

(08/11/13)

Surveyor: KalvinREF: NS/INC18014271/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: SJT 7679YPolicy No. 5084209100 - 01 29.10.17 - 28.10.18Claims No. MT/1006268 - 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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 4225L Yr Regn: 29 Oct, 2015

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685Colour: Blue A/C: Insu Std / NI / NASp. Reading: 36606x T/Radio: Insu Std / NI / NA

Eng/No: _____

C/No: KM HLB41UMH40802X6

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Campan

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/8/10 D.O.I. 6/8/10Survey held at CDHE (Layang)

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

Rear o/p

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

Date / Time	Action / Instruction
	SHB 4225L - X Zme
	SJT 7679Y - CS/ICS17003555/Pvbn2 DUA: 0610A 41
10/8/18	Insured 45 \$1300 / 3 Pys.
	(\$ 4,277.26 Red - 77%)
	RECEIVED 14 AUG 2018

Date/Time, File Pass to?

14/08/181) Typist

Date/Time, File Return to?

2) _____

☐ : Prel. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

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

Report Format: _____

Lump Sum / I.B.I: (\$ 1,300.00 4/5)160




National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18014271/K1sb			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 06-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJT 7679Y	Veh. Inspected	SHB 4225L
Policy No.	5084207120-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/08/2018
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	05/08/2018	Inspection Date	06/08/2018
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="05/08/2018 16:53"/>
Vehicle No. (For Motor)	<input type="text" value="SJT7679Y"/>	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"/>	5084207120-01		JK ROVER	53295680W	GPC	drive CLASSIC	SJT7679Y	SJT7679Y	29/10/2017	28/10/2018

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	SJL 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	06/08/2018 14:28
Date Of Accident	05/08/2018 03:00
Exact Location Of Accident	ALONG GEYLANG ROAD JUNCTION OF LOR 9 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4225L
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	MUTHUPANDIAN S/O SANUMUGAM
NRIC No	S1630623A
Date Of Birth	12/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93390637
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 403B FERNVALE LANE #16-165
Postcode	792403
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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TOA PAYOH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180806/2020

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	SJT7679Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

MUTHUPANDIAN S/O SANUMUGAM

Approximate Age

53

Injuries Sustain

STRAIN ON NECK AND LOWER BACK. ON 4 DAYS MC.

Injured person in which vehicle?

SHB4225L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 19203321R

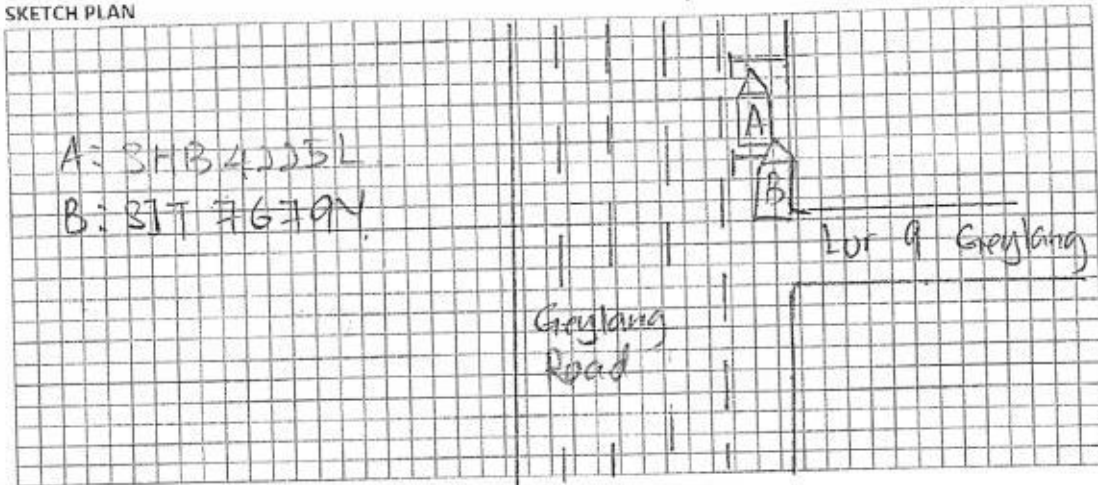
Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per attached police report.
 T/20180806/2020.


DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 193203321R

Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)


 Reporting Centre Personnel's Signature
 Name:



**SINGAPORE
POLICE FORCE**



T/20180806/2020

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180806/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2018 10:46		Vide Report No.: G/20180805/0064	Station Diary No.: 49
Informant's Particulars			
Name of Informant: MUTHUPANDIAN S/O SANUMUGAM		Address: APT BLK 403B FERNVALE LANE #16-165 SINGAPORE 792403	
ID Type / ID No.: NRIC NO / S1630623A		Contact No.: Home/Office:	Mobile: 93390637
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 12/10/1964	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 05/08/2018 03:00	Type of Location: Straight Road
Location: Along Road 1 LORONG 9 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4225L	Car				Slightly Damaged	0
SHC5902D	Car					0
SJT7679Y	Car				Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20180806/2020

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180806/2

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	MUTHUPANDIAN S/O SANUMUGAM	ID No.	S1630623A
Related Vehicle	SHB4225L (Car)	Contact No.	93390637
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	06/08/2018	Date Discharge	06/08/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 05/08/2018 at about 0300hrs, I had parked my vehicle(SHB4225L) on a parallel parking lot at Lorong 9 Geylang. I was still in my taxi when suddenly another vehicle(SJT7697Y) hit me from the back, and part of the car went up to the pavement. There was no passenger in my taxi however, the impact caused my neck and lower back to strain. Police came to my accident scene and conducted their investigation. There was another taxi(SHC5902D) that got hit by the said car. I think the driver was drink driving as the Police conducted a breath test on him. No one was conveyed to hospital. I went for a medical check up and was given 4 days of MC

My taxi sustained dents and cracks on the right rear bumper of the taxi. I am lodging this report to assist in Police investigation and to facilitate in following up with my insurance company.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20180806/2020

3 of 3

Report No. T/20180806/2020

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2018 10:46

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

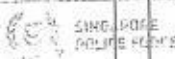
Contact No.: 65476200

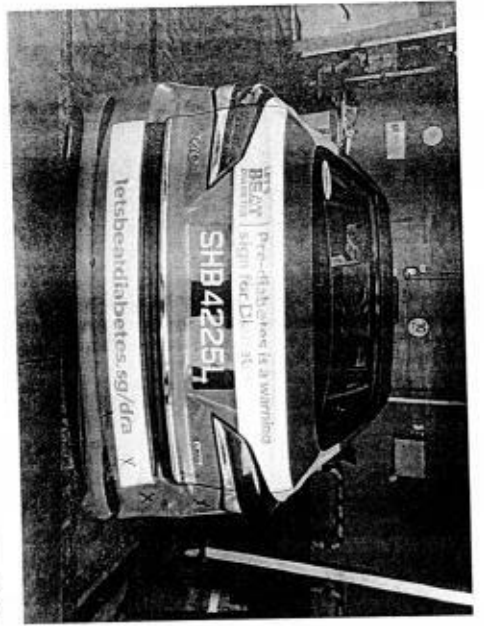
Classification Of Case:

SN 100

Authentication Stamp

ND169







COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4225L

DATE 6/8/2018 14:33

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid 'H' Emblem X "			\$ 27.20	
	Boot Lid CRDI Plate - "			\$ 41.00	
	Bootlid Moulding X "			\$ 85.00	
	Bootlid i40 Emblem - "			\$ 41.00	
	Bootlid Lower Garnish X repair			\$ 398.00	
	Rear Bumper - Referral			\$ 603.60	
	Rear Bumper Reinforcement X "			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) X "		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket X "		\$ 49.00	\$ 98.00	
	Rear Bumper Clips - "			\$ 22.00	
	Rear Bumper Sponge X "			\$ 143.40	
	Rear Bumper Under Cover - "			\$ 225.00	
	Rear Bumper Reflector Lamp (RH) - "			\$ 32.00	
	Exhaust Pipe Insulator, RH X "			\$ 58.55	
	Exhaust Silencer, RH X "			\$ 954.00	
	Exhaust Pipe Hanger, RH X "			\$ 58.55	
	Exhaust Pipe Centre X "			\$ 1,150.30	
	SUB TOTAL			\$ 4,801.95	
	LESS 20%			\$ 960.39	
	DISCOUNTED TOTAL			\$ 3,841.56	
	Boot Lid Comfort Logo & Tel No. Sticker X "			\$ 30.00	Nett
	Boot Lid Advertisement Logo X "			\$ 100.00	Nett
	Rear Bumper Reverse Sensor X "			\$ 135.70	Nett
	Rear Bumper Advertisement Logo - "			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) - "		\$ 100.00	\$ 200.00	Nett
				\$ 515.70	
	Labour Charge				
	Panel Beating			\$ 200	
	Spray Painting Charge			\$ 350.00	
	Wiring Charge			\$ 500.00	400
	Tuff Kote			\$ 50.00	X "
	Remove/Refix Reverse Sensor			\$ 50.00	X "
	Remove/Refix Exhaust Pipe			\$ 120.00	30
				\$ 150.00	X "
	TOTAL LABOUR			\$ 1,220.00	
	ESTIMATE TOTAL			\$ 5,577.26	
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

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:

Kohli (LKK)

6/8/18 1540h
307
45 After Repair photo

Date/Time: 06.08.2018 14:57

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305196654

OMER
IS
OMER NO.
LESS
(R)
(P)
JUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

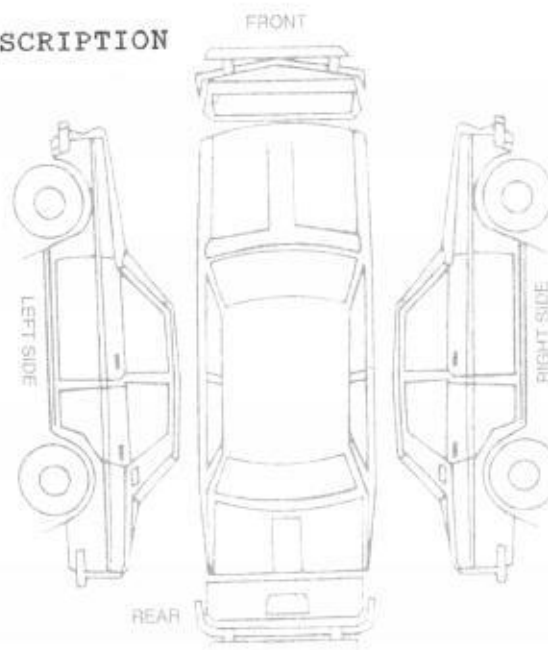
REGN NO.	SHB4225L	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 05.08.2018 03:00
YR OF MANU	29.10.2015	TARGET DATE
CHASSIS CODE	KMHLB41UMGU080246	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 05.08.2018
NATURE: 3P 05.08.18/B

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED-OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No. SHB4225L JU NTUC

Vehicle No.: SHB4225L

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305196654
Date : 10/08/18

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
SHB4225L Date of Accident : 05/08/18

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

1. The repair job shall bill to: NTUC --- SLD6825J
###
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% **\$1,300.00**
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 3 working days
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

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

Signature :
Name : K967
Date : 10/8/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEM:



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/INC18014271/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 23-08-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJT 7679Y	Veh. Inspected	SHB 4225L
Policy No.	5084207120-01	Coverage (\$)	0.00
Claim No.	MT/1006268-002	Excess (\$)	0.00
Assign From		Assign Date	06/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080246	Colour	BLUE
Odometer	366064	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	05/08/2018	Inspection Date	06/08/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4225L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	32.00	32.00
1	EXHAUST PIPE INSULATOR,RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,RH	SERVICEABLE	954.00	-
1	EXHAUST PIPE HANGER,RH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	SERVICEABLE	1,150.30	-
	LESS 20% DISCOUNT		-960.39	-192.92
			3,841.56	771.68
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NOT NECESSARY	100.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	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
			515.70	250.00



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	REMOVE/REFIX EXHAUST PIPE.	NOT NECESSARY	150.00	-
			1,220.00	630.00
	GRAND TOTAL		5,577.26	1,651.68
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,300.00

Report Ref No. NS/INC18014271/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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