

(08/11/13)

Surveyor: Kalvin

REF:

NS/WC 18011436/K1Hbn2**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: SLF8419APolicy No. 5082827526-01 040817Claims No. MT/0999772-002

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 26610 Yr Regn: 30 May 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1798Colour: Blk A/C: Insured / Std / NI / NASp. Reading: 124665 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 370K83F4803527363Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/6/8 D.O.I. 22/6/8Survey held at CDGE (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.

Date / Time	Action / Instruction
	SHA 26610 - XA / NC18011431/64
	SLF 8419A - X
27/6/8	Insured P/P \$1014.11 / 2 Pys.
	Cred: 1147.67, 53%

RECEIVED 20 JUN 2018

Date/Time, File Pass to?

☐ : Preli. Report12/8/16 Typist☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I. (\$) 1014.11

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/INC18011436/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 23-06-2018



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLF 8419A	Veh. Inspected	SHA 2661D
Policy No.	5082827526-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/06/2018

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	22/06/2018	Inspection Date	22/06/2018
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

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0999759-002	COMFORT TRANSPORTATION	SH 8667G	GBF 8998M	22/06/2018	\$ 8,936.54	\$ 1,500.00
2	MT/0996644-002	SMRT TAXIS PTE LTD	SHD 6318D	SJT 494J	30/05/2018	\$ 5,525.78	\$ 1,609.91
3	MT/1000328-002	CITYCAB	SHC 7948J	SKH 7443L	24/06/2018	\$ 5,794.76	\$ 2,700.00
4	MT/0999772-002	COMFORT TRANSPORTATION	SHA 2661D	SIF 8419A	22/06/2018	\$ 2,161.78	\$ 1,014.11

Claim received from LKK Auto

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

22/06/2018 13:19

Vehicle No.(For Motor)

SLF8419A

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082827526-01	APEX LEASING PTE LTD	201616961Z	GFT	drive CLASSIC	SLF8419A	SLF8419A	04/08/2017	

Date/Time: 22.06.2018 14:53

Page : 1

Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO 305178631

Customer: COMFORT TRANSPORTATION PTE LTD
Customer No: 7010045
Address: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
Phone: 65508755 (O)
(R)
(P)

REGN NO:	SHA2661D	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)22.	DATE/TIME IN 06.06.2018 13:10
YR OF MANU.	30.05.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU603557363	COMPLETION DATE/TIME:

Job Card No.

JOB DESCRIPTION

Accident Date: 22.06.2018

ATURE: 3P 22.06.2018

NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA2661D LKE

Vehicle No.: SHA2661D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

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	22/06/2018 14:25
Date Of Accident	22/06/2018 09:45
Exact Location Of Accident	PIE TWDS CITY BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2661D
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	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	AZMAN BIN MOHAMED
NRIC No	S8027227H
Date Of Birth	07/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424185
Fax Number	
Contact Number	
Email Address	AZMANMOHAMED456@GMAIL.COM

Address	561B 16-1155 JURONG WEST STREET 42
Postcode	642561
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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 [OTHER]	TANAH MERAH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SLF8419A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VINCENT GOH BOON SIONG
NRIC/Passport Number	S7330847Z
Contact Number	91811099
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

AZMAN BIN MOHAMED

Approximate Age

38

Injuries Sustain

NECK

Injured person in which vehicle?

SHA2661D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

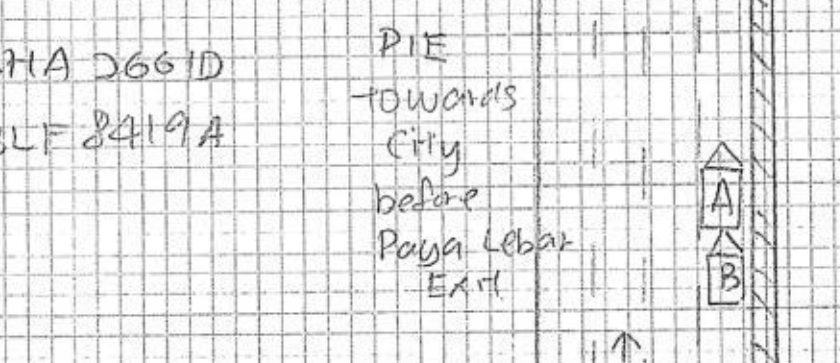
Sketch Plan Pg. 1

SKETCH PLAN

SKETCH PLAN

A: SHA 2661D
B: SLF 8419A

DIE
TOWARDS
City
before
Paya Lebar
Exit



↑

↓

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20180622/2047.

DECLARATION

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

REG NO 199303821R
017 LTD

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: _____
MIDIC/EIN No.: _____

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180622/2047

1 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180622/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 12:32	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: AZMAN BIN MOHAMED			Address: APT BLK 561B JURONG WEST STREET 42 #16-1155 SINGAPORE 642561	
ID Type / ID No.: NRIC NO / S8027227H			Contact No.: Home/Office: Mobile: 87424185	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 07/09/1980	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2018 09:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards City before Paya Lebar Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHA2661D	Car				Slightly Damaged	2
SLF8419A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180622/2047

2 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20180622/2047

CONTINUATION OF REPORT

Driver			
Name	AZMAN BIN MOHAMED		ID No. S8027227H
Related Vehicle	SHA2661D (Car)		Contact No. 87424185
Hospital/Clinic	OASIS FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	22/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	VINCENT GOH BOON SIONG		ID No. S7330847Z
Related Vehicle	SLF8419A (Car)		Contact No. 91811099
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 22/06/2018 at about 0945hrs, I was travelling in my company's vehicle (Car, SHA2661D) along PIE towards City on the extreme right lane of 3 or 4 lane road. I then noticed the traffic ahead had slowed down and came to a stationary position due to the heavy traffic as such I followed and came to a stationary position.

However, while waiting the traffic ahead to move forward I felt an impact from the rear of my vehicle. I then came out of my vehicle and discovered that one vehicle (Car, SLF8419A) had collided onto the center rear portion of my vehicle. We then exchanged our particulars and left the scene shortly after as nobody require any ambulance services or police assistance. Furthermore, we had agree to report this matter to the insurance company and left as we passengers that need to be drop off.

On the same day at 1100hrs, I visited Oasis Family Clinic located at Blk 56 New Upp Changi Road #01-1322 as I felt some discomfort at the rear of my neck area and I was given a total of Four days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20180622/2047

3 of 3

Report No. T/20180622/2047

Police Station Of Origin:

Tanah Merah NPP

51 New Upper Changi Road #01-1514

SINGAPORE 461051

Tel No: 1800-4499999

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 2 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/06/2018 12:32

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

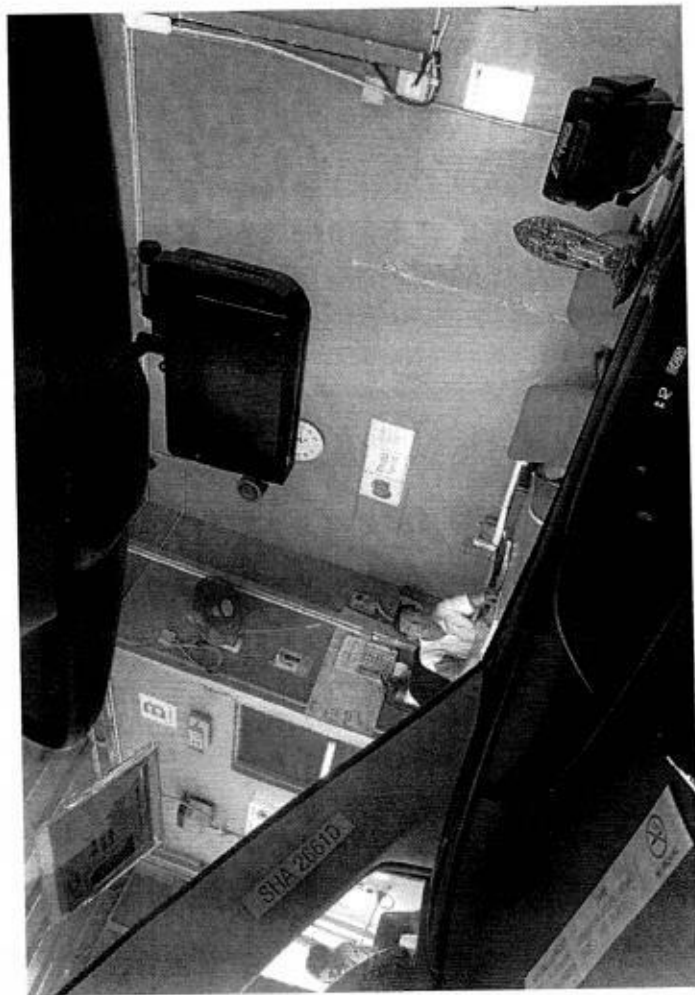
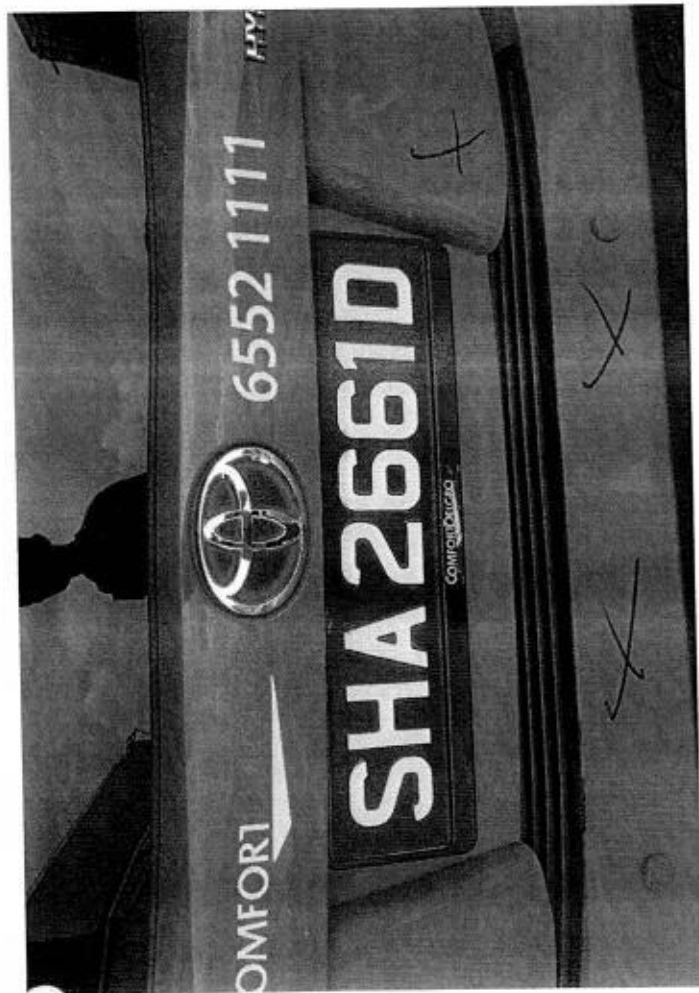
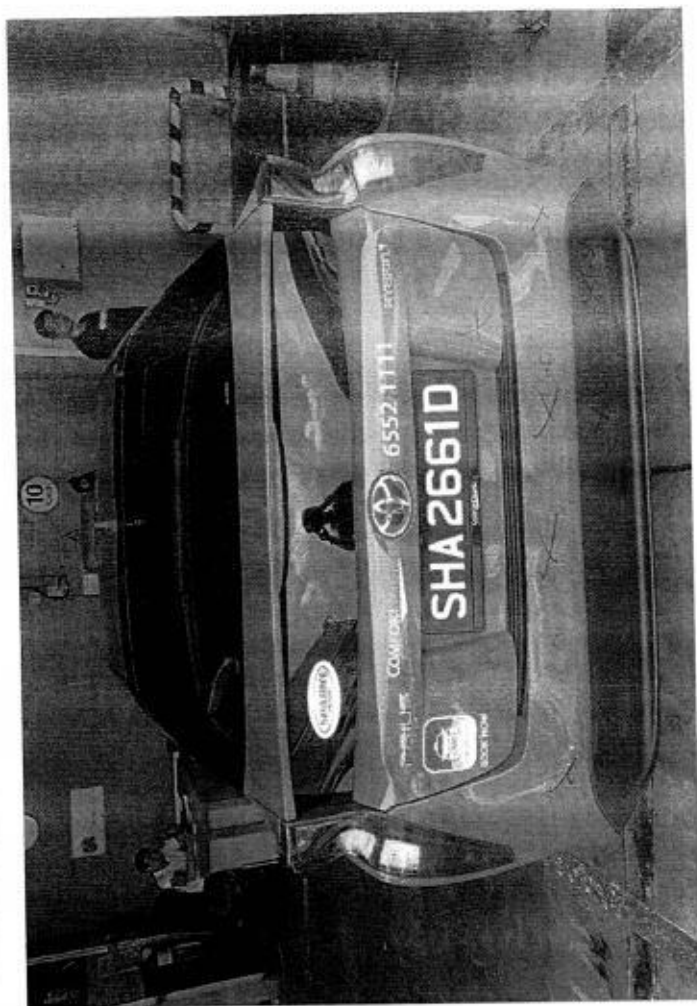
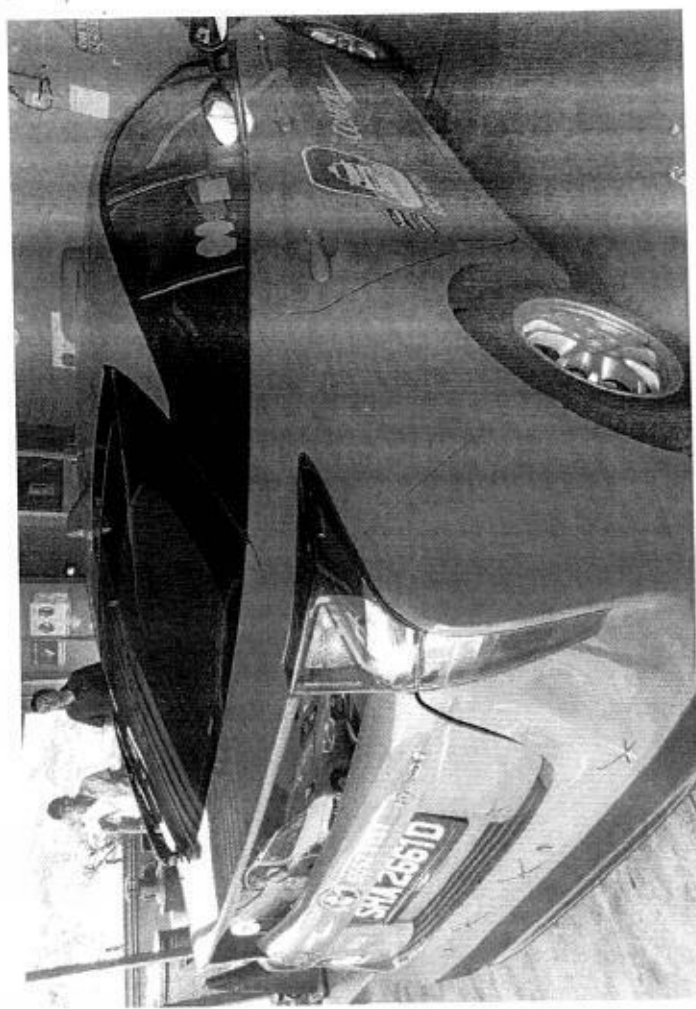
Contact No.: 65476179

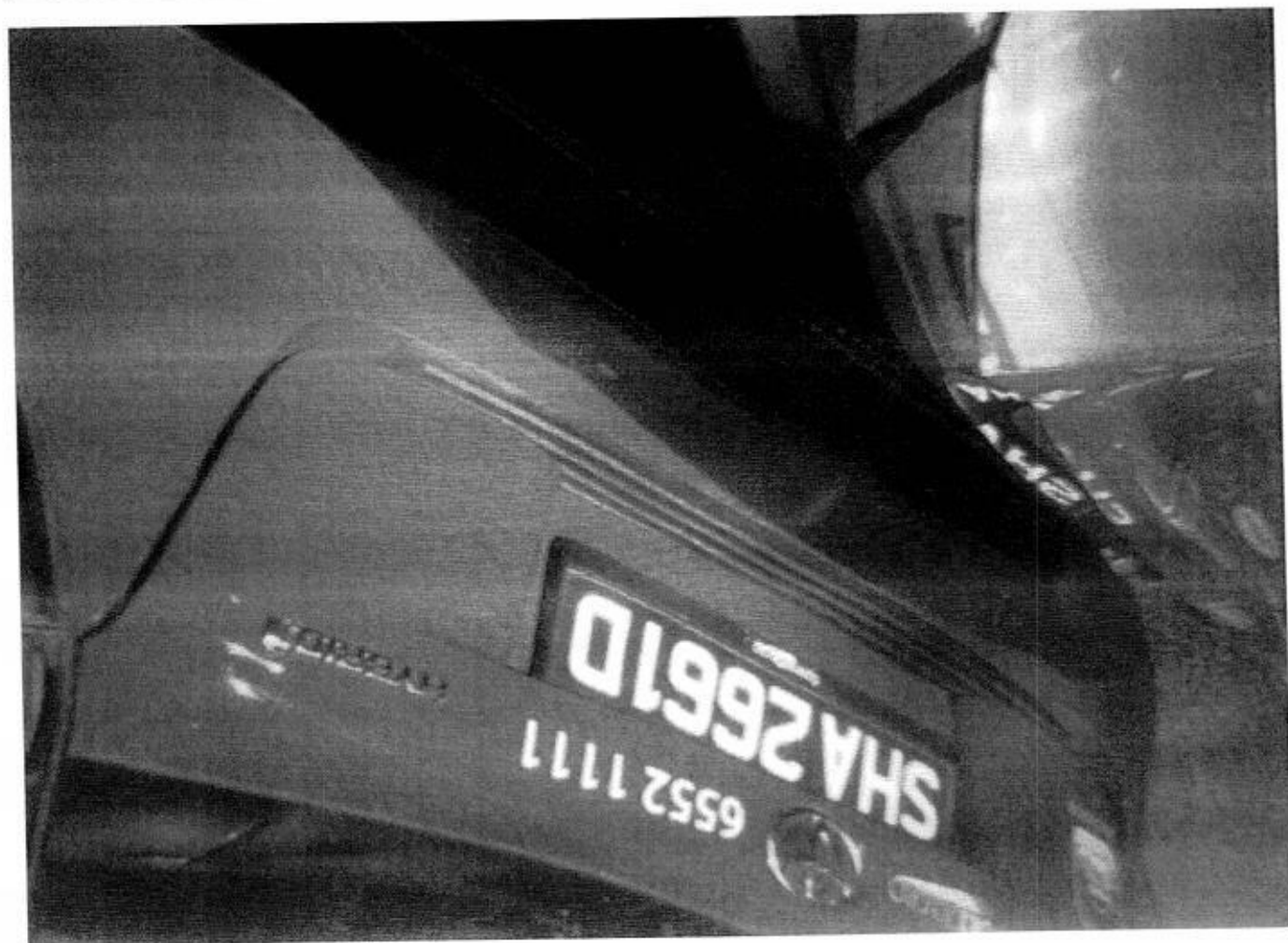
Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 2661D

MAKE :

MODEL : TOYOTA PRIUS

22/6/2018 14:38

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X 1/2</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X 1/2</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>- 1/2</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 1/2</i>			\$ 112.70
REAR BUMPER SPONGE <i>X 1/2</i>			\$ 143.40
REAR BUMPER CLIPS <i>- 1/2</i>			\$ 22.00
<i>Timing Cover - 1/2 \$14.70</i>			
SUB TOTAL			\$ 1,608.10
LESS 25%			\$ 402.03
DISCOUNTED TOTAL			\$ 1,206.08
REAR BUMPER REVERSE SENSOR <i>- 1/2</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>- 1/2</i>			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 350.00
Spray Painting Charge			\$ 250.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 770.00
ESTIMATE TOTAL			\$ 2,161.78

Kalin (11/11/18)

22/6/18 15:10

2071

PIP

Athe Ravi ph

- 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:

2172.80

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.

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305178631
REGN NO : SHA2661D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 22.06.2018 13:10
ACCIDENT DATE : 22.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0002	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1 L	14.70	25.00	11.02
0003	04-01-0302-2267-G	PRIVC BUMPER PIECE	10 L	22.00	25.00	16.50
0004	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 N	135.70	10.00	122.13

SUB-TOTAL : 564.10

JOB NATURE

0000 L	REAR BUMPER MAT	50.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 450.00

TOTAL : 1,014.10

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305178631
Date : 27/06/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA2661D CTPL

Fax :
22.06.18

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

1. The repair job shall bill to: NTUC --- SLF8419A
2. The finalized amount shall be:


(a) Spare Parts after List discount	<u>\$564.1/</u>
(b) Labour Charges	<u>\$450.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,014.1/</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>


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 : Calvin
Date : 27/6/18

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/INC18011436/K1tbn2				
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.	SLF 8419A	Veh. Inspected	SHA 2661D	
Policy No.	5082827526-01	Coverage (\$)	0.00	
Claim No.	MT/0999772-002	Excess (\$)	0.00	
Assign From		Assign Date	22/06/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU603557363	Colour	BLUE	
Odometer	124665	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/06/2018	Inspection Date	22/06/2018	
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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2661D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TOWING COVER	CUT	14.70	14.70
	LESS 25% DISCOUNT		-405.70	-147.32
			1,217.10	441.98
<u>NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVESE SENSOR.	NOT NECESSARY	120.00	-
	-		-	-
	-		-	-
	-		-	-
			770.00	400.00
GRAND TOTAL			2,172.80	1,014.11



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RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,014.11
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Report Ref No. NS/INC18011436/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
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