

NA2

REF:

NTUC NS/UNC18012087/NTUC

Denise

ASSIGNMENT

File No:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop No:

of

Insured:

SHD 10061

Policy No:

5095103893

20.10.2017

Claims No:

MT/1000890-002

Survey 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
X	X
X	X

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

Lump Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHA 8280E

Regd. 12/11/2015

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

Truck / Trailer or

Make:

HYUNDAI 140

1685

Colour:

YELLOW

Insured / Std / Nil / NA

Sp. Reading:

354,492

Pacific: Insured / Std / Nil / NA

Eng. No:

C-No:

KMH LB414MG4080529

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/R16

R:

11

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

TOYO / YOKO or

CST (F)

HANKOOK (R)

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

28/6/18

D.O.I.

2/7/18

Survey held at

CDGE LOYANG

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

REAR N/S, N/S REAR

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

Date / Time

Action / Instruction

SHA 8280E

NS/TCL/8009638/Ksd3n2

DCA: 032518

NTUC C/S

SHD 10061

-X

10/7/18

FINALIZED LUMP SUM REPAIR \$3600 / 3 Day

(Red: 3904.22 (52%))

RECEIVED 12 JUL 2018

Date/Time File Pass to:

☐

Preli. Report

☒

Final Report

127 Typist

Date/Time File Return to:

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee

Transportation

Fuel

Tolls

Other

Add Fee:

☐

Site Insp: \$

☐

Inter. Insp: \$

☐

Tech. Insp: \$

☐

Web. Insp: \$

Report Format:

OD

Lump Sum / I.B.:

3600

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/INC18012087/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.	SHD 1006L	Veh. Inspected	SHA 8280E
Policy No.	5095103893	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	28/06/2018	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. 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"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHD1006L	SHD1006L	20/10/2017	

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

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	29/06/2018 11:42
Date Of Accident	28/06/2018 20:10
Exact Location Of Accident	PIE TWDS CITY NEAR TO EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8280E
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KOH SENG KOON
NRIC No	S1672262F
Date Of Birth	10/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93356970
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address,	BLK 885A TAMPINES STREET 83 #04-107
Postcode	521885
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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: : UNKNOWN GENDER: : MALE

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

REFER ATTACHED

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	SHD1006L
Vehicle Make/Model/Colour	KIA (PREMIER TAXI)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

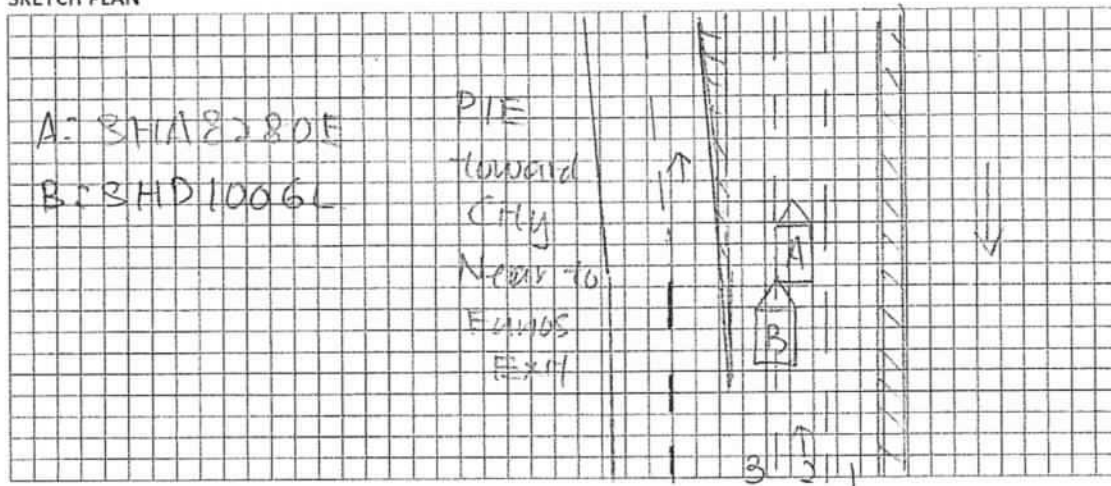
Loke Wei Jieng

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/6/18 at about 20:10 hrs, I was driving along PIE towards City.

Shortly after the car in front of my taxi brake to stop and I followed suit. A few seconds later, I felt an impact from my behind followed a jerk. A taxi SHD1006L front right portion collided onto the rear left portion of my stationary taxi.

01 male passenger on board my taxi.

No injury at the point of accident.

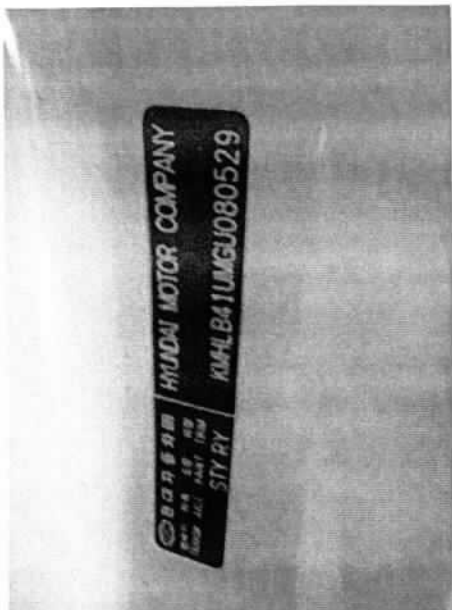
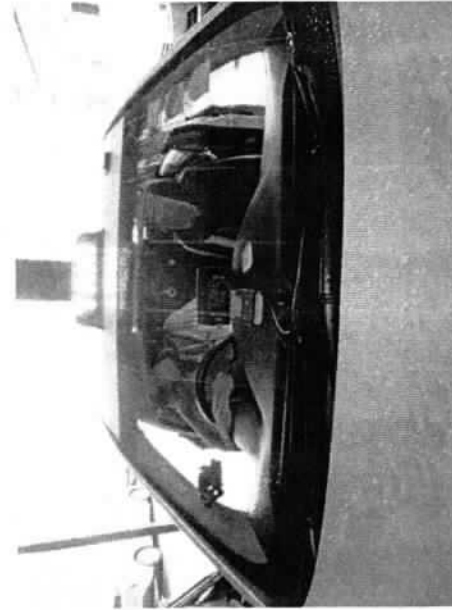
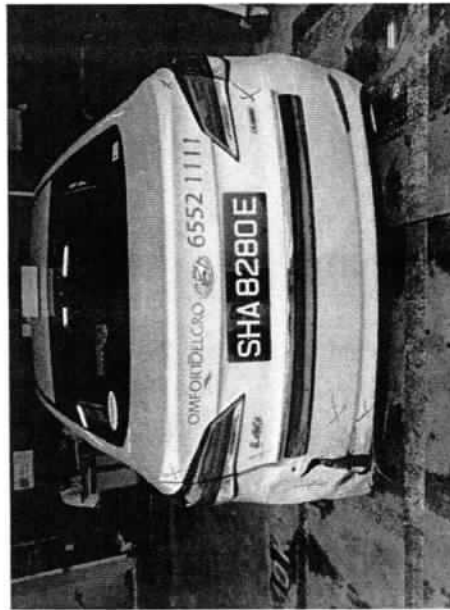
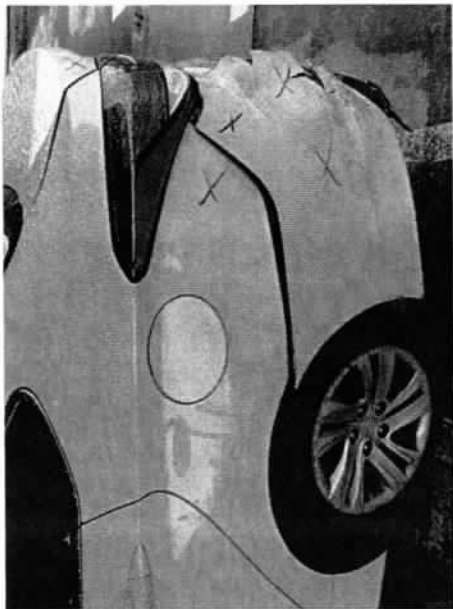
DECLARATION

I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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



COMFORTDELGRO ENGINEERING

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

Drive

Our Job Ref No : 305181365
Date : 05.07.2018

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA8280E

Date of Accident : 28.06.2018

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

1. The repair job shall bill to: NTUC --- SHD1006L
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost** \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$3,600.00
Final Lumpsum Repair cost \$3,600.00

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 : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : NAZ

Date : 10/7/18

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:

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

JOB NO : 305181575
REGN NO : SHD3846R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 09.09.2010
DATE/TIME IN : 29.06.2018 15:55
ACCIDENT DATE : 29.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	400.00	
0001 L	SPRAY PAINTING CHARGE	200.00	
0002 L	WIRING CHARGE	20.00	
0003 L	REMOVE/REFIX CUSHION & UPHOLSTERY		50.00
0004 L	REMOVE/REFIX REVERSE SENSOR	20.00	
		SUB-TOTAL :	690.00
		TOTAL :	690.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

CLLY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 8280E

MAKE :

MODEL : HYUNDAI i40

DATE 29/6/2018 15:03

Fauzy

NTUC/LKK
Rear Left

L/S

F2

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 1,681.40	/crack
	Boot Lid Lock Upper			\$ 137.90	X SVC
	Boot Lid Lock Lower			\$ 31.70	X SVC
	Boot Lid 'H' Emblem			\$ 27.20	/acc
	Boot Lid CRDI Plate			\$ 41.00	/acc
	Bootlid Moulding			\$ 85.00	/acc.
	Bootlid i40 Emblem			\$ 41.00	/acc
	Bootlid Lower Garnish			\$ 398.00	X SVC
	Rear Bumper			\$ 603.60	/crack
	Rear Bumper Reinforcement			\$ 504.35	X SVC
	Rear Bumper Reinforcement Bracket (LH/RH)	\$	180.00	\$ 360.00	X SVC
	Rear Bumper Side Bracket	\$	49.00	\$ 98.00	X SVC
	Rear Bumper Clips			\$ 22.00	/acc
	Rear Bumper Sponge			\$ 143.40	X SVC
	Rear Bumper Under Cover			\$ 225.00	/crack
	Rear Bumper Reflector Lamp (LH)			\$ 32.00	/crack
	Rear Panel			\$ 592.30	X SVC
	Rear Panel Garnish			\$ 57.70	X SVC
	Rear Panel Lower Panel			\$ 495.50	X SVC
	Exhaust Pipe Insulator, LH			\$ 58.55	X SVC
	Exhaust Silencer, LH			\$ 954.00	/scratch
	Exhaust Pipe Hanger, LH			\$ 58.55	X SVC
			3108		
	SUB TOTAL			\$ 6,648.15	
	LESS 20%			\$ 1,329.63	
	DISCOUNTED TOTAL			\$ 5,318.52	
			2466.88		
			2469.76		
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett /acc
	Rear Bumper Reverse Sensor			\$ 135.70	Nett /acc
	Rear Bumper Rubber Mat			\$ 50.00	Nett /acc
			2700.58		
	Labour Charge			\$ 215.70	
	Panel Beating			\$ 850.00	600
	Spray Painting Charge			\$ 750.00	600
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	40
	Remove/Refix Reverse Sensor			\$ 120.00	20
	Remove/Refix Exhaust Pipe			\$ 150.00	50
			4032.58		
	TOTAL LABOUR			\$ 1,970.00	
	ESTIMATE TOTAL			\$ 7,504.22	

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.

NAZ LKK
21/7/18 1345
L/S
3 Days
TOTAL LABOUR
APPR REPAIR PHOTO
ESTIMATE TOTAL

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 8280E

DATE 29/6/2018 15:03

MAKE :

MODEL : HYUNDAI i40

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid			\$ 1,681.40	/crack
	Boot Lid Lock Upper			\$ 137.90	X SVC
	Boot Lid Lock Lower			\$ 31.70	X SVC
	Boot Lid 'H' Emblem			\$ 27.20	/acc
	Boot Lid CRDI Plate			\$ 41.00	/acc
	Bootlid Moulding			\$ 85.00	/acc
	Bootlid i40 Emblem			\$ 41.00	/acc
	Bootlid Lower Garnish			\$ 398.00	X SVC
	Rear Bumper			\$ 603.60	/crack
	Rear Bumper Reinforcement			\$ 504.35	X SVC
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00	X SVC
	Rear Bumper Side Bracket		\$ 49.00	\$ 98.00	X SVC
	Rear Bumper Clips			\$ 22.00	/acc
	Rear Bumper Sponge			\$ 143.40	X SVC
	Rear Bumper Under Cover			\$ 225.00	/crack
	Rear Bumper Reflector Lamp (LH)			\$ 32.00	/crack
	Rear Panel			\$ 592.30	X SVC
	Rear Panel Garnish			\$ 57.70	X SVC
	Rear Panel Lower Panel			\$ 495.50	X SVC
	Exhaust Pipe Insulator, LH			\$ 58.55	X SVC
	Exhaust Silencer, LH			\$ 954.00	/scratch
	Exhaust Pipe Hanger, LH			\$ 58.55	X SVC
	SUB TOTAL			\$ 6,648.15	
	LESS 20%			\$ 1,329.63	
	DISCOUNTED TOTAL			\$ 5,318.52	
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00	Nett /acc
	Rear Bumper Reverse Sensor			\$ 135.70	Nett /acc
	Rear Bumper Rubber Mat			\$ 50.00	Nett /acc
	Labour Charge			\$ 215.70	
	Panel Beating			\$ 850.00	600
	Spray Painting Charge			\$ 750.00	600
	Wiring Charge			\$ 50.00	20
	Tuff Kote			\$ 50.00	40
	Remove/Refix Reverse Sensor			\$ 120.00	20
	Remove/Refix Exhaust Pipe			\$ 150.00	50
	TOTAL LABOUR			\$ 1,970.00	
	ESTIMATE TOTAL			\$ 7,504.22	
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.					

NTWC / LKK
Rear Left

LIS

FZ

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:

NAZ LKK
21/7/18 1345
LIS
3 DAYS
APPROX REPAIR PHOTO



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/INC18012087/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.	SHD 1006L	Veh. Inspected	SHA 8280E
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/1000890-002	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.	KMHLB41UMGU080529	Colour	YELLOW
Odometer	354492	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	CST	6 mm
L/H Front Tyre	205/60 R16	CST	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	28/06/2018	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:	3 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 8280E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	CRACKED	1,681.40	1,681.40
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	NECESSARY	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	SERVICEABLE	398.00	-
1	REAR BUMPER	CRACKED	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	CRACKED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	32.00	32.00
1	REAR PANEL	SERVICEABLE	592.30	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	SERVICEABLE	495.50	-
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	-
	LESS 20% DISCOUNT		-1,329.63	-742.44
			5,318.52	2,969.76
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NECESSARY	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70

Report Ref No. NS/INC18012087/Ntbe2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.		850.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	40.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	20.00
	REMOVE / REFIX EXHAUST PIPE.		150.00	50.00
			1,970.00	1,330.00
	GRAND TOTAL		7,504.22	4,515.46
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,600.00

Report Ref No. NS/INC18012087/Ntbe2

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

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.