

08/11/13

Surveyor: Kelvin

REF: NS/INC18014002/Klsbn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GX 950K

Policy No. 5076860673 19.12.2017

Claims No. MT/1005445-002

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHD3195K Yr Regn: 26, 2016

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1605

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

Sp. Reading: 158752 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB41UMH9091850

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 A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front Rear

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 30/7/10 D.O.I. 1/8/18

Survey held at CDHE (Layang)

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

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

| Date / Time | Action / Instruction |
|-------------|--|
| | SHD 3195K - RCH / II / SINGAPORE / HK393 |
| | GX 950K - NA / INC180112311 / Z4 |
| 3/8/18 | Insured LP \$400 267. |
| | (P 1.302.61 Red - 77%) |
| | RECEIVED 14 AUG 2018 |

Date/Time, File Pass to?

14/02/18

☐ : Prel. Report

1) Typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

Report Format:

Lump Sum / I.B.I. (\$ 400.00 2/5)



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/INC18014002/K1sb | | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | | Date: 01-08-2018 |  |
| Code: INC4 | | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | GX 955K | Veh. Inspected | SHD 3195K | |
| Policy No. | 5096860673 | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 01/08/2018 | |
| 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 | 30/07/2018 | Inspection Date | 01/08/2018 | |
| 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="30/07/2018 16:40"/> |
| Vehicle No.(For Motor) | <input type="text" value="GX955K"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|-------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5096860673 | | CKL CAR LEASING | 53374539W | GFT | Third Party | GX955K | GX955K | 19/12/2017 | |

TP Claims against NTUC Income: Follow-Through Survey

Date : 14/8/2018

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/1006553-002 | COMFORT TRANSPORTATION PTE LTD | SHA 7441P | SHD 1498A | 9/8/2018 | 19:30 | \$ 2,648.76 |
| 2 | MT/1005720-002 | COMFORT TRANSPORTATION PTE LTD | SHC 2783A | SKM 9296E | 1/8/2018 | 22:00 | \$ 3,986.00 |
| 3 | MT/1005445-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3195K | GX 955K | 30/7/2018 | 12:00 | \$ 1,702.61 |
| 4 | MT/1007065-001 | COMFORT TRANSPORTATION PTE LTD | SHC 8895X | SIL 3120K | 4/8/2018 | 10:45 | \$ 7,775.32 |
| 5 | MT/1006032-002 | COMFORT TRANSPORTATION PTE LTD | SHC 2935D | SLQ 721X | 4/8/2018 | 2:00 | TOTAL LOSS |
| 6 | MT/1006368-002 | COMFORT TRANSPORTATION PTE LTD | SHC 8643G | SJP 6149M | 3/8/2018 | 21:20 | \$ 2,481.58 |
| 7 | MT/1006268-002 | COMFORT TRANSPORTATION PTE LTD | SHB 4225L | SJT 7679Y | 5/8/2018 | 3:00 | \$ 5,577.26 |
| 8 | MT/1006565-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3005B | XD 7911U | 7/8/2018 | 11:15 | \$ 4,490.76 |

Claim received from LKK

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 | 31/07/2018 11:28 |
| Date Of Accident | 30/07/2018 12:00 |
| Exact Location Of Accident | DUNEARN RD TWDS CITY NO.646 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------------|
| Vehicle Registration Number | SHD3195K |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | FLEETSAFETY@CDGTAXI.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-65508768 |
| Vehicle Particulars | |
| Manufacturer | 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 | ONG KOON SOON |
| NRIC No | S1630291J |
| Date Of Birth | 15/09/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/10/1989 |
| Driving Experience | 28 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98156150 |
| Fax Number | |
| Contact Number | |
| EMail Address | JERRYONG123@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 655 JALAN TENAGA #10-90 |
| Postcode | 410655 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

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

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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

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 | GX955K |
| Vehicle Make/Model/Colour | VAN |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | PALOWAN SAJIB |
| NRIC/Passport Number | G6602986M |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRONT |
| 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.

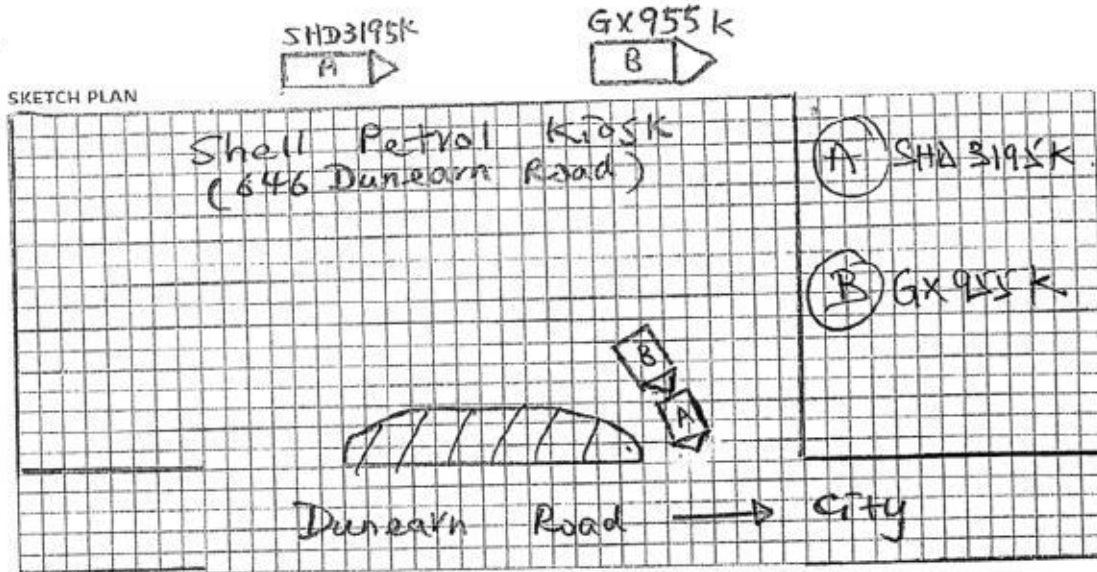
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30 July 2018 at about 12pm, I was waiting to exit from Shell petrol Kiosk at 646 Dunearn Road. Suddenly I felt a jerk on my Taxi (SHD 3195K). I stepped out the taxi and saw a Van (GX 955K) was behind my taxi. The driver of GX 955K claimed that his slipper gave way from the brake, causing his van moved forward and hit into my taxi. There were damages to my taxi's back bumper.

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)

Reporting Centre Personnel's Signature
Name:

Date/Time: 01.08.2018 10:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305194705

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

UNIT CARD NO.

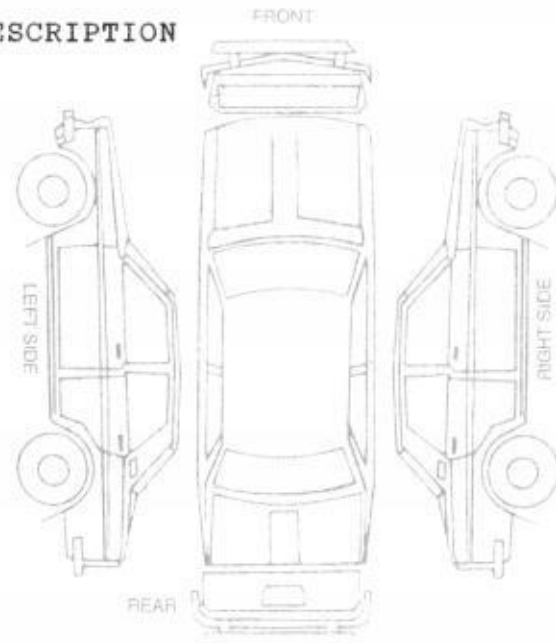
| | | |
|--------------|-------------------|----------------------------------|
| REGN NO. | SHD3195K | MILEAGE |
| MAKE | HYUNDAI | FUEL E 1/2 F |
| MODEL | I-40 | DATE/TIME IN 01.08.2018 09:30 |
| YR OF MANU | 08.07.2016 | TARGET DATE |
| CHASSIS CODE | KMHLB41UMGU091850 | COMPLETION DATE/TIME |

JOB DESCRIPTION

Accident Date: 30.07.2018
NATURE: 3P 30.07.18

S/NO LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHD3195K

LIMITS

Vehicle No.:

SHD3195K

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.08.2018

REPAIR ESTIMATE

Time: 10:24:34

Page: 1

HTUC-45
LKK-Kalvin

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

JOB NO : 305194705
 REGN NO : SHD3195K
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.07.2016
 DATE/TIME IN : 01.08.2018 09:30
 ACCIDENT DATE : 30.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------------------------|-------------------------|------|--------|----------------|--------|--------|
| 0001 04-01-0103-0579-G | REAR BUMPER | 1 | 603.60 | 20.00 | 482.88 | X Regu |
| 0002 04-01-0103-0738-G | REAR BUMPER UNDER COVER | 1 | 225.00 | 20.00 | 180.00 | X JUC |
| 0003 04-01-0101-0111-G | REAR BUMPER CLIPS | 10 L | 22.00 | 20.00 | 17.60 | X " |
| 0004 09-01-9999-0068-A | REVERSE SENSOR | 1 | 135.70 | 10.00 | 122.13 | X JUC |
| 0005 04-01-0103-1150-A | REAR BUMPER MAT | 1 | 50.00 | 100 | 50.00 | X " |

SUB-TOTAL : 852.61

JOB NATURE

| | | | | |
|-------------|-------------------------------|-------------------|-----|----|
| 0000 20-05 | Rear Fender Adv.Sticker RH/LH | 200.00 | / | me |
| 0001 20-05 | Rear Bumper Adv.Sticker | 50.00 | / | me |
| 0002 L | PANEL BEATING | 280.00 | 100 | |
| 0003 23-502 | SPRAYPAINT ON AFFECTED AREA | 200.00 | 180 | |
| 0004 L | R/I REVERSE SENSOR | 120.00 | X " | |

SUB-TOTAL : 850.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.08.2018

REPAIR ESTIMATE

NTUC-45

Time: 10:24:34

Page: 2/2

LKK - Kalvin

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

JOB NO : 305194705
REGN NO : SHD3195K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.07.2016
DATE/TIME IN : 01.08.2018 09:30
ACCIDENT DATE : 30.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,702.61

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kalvin LKK
1/8/18 10.50h
2 Pgs
L/s
After Repair p Lh

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:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305194705

Date : 02/08/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3195K

Date of Accident : 30-Jul-18

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

1. The repair job shall bill to: NTUC --- GX 955K

2. 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% \$400.00

Final Lumpsum Repair cost \$400.00

3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 3/8/18

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 | | NO | | |
| 3. Survey Fees | ----- | | | |
| 4. LTA Search Fee | \$7.49 | | | |
| 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/INC18014002/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 24-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | GX 955K | Veh. Inspected | SHD 3195K |
| Policy No. | 5096860673 | Coverage (\$) | 0.00 |
| Claim No. | MT/1005445-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 01/08/2018 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU091850 | Colour | BLUE |
| Odometer | 158752 | 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 REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 30/07/2018 | Inspection Date | 01/08/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 2 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3195K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|----------------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | TO REPAIR SEE LABOUR | 603.60 | - |
| 1 | REAR BUMPER UNDER COVER | SERVICEABLE | 225.00 | - |
| 10 | REAR BUMPER CLIPS | NOT NECESSARY | 22.00 | - |
| | LESS 20% DISCOUNT | | -170.12 | - |
| | | | 680.48 | - |
| <u>NETT ITEMS</u> | | | | |
| 1 | REVERSE SENSOR (N) | SERVICEABLE | 135.70 | - |
| | LESS 10% DISCOUNT | | -13.57 | - |
| | | | 122.13 | - |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER MAT (SN) | NOT NECESSARY | 50.00 | - |
| 2 | REAR FENDER ADV STICKER RH/LH (SN) | NECESSARY | 200.00 | 200.00 |
| 1 | REAR BUMPER ADV STICKER (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 300.00 | 250.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER. | | 280.00 | 100.00 |
| | SPRAYPAINT ON AFFECTED AREA. | | 200.00 | 180.00 |
| | R/I REVERSE SENSOR. | NOT NECESSARY | 120.00 | - |
| | | | 600.00 | 280.00 |
| GRAND TOTAL | | | 1,702.61 | 530.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 400.00 |

Report Ref No. NS/INC18014002/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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