Executive: Kalvin | REF: NS/ZNC18011006/Klrbn2

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: SJK 9686K

Policy No.: 5096820437 201217 - 191218

Claims No.: MT/09987S6-002

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:

IDAC Accident Rport: 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: SH 6097P Yr Regn: 2 Apr 2015

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 497645 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHLB414MF40 67828

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Hankook

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	14/6/18	D.O.I.	18/6/18

Survey held at CDAE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 6097P - CS/TCL17024598/Krd3 DOA: 221217 Inc 4/s
	SJK 9686K - X
21/6/18	Claim P/P $300 / 2 Rpr. Rcd: $1607.40, 84%

RECEIVED 22 JUN 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation

Add Fee: ☐ : Site Insp ($) $ + PS $

☐ : Interview ($) Photos

☐ : Tech. Invs ($) Others

160

Report Format : TP

P/P $300

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/INC18011006/K1rb

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 18-06-2018

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJK 9686K	Veh. Inspected	SH 6097P
	Policy No.	5096820437	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	14/06/2018	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.

Vehicle No.(For Motor) SJK9686K

Date of Accident 14/06/2018 19:05

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5096820437	WONG HENG MENG	S1437404C	GCV	Comprehensive	SJK9686K	SJK9686K	20/12/2017	19/12/2018

Continue

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/0998808-002	COMFORT TRANSPORTATION PTE LTD	SHC 2446Z	SJM 8149R	16/06/2018	$ 2,421.56	$ 950.00
2	MT/0998756-002	COMFORT TRANSPORTATION PTE LTD	SH 6097P	SJK 9686K	14/06/2018	$ 1,907.40	$ 300.00
3	MT/0999107-002	CITYCAB PTE LTD	SHA 8124Z	SLN 5956T	17/06/2018	$ 2,395.84	$ 1,750.00
4	MT/0999092-002	COMFORT TRANSPORTATION PTE LTD	SHB 4184X	SLL 5740J	16/06/2018	$ 2,481.58	$ 1,650.00

Claim received from LKK Auto

MCD618077952 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 18/06/2018 11:06
SUBMITTED BY: Huang XiaoYan

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 witholding 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	18/06/2018 11:06
Date Of Accident	14/06/2018 10:35
Exact Location Of Accident	SULTAN ISKANDAR CUSTOM IMMIGRATION DRIVEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH6097P
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-1572701MFSH
Cover Note Number	
Driver	
Name of Driver	HANIFF B MAHBOB
NRIC No	S0022984I
Date Of Birth	13/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1970
Driving Experience	47 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90211353
Fax Number	
Contact Number	
EMail Address	HANIFF.MAHBOB@GMAIL.COM

Address	BLK 121 YISHUN STREET 11 #02-445
Postcode	760121
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	SIDE SWIPE
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?	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: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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?	YES
If Yes,against whom?	-

Circumstances of Accident

PLS REFER TO ATTACHED / 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	SJK9686K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
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.
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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.

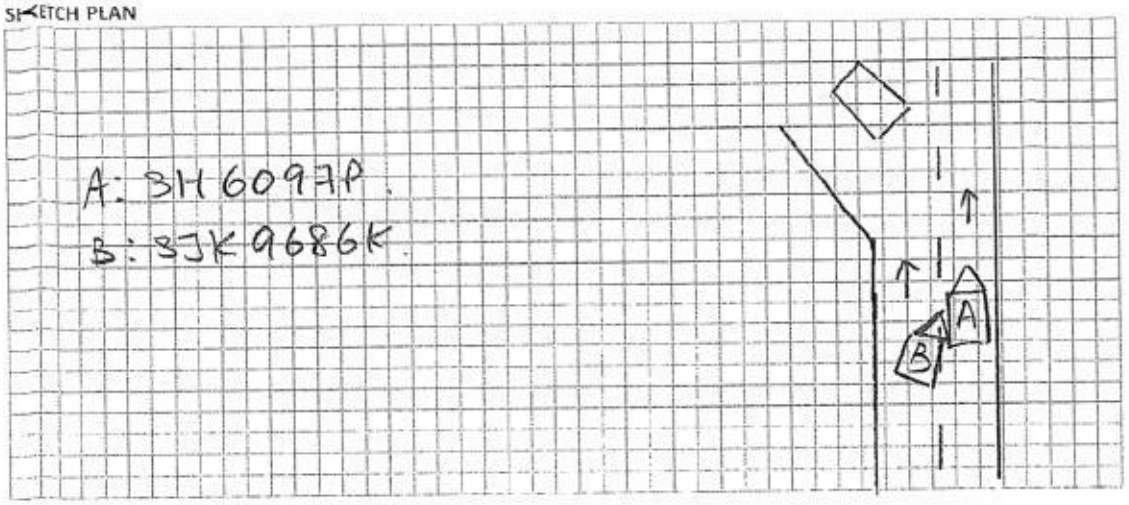
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

0900
18.6.2018

Loke Wei Yieng

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 14/6/18. at about 10:35 hrs, I was driving from Singapore to Johor Bahru, Malaysia. When I reached at Sultan Iskandar Immigration building queing in lane for passport immigration, a car SJK9686K come out from my left hand encroached into my path thus hit onto the left centre portion of my taxi. As the accident happened at Malaysia, hence I did file a Malaysia Police report. (Attached)

03 passengers on board my taxi. No injury at the point of accident

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:

Loke Wei Yieng

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

GIA/MAC SketchPlanForm_V3

POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai	: TRAFIK JOHOR BAHRU(S)	**Pegawai Penyiasat**	: R164906
Daerah	: J/BAHRU SELATAN		
Kontinjen	: JOHOR		
No Repot	: TRAFIK JOHOR BAHRU(S)/014225/18		
Tarikh	: 14/06/2018		
Waktu	: 1215 PM		
Bahasa Diterima	: B. Malaysia		

Butir-butir Penerima Repot

Nama : HASRIN B ABD RAHMAN **No Personel :** R117756 **Pangkat :** KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : --- **No K/P (Baru) :** --- **No Polis/Tentera:** ---

No Paspot: --- **Bahasa Asal :** ---

Alamat: ---

Butir-butir Pengadu

Nama : HANIFF BIN MAHBOB

No K/P (Baru) : --- **No Polis/Tentera :** --- **No Paspot :** E5001423N

No Sijil Beranak : ---

Jantina : Lelaki **Tarikh Lahir :** 13/10/1952 **Umur :** 65 tahun 8 bulan

Keturunan : Melayu **Warganegara :** Singapore

Pekerjaan : SENDIRI

Alamat Tempat Tinggal : APT BLK 121 YISHUN STREET 11#02-445 SINGAPORE, 760121

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : --- **No Tel (Pejabat) :** --- **No Tel (HP) :** 6590211353

Emel : ---

Pengadu Menyatakan:-

PADA 14/06/2018 JAM LEBIH KURANG 1035HRS SAYA MEMANDU M/TEKSI NO SH6097P DARI SINGAPURA HENDAK KE JOHOR BAHRU.SEMASA SAYA SAMPAI DI DALAM BANGUNAN SULTAN ISKANDAR DI LORONG UNTUK COP PASSAPORT MASA ITU SAYA BERADA DI LOROMG KANAN TIBA-TIBA SEBUAH M/KAR NO SJK9686K DARI LORONG KIRI MASUK KE LALUAN SAYA TERUS MELANGGAR M/TEKSI SAYA SEBELAH KIRI.KEROSAKAN M/TEKSI SAYA SEBELAH KIRI PINTU DEPAN /BELAKANG DAN LAIN-LAIN KEROSAKAN SAYA BELUM PASTI LAGI.SEKIAN LAPURAN SAYA.

Tandatangan Pengadu: Tandatangan Jurubahasa(Jika ada) : Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R117756 | 14/06/2018 12:26:21 PM

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,
JALAN TEBRAU, 80250 JOHOR BAHRU
07-2237977

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : HANIFF BIN MAHBOB

No Kad Pengenalan / Paspot : E5001423N

No Repot Polis : TRAFIK JOHOR BAHRU(S)/014225/18

Tarikh @ Masa Repot Polis : 14/06/2018 @ 12:15

Pengesahan Penerimaan Repot :

.....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R164906) SJN ASHIENTY BINTI ABDUL AZIM

Tempat Tugas : JOHOR , J/BAHRU SELATAN

No Telefon Pejabat : **No Telefon Bimbit** : 019-2815367

Tarikh @ masa Perjumpaan : 14/6/18 @ 1230 hrs.

Pengesahan Penerimaan Repot :

.....

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : ..... **No Badan** : ..... **Pangkat** : .....

Tarikh @ Masa Gambar Diambil : .....

Pengesahan Gambar Diambil :

.....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

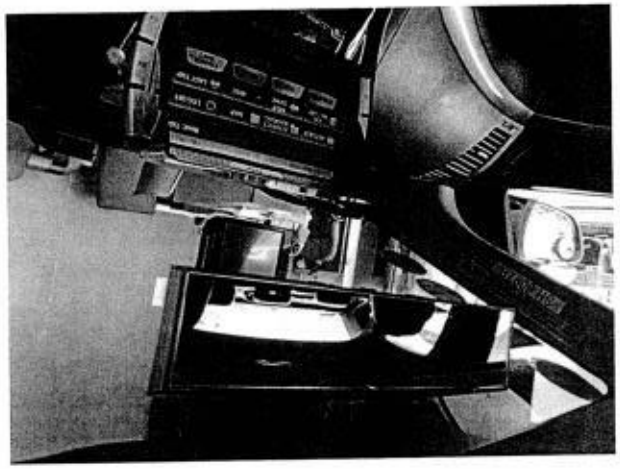
Tarikh @ Masa Dokumen Diserah : .....

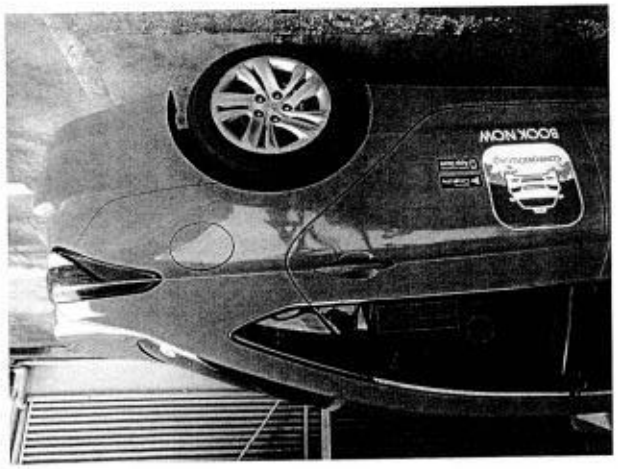
Pengesahan Kaunter Pembekalan Dokumen :

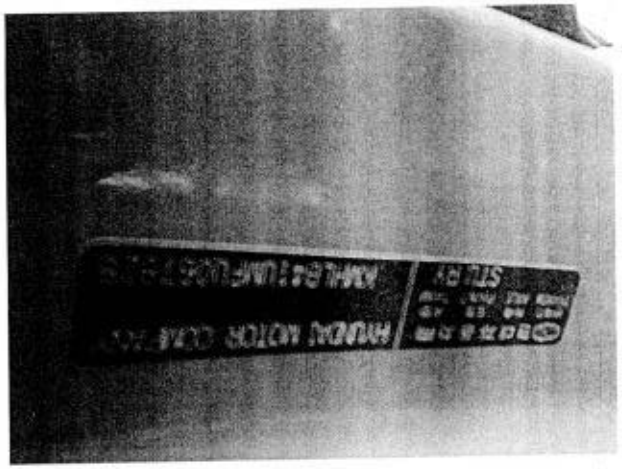
.....

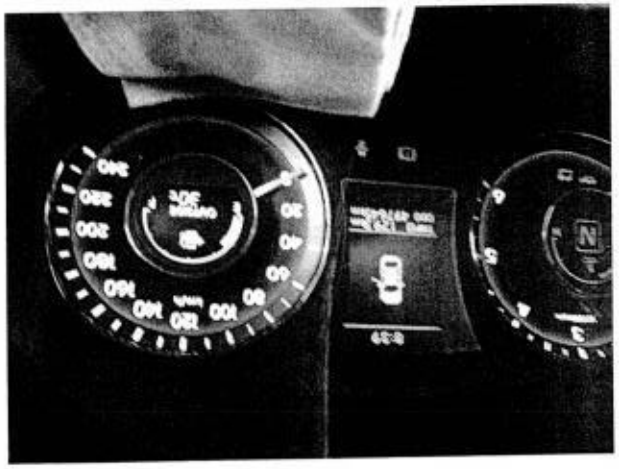
Tandatangan Pegawai Kaunter Pembekalan Dokumen

Waktu Pejabat :
Ahad - Rabu:
08.00 Pagi - 01.00 Tengah Hari
02.00 Petang - 04.30 Petang
Khamis:
08.00 Pagi - 01.00 Tengah Hari
02.00 Petang - 03.00 Petang
Jumaat, Sabtu - Tutup
Cuti Umum / Khas - Tutup

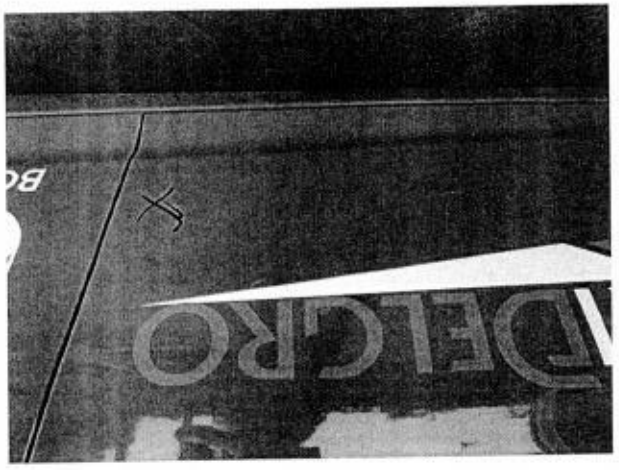






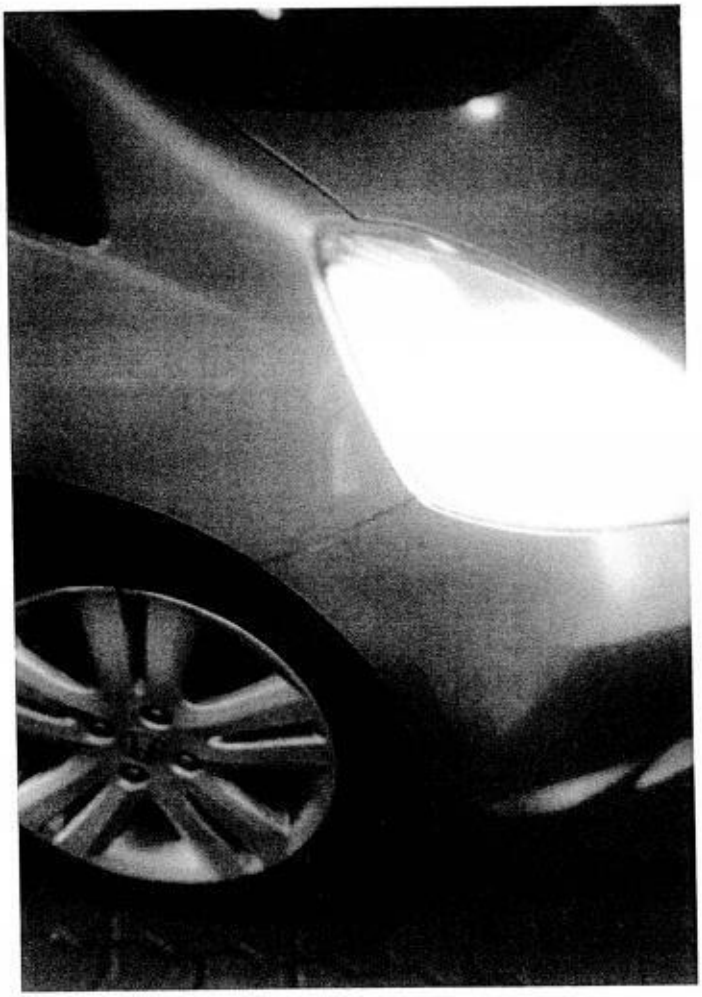



SH6097P




SH6097P


SJK 9686K



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Maintline: + 65 6383 8280 Facsimile: + 65 6280 8757
Workshops
69 Lorong Chuan Singapore 556998
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
24 Senoko Loop Singapore 758510
7 Sungei Kadut Way Singapore 728791
6 Defu Avenue 1 Singapore 539537

Date/Time: 18.06.2018 15:47 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO: 305176858

ISTOMER COMFORT TRANSPORTATION PTE LTD R/MS 7010045 ISTOMER NO. DDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 L (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO.: SH 6097P MILEAGE MAKE: HYUNDAI FUEL E 1/2 F MODEL: I-40 DATE/TIME IN 18.06.2018 08:30 YR OF MANU. 02.04.2015 TARGET DATE CHASSIS CODE KMHLB41UMFU067828 COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.06.2018
NATURE: 3P 14.06.2018

S/NO	LABOR CODE	DESCRIPTION
	N7UC	- Left Centre
	LEE/Kahi	-

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SH 6097P LARRY

Larry Ng

e of Service Advisor

Signature/Date

) returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 6097P

Name of Service Advisor

Date

To be kept by Security Guard

NTUC

DOA: 14.06.18

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHILCE NO : SH 6097P
MAKE : HYUNDAI
MODEL : i40

Date: 18.06.2018

Qty	Parts Description / Labour	Type	Unit Price	Amount
1	Front Door – LH			$ 1,403.00
	SUB TOTAL			**$ 1,403.00**
	LESS 20%			280.60
	DISCOUNTED TOTAL			**$ 1,122.40**
1	Front Door ComfortDelgro sticker			$ 75.00 **Nett**
1	Rear Door Booking APP			$ 80.00 **Nett**
				$ 155.00
	Labour Charge			
	Panel Beating			$ 500.00
	Spray Painting Charge			$ ~~250~~ 200
	Wiring Charge			$ 50.00
	Tuff Kote			$ 80.00
	TOTAL LABOUR			**$ 630.00**
	ESTIMATE TOTAL			**$ 1,907.40**

2157.40

Larry Ng

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 the damaged part(s)
- 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 item(s) must be surveyed and is subject to final approval from the Insurance Company

Acknowledged by Repairer
Signature:
Date:

Kalvin 1616hrs
18/6/18 1615hrs
2 days
4/5
After Repaint

COMFORTDELGRO ENGINEERING

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

Our Job Ref No . 305176858

Date : 21. Jun. 2018

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SH 6097P** Date of Accident: 14.06.2018

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

1. The repair job shall bill to: **NTUC** **SJK9686K**

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:
   Final Lumpsum Repair cost P/P **$300.00**

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 finalized amount

Signature :

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 21/6/18

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:

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/INC18011006/K1rbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Date: 26-06-2018

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJK 9686K	**Veh. Inspected**	SH 6097P
	Policy No.	5096820437	**Coverage ($)**	0.00
	Claim No.	MT/0998756-002	**Excess ($)**	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.**	2015
	Chassis No.	KMHLB41UMFU067828	**Colour**	BLUE
	Odometer	497645	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	STANDARD ALLOY RIM
	General	GOOD		

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 BODY.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	14/06/2018	**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: **2 Working Days**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6097P

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT DOOR-LH	TO REPAIR SEE LABOUR	1,403.00	-
	LESS 20% DISCOUNT		-280.60	-
			1,122.40	-
	SPECIAL NETT ITEMS			
1	FRONT DOOR COMFORTDELGRO STICKER (SN)	NOT NECESSARY	75.00	-
1	REAR DOOR BOOKING APP (SN)	NOT NECESSARY	80.00	-
			155.00	-
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR-LH.		500.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	80.00	-
			880.00	300.00
	GRAND TOTAL		**2,157.40**	**300.00**
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**300.00**

Report Ref No. NS/INC18011006/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