



**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/INC18012175/Nqb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 04-07-2018



Code: INC4

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

Insured Veh.	XE 4105U	Veh. Inspected	SHC 8622S
Policy No.	5101305627	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**

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**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.
--

## ASSIGNMENT

Surveyor:

NA2

DOI:

2/1/18

Date / Time:

2/1/18

Registered in Merimen:

4/1/2018

Pre-assign / CCU / FTE



Insured Vehicle No. : XE 4105U

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II : S\$ \_\_\_\_\_ D.O.A : 2/1/18

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SHe 8622 S → → → →

INSRS: \_\_\_\_\_  
WSP: come along  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

<b>PRELIMINARY ADVICE</b>		Date/Time: _____	Sent By: _____
<b>FINALIZATION</b>		Date/Time: _____	Confirm with: _____
Repair Cost:	S\$ _____	( _____ days) Reduction:	% _____
<b>FINAL SETTLEMENT</b>		Date/Time: _____	Confirm with: _____
Final Liability:	% _____	(Agreed / Assessed) BOLA S/N No. :	_____
Repair Cost:	S\$ _____		
Loss of Rental (LOR):	S\$ _____	( _____ days)	
Loss of Use (LOU):	S\$ _____	( \$ _____ x days)	
Loss of Income (LOI):	S\$ _____	( \$ _____ x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____		
Disbursement:	S\$ _____	(e.g. Tow/ Independent )	
Legal Cost	S\$ _____		
Total:	S\$ _____	Global Sum S\$:	_____
<b>FINAL PAYMENT</b>		Date/Time: _____	Confirm with: _____
Payee 1:	S\$ _____	Name 1:	_____
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	_____
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	_____

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	<b>MT/1000750-002</b>	COMFORT TRANSPORTATION PTE LTD	SHC 8622S	XE 410SU	27/06/2018	\$ 7,856.76	\$ 5,341.16
2	<b>MT/0948554-002</b>	SMRT BUSES LTD	SMB 1362J	SJJ 2075A	04/06/2017	\$ 13,884.18	\$ 9,550.00
3	<b>MT/0999067-002</b>	COMFORT TRANSPORTATION PTE LTD	SHD 3185P	SGJ 9983T	15/6/2018	\$ 3,950.80	\$ 3,419.30

Claim received from LKK Auto

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 12:46"/>						
Vehicle No.(For Motor)	<input type="text" value="XE4105U"/>								
<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"/>	5101305627	CLC MACHINERY PTE. LTD.	201731721W	GCV	Preferred Workshop Plan	XE4105U	XE4105U	08/06/2018	07/06/2019
				<input type="button" value="Continue"/>					

## 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 15:21
Date Of Accident	27/06/2018 19:15
Exact Location Of Accident	PIE(TUAS) BF PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8622S
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	HOONG KENG LEK
NRIC No	S1688384J
Date Of Birth	04/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1983
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92338324
Fax Number	
Contact Number	
EEmail Address	HOONGKENGLEK@YAHOO.COM.SG

Address BLK 501 ANG MO KIO AVENUE 5  
#06-3718

Postcode 560501

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 SIDE SWIPE

Weather Conditions DRIZZLING

Road Surface WET

### 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? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : -  
GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES EAST NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7839999 - FAX NO: 67832500

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

REFER POLICE REPORT NO: T/20180628/2075

### 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 XE4105U

Vehicle Make/Model/Colour TRUCK

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LI YANG MING

NRIC/Passport Number G2155980L

Contact Number 91696602

Address

Postcode

Insurance Company Name

Nature Of Damage

LH FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

HOONG KENG LEK

Approximate Age

Injuries Sustain

BACK, NECK, RH ARM AND LEG

Injured person in which vehicle?

SHC8622S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORTATION PTE LTD  
GIA/ACC Sketch Plan form\_V3

Policyholder's Signature  
Date & Time:

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

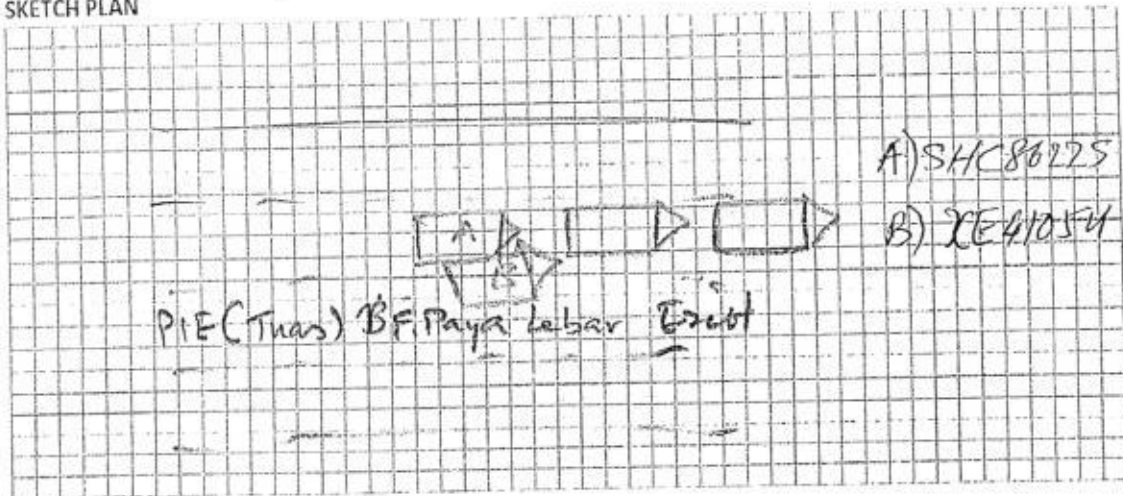
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/ACC Sketch Plan form\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/18 at about 1915hrs while I Veh A was driving within my lane, Veh B from the right lane intercepted onto my lane and collided on the whole right side of my vehicle.

Refer Police Report - T/20180628/2075

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303321R

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.:

QWEEAC Sketch Plan Form\_V3

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180628/2075

1 of 4

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

Report No. T/20180628/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2018 13:07	Vide Report No.:	Station Diary No.: 10
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## Informant's Particulars

Name of Informant: HOONG KENG LEK			Address: APT BLK 501 ANG MO KIO AVENUE 5 #06-3718 SINGAPORE 560501	
ID Type / ID No.: NRIC NO / S1688384J			Contact No.: Home/Office:	Mobile: 92338324
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 04/10/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  towards Jurong, before Paya Lebar exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8622S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	1
XE4105U	Lorry	VOLVO	FMX370 64R RSS DC FA9T E6	Red		0



**SINGAPORE  
POLICE FORCE**



T/20180628/2075

2 of 4

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

Report No. T/20180628/2075

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HOONG KENG LEK	ID No.	S1688384J
Related Vehicle	SHC8622S (Car)	Contact No.	92338324
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LI YAN MING	ID No.	G2155980L
Related Vehicle	NIL	Contact No.	91696602
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 27/6/2018 at about 1930hrs, I was driving along PIE towards Jurong with one passenger on board. I was travelling on the second lane from the left.

As I was near the Paya Lebar exit, I noticed a lorry beside me that had signaled to change lane. As I was travelling faster than the lorry I had continued straight. All of a sudden, the lorry just encroached into my lane and side swiped the right side of my vehicle. The driver of the lorry did not stop the lorry till the lorry had gone past my taxi.

After the accident, I had checked with my passenger and he did not complain of any injuries. As such I had alighted from my taxi to approach the other driver. We had then exchanged particulars and took photos of the scene. There were no visible injuries.

After leaving the scene, I felt ache on my back, neck and right arm and leg. As such I had gone to Neptune Healthcare Medical & Surgery on 28/6/2018 for outpatient treatment and received 3 days of MC (28/6/2018-30/6/2018).

Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**

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



T/20180628/2075

3 of 4

Report No. T/20180628/2075

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20180628/2075

4 of 4

Report No. T/20180628/2075

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 BRYAN LIM GHIM SONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168



SIGNATURE

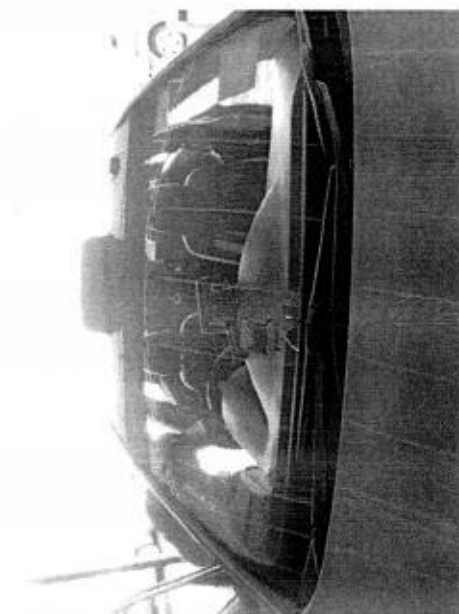
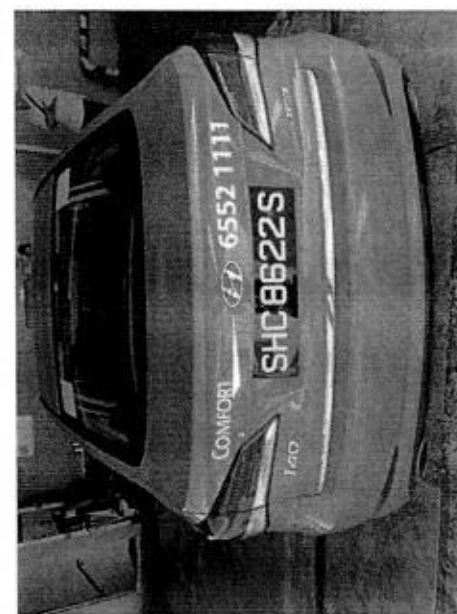
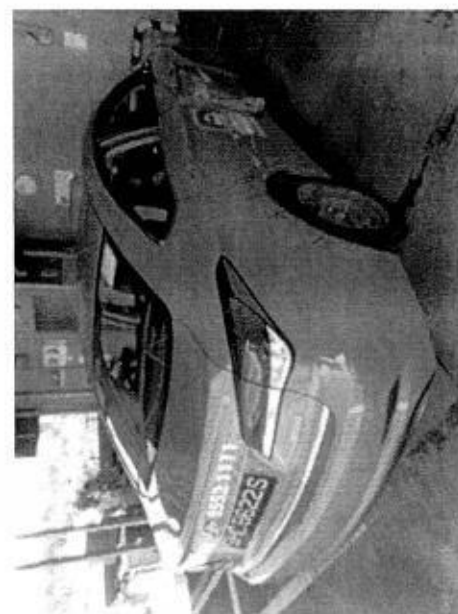
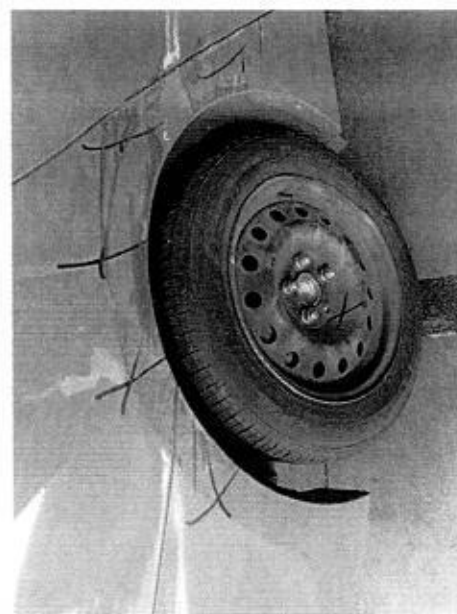
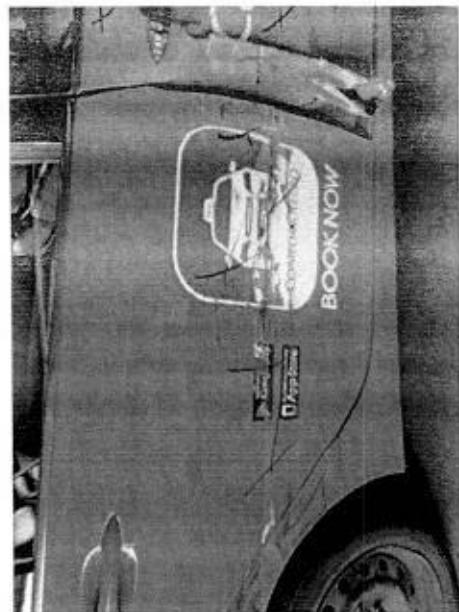
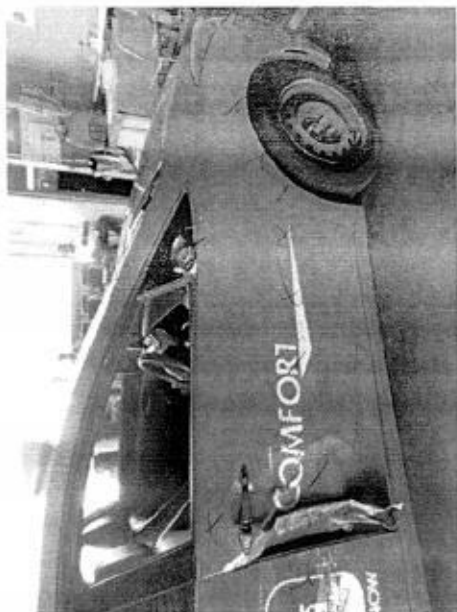
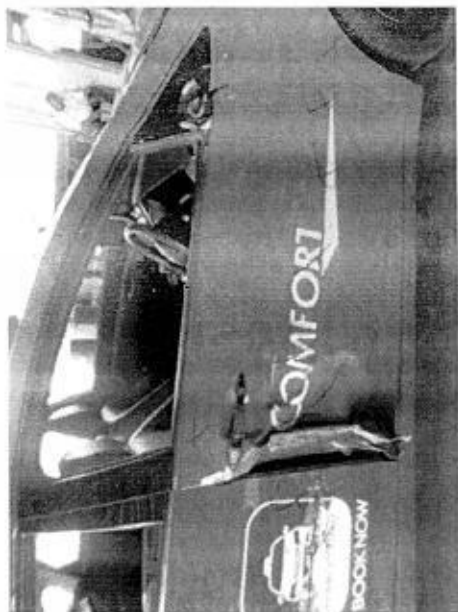
Signature Of Informant:

Date/Time:

28/06/2018 13:07

Classification Of Case:





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3835497 JC NO.: 305181045

CUSTOMER MS CUSTOMER NO ADDRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO. SHC8622S	MILEAGE
		MAKE : HYUNDAI	FUEL E.....1/2.....F
		MODEL I-40	DATE/TIME IN 27.06.2018 19:15
		YR OF MANU. 17.03.2016	TARGET DATE
		CHASSIS CODE KMHLB41UMGU085744	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.06.2018  
NATURE: 3P 27.06.18/B

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8622S FZ NTUC LKK

Vehicle No.: SHC8622S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8622S

DATE 29/6/2018 9:41

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH)			\$ 1,351.10
	Front Door (RH)			\$ 1,403.05
	Front Door Outer Handle (RH)			\$ 38.75
	Front Door Mirror (RH)			\$ 980.50
	Front & Rear Wheel Rim (LH/RH)	\$	351.90	\$ 703.80
	Front & Rear Wheel Nut 6.80x5pcs	\$	6.80	\$ 34.00
	Front & Rear Wheel Bearing	\$	258.50	\$ 517.00
	Front & Rear Wheel Stud 6.80x5pcs	\$	6.80	\$ 34.00
	<b>SUB TOTAL</b>			<b>\$ 5,007.80</b>
	<b>LESS 20%</b>			<b>\$ 1,001.56</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,006.24</b>
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
	Front Door Coloured Comfort Logo (LRH)			\$ 75.00
	Front & Rear Tyre (RH)	\$	216.00	\$ 432.00
				<b>\$ 587.00</b>
	<b>Labour Charge</b>			
	Panel Beating-Repair Rear Fender			\$ 900.00
	Spray Painting Charge			\$ 1,250.00
	Wiring Charge			\$ 80.00
	Tuff Kote			\$ 80.00
	Towing Charge-King Dolly			\$ 150.00
	Transfer of Door	\$	120.00	\$ 240.00
	Remove/Refix Undercarriage			\$ 400.00
	Four Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 3,220.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 7,813.24</b>
	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.			

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  
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34 PAINT P/1010

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## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

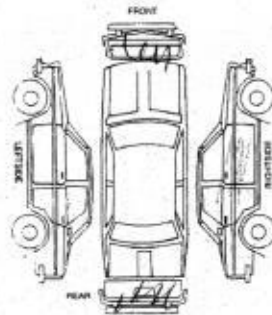
### Job Requisition

1. Date: <u>27-6-18</u> Time Received: <u>2045</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer :  Contact No. : <u>SHC 86225</u> Vehicle No. : <u>92338324</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>9 AH HOND RD</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading : <u>307521</u>	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	

### Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p><i>[Signature]</i> Signature of Customer</p>
Name of Driver : <u>WLL</u>	
Vehicle No. : <u>G13E 2073B</u>	
Time Dispatch : <u>27-6-18</u>	
Time of Arrival : <u>2059</u>	
Time Completed : <u>2130</u>	

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

27-6-18  
Date

Time

*[Signature]*  
Signature of Customer

### 14. WORKSHOP

\_\_\_\_\_  
Name of Attending Staff/Guard

\_\_\_\_\_  
Date & Time of Arrival

\_\_\_\_\_  
Signature of Attending Staff/Guard

WORKSHOP COP

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305181045  
Date : 12.07.2018

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

## FINALIZATION FORM

To : LKK  
Attn : NAZ  
Vehicle Reg No. : SHC8622S

Fax :

Date of Accident : 27.06.2018

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

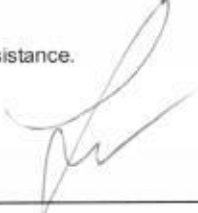
1. The repair job shall bill to: AIG --- XE 4105U
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$3,791.16
  - (b) Labour Charges \$1,550.00
  - Total for Part-By-Part Repair Cost** \$5,341.16
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
**Final Lumpsum Repair cost** \$0.00


3. Estimated normal period for repairs: 4 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 : 12/7/18

### 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:

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.07.2018

## REPAIR ESTIMATE

Time: 15:14:20

Page: 1

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

JOB NO : 305181045  
REGN NO : SHC8622S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 27.06.2018 19:15  
ACCIDENT DATE : 27.06.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1	1,403.05	20.00	1,122.44
0002	04-01-0103-0595-G	I40VC PANEL ASSY-RR DR RH	1	1,351.10	20.00	1,080.88
0003	04-01-0103-0594-G	I40VC MIRROR ASSY-RR VIEW	1	980.50	20.00	784.40
0004	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	2.00-	75.00
0005	28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	0.20	80.00
0006	03-01-0103-0098-G	I40VC WHEEL ASSY-STEEL	2	703.80	20.00	563.04
0007	03-01-0101-0070-A	HYUNDAI WHEEL NUT	5	34.00	20.00	27.20
0008	03-01-0101-0015-G	HYUNDAI WHEEL STUD	5	34.00	20.00	27.20
0009	04-01-0103-0728-G	I40VC HANDLE ASSY-DR O/S	1	38.75	20.00	31.00

SUB-TOTAL : 3,791.16

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	1000.00

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.07.2018

## REPAIR ESTIMATE

Time: 15:14:20

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 : 305181045  
REGN NO : SHC8622S  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 27.06.2018 19:15  
ACCIDENT DATE : 27.06.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0002 L	WIRING CHARGE			50.00		
0003 L	TUFF KOTE			50.00		
0004 L	TOWING CHARGE			50.00		
0005 L	TRANFER OF DOOR			100.00		
0006 L	REMOVE/REFIX UNDERCARRIAGE			50.00		
0007 L	FOUR WHEEL ALIGNMENT			50.00		
SUB-TOTAL						: 1,550.00
TOTAL						: 5,341.16

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :




# 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/INC18012175/Nqbs2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-07-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	XE 4105U	Veh. Inspected	SHC 8622S	
Policy No.	5101305627	Coverage (\$)	0.00	
Claim No.	MT/1000750-002	Excess (\$)	0.00	
Assign From		Assign Date	02/07/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU085744	Colour	BLUE	
Odometer	307521	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60R16	WEST LAKE	5 mm	
L/H Front Tyre	205/60R16	WEST LAKE	5 mm	
R/H Rear Tyre	205/60R16	WEST LAKE	5 mm	
L/H Rear Tyre	205/60R16	WEST LAKE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	27/06/2018	Inspection Date	02/07/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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



Page No.:1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8622S**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR DOOR (RH)	DENTED	1,351.10	1,351.10
1	FRONT DOOR (RH)	DENTED	1,403.05	1,403.05
1	FRONT DOOR OUTER HANDLE (RH)	BROKEN	38.75	38.75
1	FRONT DOOR MIRROR (RH)	BROKEN	980.50	980.50
2	FRONT & REAR WHEEL RIM (LH/RH) @ \$351.90	DENTED	703.80	703.80
5	FRONT & REAR WHEEL NUT @ \$6.80	BROKEN	34.00	34.00
2	FRONT & REAR WHEEL BEARING @ \$258.50	SERVICEABLE	517.00	-
5	FRONT & REAR WHEEL STUD @ \$6.80	SCRATCHED	34.00	34.00
	LESS 20% DISCOUNT		-1,012.44	-909.04
			4,049.76	3,636.16
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LRH) (SN)	NECESSARY	75.00	75.00
2	FRONT & REAR TYRE (RH) @ \$216.00 (SN)	NOT NECESSARY	432.00	-
			587.00	155.00
<b><u>LABOUR</u></b>				
	PANEL BEATING - REPAIR REAR FENDER.		900.00	200.00
	SPRAY PAINTING CHARGE.		1,250.00	1,000.00
	WIRING CHARGE.		80.00	50.00
	TUFF KOTE.		80.00	50.00
	TOWING CHARGE - KEY DOLLY.		150.00	-
	TRANSFER OF DOOR.		240.00	100.00
	REMOVE / REFIX UNDERCARRIAGE.		400.00	50.00
	FOUR WHEEL ALIGNMENT.		120.00	50.00
			3,220.00	1,500.00
<b>GRAND TOTAL</b>			<b>7,856.76</b>	<b>5,291.16</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>5,291.16</b>

Report Ref No. NS/INC18012175/Nqbs2



Report Ref No. NS/INC18012175/Nqbs2

**MUHAMMAD NAZRIL BIN ABDULLAH**

Automotive Assessor

A handwritten signature in black ink, appearing to be "K.K. LAU".

**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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