

Kalin

REF:

NS/INCL8011121/Klrbrz

ASSIGNMENT

From:

Date:

Veh No:

SHA 8124Z

Yr Regn:

30 Jun / 2015

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Hyundai Z40

C.C

1685

at Workshop n/s

Colour:

Yellow

A/C:

Insured / Std / NI / NA

of

Sp. Reading

428472

T/Radio:

Insured / Std / NI / NA

Insured:

SLN 5956T

Eng/No:

Policy No:

5100 492836

180518 - 290718

C/No:

KMHL0414464075029

Claims No:

m710999107-002

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

205/60 R16

R:

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

N/S	O/S

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

Bal. or Market Value:

Front

Rear

IDAC Accident Report:

Consistent? : Yes or No

R/Bal.

7

mm

R/Bal.

7

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

7

mm

L/Bal.

7

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

17/6/8

D.O.I.

19/6/8

Lum Sum:

%

3 Val.: Yes or No

Survey held at

CDHE (Loyang)

CA / REV / REP. / 24 HRS

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

N/S Frnt.

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

SHA 8124Z - CSI / TCI 1601767 / Uq62

DA: 280716

Incl LIS.

20/6/8

SLN 5956T

Cubins 4/5 8/7 50/207.

Red: 8645.84, 271.

RECEIVED 21 JUN 2018

Date/Time. File Pass to?



Preli. Report

Days Of Repair:

2

1) typant



Final Report

Resurvey No. of Trip:

Date/Time. File Return to?

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$

Report Format:

TP

LIS : \$1750

Survey Fee:

Transportation

) \$ + PS. \$

) Photos

) Others

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/INC18011121/K1rb

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.	SLN 5956T	Veh. Inspected	SHA 8124Z
Policy No.	5100492836	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

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	17/06/2018	Inspection Date	19/06/2018
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

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"/>	5100492836	KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SLN5956T	SLN5956T	18/05/2018	29/07/2018

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	SIK 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

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	18/06/2018 15:28
Date Of Accident	17/06/2018 16:45
Exact Location Of Accident	HDB SEVICE RD B/386 BT BATOK RD NEAR RUBBISH CHUTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8124Z
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHONG KWONG
NRIC No	S1667346C
Date Of Birth	22/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93661342
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 40 TELOK BLANGAH RISE #04-401
Postcode	080040
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)	2
Passenger 1	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180618/2071 * TYPE OF ACCIDENT :- 3P REVERSED

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	SLN5956T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMAD SHAHRIEZAD BIN SA'AD
NRIC/Passport Number	S7815881F
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHONG KWONG

Approximate Age

Injuries Sustain SHOULDER AND BACK

Injured person in which vehicle? SHA8124Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

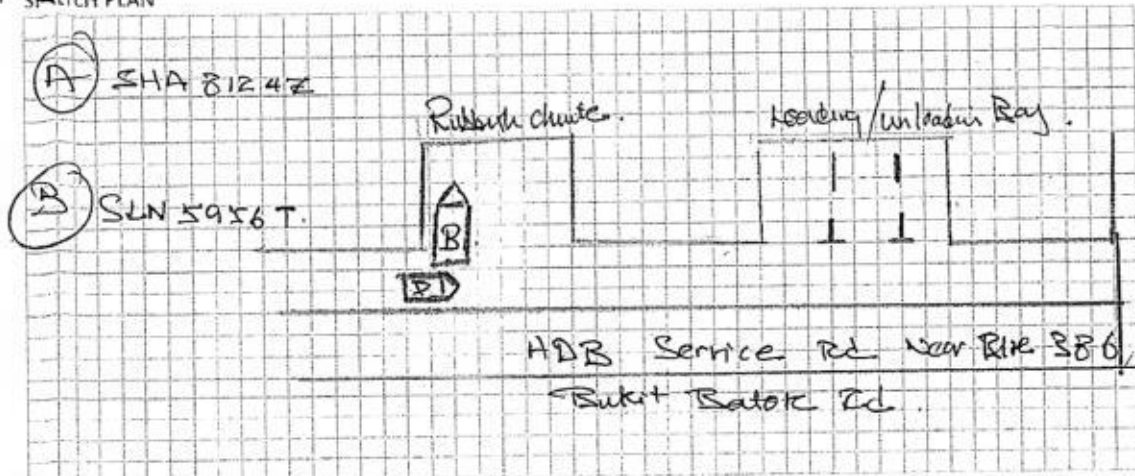
Policyholder's Signature
Date & Time:

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

Refer To Police
Report.
2/20180618/2071.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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/20180618/2071

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180618/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 13:19		Vide Report No.:		Station Diary No.: 107	
Informant's Particulars					
Name of Informant: LIM CHONG KWONG			Address: APT BLK 40 TELOK BLANGAH RISE #04-401 SINGAPORE 090040		
ID Type / ID No.: NRIC NO / S1667346C			Contact No.: Home/Office: Mobile: 93661342		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 22/01/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2018 16:40	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 5				
Near to Blk 386				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8124Z	Car				Slightly Damaged	1
SLN5956T	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20180618/2071

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180618/2071

CONTINUATION OF REPORT

Driver			
Name	LIM CHONG KWONG	ID No.	S1667346C
Related Vehicle	SHA8124Z (Car)	Contact No.	93661342
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Muhamad Shahrieza Bin Sa'ad	ID No.	S7815881F
Related Vehicle	SLN5956T (Car)	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 17/06/2018 at about 4.40pm, I was driving my taxi bearing vehicle number SHA8124Z and was at Bukit Batok West Ave 5 near to blk 386 and was at a stationary position inside the Blk cluster with a passenger inside my car. I was waiting for a car in front of me to move off first hence was at a stationary position.

I wish to inform that at the point of time, there is another vehicle bearing vehicle number SLN5956T on my left side with the rear of his car facing the left front side of my taxi. Suddenly, the vehicle SLN5956T just reversed at a very fast speed and hit onto the front left side of my taxi.

As a result of the impact, my taxi have damages of dent to the front left side of the bumper and I suffered injuries of pain to my right hand, back and back neck area. I was given 5 days medical certificate for the injuries.

I wish to inform that no police or ambulance attended to my incident.



**SINGAPORE
POLICE FORCE**



T/20180618/2071

3 of 3

Report No. T/20180618/2071

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 PHYLLIS HENG PEI LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2018 13:19

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



SINGAPORE
POLICE FORCE

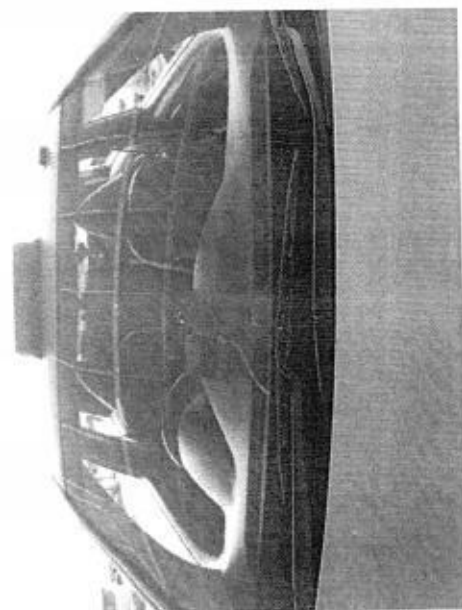
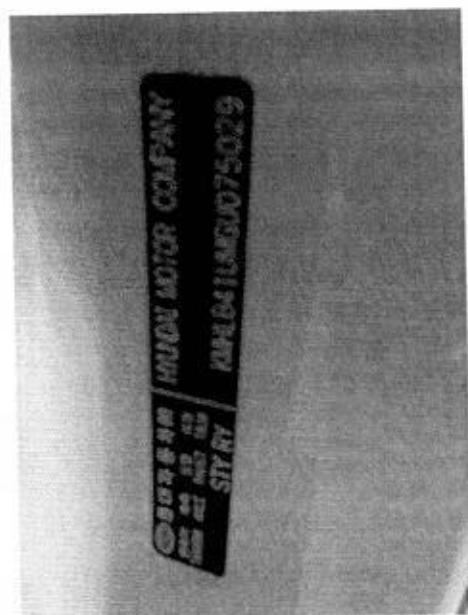
Classification Of Case:

SN 168

Authentication Stamp

NP168

SIGNATURE



Date/Time: 18.06.2018 17:51

Page : 1

JOB CARD Sales Order: 3832820

JC NO305176932

TOMER		REGN NO.	MILEAGE
CITYCAB PTE LTD		SHA8124Z	
MS	7010070	MAKE	FUEL
TOMER NO.	383 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
RESS	Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
	65551188	1-40	17.06.2018 16:45
(P)	(O)	YR OF MANU.	TARGET DATE
(P)		30.06.2015	
COUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		KMHLB41UMGU075029	

ccident Date: 17.06.2018
ATURE: 3P 17.06.2018

JOB DESCRIPTION

/NO	LABOR CODE
00010	23-01

DESCRIPTION	DATE	AMOUNT
TOWING FEE	11-1-58	10.00

ICKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedge ment Slip

Exit Pass

a No.:

SHA8124Z

LIKE

Vehicle No.:

SHA8124Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 8124Z

MAKE :

MODEL : HYUNDAI i40

DATE 18/6/2018 16:32

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Refined</i>			\$ 1052.20
	Front Bumper Bracket Top (LH) <i>Ref</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>Ref</i>			\$ 24.60
	Front Fender (LH) — <i>Ref</i>			\$ 619.00
	Front Fender Shield (LH) X <i>Ref</i>			\$ 169.80
	Front Fender Retainer X <i>Ref</i>			\$ 9.20
	SUB TOTAL			\$ 1,407.30
	LESS 20%			\$ 281.46
	DISCOUNTED TOTAL			\$ 1,125.84
	 Frt Fender Advertisement Logo ,LH — <i>Ref</i>			 \$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 500.00 <i>300</i>
	Spray Painting Charge			\$ 500.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Towing Fees			\$ 60.00 <i>X 2</i>
	TOTAL LABOUR			\$ 1,170.00
	ESTIMATE TOTAL			\$ 2,395.84
				<i>2187.76</i>

*Kalvin CRY**19/6/18 1050hrs**2 hrs.**45**After Repair photo.*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) 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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

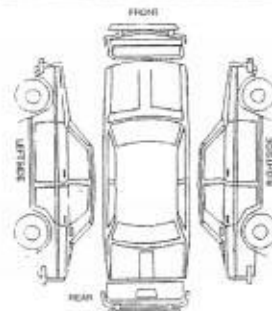
1. Date: 17.06.18	Time Received: 1730	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New Name of Customer : LIM (FONG KUAN) Contact No. : 93661342 Vehicle No. : SHA81242 Make / Model / Colour : CITROEN 140 Email :	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		
6. Parts Replaced/Remarks:			

7. Location: 386 B. BAYVIEW WEST AVE 5	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Overheating <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Starting Problem <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Sin Ming <input type="checkbox"/> Senoko <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Pandan <input type="checkbox"/> Ubi <input type="checkbox"/> Cycle & Carriage (PD)

10. Odometer Reading : _____ Fuel Level : F 1/4 1/2 3/4 E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
--	--

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING
Name of Driver : KEVIN
Vehicle No. : GBH4006S
Time Dispatch : 1730
Time of Arrival : 1805
Time Completed : 1900



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

17.06.18

1905

Date

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COP

Date : 19/06/18

Fax:

Vehicle Reg No.	SHA8124Z	CTPL
-----------------	----------	------

17.06.18

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

- | | NTUC | --- | SLN5956T |
|---|------|-----|-------------------|
| 1. The repair job shall bill to: | | | |
| 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% | | \$1,750.00 |
| Final Lumpsum Repair cost | | | \$1,750.00 |

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

We confirm the estimates and finalized amount

Fax : 65468156

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:




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/INC18011121/K1rbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 25-06-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLN 5956T	Veh. Inspected	SHA 8124Z	
Policy No.	5100492836	Coverage (\$)	0.00	
Claim No.	MT/0999107-002	Excess (\$)	0.00	
Assign From		Assign Date	19/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMGU075029	Colour	YELLOW	
Odometer	428472	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	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/06/2018	Inspection Date	19/06/2018	
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. SHA 8124Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
	LESS 20% DISCOUNT		-379.44	-334.24
			1,517.76	1,336.96
SPECIAL NETT ITEMS				
1	FRT FENDER ADVERTISEMENT LOGO,LH (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		560.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	20.00
	TOWING FEES.		60.00	-
			1,170.00	720.00
GRAND TOTAL			2,787.76	2,156.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,750.00

Report Ref No. NS/INC18011121/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

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