

INSURANCE

Kalin

REF: NS/INC18011122/Kldbnz

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 SLX 7001H
Policy No. 5099643352 060418 - 030419
Claims No. M/0998883-002
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: SHC 1576M Yr Regn: 6 Jan / 2013
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes Benz E220 C 2143
Colour: White A/C: Insured / Std / NI / NA
Sp. Reading: 898715 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD2120022A758315
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 / 60 R16
R: _____

(Policy Condition)
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 West Star
Front R/Bal. 7 mm L/Bal. 7 mm
D.O.A. 17/6/18 D.O.I. 19/6/18
Survey held at CD4E (Loyang)
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear
The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 2 days Res.: Yes or No
Lum Sum: % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

| Date / Time | Action / Instruction |
|-------------|---|
| 25/6/18 | SHC 1576M - CS/TCL15018129 / Agbc2 RA: 241015 INC L/S SLX 7001H - X Chkd 4542750 / 2671. CPad @ 1696, 38% |

RECEIVED 27 JUN 2018

Date/Time, File Pass to? ☐ : Preli. Report
26/6 2018 ☐ : Final Report
Date/Time, File Return to? _____

Days Of Repair: 2
Resurvey No. of Trip: 1

Survey Fee: _____
Transportation _____
S + PS _____ \$
Photos _____
Others _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)

Report Format : TP

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/INC18011122/K1qb | | | |
| 73 BRAS BASAH ROAD | |  | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | |
| | | Date: 19-06-2018 | |
| | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SLX 7001H | Veh. Inspected | SHC 1576M |
| Policy No. | 5099643352 | 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. | | | |

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 |

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"/> | 5099643352 | ALEX TRANSPORTATION SERVICES | 533502018 | GPC | Third Party, Fire & Theft | SLX7001H | SLX7001H | 06/04/2018 | 05/04/2019 |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------------------------|
| Date Of Report | 18/06/2018 14:55 |
| Date Of Accident | 17/06/2018 20:55 |
| Exact Location Of Accident | PIE TWDS CHANGI BEFORE JLN EUNOS EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC1576M |
| 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 | MERCEDES-BENZ |
| Model | E220 |

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 | MIKE ONG SEOW PENG |
| NRIC No | S1807363C |
| Date Of Birth | 09/03/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/04/1992 |
| Driving Experience | 26 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98781600 |
| Fax Number | |
| Contact Number | |
| EMail Address | MIKEOSP828@YAHOO.COM.SG |

| | |
|---|-------------------------------------|
| Address | BLK 143 PASIR RIS STREET 11 #07-115 |
| Postcode | 510143 |
| 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? | 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: : MALE |

Details of Police Action

| | |
|---|-------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | TAMPINES EAST NPP |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180618/2058

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 | SLX7001H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WEE WEI CHONG |
| NRIC/Passport Number | S8715828D |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MIKE ONG SEOW PENG

Approximate Age

51

Injuries Sustain

FELT PAIN ON NECK AND BACK, ON 3 DAYS MC

Injured person in which vehicle?

SHC1576M

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

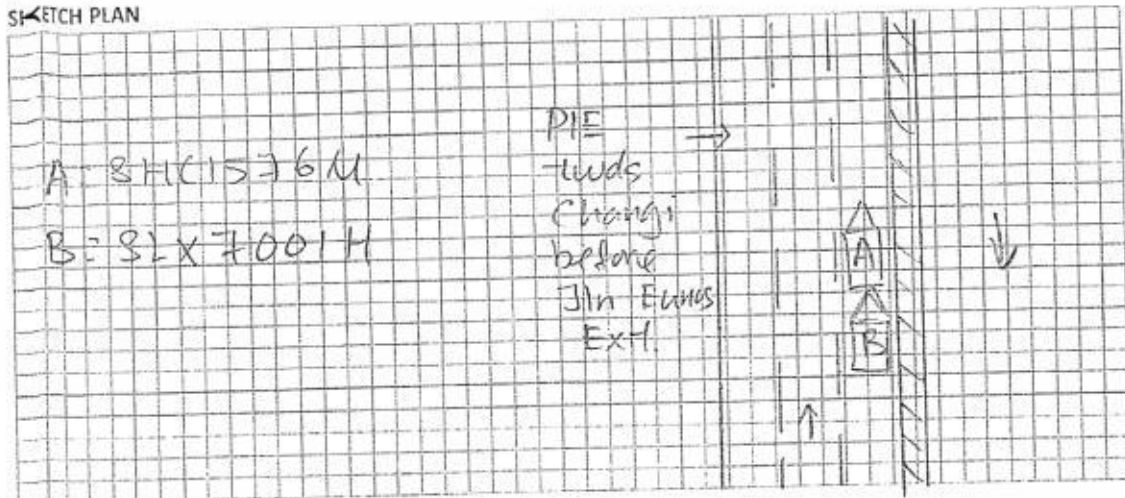
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT

Refer to Police report.

T/20180618/2058.

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.:

CIARFAC SketchPlanForm_V3

Loke Wei Yieng



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180618/2058

1 of 3

Report No. T/20180618/2058

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 18/06/2018 12:28 | | Vide Report No.: | | Station Diary No.: 9 | |
| Informant's Particulars | | | | | |
| Name of Informant: MIKE ONG SEOW PENG | | Address: APT BLK 143 PASIR RIS STREET 11 #07-115 SINGAPORE 510143 | | | |
| ID Type / ID No.: NRIC NO / S1807363C | | Contact No.: | | Mobile: 98781600 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Male | Age: 51 | Date of Birth: 09/03/1967 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | 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: 17/06/2018 20:55 | Type of Location: |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT, BEFORE JLN EUNOS EXIT | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Moderate | |
| 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 |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SHC1576M | Car | | | | Seriously Damaged | 1 |
| SLX7001H | Car | | | | Seriously 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:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180618/2058

2 of 3

Report No. T/20180618/2058

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|------------------|---|
| Driver | | | |
| Name | MIKE ONG SEOW PENG | | ID No. S1807363C |
| Related Vehicle | SHC1576M (Car) | | Contact No. 98781600 |
| Hospital/Clinic | Y M CHAN CLINIC & SURGERY | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | 18/06/2018 | Date Discharge | 18/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 17/06/2018 at about 2058hr, I was driving my vehicle SHC1576M along PIE towards Changi Airport on the extreme right lane. As I was driving before the exit of Jalan Eunos, there was an accident on the first lane thus I slow down and kept a safe distance. As I was slowing down, a vehicle collided into the rear of my vehicle. At that point of time, I had one passenger and I check with him however he did not require medical assistance. I also advice my passenger to go for a medical check up should he feel uncomfortable. I then got out of my vehicle to access the damages and exchange particulars with the other driver. The vehicle that had collided into the rear of my vehicle is a champagne gold Honda SLX7001H. Due to the collision, there is dents and scratches to the rear of my vehicle bumper. The boot is unable to close properly. The head rest for the passenger and driver seat was also dislodged.

I wish to state that I have a in car camera in my vehicle. I went to see the clinic on 18/06/2018 and received 3 days of MC from 18/06/2018 to 20/06/2018. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999



T/20180618/2058

3 of 3

Report No. T/20180618/2058

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:

G /
Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/06/2018 12:28

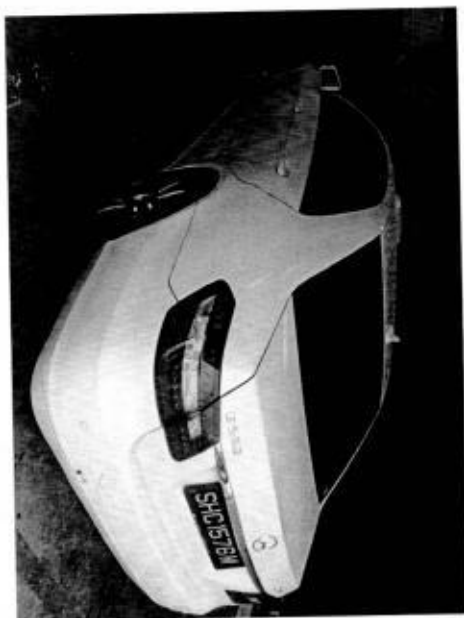
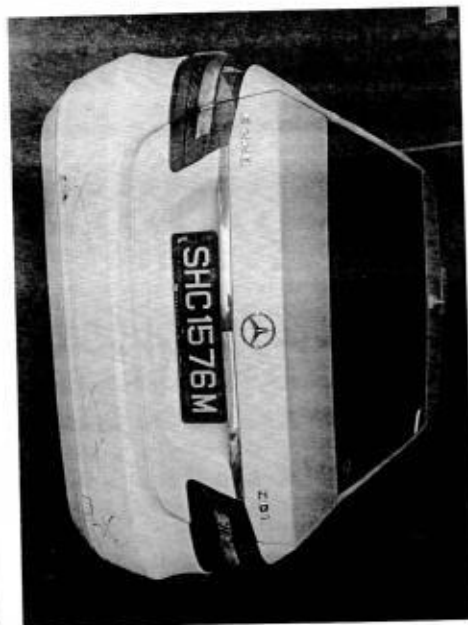
Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

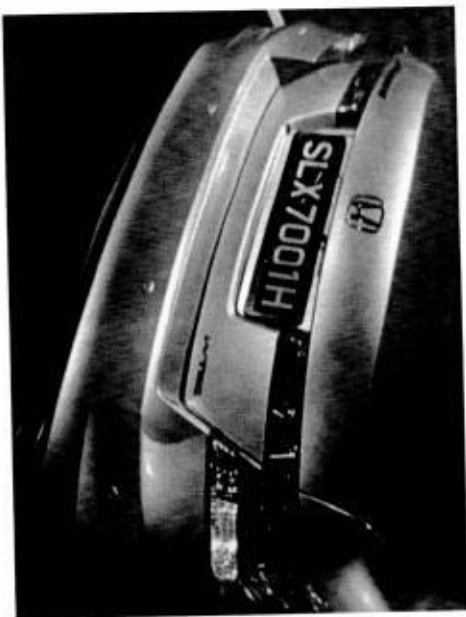
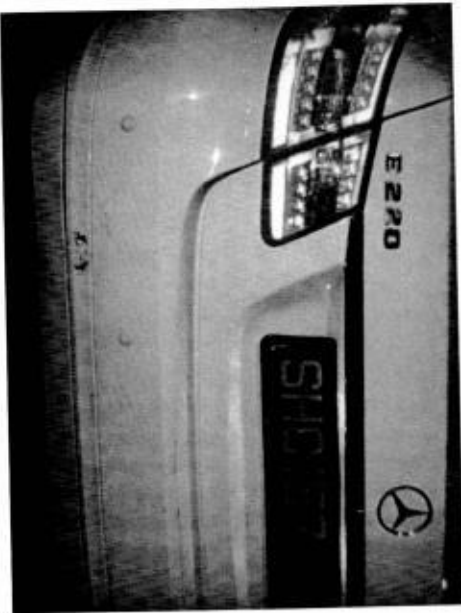
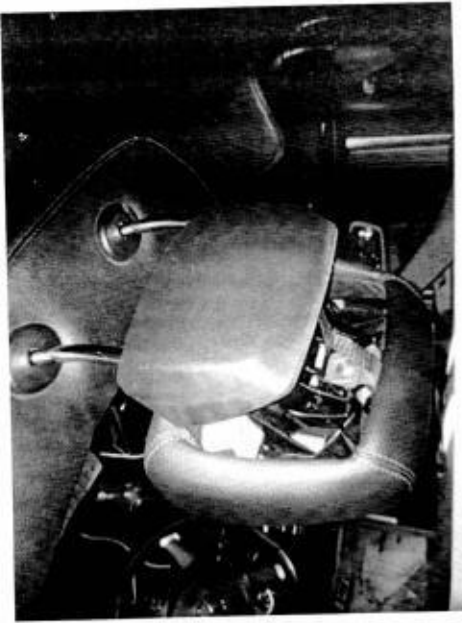
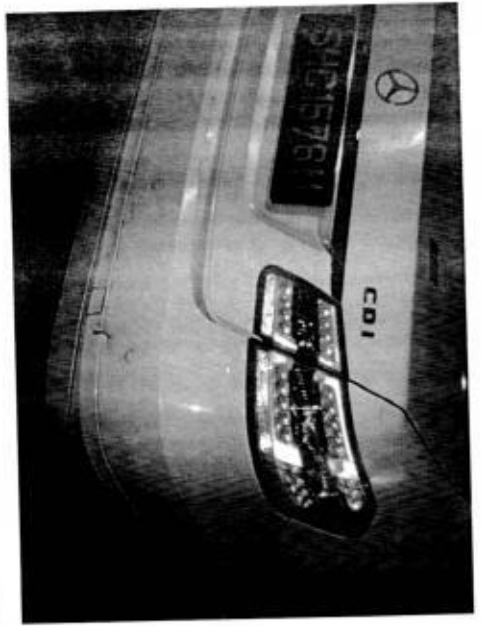


Classification Of Case:

Authentication Stamp
NP168

SIGNATURE





member of COMFORTDELGRO

Date/Time: 18.06.2018 17:52

Page : 1

am: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305176933

OMER
IS COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)
(R)
(P)

| | |
|------------------------------------|----------------------------------|
| REGN NO: SHC1576M | MILEAGE |
| MAKE: MERCEDES BENZ | FUEL E.....1/2.....F |
| MODEL: E220CDI(E5) | DATE/TIME IN 18.06.2018 00:15 |
| YR OF MANU: 06.06.2013 | TARGET DATE |
| CHASSIS CODE: WDD2120022A758315 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 17.06.2018
NATURE: 3P 17.06.2018

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

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHC1576M LKE

Vehicle No.: SHC1576M

Signature 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 1576M

MAKE :

MODEL : MERCEDES BENZ

DATE 18/6/2018 16:20

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|----------------------|---|------|------------|-------------|
| | Boot Lid 'E220' Emblem <i>ac</i> | | | \$ 54.30 |
| | Boot Lid Star Logo <i>ac</i> | | | \$ 45.00 |
| | License Plate Trim Cover <i>x ac</i> | | | \$ 96.70 |
| | Rear Bumper <i>Refined</i> | | | \$ 1,510.00 |
| | Rear Bumper Reinforcement <i>Det</i> | | | \$ 1,150.00 |
| | Rear Bumper Bracket Lower (LH/RH) <i>X ac</i> | | \$ 135.00 | \$ 270.00 |
| | Rear Bumper Bracket Top (LH/RH) <i>X ac</i> | | \$ 125.00 | \$ 250.00 |
| | Rear Bumper Retainer Mounting (LH/RH) <i>X ac</i> | | \$ 115.00 | \$ 230.00 |
| | Rear Bumper Lower Cover <i>cl</i> | | | \$ 325.00 |
| SUB TOTAL | | | | \$ 3,931.00 |
| LESS 20% | | | | \$ 786.20 |
| DISCOUNTED TOTAL | | | | \$ 3,144.80 |
| | <i>Reverse skid</i> <i>stl</i> \$380 | | | |
| | Boot Lid 'Sovereign' Sticker <i>ac</i> | | | \$ 25.00 |
| | Rear No. Plate <i>X ac</i> | | | \$ 56.20 |
| | | | | \$ 81.20 |
| Labour Charge | | | | 200 |
| | Panel Beating | | | \$ 500.00 |
| | Spray Painting Charge-Bootlid/Bumper | | | \$ 500.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 |
| TOTAL LABOUR | | | | \$ 1,220.00 |
| ESTIMATE TOTAL | | | | \$ 4,466.00 |
| | | | | 4834 |

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 legal 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.

HKF/Kalvin

L/Sun
NTUC

Kalvin LKK
19/6/18 11:00hrs
2 Pys
4s
After Repair

400
X 11
X 1
30



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/INC18011122/K1qbn2

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

Date: 28-06-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SLX 7001H | Veh. Inspected | SHC 1576M |
| Policy No. | 5099643352 | Coverage (\$) | 0.00 |
| Claim No. | MT/0998883-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 19/06/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|---------------------|--------------|--------------------|
| Make & Model | MERCEDES BENZ E 220 | c.c | 2143 |
| Engine No. | HIDDEN | Year of Reg. | 2013 |
| Chassis No. | WDD2120022A758315 | Colour | WHITE |
| Odometer | 898715 | 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 REAR 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 |
|-------------------------------------|----------------|



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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1576M

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | BOOT LID "E220" EMBLEM | NECESSARY | 54.30 | 54.30 |
| 1 | BOOT LID STAR LOGO | NECESSARY | 45.00 | 45.00 |
| 1 | LICENSE PLATE TRIM COVER | SERVICEABLE | 96.70 | - |
| 1 | REAR BUMPER | DEFORMED | 1,510.00 | 1,510.00 |
| 1 | REAR BUMPER REINFORCEMENT | BENT | 1,150.00 | 1,150.00 |
| 2 | REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00 | SERVICEABLE | 270.00 | - |
| 2 | REAR BUMPER BRACKET TOP (LH/RH) @\$125.00 | SERVICEABLE | 250.00 | - |
| 2 | REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00 | SERVICEABLE | 230.00 | - |
| 1 | REAR BUMPER LOWER COVER | CUT | 325.00 | 325.00 |
| | LESS 20% DISCOUNT | | -786.20 | -616.86 |
| | | | 3,144.80 | 2,467.44 |
| SPECIAL NETT ITEMS | | | | |
| 1 | REVERSE SENSOR (SN) | SHORTED | 388.00 | 388.00 |
| 1 | BOOT LID SOVEREIGN STICKER (SN) | NECESSARY | 25.00 | 25.00 |
| 1 | REAR NO PLATE (SN) | SERVICEABLE | 56.20 | - |
| | | | 469.20 | 413.00 |
| LABOUR | | | | |
| | PANEL BEATING. | | 500.00 | 200.00 |
| | SPRAY PAINTING CHARGE-BOOTLID/BUMPER. | | 500.00 | 400.00 |
| | WIRING CHARGE. | NOT NECESSARY | 50.00 | - |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | | 120.00 | 30.00 |
| | - | | - | - |
| | - | | - | - |
| | - | | - | - |
| | | | 1,220.00 | 630.00 |
| GRAND TOTAL | | | 4,834.00 | 3,510.44 |

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| | | | |
|--|--|--|----------|
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 2,750.00 |
|--|--|--|----------|

Report Ref No. NS/INC18011122/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.
No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

1

TYPE OF CLAIM : TP-SLX7001H

SURVEY BY : HKR/palwin Ang

DATE : 19/6/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

COMFORTDELGRO ENGINEERING

Our Job Ref No 305176933

Date 22/06/18

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

FINALIZATION FORM

To LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHC1576M CTPL

17.06.18

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

1. The repair job shall bill to: NTUC --- SLX7001H
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% \$2,750.00
Final Lumpsum Repair cost \$2,750.00

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 finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 25/6/18

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: