aurzym: Kolvin	ASSI	GNMENT			
	+ 4	Veh No:	SH 744	, 4	14 40- 20
From; Date:					
Estimated Cost			M.Cycle / Bus / Van	1 Corry 1 1891 F	rime Mover I
ODITP WEST PRESTOD RESTEVATINVIM	Ā	100000	Trailer or	T /	(n)
To Insped Vehicle No:		Make:	Munda	Joens	_ 0.0 /9.4
at Workshop m/s	^	Colour	Bhe		nsu <b>6</b> d i Std i Ni i i
of		Sp.Reading	382023	T/Radio;	Ins 😥 d / Std / NI /
Insured: SKM 66591		Eng/No:			
Policy No. 5088380787 - 01 F	11318-261319	C/No:	KMHB	741018	A 807319
Claims No. WT 1400 1261-(	202	Gen. Cond: G	ood   Est   Poor   B	urnt	
SuminsWed: Excess:	It.	Steering: Inor	Gr / Jammed / Lea	ked/Burnt or	
(Client's Record)	3	Brake: Inor	Ger / Jammed / Lea	ked/Burnt on	15
Make of Veh:			I SIRIM I STOPAIRI		19.11.19.11.11.11.11
4	E7	Tyre Size;	F:	215/60	x16
(Policy Condition)		11	R:		٠,
Remark: The veh had commenced its	N/S O/S	BS / DUN / E	XNOVA / GY / FS / L	IZA / MIC / OHT	SU / PIR / SUMI /
repair at the time of inspection.		TOYOTYO	KO or	Hallow	ik
Bal, or Market Value:		Front		Rear	_
IDAC Accident Rport: Consistent?:	Yes or No	R/Bal.	7 mm	R/Bal.	7
GIA / PR Seen; Consistent?:		L/Bal.	+ mm	L/Bal.	7
	Yes or No	D.O.A. 16	18/8	D.O.I.	13/8/-8
and the second s	Yes or No	Survey held		CDAE (	
Comodin		Control of Assessed			
CA / REV / REP. / 24 HRS	Vehicle: IN / OU	Colores and Colore	ages : Frt / Rear	SFR4.	o / Realtop of
Dale: Person Contacted:	venicle; IN / OU		/ Chassis frame /		affected due to co
Date / Time   Action / Instruction		75/10/2007			
	801 11561 /64		- OCA: 11	082018	INC
Skin (151) - x		E.			4.
15/8/18 Carbine & 45 \$	1550/2/2	v. ared	1173-20%	43%	
	1.5 S.				
RECEIVE	LI B AUG EL	118			
	1				/_
	•	¥			
			0.		
Date/Time, File Pass to? : Prell. Repo	rt	Days Of Re	epair: L		

		1			1
Oate/Time, File Pass to?  1) 10/8 TYPUS C  Date/Time, File Return to?	: Prell. Report : Final Report		of Repair: 2.	Survey Fee:	
2)	H	Add Fee:	: Site Insp (\$ : Interview (\$	)S + RSSI	
Report Format:	1550		: Tech. Invs (\$; Weekend (\$	) Others ) TOTAL	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



NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	Ref: NS/INC18014654/K1tb		
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date:	13-08-2018		
		D. V. D. M. J.	Code:	INC4		
1.	h 11/-1	Policy Particulars SKM 6659L	-		SH 7441Y	
	Insured Veh.	OUR TYPESCOLING PRODUCESTICS	-	nspected	UCTR/50/C0005/1910	
	Policy No.	5088380782-01		age (\$)	0.00	
_	Claim No.			s (\$)	0.00	
	Assign From	V5.W/2-8/2-2-2-3-3		n Date	13/08/2018	
2.		Vehicle Parti	culars 8	Condition		
	Make & Model		c.c		0	
	Engine No. HIDDEN			Year of Reg.		
	Chassis No.			Colour		
	Odometer -			Steering		
	Brakes		Modification			
	General					
3.		Condit	ions 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.		Descripti	on of D	amages		
5.		Genera	al Inform	nation	er o same	
	Accident Date	11/08/2018	eveneni	ction Date	13/08/2018	
	Survey held at	COMFORTDELGRO ENGINEE	1		- Who are to the same trave	
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	General .	R	Remarks			
		ON WAS CONDUCTED ON A"WI				

eBaoTech									Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601		No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,	A CONTRACTOR OF THE PARTY OF TH		+ Chang	e Languag	e • Chan	ge Password	+ Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		11/08/2018 1	7:46	
	Vehicle No.(For Motor)	SKM661	19L		Certif	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5088380782- 01		ABDUL AZIZ BIN JONID	51052790B	GPC	drivo CLASSIC	SKM6659	L SKM6659L	27/03/2018	26/03/2019
				10	Continue					

TP Claims against NTUC Income: Follow-Through Survey

CINIO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
2	MT/1007447-001	COMFORT TRANSPORTATION PTE LTD	SH 7642J	ZLLL9 M9S
+	MT/1006907-002	COMFORT TRANSPORTATION PTE LTD	SHC 8126H	SJP 2296Y
+	MT/1007096-002	CITYCAB PTE LTD	SHB 3420X	SHC 6930R
+	MT/1007261-002	COMFORT TRANSPORTATION PTE LTD	SH 7441Y	SKM 6659L
	MT/1005877-002	COMFORT TRANSPORTATION PTE LTD	SHD 3503E	SLW 9739E
+	MIT / 100007 1-002	COMEORT TRANSPORTATION PTE LTD	SHD 6683Z	SLW 2952B
	MT/10074E2 001	COMFORT TRANSPORTATION PTE LTD	SHD 4255P	SKL 9885K
	MT/100452-001	SMRT TAXIS PTE LTD	SHF 1011K	SJH 2414R
	MT/1004374-002	SMRT TAXIS PTE LTD	SHB 1621X	YN 5815M

Claim received from LKK Auto

MCD618103549-/ ComfortDelGro Engineering Pte Ltd - Loyeng ENTRY DATE & TIME: 11/08/2018 09:19 SUBMITTED BY: Huang XiaoYan

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to
- 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.

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

ACCIDENT	STATEM	ENT
----------	--------	-----

Date Of Report

11/08/2018 09:19

Date Of Accident

11/08/2018 01:10

Exact Location Of Accident

ROCHOR CANAL TOWARDS OPHIR RD

SINGAPORE Country/State of Loss

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH7441Y

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Co Reg No Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

SONATA

Exact Purpose for which vehicle was being used at

time of accident

NO

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken

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

CHOO SOONG HENG

NRIC No

S6920956D

Date Of Birth

16/06/1969

Occupation

OUTDOOR

Date Of Driving Pass

20/03/2006

**Driving Experience** 

12 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83548069

Fax Number

Contact Number

NOEMAIL

**EMail Address** 

Page 1 of 19

Address

BLK 66 CIRCUIT ROAD #07-319

370066

Postcode

Was driver an employee of the Insured's Company

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

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

NO

ambulance?

YES

Was any other material or property damaged? 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

PLS REFER TO 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

SKM6659L

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

KADIR BIN A RAHMAN

NRIC/Passport Number

S0065567H

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHOO SOONG HENG

## Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

49

NECK, BACK AND SHOULDER PAIN

SH7441Y

YES

NO

#### Sketch Plan Pg. 1

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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 :
  - 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 invoive 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")
- 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:
  - 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. REQ. NO. 193203321R

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.:

GIARMC SketchPlanForm\_V3

1.

200

4. ,

## Sketch Plan Pg. 2

	<u> </u>
	SKM 6659L
$+++++(\Delta \lambda +++$	HICAR THE THE PARTY OF THE PART
34744	
	1 1 1 DOA' 11-8-18 GONDA
+++++++	
	ROCHOR CANAL
	A A TOWNER DPHIC RAL
++++++++++++++++++++++++++++++++++++	
SCRIBE CIRCUMSTANCES O	DE THE ACCIDENT
SCRIBE CIRCUIVISTANCES O	1 O O
ON 11-8-18 (	2 Ollot, I was druing along Rocher 3 Ophir rd straight road. Suddenly KM 6659L change Lane and hit my TH414 Front RM Course domagel.
boxed been	a polic rd straight road. Suddenly
CHARLE TOWNER	the fid has and seed all
Vehicle (B) S	KW 8822 Groups truck may in tak
LOW! (A) SH.	14414 Front EN Course domage.
100	
77 17	Video Footage on the Scene.
There is	11000 10000
DI. VAN. OL	n board and rug treat.
110 1HX C	
1/0 /MX 0	
INO THE O	
1/0 /4%	
1/0 /14%	
1/0 /14%	
1/0 /#* 0	
1/0 /#* 0	
1/0 /#* 0	
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1/0 /#*	
1/0 /#* 0	
DECLARATION	
DECLARATION /We declare the foregoing parti	Iculars are true in every respect.
DECLARATION /We declare the foregoing parti	iculars are true in every respect.  A PTE LTD  Tawn  T
DECLARATION /We declare the foregoing partion AFORT TRANSPORTATION CO. REG. NO. 19200332	iculars are true in every respect.  PTE LTD  21R  A PROPERTY Shoothing
DECLARATION  /We declare the foregoing particular of the f	iculars are true in every respect.  PTE LTD  21R  Driver's Signature  Reporting Centre Personnel's Signature
PECLARATION  We declare the foregoing partion  FORT TRANSPORTATION  CO. REG. NO. 19220233	iculars are true in every respect.  PTE LTD  21R  Driver's Signature  Reporting Centre Personnel's Signature

GIARRAC ShetchPlanForm\_V3

#### COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.08.2018

Time: 09:04:54

Page i )

REPAIR ESTIMATE

HEUC-45

JOB NO : 3

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

REGN NO MILEAGE : 305198588 : SH 7441Y

MAKE

: 0000000000 : HYUNDAI

MODEL DATE OF REGN : SONATA : 14.04.2011

DATE/TIME IN

: 11.08.2018 08:10

ACCIDENT DATE : 11.08.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0001 04-01-0101-0003-U FRONT BUMPER

1 538.80 20.00 431.04

0002 04-01-0101-0030-G FRT BUMPER UPR BRKT RH 1 20.10 20.00 16.08 X

0003 04-01-0101-0074-G FRT BUMPER RETAINER RH 1 9.20 20.00 7.36

0004 04-01-0101-0017-U FRONT FENDER RH 1 593.00 20.00 474.40

0005 04-01-0101-0026-U HEADLAMP RH 1 797.90 20.00 638.32

0006 03-01-0101-0002-U FRT WHEEL CAP RH 1 145.00 20.00 116.00

SUB-TOTAL: 1,683.20

#### JOB NATURE

0000 L

PANEL BEATING

0001 23-502

SPRAYPAINT ON AFFECTED AREA

0002 17-01

CHECK ALL LIGHTING

0003 20-00

TUFF COAT ON AFFECTED PARTS.

560.00 30° 400.00 36°

SUB-TOTAL : 1,040.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE NTUC- 45

Date: 13.08.2018 Time: 09:04:54

Page: 2



COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

LKK-Kalvin

REGN NO

: 305198588 SH 7441Y

MILEAGE MAKE

: 0000000000 : HYUNDAI

MODEL

: SONATA : 14.04.2011

DATE OF REGN DATE/TIME IN

: 11.08.2018 08:10

ACCIDENT DATE : 11.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,723.20

MVA NAME & SIGNATURE

DATE:

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Kehn 1 alder 13/8/8 1025L 2 Pr 4/5 Alle Rynt pll [

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:

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 11.08.2018 11:26

Page: 1

ARC Repair TP(CLSO)1 Team: AE

JOB CARD

Sales Order:

REGN NO

MAKE:

MODEL

JC NO: 305198588

(FO

COMFORT TRANSPORTATION PTE LTD 7010045

OMERNO 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

DUNT CARD NO.

SONATA

FRONT

HYUNDAI

SH 7441Y

11.08.2018 08:10

YR OF MANU 14.04.2011

CHASSIS C KMHET41VMBA807319

COMPLETION DATE/TIME:

JOB DESCRIPTION

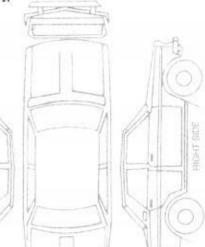
Accident Date: 11.08.2018

NA JRE: 3P 11.08.18

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:		

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

adgement Slip

SH 7441Y

LIMTS

Vehicle No.:

Exit Pass

SH 7441Y

BEAR

Service Advisor

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

urned to Service Reception upon collection

## COMFORTDELGRO ENGINEERING

305198588 Our Job Ref No :

ComfortDelGro Engineering Pte Ltd

tate :15/08/18			59 Loyang Drive Singapore 508969 Fax: 6546 8156				
INA	LIZATI	ON FORM					
0	8	l	_KK		Fax:		
ttn		KAI	VIN ANG				
ehic	de Reg	No. : SH 74	141Y	Date	of Accident :	11-Aug-18	
he s	survey	and estimates of t	he repairs of the above	e-mentioned	vehicle are as f	ollows:-	
	The	repair job shall bill	to: N	ruc	<del></del>	SKM6659L	
	The f	inalized amount s	hall be:				
	(a)	Spare Parts afte	r List discount				
	(b)	Labour Charges				02	
			y-Part Repair Cost				
	(c.)	Lumpsum Repa				\$1,550.00	
		Total for Lumps Final Lumpsun	um repair cost after L	ess: 20%		\$1,550.00	
ĝ	Estin	nated normal perio	od for repairs:	2wo	rking days.		
Ç.	We s	shall treat the abo in 7 working day	ove amount as Corre s	ect and Confi	rmed if there is	no reply from you	
,	Than	nk you for your ass	sistance.	2.50	We confirm the estimates and finalized amount		
	Sign	ature :	LIMES	Sig	gnature	1	
		ne : LIMTS		Na	Name KALVIN		
	Tel		62148398	Da	Date : /5/8/-@		
	Fax	1	65468156				
or	Officia	I Use Only					
		Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks	
1. F	Rental	Rate P/Day		YES			
_		Income Paid		NO			
	Survey						
		earch Fee	\$7.49				
5. I	Medica of drive	l Fees (on behalf er, if applicable)					

Remarks: FRT FENDER RH - REPLACED

Overrun



## **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 INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/INC180146	554/K1tbn2
73 BRAS BASAH ROAI #05-01 NTUC TRADE I 189556	D JNION HOUSESINGAPORE	Date: 24-08-2018 Code: INC4	
1.	Policy Particulars	:- THIRD PARTY CLAIM	VI CONTRACTOR OF THE CONTRACTO
Insured Veh.	SKM 6659L	Veh. Inspected	SH 7441Y
Policy No.	5088380782-01	Coverage (\$)	0.00
Claim No.	MT/1007261-002	Excess (\$)	0.00
Assign From	LI DAG SAMA MARIA CARRAMA SAMATAN	Assign Date	13/08/2018
2.	Vehicle Parti	culars & Condition	
Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA807319	Colour	BLUE
Odometer	385053	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3.	Condit	tions of Tyres	
	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm
4.	Descript	tion of Damages	
THE VEHICLE SU	STAINED DAMAGES AT THE O	S FRONT PORTION.	
5.		al Information	
Accident Date	11/08/2018	Inspection Date	13/08/2018
Survey held at	COMFORTDELGRO ENGINE	ERING PTE LTD	
	59 LOYANG DRIVE SINGAPORE 508969		
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W ICE TO YOUR INSTRUCTIONS,	ITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.	Estimat	e Days of Repair	
ESTIMATED NO	RMAL PERIOD FOR REPAIR:	2 Working Day	ys



## **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7441Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	538.80	2-
1	FRT BUMPER UPR BRKT RH	SERVICEABLE	20.10	( -
	FRT BUMPER RETAINER RH	SERVICEABLE	9.20	13.5
1	FRONT FENDER RH	DENTED	593.00	593.00
1	HEADLAMP RH	GRAZED	797.90	797.90
	FRT WHEEL CAP RH	GRAZED	145.00	145.00
	LESS 20% DISCOUNT		-420.80	-307.18
			1,683.20	1,228.72
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER.		560.00	300.00
	SPRAYPAINT ON AFFECTED AREA.		400.00	360.00
	CHECK ALL LIGHTING.		40.00	30.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	
			1,040.00	690.00
	GRAND TOTAL		2,723.20	1,918.72
la de la de	RECOMMENDED COST OF LUMP SUM REPAIRS			1,550.00

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	1,550.00
(OOM INMED)	

Report Ref No. NS/INC18014654/K1tbn2

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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