

(08/11/13)

REF:

NS/INC18011657/Klsb n2

Surveyor: Kalvin

## 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: SGT 813H

Policy No. 50 8733 2228-01 150318 - 140319

Claims No. MT/0999892-002

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 Report: \_\_\_\_\_ 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 1933B Yr Regn: 15 Dec 2016

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 196707 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL0414M4097072

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 / Rim or

Tyre Size: F: 205/65R16

R: \_\_\_\_\_

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

TOYO / YOKO or Han Kok

Front Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/6/18 D.O.I. 26/6/18

Survey held at (DHE (Loyang))

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

MS Frnt.

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

Date / Time Action / Instruction

SHA 1933B - CC4 / III 17018081 / Rluass2

DFA: 160917

INC

SGT 813H - X

PIP

9/7/18 Contain PIP \$324.96 / 3 Pp.

(8625.84 Red - 16%)

RECEIVED 10 JUL 2010

Date/Time, File Pass to?

10/07/18

1) Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS, \$ SI

Photos

Others

TOTAL

160

Report Format:

Lump Sum / I.B.I. (\$ 3,324.96 P/P)



# 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/INC18011657/K1sb

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-06-2018  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGT 813H	Veh. Inspected	SHA 1933B
Policy No.	5087332228-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/06/2018

## 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

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## 5. General Information

Accident Date	25/06/2018	Inspection Date	26/06/2018
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"/>	5087332228-01	LIM YAU YONG (LIN YAORONG)	S7731186F	GPC	drive CLASSIC	SGT813H	SGT813H	15/03/2018	14/03/2019

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1001041-002	COMFORT TRANSPORTATION PTE LTD	SHC 3517X	SKQ 2962R
2	MT/0999960-002	CITYCAB PTE LTD	SHC 7143P	GM 3881C
3	MT/0999892-002	COMFORT TRANSPORTATION PTE LTD	SHA 1933B	SGT 813H
4	MT/1000743-002	COMFORT TRANSPORTATION PTE LTD	SHC 8819S	SLV 2755J
5	MT/1002097-001	COMFORT TRANSPORTATION PTE LTD	SHA 7870J	FBE 5004G
6	MT/1000712-002	COMFORT TRANSPORTATION PTE LTD	SH 9046S	SHC 6231A
7	MT/1002102-001	COMFORT TRANSPORTATION PTE LTD	SHD 6526U	SJA 6868A
8	MT/1000374-002	COMFORT TRANSPORTATION PTE LTD	SHA 2392E	SHD 2266X

## 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	25/06/2018 16:04
Date Of Accident	25/06/2018 12:25
Exact Location Of Accident	TAMPINES CENTRAL 1 MSCP 508
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1933B
<b>Insured/Policyholder</b>	
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	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	LOW JOHN
NRIC No	S0832100J
Date Of Birth	24/04/1950
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1969
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81330257
Fax Number	
Contact Number	
Email Address	JOHNLOW2404@YAHOO.COM.SG

Address	BLK 241 COMPASSVALE WALK #08-588
Postcode	540241
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 ON COLLISION
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)	1

#### 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?	NO
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	SGT813H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YAU YONG
NRIC/Passport Number	S7731186F
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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 189303821R

Policyholder's Signature  
Date & Time:

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

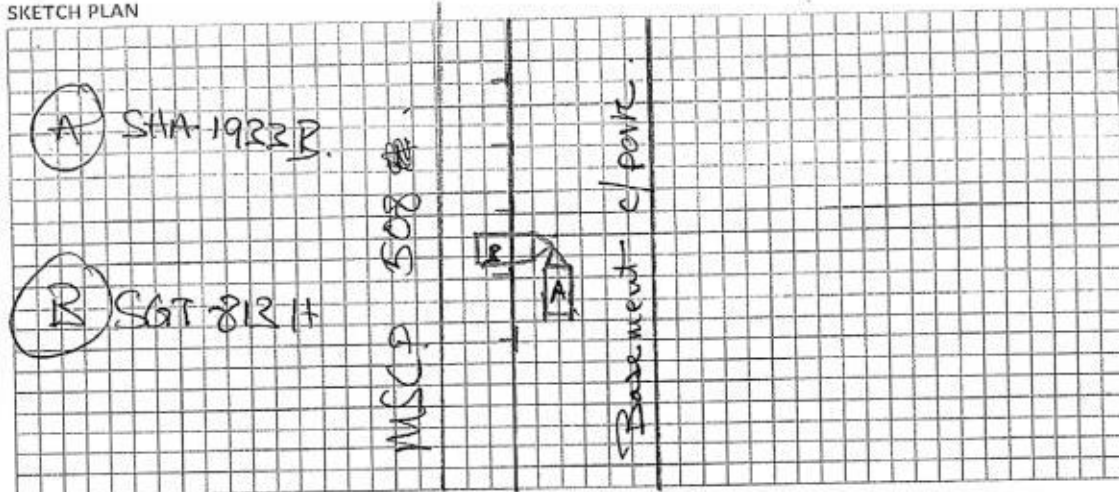
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 June 2018 @ 12.25 hr I

VEH A was driving inside MSCP Basement

Suddenly VEH R Came out I VEH A

Cannot stop in time and hit VEH R front.

No PAX IN VEH A.

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:

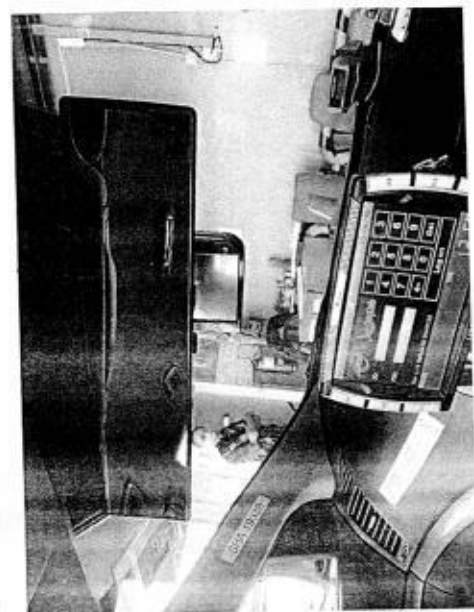
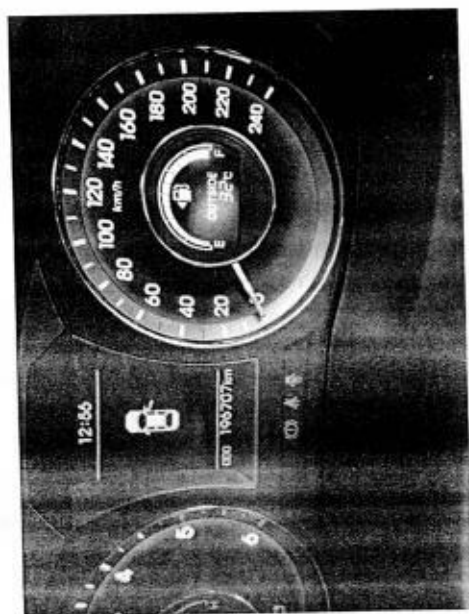
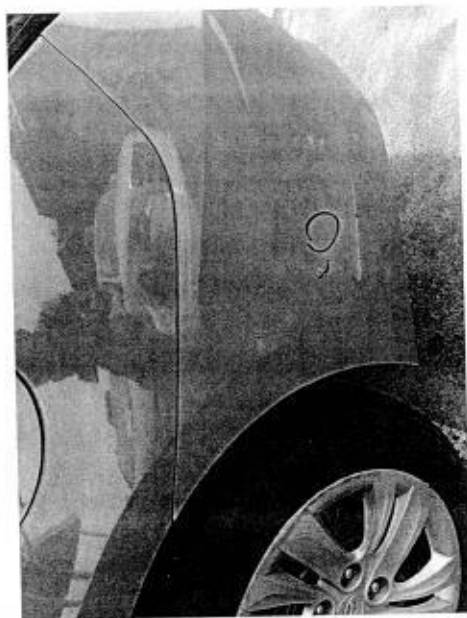
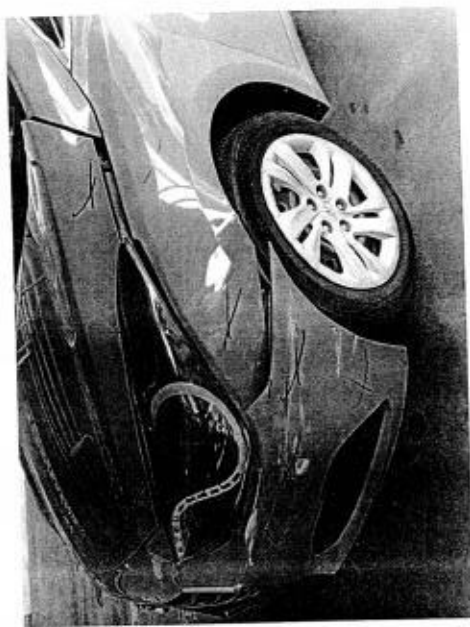
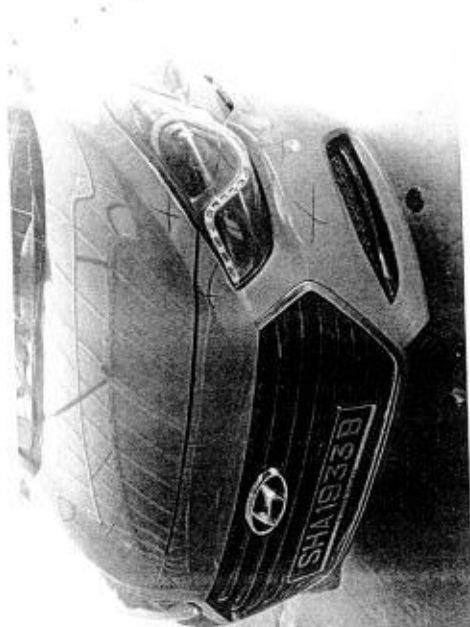
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

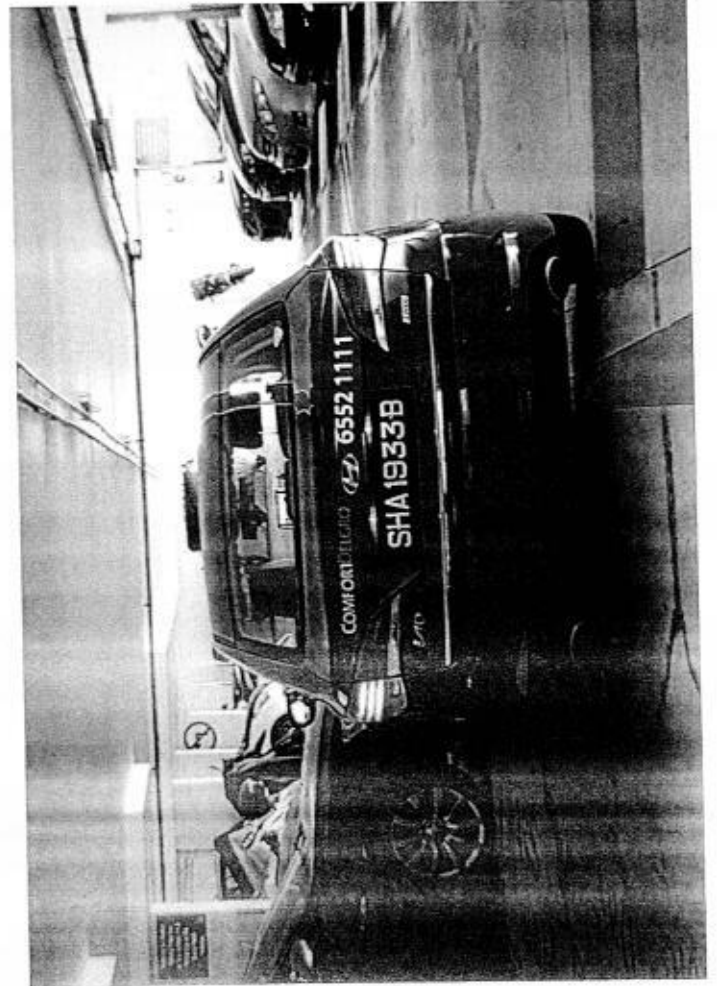
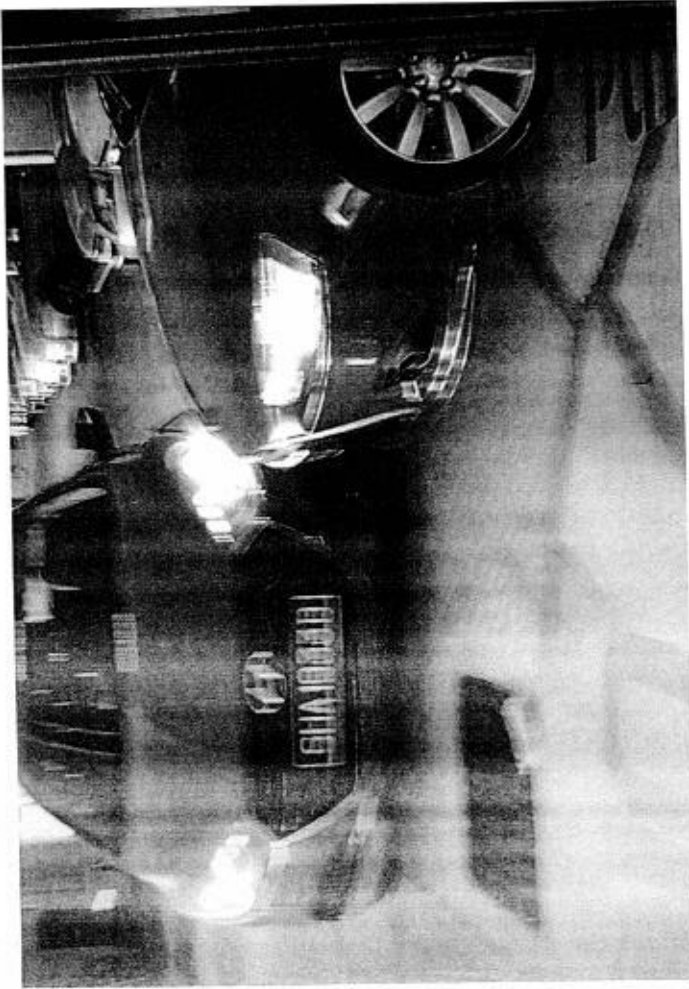
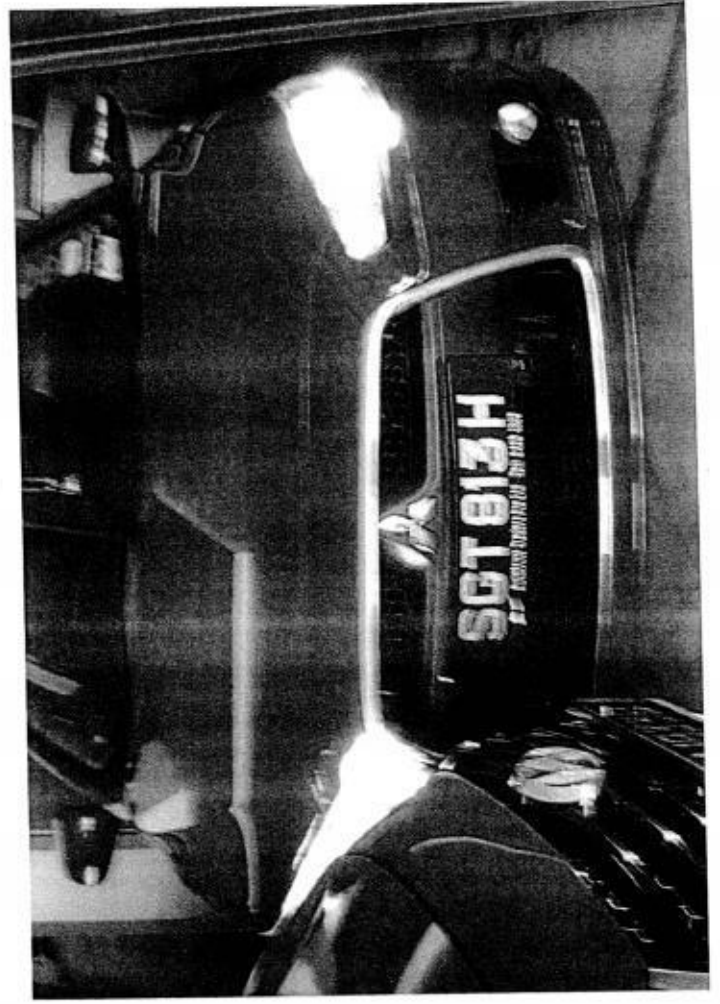
N. S. Maniam (ISO)

*[Signature]*

25/6







member of COMFORTDELGRO

Date/Time: 25.06.2018 18:14

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305179737

OMER  
S COMFORT TRANSPORTATION PTE LTD  
7010045  
OMER NO 383 SIN MING DRIVE  
ESS Singapore SINGAPORE 575717  
65508755

(R) (O)  
(P)

*Ntuc*

REGN NO: SHA1933B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.06.2018 13:00
YR OF MANU 15.12.2016	TARGET DATE
CHASSIS CODE RMLB41UMHU097072	COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.06.2018  
NATURE: 3P 25.06.2018

S/NO	LABOR CODE	DESCRIPTION
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KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHA1933B

LKE

Vehicle No.: SHA1933B

f 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 : SHA 1933B

MAKE :

MODEL : HYUNDAI i40

DATE 26/6/2018 9:31

LKK

Pby P  
NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>OK</i>			\$ 1052.20
	Front Bumper Sponge <i>Xu</i>			\$ 142.20
	Front Bumper Reinforcement <i>Xu</i>			\$ 526.10
	Front Bumper Grille (LH) <i>X</i> <i>su</i>			\$ 40.30
	Front Bumper Bracket Top (LH) — <i>ca</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xu</i>			\$ 9.20
	Headlamp (LH) — <i>braced</i>			\$ 1,388.00
	Front Fender (LH) — <i>Rest</i>			\$ 619.00
	Front Fender Shield (LH) <i>Xu</i>			\$ 169.80
	Front Fender Retainer <i>Xu</i>			\$ 9.20
	Front Bumper side Bracket (LH) — <i>ca</i>			
		\$ 24.60		
	SUB TOTAL			\$ 3,488.50
	LESS 20%			\$ 697.70
	DISCOUNTED TOTAL			\$ 2,790.80
	Labour Charge			
	Panel Beating			\$ <del>560.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 3,950.80
				4362.40

Ka Lu (C/C)

26/6/18 14356

3 Rps.

P/P

Before Port p/Lt

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 work(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.

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

JOB NO : 305179737  
REGN NO : SHA1933B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2016  
DATE/TIME IN : 25.06.2018 13:00  
ACCIDENT DATE : 25.06.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1 L	1,052.20	20.00	841.76
0002 04-01-0103-0637-G	I40V2 BRKT ASSY-FR BPR UP	1 L	22.40	20.00	17.92
0003 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1 L	24.60	20.00	19.68
0004 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1 L	619.00	20.00	495.20
0005 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1 L	1,388.00	20.00	1,110.40

SUB-TOTAL : 2,484.96

## JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 840.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.06.2018

Time: 18:35:58

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305179737  
REGN NO : SHA1933B  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.12.2016  
DATE/TIME IN : 25.06.2018 13:00  
ACCIDENT DATE : 25.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,324.96

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No 305179737

Date : 30/06/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA1933B CTPL

25.06.18

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

1. The repair job shall bill to: NTUC SGT813H
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$2,484.96
(b) Labour Charges	\$840.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$3,324.96</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
<b>Final Lumpsum Repair cost</b>	

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM KWOK ENG

Name : Kabin

Tel : 62148316

Date : 9/7/18

Fax : 65468156

### 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/INC18011657/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-07-2018

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGT 813H	Veh. Inspected	SHA 1933B
Policy No.	5087332228-01	Coverage (\$)	0.00
Claim No.	MT/0999892-002	Excess (\$)	0.00
Assign From		Assign Date	26/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU097072	Colour	BLUE
Odometer	196707	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	25/06/2018	Inspection Date	26/06/2018
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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# 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. SHA 1933B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CRACKED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	142.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	526.10	-
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	40.30	-
1	FRONT BUMPER BRACKET TOP (LH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT BUMPER SIDE BRACKET (LH)	CRACKED	24.60	24.60
	LESS 20% DISCOUNT		-800.60	-621.24
			3,202.40	2,484.96
<b>LABOUR</b>				
	PANEL BEATING.		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
			1,160.00	840.00
<b>GRAND TOTAL</b>			<b>4,362.40</b>	<b>3,324.96</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>3,324.96</b>

Report Ref No. NS/INC18011657/K1sbn2

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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