS CODE
KMHLB41UMGU089867

COMPLETION DATE/TIME:

JOB DESCRIPTION

cident Date: 15.06.2018

TURE: 3P 15.06.18

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

ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

o.: SH 6758R

LIMITS

Vehicle No.: SH 6758R

Service Advisor

Signature/Date

Name of Service Advisor

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6758R

DATE 18/6/2018

MAKE :

MODEL : HYUNDAI i40

NTUC - LK

TS

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 1,681.40	
	Boot Lid Lock Upper			\$ 137.90	
	Boot Lid Lock Lower			\$ 31.70	
	Boot Lid 'H' Emblem			\$ 27.20	
	Boot Lid CRDI Plate			\$ 41.00	
	Bootlid Moulding			\$ 85.00	
	Bootlid i40 Emblem			\$ 41.00	
	Bootlid Lower Garnish			\$ 398.00	
	Rear Bumper			\$ 603.60	
	Rear Bumper Reinforcement			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)	Part	\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket		\$ 49.00	\$ 98.00	
	Rear Bumper Clips			\$ 22.00	
	Rear Bumper Sponge			\$ 143.40	
	Rear Bumper Under Cover			\$ 225.00	
	Rear Panel			\$ 592.30	
	Rear Panel Garnish			\$ 57.70	
	Rear Panel Lower Panel			\$ 495.50	
	Exhaust Pipe Insulator		\$ 58.55	\$ 117.10	
	Exhaust Silencer		\$ 954.00	\$ 1,908.00	
	Exhaust Pipe Hanger		\$ 58.55	\$ 117.10	
	Exhaust Pipe Centre			\$ 1,150.30	
	SUB TOTAL			\$ 8,837.55	
	LESS 20%			\$ 1,767.51	
	DISCOUNTED TOTAL			\$ 7,070.04	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett
	Rear Bumper Reverse Sensor			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
				\$ 215.70	
	Labour Charge				
	Panel Beating			\$ 850.00	
	Spray Painting Charge			\$ 750.00	
	Wiring Charge			\$ 50.00	
	Tuff Kote			\$ 50.00	
	Remove/Refix Reverse Sensor			\$ 120.00	
	Remove/Refix Exhaust Pipe			\$ 240.00	
	TOTAL LABOUR			\$ 2,060.00	
	ESTIMATE TOTAL			\$ 9,345.74	
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.					

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 "without prejudice" basis
- No illegal modification is allowed
- Supplementary items must be resurveyed
- is subject to final approval from Insurance Co

Approved by Repairer:
Signature:
Date:

Calvin 18/6/18 1135h.
3 Pys
4/5
After Repair & LK

600
850.00
750.00
50.00
50.00
120.00
240.00
600
X 1.1
50
30
X 1.1

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305176373
Date : 20/06/18

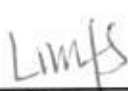
FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SH 6758R Date of Accident : 15-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 --- SGQ3872H
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% \$3,750.00
 - Final Lumpsum Repair cost \$3,750.00**
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 : 20/6/18

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: BOOTLID LOWER GARNISH - REPLACED



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/INC18011002/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-06-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGQ 3872H	Veh. Inspected	SH 6758R
Policy No.	5087572160-01	Coverage (\$)	0.00
Claim No.	MT/0998811-002	Excess (\$)	0.00
Assign From		Assign Date	18/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089867	Colour	BLUE
Odometer	208192	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 REAR PORTION. DAMAGES SEE DETAILS.
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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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6758R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	1,681.40	1,681.40
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
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	CRACKED	398.00	398.00
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	CRACKED	504.35	504.35
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	BENT	360.00	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	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR PANEL	TO REPAIR SEE LABOUR	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	495.50	-
2	EXHAUST PIPE INSULATOR @\$58.55	SERVICEABLE	117.10	-
2	EXHAUST SILENCER @\$954.00	SERVICEABLE	1,908.00	-
2	EXHAUST PIPE HANGER @\$58.55	SERVICEABLE	117.10	-
1	EXHAUST PIPE CENTRE	SERVICEABLE	1,150.30	-
	LESS 20% DISCOUNT		-1,767.51	-809.39
			7,070.04	3,237.56
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN) LABOUR PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL. SPRAY PAINTING CHARGE. WIRING CHARGE. TUFF KOTE. REMOVE/REFIX REVERSE SENSOR. REMOVE/REFIX EXHAUST PIPE.	NECESSARY	50.00	50.00
			215.70	215.70
		NOT NECESSARY	850.00	600.00
			750.00	600.00
			50.00	
			50.00	30.00
			120.00	30.00
			240.00	-
		2,060.00	1,260.00	
GRAND TOTAL			9,345.74	4,713.26
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,750.00

Report Ref No. NS/INC18011002/K1vbn2

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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