

NSI/INC18014104/T1rd3n2

(08/11/13)

Secretary:

Tang

REF:

INC

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

SJH 5526G

Policy No.

5100 308615 (18/5/18 - 17/2/2019)

Claims No.

MT/1005540-002

Sum Insured:

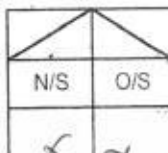
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh.No:

SHA 4634U

Yr Regn:

2017 Jan

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

Truck / Trailer or

Make:

Hyundai I40

c.c

1685

Colour

Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

214555

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41UM44097898

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:

205/60R16

R:

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

TOYO / YOKO or

CST

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

2/8/18 24pm

Survey held at

Comfort Riders Lodge

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

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

Date / Time

Action / Instruction

SHA 4634U - NSI/INC17016166/K1qbn2

DUA: 18/8/2017

SJH 5526G-X

Confirm 82194.24 @ 3 days

Red: 81241.10, 36%.

RECEIVED 25 OCT 2018

Date/Time, File Pass to?



Preli. Report

1) typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

160

Report Format:

TP

Lump Sum / I.B.I: (\$ 2194.24)



## 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/INC18014104/T1rd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-08-2018

189556



Code: INC4

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

Insured Veh.	SJH 5526G	Veh. Inspected	SHA 4634U
Policy No.	5100308615	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/08/2018

### 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	31/07/2018	Inspection Date	02/08/2018
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.
--

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="31/07/2018 10:48"/>
Vehicle No.(For Motor)	<input type="text" value="SJH5526G"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100308615		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SJH5526G	SJH5526G	18/05/2018	17/02/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 03/05/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1005760-002	COMFORT TRANSPORTATION	SHA 1764Y	SJW 4189Z	02/08/2018	\$ 3,975.57	\$ 3,165.60
2	MT/1005540-002	COMFORT TRANSPORTATION	SHA 4634U	SJH 5526G	31/07/2018	\$ 3,435.34	\$ 2,194.24
3	MT/1010106-001	COMFORT TRANSPORTATION	SHD 3027M	FBD 4353K	30/08/2018	\$ 5,047.28	\$ 2,900.00

Claim received from LKK Auto

**Janice Lee (LKKAuto)**

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**From:** Janice Lee (LKKAuto)  
**Sent:** Thursday, October 25, 2018 12:27 PM  
**To:** 'Fauzy Bin Mokhtar'  
**Cc:** Taufikh (LKKAuto)  
**Subject:** RE: SHA4634U - FINALIZE ( NTUC )

Dear Fauzy,

We will confirm at \$2,194.24 @ 3 days.

\*Ps : I have drop you several calls, but no one answer

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Janice Lee (LKKAuto)  
**Sent:** Thursday, October 25, 2018 12:16 PM  
**To:** Fauzy Bin Mokhtar <[fauzy@sparkcarcare.com](mailto:fauzy@sparkcarcare.com)>  
**Cc:** Taufikh (LKKAuto) <[Taufikh@lkkauto.com](mailto:Taufikh@lkkauto.com)>  
**Subject:** FW: SHA4634U - FINALIZE ( NTUC )

Hi Fauzy,

Any updates?

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [janicelee@lkkauto.com](mailto:janicelee@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Janice Lee (LKKAuto)  
**Sent:** Tuesday, September 04, 2018 3:31 PM  
**To:** 'Fauzy Bin Mokhtar' <[fauzy@sparkcarcare.com](mailto:fauzy@sparkcarcare.com)>  
**Cc:** Taufikh (LKKAuto) <[Taufikh@lkkauto.com](mailto:Taufikh@lkkauto.com)>  
**Subject:** RE: SHA4634U - FINALIZE ( NTUC )

Hi Fauzy,

Kindly confirm \$2,194.24 @ 3 days.

**\*We conclude the repair cost only, you may claim the towing fee with the insurance directly\***

**\*You may reach me at 6256 3561\***

Thank you.

Best Regards,

**Jannice Lee (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [jannicelee@lkkauto.com](mailto:jannicelee@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Fauzy Bin Mokhtar [<mailto:fauzy@sparkcarcare.com>]

**Sent:** Thursday, August 30, 2018 4:10 PM

**To:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Subject:** Re: SHA4634U - FINALIZE ( NTUC )

Hi Taufik,

Gentle reminder

Please see Attach Finalize for your confirmation.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156

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**From:** Fauzy Bin Mokhtar

**Sent:** Tuesday, 7 August 2018 2:14:21 PM

**To:** [sur@lkkauto.com](mailto:sur@lkkauto.com)

**Subject:** SHA4634U - FINALIZE ( NTUC )

Hi

Attached is the Finalize for your confirmation.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156

## 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	01/08/2018 16:11
Date Of Accident	31/07/2018 20:30
Exact Location Of Accident	YIO CHU KANG RD X HOUGANG AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4634U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	SANI BIN YUSERI
NRIC No	S1534667A
Date Of Birth	26/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84845649
Fax Number	
Contact Number	
Email Address	SANI.BOYAN6242@YAHOO.COM.SG

Address	BLK 439 JURONG WEST AVENUE 1 #02-492
Postcode	640439
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?	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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180801/2038

#### 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	SJH5526G
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	



Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SANI BIN YUSERI

Approximate Age

Injuries Sustain TIGHTNESS ON BACK

Injured person in which vehicle? SHA4634U

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  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

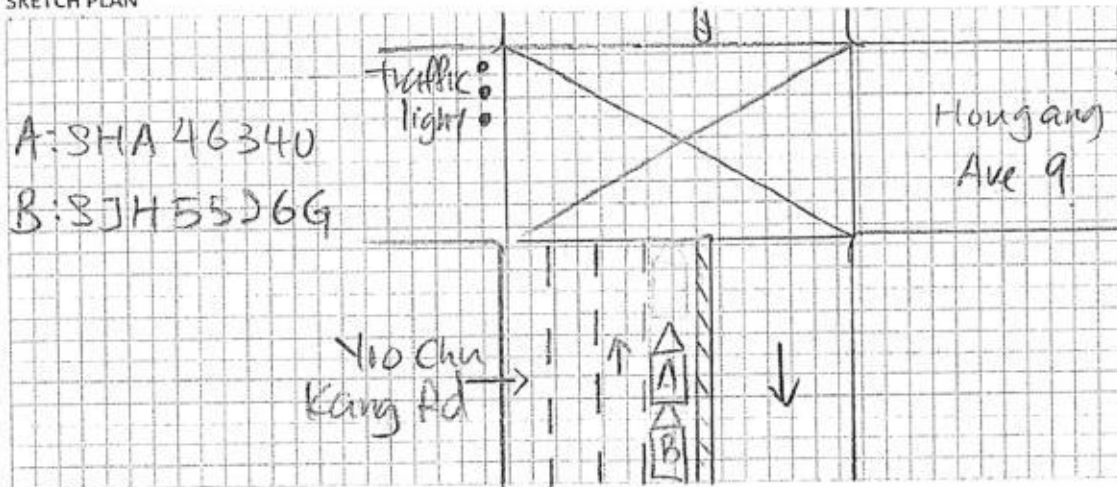
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IAAC Sketch Plan Form\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180801/2038.

## DECLARATION

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

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. 3



**SINGAPORE  
POLICE FORCE**



T/20180801/2038

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180801/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2018 12:04		Vide Report No.: F/20180731/0192		Station Diary No.: 71	
<b>Informant's Particulars</b>					
Name of Informant: SANI BIN YUSERI			Address: APT BLK 439 JURONG WEST AVENUE 1 #02-492 SINGAPORE 640439		
ID Type / ID No.: NRIC NO / S1534667A			Contact No.: Home/Office: Mobile: 84845649		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/10/1962	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2018 20:30	Type of Location: T-Junction
Location: Along Road 1 YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	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
SHA4634U	Car				Slightly Damaged	1
SJH5526G	Car				Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180801/2038

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

2 of 3

Report No. T/20180801/2038

## CONTINUATION OF REPORT

Driver			
Name	SANI BIN YUSERI	ID No.	S1534667A
Related Vehicle	SHA4634U (Car)	Contact No.	84845649
Hospital/Clinic	DRS. KOO & CHOO MEDICAL CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On the above date time and location, while driving in my taxi (V1: SHA4634U) on the right most lane, another car (V2: SJH5526G), came from the back and bump into the rear of V1. Prior to incident, V2 was 2 cars ahead of V1 on the right most lane and was waiting for the traffic light at the junction to turn from red to green. However, even as the traffic light did turn green, V2 was stationary and did not drove off. As a result, the 2 cars ahead of V2 overtook from the left. I followed the 2 cars and overtook V2. Just when I was about to cross the junction, the traffic light turned red and hence I stopped the car. However, V2 suddenly started driving and collided to the rear bumper of V1. As a result of the collision, V1 suffered some dents to the rear bumper. Traffic Police and ambulance arrived at the scene shortly after but no one was conveyed to the hospital. The driver of V2 did not exchange his particulars with me. To my knowledge, no one was injured during the incident and no government property was damaged. I had taken 5 days of MC as I felt tightness at my back.



**SINGAPORE  
POLICE FORCE**



T/20180801/2038

3 of 3

Report No. T/20180801/2038

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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:

J /  
ANG JUN MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

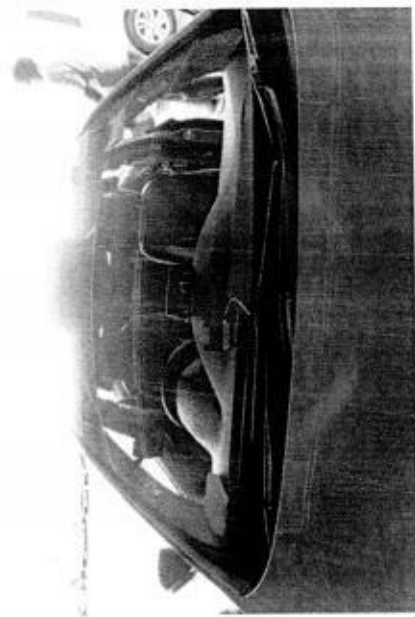
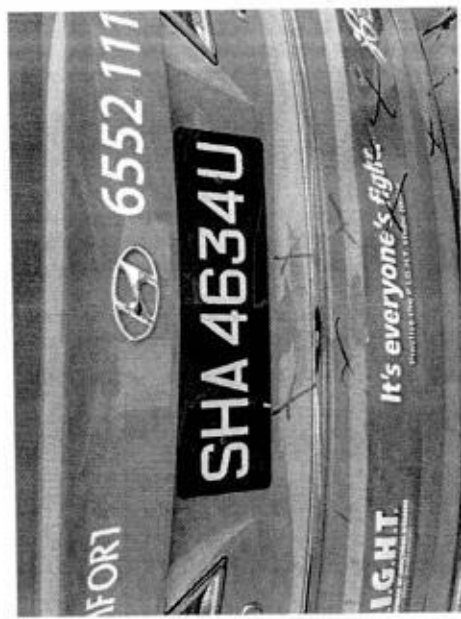
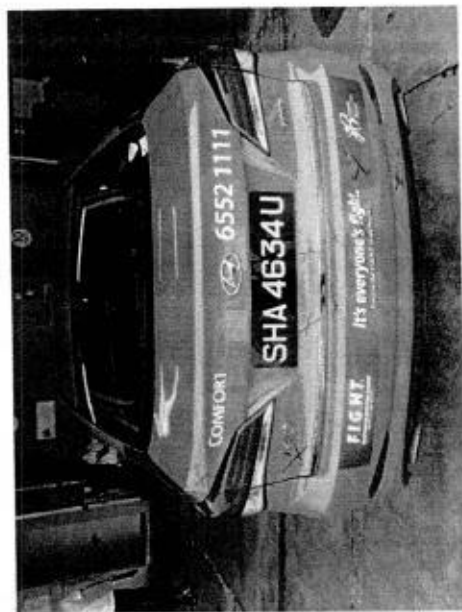
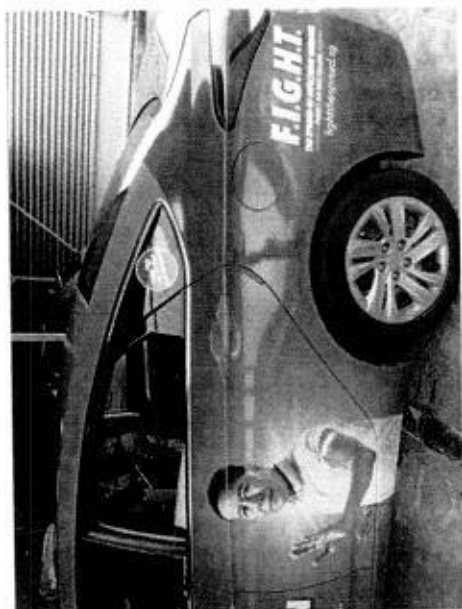
Date/Time:  
01/08/2018 12:04

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No.: 65476367

Classification Of Case:

SN 114

Authentication Stamp  
NP168





## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 4634U

DATE 2/8/2018 9:20

MAKE :

MODEL : HYUNDAI i40

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem			\$ net 27.20 ✓
	Boot Lid CRDI Plate			\$ net 41.00 ✓
	Bootlid Moulding			\$ net 85.00 ✓
	Bootlid i40 Emblem			\$ net 41.00 ✓
	Bootlid Lower Garnish			\$ net 398.00 ✓
	Rear Bumper			\$ net 603.60 ✓
	Rear Bumper Reinforcement			\$ ? 504.35 } X
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ ? 360.00 } m
	Rear Bumper Side Bracket			\$ ? 49.00 }
	Rear Bumper Clips			\$ net 22.00 ✓
	Rear Bumper Sponge			\$ ? 143.40 X m
	Rear Bumper Under Cover			\$ net 225.00 ✓



member of COMFORTDELGRO

Date/Time: 01.08.2018 16:51 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3844521

JC NO.: 305194891

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

REGN NO.: <b>SHA4634U</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>31.07.2018 20:30</b>
YR OF MANU. <b>05.01.2017</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMHU097898</b>	COMPLETION DATE/TIME:

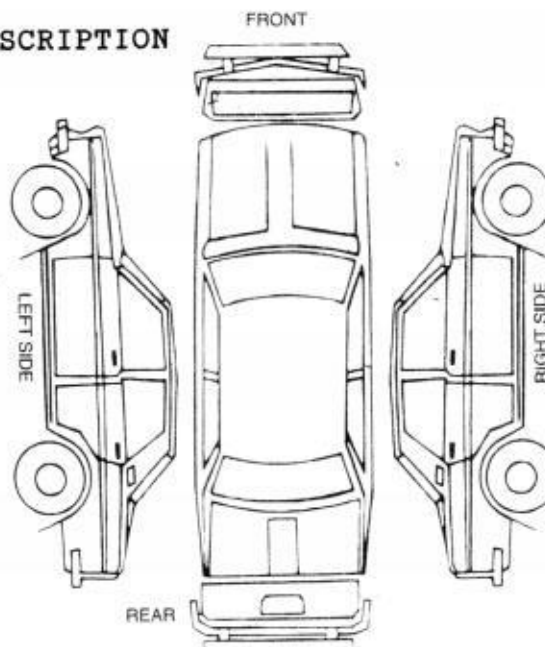
JUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 31.07.2018  
NATURE: 3P 31.07.18/B-

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SHA4634U FZ NTUC LKK

Vehicle No.: SHA4634U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>31.07.18</u> Time Received: <u>2108</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/COPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" 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: <u>SANI</u> Contact No.: <u>84845649</u> Vehicle No.: <u>SH1A4634U</u> Make / Model / Colour: <u>I40</u> 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>8 HOUGAM ST92</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>214555</u> 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		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
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Job Attended		<p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer: <u>[Signature]</u></p>
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 Name of Driver: <u>BASA</u> Vehicle No.: <u>35469A</u> Time Dispatch: <u>2108</u> Time of Arrival: <u>2145</u> Time Completed: _____		

### Cash Invoice Details (if applicable)

13. Cash Invoice No.:	_____
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### 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™

Date: <u>31.07.18</u>	Time: <u>2145</u>	Signature of Customer: <u>[Signature]</u>
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### 14. WORKSHOP

Name of Attending Staff/Guard: _____	Date & Time of Arrival: _____	Signature of Attending Staff/Guard: _____
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## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 04.08.2018

Time: 11:37:32

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 : 305194891  
REGN NO : SHA4634U  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 05.01.2017  
DATE/TIME IN : 31.07.2018 20:30  
ACCIDENT DATE : 31.07.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0787-G	I40VC EMBLEM-I40	1	41.00	20.00	32.80
0002 04-01-0103-0786-G	I40VC EMBLEM-CRDI	1	41.00	20.00	32.80
0003 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0004 04-01-0103-0784-G	I40VC MLDG-BACK PANEL	1	398.00	20.00	318.40
0005 04-01-0103-0785-G	I40VC MLDG-CR PIECE	1	85.00	20.00	68.00
0006 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0007 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0008 28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1	20.00	2.00-	20.00 ✓
0009 28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1	10.00	0.20	10.00 ✓
0010 04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1	27.20	20.00	21.76 ✓

SUB-TOTAL : 1,184.24

## JOB NATURE

0000 20-05	RENEW ADVERTISEMENT REAR FENDER RH	100.00
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## COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.08.2018

Time: 11:37:32

## REPAIR ESTIMATE

Page: 2

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

JOB NO : 305194891  
REGN NO : SHA4634U  
MILEAGE : 000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 05.01.2017  
DATE/TIME IN : 31.07.2018 20:30  
ACCIDENT DATE : 31.07.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 20-05	RENEW ADVERTISMENT REAR FENDER LH			100.00		
0002 20-05	RENEW ADVERTISMENT REAR BUMPER			50.00		
0003 L	PANEL BEATING	300.00				
0004 L	SPRAY PAINTING CHARGE	400.00				
0005 L	WIRING CHARGE	30.00				
0006 L	REMOVE/REFIX REVERSE SENSOR	30.00				
0007 23-01	TOWING FEE	60.00				
SUB-TOTAL :						1,070.00
TOTAL :						2,254.24

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 4634U

MAKE :

MODEL : HYUNDAI i40

DATE 2/8/2018 9:20

Fauzy

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid 'H' Emblem			\$ net 27.20	
	Boot Lid CRDI Plate			\$ net 41.00	
	Bootlid Moulding			\$ net 85.00	
	Bootlid i40 Emblem			\$ net 41.00	
	Bootlid Lower Garnish			\$ net 598.00	
	Rear Bumper			\$ net 603.60	
	Rear Bumper Reinforcement			\$ ? 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ ? 360.00	
	Rear Bumper Side Bracket			\$ ? 49.00	
	Rear Bumper Clips			\$ net 22.00	
	Rear Bumper Sponge			\$ ? 143.40	
	Rear Bumper Under Cover			\$ net 225.00	
	SUB TOTAL			\$ 2,499.55	
	LESS 20%			\$ 499.91	
	DISCOUNTED TOTAL			\$ 1,999.64	
	Rear Bumper Reverse Sensor			\$ ? 135.70	Nett
	Rear Bumper Advertisement Logo			\$ net 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ net 200.00	Nett
	Boot Lid Comfort Logo & Tel No. Sticker			\$ net 30.00	Nett
				\$ 415.70	
	Labour Charge			\$ 350.00	800
	Panel Beating			\$ 500.00	400
	Spray Painting Charge			\$ 50.00	30
	Wiring Charge			\$ 120.00	30
	R/Refix Reverse Sensor			\$ 60.00	
	Towing Fee			\$ 1,020.00	
	TOTAL LABOUR			\$ 3,435.34	
	ESTIMATE TOTAL				
	Taufik 97495749				
	'WP'				
	2/5/18 @ 4pm				
	Return before paint.				
	sur@klkauto.com.				
	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.				



**COMFORTDELGRO  
ENGINEERING**

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

Our Job Ref No : 305194891

Date : 07.08.2018

**FINALIZATION FORM**

To : LKK

Fax :

Attn : ~~XXXXXXXX~~ **TAUFIQ**

Vehicle Reg No. : SHA4634U

Date of Accident : 31.07.2018

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

1. The repair job shall bill to: NTUC SJH5526G
2. The finalized amount shall be:
- |   |                   |
|---|-------------------|
| (a) Spare Parts after List discount           | \$1,184.24        |
| (b) Labour Charges                            | \$1,070.00        |
| <b>Total for Part-By-Part Repair Cost</b>     | <b>\$2,254.24</b> |
| (c) Lumpsum Repair (if applicable)            |                   |
| Total for Lumpsum repair cost after Less: 20% | \$0.00            |
| <b>Final Lumpsum Repair cost</b>              | <b>\$0.00</b>     |

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature: 

Signature: \_\_\_\_\_

Name : **FAUZY BIN MOKHTAR**

Name : \_\_\_\_\_

Tel : 62148319

Date : \_\_\_\_\_

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		N		
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/INC18014104/T1rd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 01-11-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJH 5526G	Veh. Inspected	SHA 4634U	
Policy No.	5100308615	Coverage (\$)	0.00	
Claim No.	MT/1005540-002	Excess (\$)	0.00	
Assign From		Assign Date	02/08/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU097898	Colour	BLUE	
Odometer	214555	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	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	CST	6 mm	
L/H Rear Tyre	205/60 R16	CST	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	31/07/2018	Inspection Date	02/08/2018	
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:		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 4634U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BOOT LID "H" EMBLEM	NECESSARY	27.20	27.20
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	CUT	398.00	398.00
1	REAR BUMPER	CRACKED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	NOT NECESSARY	360.00	-
1	REAR BUMPER SIDE BRACKET	NOT NECESSARY	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-499.91	-288.56
			1,999.64	1,154.24
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	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	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
			415.70	280.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		350.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	R/REFIX REVERSE SENSOR.		120.00	30.00
	TOWING FEE.		60.00	-
			1,080.00	760.00
<b>GRAND TOTAL</b>			<b>3,495.34</b>	<b>2,194.24</b>

Report Ref No. NS/INC18014104/T1rd3n2



RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,194.24
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Report Ref No. NS/INC18014104/T1rd3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

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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