

NA2

REF:

NTUC

NS/INC 18012081 / NHb02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SMA 9127APolicy No: 510163376022062018 - 31062019Claims No: MT/1000742-002

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 - FR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 3HC 791PPage: 03/12/2015

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

Truck / Trailer or

Make: HYUNDAI1685Colour: YELLOW

Insured / Std / NI / NA

Sp. Reading: 355,560

Insured / Std / NI / NA

Eng No: _____

C-No: KMHLB41UMG4086742

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R.16R: 11

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

TOYO / YOKO or

HANKOOK

Front

Rear

R/Bal: 8 mmR/Bal: 5 mmL/Bal: 5 mmL/Bal: 5 mmD.O.A: 27/6/18D.O.I: 2/7/18Survey held at: EDGE LOYANG

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or

REAR N/S. FRONT N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

QIC 791P - NS/INC 18012081 / NHb02DA: 06107 NTUC L/SSMA 9127A - 03/12/15 11:00 / HJ3DA: 2106189/12/18 FINALIZED LUMP SUM REPAIR \$3900 / 4 DAYS
(Red: 3341.26, 46%)

RECEIVED 1-2 JUL 2018

Date/Time File Pass to:

☐ : Preli. ReportDays Of Repair: 412/7/18☒ : Final ReportResurvey No. of Trip: 1

Date/Time File Return to:

Survey Fee

Transportation

Fuel

Food

Other

Add Fee: ☐ Site Insp: \$☐ Inter. Exp: \$☐ Tech Fee: \$☐ Repairs: \$Report Format: TPLump Sum / L.B: 3900

160

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/INC18012081/Ntb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-07-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------|----------------|------------|
| Insured Veh. | SMA 9127A | Veh. Inspected | SHC 791P |
| Policy No. | 5101633760 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 02/07/2018 |

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 | 27/06/2018 | Inspection Date | 02/07/2018 |
| 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. | <input type="text"/> | Date of Accident | <input type="text" value="27/06/2018 17:18"/> | | | | | | |
| Vehicle No. (For Motor) | <input type="text" value="SMA9127A"/> | | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | |
| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input checked="" type="radio"/> | S101633760 | HF GRAB & TRANSPORT | S33829182 | GPC | drive CLASSIC | SMA9127A | Virtual Insured | 22/06/2018 | 21/06/2019 |
| <input type="button" value="Continue"/> | | | | | | | | | |

TP Claims against NTUC Income: Follow-Through Survey

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/1000890-002 | CITYBAB PTE LTD | SHA 8280E | SHD 1006L | 28/6/2018 | 20:10 | \$ 7,504.22 |
| 2 | MT/1000742-002 | CITYBAB PTE LTD | SHC 791P | SMA 9127A | 27/6/2018 | 23:00 | \$ 7,241.26 |

ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305181056

| | | |
|---|-----------------------------------|----------------------------------|
| CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (Q) | REGN NO. SHC 791P | MILEAGE |
| | MAKE : HYUNDAI | FUEL E 1/2 F |
| | MODEL I-40 | DATE/TIME IN 28.06.2018 11:55 |
| | YR OF MANU 03.12.2015 | TARGET DATE |
| | CHASSIS CODE KMHLE41UMGU080742 | COMPLETION DATE/TIME: |

ARD NO.

dent Date: 27.06.2018
RE: 3P 27.06.18/C

JOB DESCRIPTION

LABOR CODE

DESCRIPTION

FRT & REAR LH

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

int Slip

Exit Pass

Vehicle No.: SHC 791P

SHC 791P

JU NTUC LKK

Advisor

Signature/Date

Name of Service Advisor

Date

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 | 28/06/2018 16:33 |
| Date Of Accident | 27/06/2018 23:00 |
| Exact Location Of Accident | UPP CROSS STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC791P |
| 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 | NGO CHONG KUT |
| NRIC No | S1567291I |
| Date Of Birth | 03/07/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/1982 |
| Driving Experience | 35 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91620752 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | 423 04-178 TAMPINES STREET 41 |
| Postcode | 520423 |
| 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 | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JSF303 (PRIVATE CAR) |
| 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) | 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 [OTHER] | PASIR RIS NPC |
| 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 | SMA9127A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HENDRICK FOO |
| NRIC/Passport Number | S91340871 |
| Contact Number | 92475006 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

RHT FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

JSF303

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TEO YEN PAI

NRIC/Passport Number

Contact Number

96234011

Address

Postcode

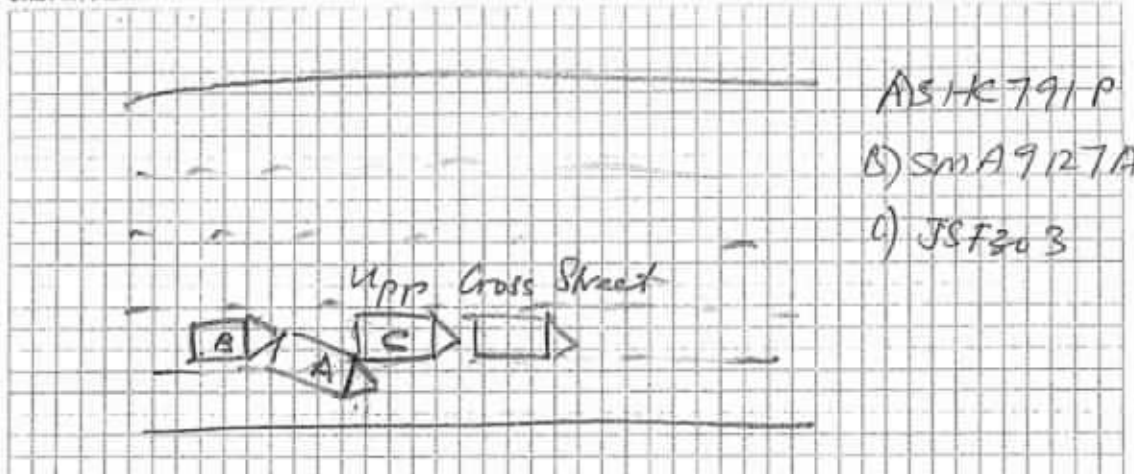
Insurance Company Name

Nature Of Damage

REAR RHT

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 9/20180628/2102

DECLARATION

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

CITYCAR PTE LTD
CO. REG NO. 190502839F

Policyholder's Signature
Date & Time:

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

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

QNT REC 5/1/2014 Modified_V3



**SINGAPORE
POLICE FORCE**



T/20180628/2102

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180628/2102

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/06/2018 14:39 | Vide Report No.: | Station Diary No.: 76 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: NGO CHONG KUT | | | Address: APT BLK 423 TAMPINES STREET 41 #04-178 SINGAPORE 520423 | | |
| ID Type / ID No.: NRIC NO / S15672911 | | | Contact No.: Home/Office: Mobile: 91620752 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 55 | Date of Birth: 03/07/1962 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------|---|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 27/06/2018 23:00 | Type of Location: Straight Road |
| Location: Along Road 1 UPPER CROSS STREET | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| 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 |
|-------------|------|---------|---|--------|---------------------|-----------------|
| JSF303 | Car | | | | | 0 |
| SHC791P | Car | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Yellow | Slightly Damaged | 1 |
| SMA9127A | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20180628/2102

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180628/2102

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | TEO YEN PAI | ID No. | NIL |
| Related Vehicle | JSF303 (Car) | Contact No. | 96234011 |
| 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 |
| Driver | | | |
| Name | NGO CHONG KUT | ID No. | S15672911 |
| Related Vehicle | SHC791P (Car) | Contact No. | 91620752 |
| 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 |
| Driver | | | |
| Name | HENDRICK FOO | ID No. | S91340871 |
| Related Vehicle | SMA9127A (Car) | Contact No. | 92475006 |
| 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 27/06/2018, I was driving my taxi bearing the registration number, SHC791P (V1) along Upper Cross Street. I was with a passenger who was seated at the rear passenger seat. I was driving on the 2 from the right of the four lanes. The traffic was heavy at the point of time.

As I wanted to turn right, I filtered to the right most lane. A Malaysian vehicle in front of bearing the registration number, JSF303 (V2), he applied his brakes which I also did. I did not collide onto the vehicle in front of me. Suddenly, a vehicle collided onto my vehicle from the rear and this in turn cause my vehicle to move forward and slightly hit onto the rear of (V2). I then stepped out of my vehicle and saw that a



**SINGAPORE
POLICE FORCE**



T/20180628/2102

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Report No. T/20180628/2102

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4, #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

vehicle bearing the registration number SMA9127A (V3) had collided onto the rear of my vehicle.

At the point of accident, no one was injured. I exchanged particulars with the other parties, took photos and left the scene. Initially, the driver from (V3) wanted to do a private settlement for my vehicle damages and V1 vehicle damages. V3 driver wrote on a piece of paper as a contract and that, he will pay me an amount of SGD\$350/- for damages to my vehicle which I agreed to do so. I do not know what agreement V3 and V1 drivers had with each other.

The damages to my vehicle was a dent and a hole at the left rear bumper of my vehicle and left front rear bumper.

I do have an in-vehicle number camera installed which recorded the accident.

However, today my taxi main hirer and V3 driver meet up and went to a workshop to get the damage repaired however it was too costly for V3 driver that he no longer wants to do a private settlement but an insurance claims instead thus this traffic accident report. I then returned him back the SGD\$350/- which he had given to me.



**SINGAPORE
POLICE FORCE**



T/20180628/2102

4 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20180628/2102

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 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/06/2018 14:39

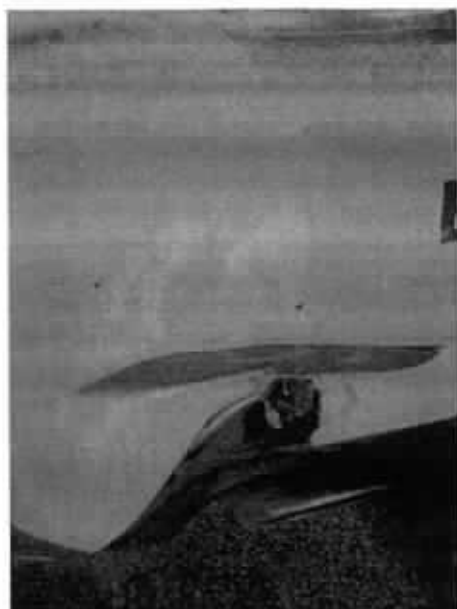
Officer in Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP168

| | |
|-----------|---------------------------|
| | SINGAPORE POLICE FORCE |
| | |
| SIGNATURE | |





COMFORTDELGRO ENGINEERING

Our Job Ref No : 305181059
Date : 05/07/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : NAZ
: SHC 791P Date of Accident : 27.06.18

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

- The repair job shall bill to: NTUC -- SMA9127A
###
- 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% \$3,900.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 4 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance. We confirm the estimates and finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name : NAZ
Date : 9/7/18

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 | | N | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | \$7.49 | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks: CHECK ITEMS: FRONT Rear bumper side and top bracket Lh

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 791P

DATE 29/6/2018 10:13

MAKE :

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|--------------------|
| | Rear Bumper | | | \$ 603.60 |
| | Rear Bumper Reinforcement | | | \$ 504.35 |
| | Rear Bumper Reinforcement Bracket (LH/RH) | \$ | 180.00 | \$ 360.00 |
| | Rear Bumper Side Bracket | \$ | 49.00 | \$ 98.00 |
| | Rear Bumper Clips | | | \$ 22.00 |
| | Rear Bumper Sponge | | | \$ 143.40 |
| | Rear Bumper Under Cover | | | \$ 225.00 |
| | Rear Bumper Reflector Lamp (LH) | | | \$ 32.00 |
| | Exhaust Pipe Insulator, LH | | | \$ 58.55 |
| | Exhaust Silencer, LH | | | \$ 954.00 |
| | Exhaust Pipe Hanger, LH | | | \$ 58.55 |
| | SUB TOTAL | | 1909.28 | \$ 3,059.45 |
| | LESS 20% | | | \$ 611.89 |
| | DISCOUNTED TOTAL | | | \$ 2,447.56 |
| | Rear Bumper Reverse Sensor | | | \$ 135.70 |
| | Rear Bumper Advertisement Logo | | | \$ 50.00 |
| | Rear Fender Advertisement Logo (LH/RH) | | | \$ 200.00 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 |
| | Spray Painting Charge | | | \$ 250.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 |
| | Remove/Refix Exhaust Pipe | | | \$ 150.00 |
| | TOTAL LABOUR | | 2340.00 | \$ 920.00 |
| | ESTIMATE TOTAL | | 1875.56 | \$ 3,753.26 |

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.

REPAIR ESTIMATE®

DATE 29/6/2018 10:10

NOTE
JH Pg 2

MODEL : HYUNDAI i40

R
Q / all
Q / all
/ watch
/ dent:
P SUL
Q SUL

Nett / all

400
400
20
10


**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/INC18012081/Ntbe2 | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 18-07-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SMA 9127A | Veh. Inspected | SHC 791P | |
| Policy No. | 5101633760 | Coverage (\$) | 0.00 | |
| Claim No. | MT/1000742-002 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 02/07/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2015 | |
| Chassis No. | KMHLB41UMGU080742 | Colour | YELLOW | |
| Odometer | 355560 | 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 | 5 mm | |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 5 mm | |
| R/H Rear Tyre | 205/60 R16 | HANKOOK | 5 mm | |
| L/H Rear Tyre | 205/60 R16 | HANKOOK | 5 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S AND FRONT N/S PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 27/06/2018 | Inspection Date | 02/07/2018 | |
| 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: | | 4 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 791P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | BROKEN | 603.60 | 603.60 |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 504.35 | - |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00 | SERVICEABLE | 360.00 | - |
| 2 | REAR BUMPER SIDE BRACKET @\$49.00 | SERVICEABLE | 98.00 | - |
| 1 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 143.40 | - |
| 1 | REAR BUMPER UNDER COVER | SCRATCHED | 225.00 | 225.00 |
| 1 | REAR BUMPER REFLECTOR LAMP (LH) | BROKEN | 32.00 | 32.00 |
| 1 | EXHAUST PIPE INSULATOR, LH | SERVICEABLE | 58.55 | - |
| 1 | EXHAUST SILENCER, LH | SCRATCHED | 954.00 | 954.00 |
| 1 | EXHAUST PIPE HANGER, LH | SERVICEABLE | 58.55 | - |
| 1 | FRONT BUMPER COVER | TO REPAIR SEE LABOUR | 562.30 | - |
| 1 | FRONT BUMPER BRACKET TOP (LH) | NECESSARY | 22.40 | 22.40 |
| 1 | FRONT BUMPER SIDE BRACKET | NECESSARY | 14.30 | 14.30 |
| 1 | HEADLAMP (LH) | SCRATCHED | 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 | - |
| | LESS 20% DISCOUNT | | -1,168.89 | -776.06 |
| | | | 4,675.56 | 3,104.24 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | NECESSARY | 135.70 | 135.70 |
| 1 | REAR BUMPER ADVERTISEMENT LOGO (SN) | NECESSARY | 50.00 | 50.00 |
| 2 | REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) | NECESSARY | 200.00 | 200.00 |
| 1 | FRT FENDER ADVERTISEMENT LOGO (LH) (SN) | NECESSARY | 100.00 | 100.00 |
| | | | 485.70 | 485.70 |

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| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|---|---------------|---------------------------|-------------------|
| | LABOUR | | | |
| | PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER. | | 910.00 | 600.00 |
| | SPRAY PAINTING CHARGE. | | 750.00 | 600.00 |
| | WIRING CHARGE. | | 100.00 | 40.00 |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | REMOVE / REFIX REVERSE SENSOR. | | 120.00 | 20.00 |
| | REMOVE / REFIX EXHAUST PIPE. | | 150.00 | 50.00 |
| | | | 2,080.00 | 1,310.00 |
| | GRAND TOTAL | | 7,241.26 | 4,899.94 |
| | RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | 3,900.00 |

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MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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