

(08/11/13)

Surrey: Kelvin

REF: NS/INC18014661/KHb52

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Insp'd Vehicle No: _____

at Workshop no/s _____

of _____

Insured: SKC 5234M

Policy No. 5097344909 11-01-18 - 2402-19

Claims No. MT/1006804-002

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 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

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

Veh No: SHC 2991R Yr Regt: 574, 218

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

Truck / Trailer or

Make: Hyundai 2017 c.c. 1580

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

Sp. Reading: 20229 T/Radio: Insuff / Std / NI / NA

Eng/No: _____

C/No: KM HC 85/CVJ4/103511

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: 195/65R15

R: _____

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

TOYO / YOKO or Nexa

Front Rear

R/Bal. 3 mm R/Bal. 3 mm

L/Bal. 1 mm L/Bal. 1 mm

D.O.A. 11/8/18 D.O.I. 13/8/18

Survey held at CDHE (Loyang)

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

Rear N/S.

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

Date / Time	Action / Instruction
	SHC 2991R - NS/INC18014661/KHb52
	SKC 5234M - X
4/9/18	Letter P/P \$1389.93 / 20%. (Red. 430.97 : 23%)
	RECEIVED 4 SEP 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) 4/9 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

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

Report Format: TP

Lump Sum / (B): (\$ 1389.93)



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/INC18014661/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKC 5234M	Veh. Inspected	SHC 2991R
Policy No.	5097344909	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/08/2018

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	11/08/2018	Inspection Date	13/08/2018
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.
--

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 4 September 2018 10:18 AM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.

Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, September 04, 2018 9:34 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

SHC 29912

2	MT/1006804-002	COMFORT TRANSPORTATION PTE LTD	SHC
2	MT/1006167-002	COMFORT TRANSPORTATION PTE LTD	SHA

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

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

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097344909		AMITAVA DAS	S2731831B	GPC	drive CLASSIC	SKC5234M	SKC5234M	11/01/2018	24/02/2019

Workshops

number of COMFORTDELGRO

Date/Time: 13.08.2018 09:07 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3847097

JC NO.: 305198949

MEMER

COMFORT TRANSPORTATION PTE LTD
7010045

MEMER NO.

SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

(R)

(P)

UNT CARD NO.

REGN NO.:

SHC2991R

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

12.08.2018 07:30

YR OF MANU

05.07.2018

TARGET DATE

CHASSIS CODE

KMHC851CVJU103511

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 11.08.2018

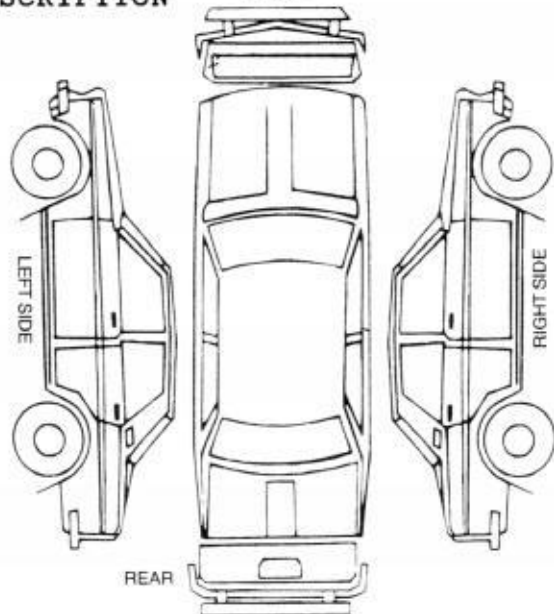
NATURE: 3P 11.08.18/B

S/NO

LABOR CODE

DESCRIPTION

FRONT



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

Exit Pass

No.:

SHC2991R

FZ NTUC LKK

Vehicle No.:

SHC2991R

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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	13/08/2018 07:44
Date Of Accident	11/08/2018 22:00
Exact Location Of Accident	DRAYCOTT RD X STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2991R
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	IONIQ HYBRID

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	SEE KIAN CHOON
NRIC No	S7442340Z
Date Of Birth	25/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96933677
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	329 05-2046 ANG MO KIO AVENUE 3
Postcode	560329
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]	BISHAN NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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

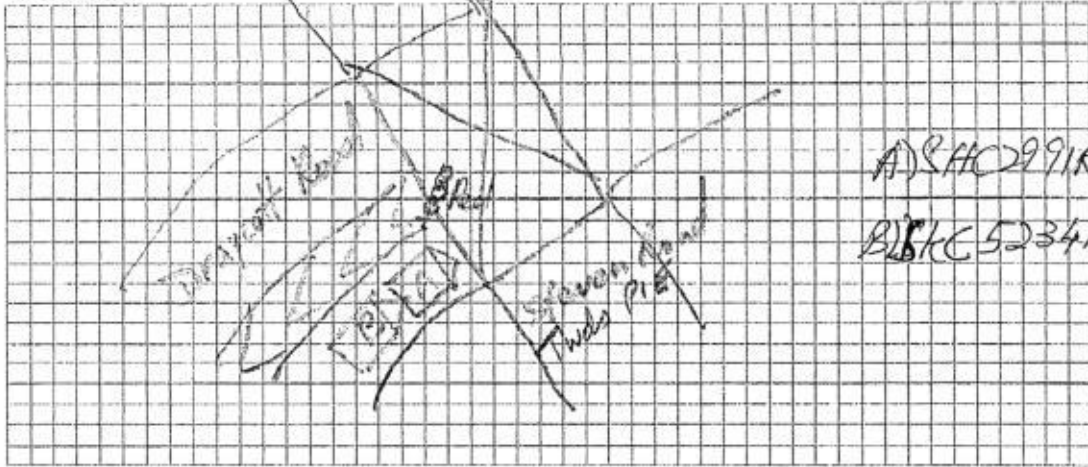
Vehicle Registration Number	SKC5234M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AHANA DAS
NRIC/Passport Number	S9573849D
Contact Number	85184963
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEE KIAN CHOON
Approximate Age	44
Injuries Sustain	NECK,BACK,SHOULDER,CHEST
Injured person in which vehicle?	SHC2991R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/8/18 at about . . .

Refer Police Report - T/20/80812/2002

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:

Sketch Plan Pg. 2

Police Station Of Origin :

Serial No. F 09047

BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
TEL: 1800-5529999



Report No.

IP No.

IO In-charge :

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 12082018 0043hrs	Vide Report No.:	Station Diary No.:
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Informant's Particulars		
Name of Informant: See Kian Choon		Address: Blk 329 Ang Mo Kio Avenue 3 #05-204b
ID Type/No: S7442340Z, Pmk NRIC	Date of Birth: 25/12/1974	Contact No.: Mobile: 96933677 Home: Office: Postal Code: 560329
Race:	Age:	Sex:
Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)		
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Taxi Driver		

General Information on the Accident		
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: 11/08/2018
For non-injury, involved:	<input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 10:00pm
Type of Location: <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input checked="" type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)		

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)
Cross Junction of Draycott Drive and Stevens Road

Type of Collision:

(i) Between moving vehicles

- ☐ Head on ☐ Side Swipe (same direction)
☒ Head to Rear ☐ Side Swipe (opposite direction)
☐ Head to Side
☐ Others (specify)

(ii) Moving Vehicle Against:

- ☐ Parked Vehicle ☐ Pedestrian ☐ Animal ☐ Lamp Post
☐ Road Divider/Kerb ☐ Others (specify)

Weather:

- ☒ Clear
☐ Raining
☐ Others (specify):

Traffic Flow:

- ☒ One-way
☐ Two-way
☐ Dual Carriageway

Traffic Control:

- ☐ Traffic Lights
☐ Manual Control
☐ Uncontrolled

Traffic Volume:

- ☐ Heavy ☒ Moderate
☐ Light ☐ No traffic

Road Surface:

- ☐ Wet ☒ Dry
☐ Others (specify):

Road Speed Limit:

..... km/h

Drink Drive:

Yes/No

Anyone conveyed by ambulance: Yes/No

Details Of Vehicle(s) & Driver(s) Involved

Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No.	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of Insurance
SHC2941R	Car/Hyundai / Blue	Slight	See Kian Choon, S7442340Z	2B, 2A, 3, 4	96933677	Slight / 5 days MC			
SKC5234M	Car/Subaru / Black	Slight	Ahona Das, S9573849D		85184963				

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)

Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
130 132							

Sketch Plan Pg. 3

Police Station Of Origin :

10 BISHAN AVE
10 BISHAN STREET 23
SINGAPORE 579767
TEL: 1800-5529999



Report No. T-20180812/2002

IP No.

IO In-charge :

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes/No		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available: Yes/No	Eyewitness' Particulars Available: Yes/No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

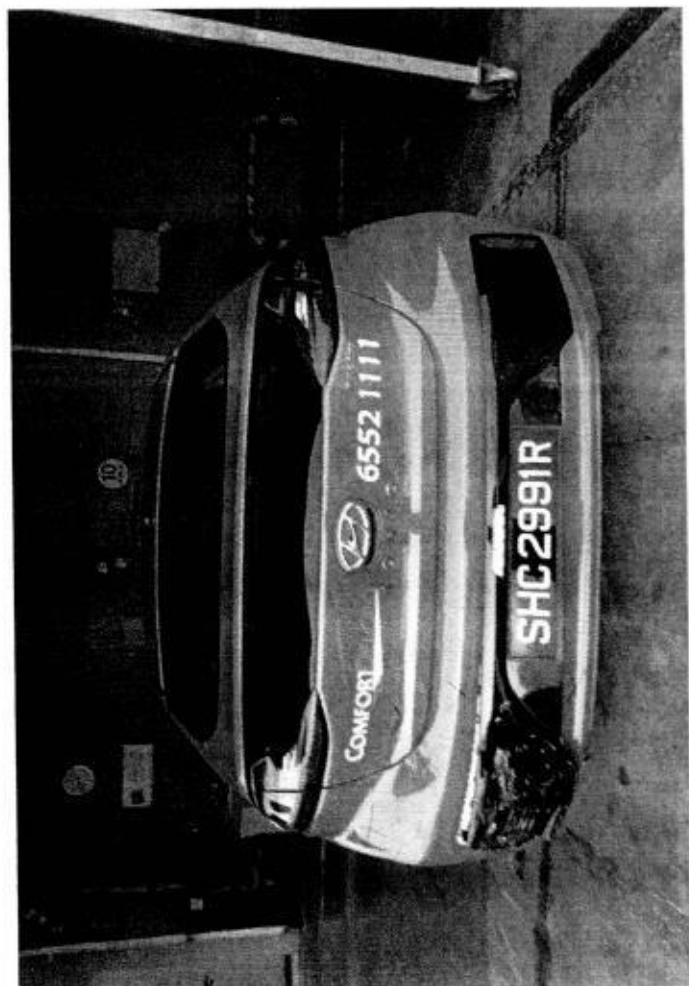
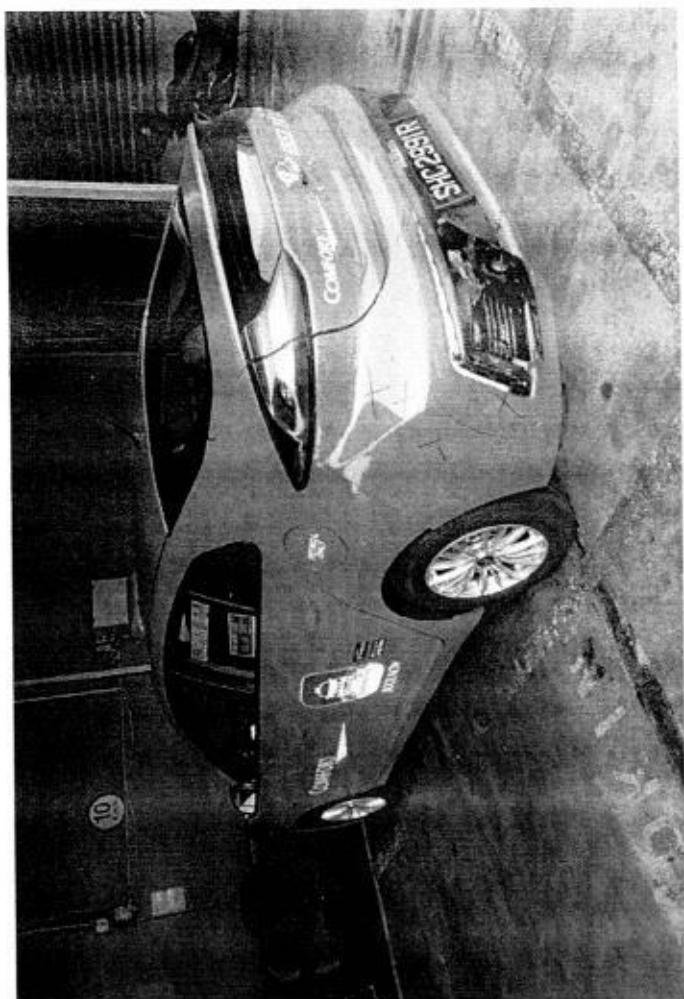
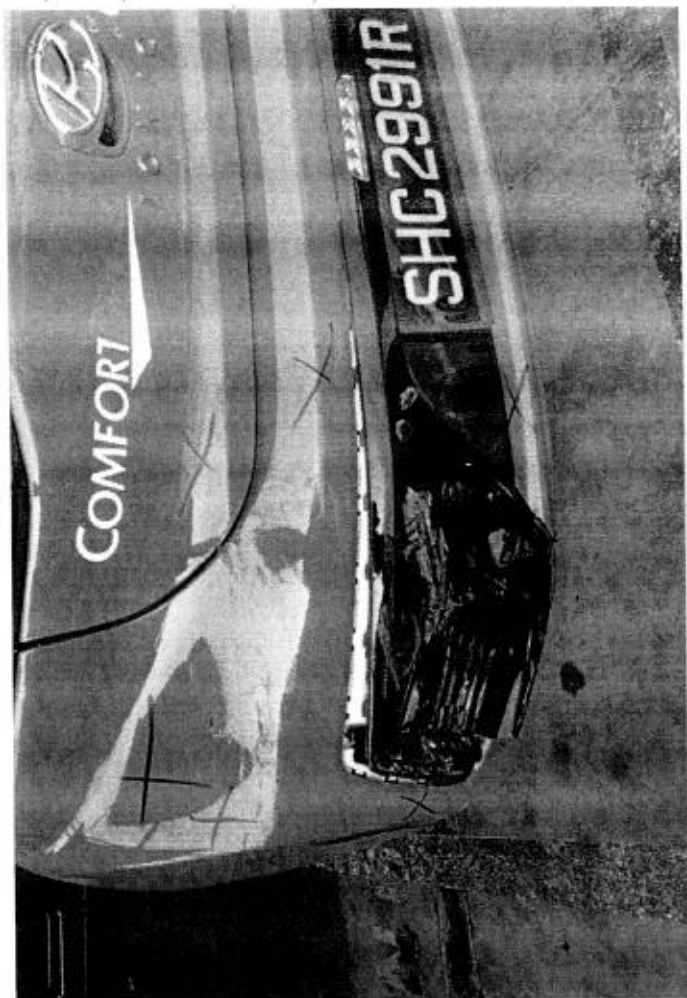
On 11 August 2018 at around 10pm, I was driving vehicle: SHC299NR along Draycott Drive lane 1, traffic junction between Draycott Drive and Stevens Road, when I stopped at the traffic junction as the traffic light was red. Suddenly, I felt an impact from my rear and as such I came down to make a check. I saw that vehicle: SC5234M had knocked into my rear causing my left rear bumper to be dented.

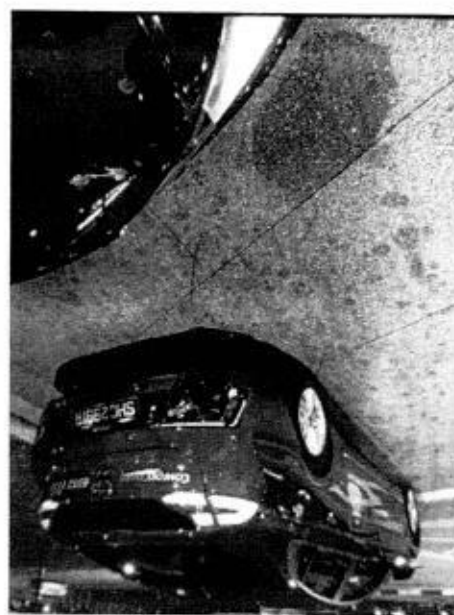
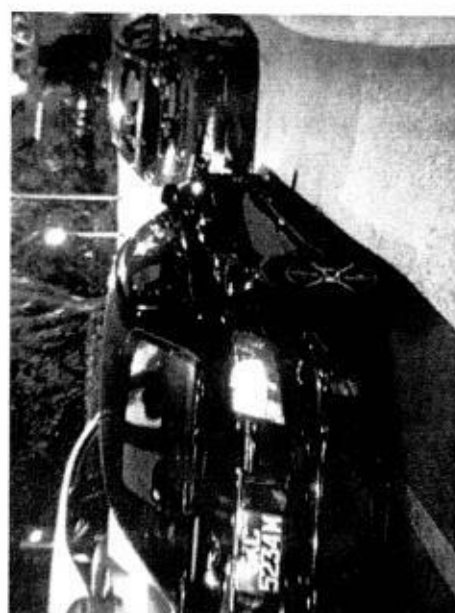
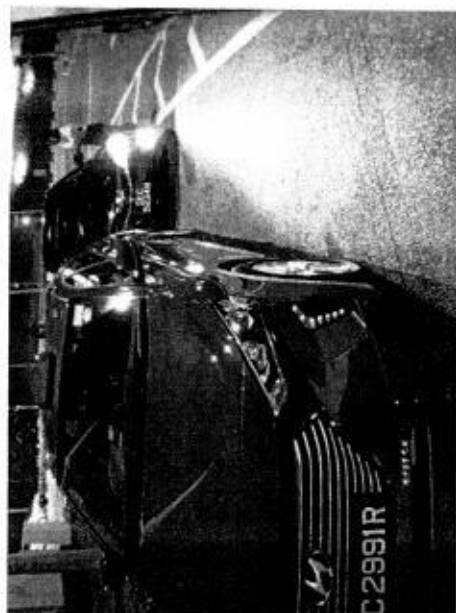
I wished to state that we exchanged particulars with each other before leaving the area. After the incident, I felt some pain in my left shoulder, neck and chest area as such I went to see a doctor and was given 5 days MC. I also wish to state that I have a company in-car camera in my vehicle. I am lodging this report for insurance claims.

Instructions 1. Number each vehicle and show direction of travel by arrow. 2. Number each pedestrian and show direction by arrow. 3. Use solid line to show path of vehicle before accident 4. Show distance and direction to landmarks, identify by name. 5. Include road signs and any other important physical features.	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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: Sgt Khairul Syazwan Bin Sahak	Signature Of Informant:
Name/Signature Of Interpreter:	Date: 12/08/18
Investigation Officer In-Charge Of Case: 65476436 SIC Tan Jing, SRI SSG ONG YONG HOCK	Classification: SN 061





Our Job Ref No : 305198949
Date : 03.09.2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC2991R

Date of Accident : 11.08.2018

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

1. The repair job shall bill to: NTUC --- SKC5234M
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$759.93
 - (b) Labour Charges \$630.00
 - Total for Part-By-Part Repair Cost \$1,389.93
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$0.00
Final Lumpsum Repair cost \$0.00

3. Estimated normal period for repairs: 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 : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kala

Date : 4/9/18

For Official Use Only

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

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 03.09.2018
Time: 19:23:24
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 : 305198949
REGN NO : SHC2991R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 12.08.2018 07:30
ACCIDENT DATE : 11.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2270-G	IONIQ EMBLEM-HYBRID	1	24.30	20.00	19.44
0002 04-01-0104-2271-G	IONIQ EMBLEM-IONIQ	1	31.30	20.00	25.04
0003 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	216.50	20.00	173.20
0004 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52
0005 28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1	20.00	10.00	18.00
0006 28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1	10.00	10.00	9.00
0007 04-01-0104-0851-G	IONIQVC REFLECTOR/REFLEX	1	32.00	20.00	25.60
0008 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	10.00	122.13

SUB-TOTAL : 759.93

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	400.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.09.2018

REPAIR ESTIMATE

Time: 19:23:24

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 : 305198949
REGN NO : SHC2991R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 12.08.2018 07:30
ACCIDENT DATE : 11.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 630.00

TOTAL : 1,389.93

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD

NTUC

REPAIR ESTIMATE*

VEHICLE NO : SHC 2991R

DATE 13/8/2018 11:22

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Hybrid Plate / <i>acc</i>			\$24.30	
	Boot Lid 'H' Emblem <i>x 2</i>			\$ 31.30	
	Boot Lid CRD <i>X</i> Plate/Ioniq Plate / <i>acc</i>			\$ 459.40	
	Rear Bumper / <i>behind</i>				
	Rear Bumper Reinforcement <i>x 2</i>				
	Rear Bumper Reinforcement Bracket (LH/RH) <i>x 2</i>				
	Rear Bumper Sponge <i>x 2</i>				
	Rear Bumper Garnish Cover / <i>acc</i>			\$216.50	
	<i>Boot Lid x repair</i>				
	<i>Rear Bumper Reflector (LH) / <i>acc</i></i>				
	SUB TOTAL		\$32.00		
	LESS 20% DISCOUNTED TOTAL				
	Boot Lid Comfort Logo & Tel No. Sticker / <i>acc</i>		-10.6	\$ 30.00	Nett
	Rear Bumper Reverse Sensor / <i>shaded</i>		-10.2	\$ 135.70	Nett
				\$ 165.70	
	Labour Charge				
	Panel Beating			\$ 200 400.00	
	Spray Painting Charge			\$ 500.00 400	
	Wiring Charge			\$ 50.00 30	
	Remove/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 1,070.00	
	ESTIMATE TOTAL			1820.90	
	<i>Kaharick</i>				
	<i>13/8/18 1245L</i>				
	<i>2 Rys</i>				
	<i>KRP</i>				
	<i>Before Paint photo</i>				
	<div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none">To resurvey before/after spray paintingTo display damaged part(s) during resurveyParts prices are subject to confirmationThird party survey is on a "Without Prejudice" basisNo illegal modification(s) is allowedSupplementary item(s) must be resurveyed and is subject to final approval from Insurance Company<p>Acknowledged by Repairer</p><p>Signature: _____</p><p>Date: _____</p></div>				1846.50
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.					




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/INC18014661/K1tbs2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKC 5234M	Veh. Inspected	SHC 2991R	
Policy No.	5097344909	Coverage (\$)	0.00	
Claim No.	MT/1006804-002	Excess (\$)	0.00	
Assign From		Assign Date	13/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHC851CVJU103511	Colour	BLUE	
Odometer	20229	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	NEXEN	7 mm	
L/H Front Tyre	195/65 R15	NEXEN	7 mm	
R/H Rear Tyre	195/65 R15	NEXEN	7 mm	
L/H Rear Tyre	195/65 R15	NEXEN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/08/2018	Inspection Date	13/08/2018	
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**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2991R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID HYBRID PLATE	NECESSARY	24.30	24.30
1	BOOT LID "H" EMBLEM (NPA)	NOT NECESSARY	-	-
1	BOOT LIS CRDI PLATE/LONIQ PLATE	NECESSARY	31.30	31.30
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER REINFORCEMENT (NPA)	SERVICEABLE	-	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) (NPA)	SERVICEABLE	-	-
1	REAR BUMPER SPONGE (NPA)	SERVICEABLE	-	-
1	REAR BUMPER GARNISH COVER	CRACKED	216.50	216.50
1	BOOTLID (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER REFLECTOR (LH)	CRACKED	32.00	32.00
	LESS 20% DISCOUNT		-152.70	-152.70
			610.80	610.80
<u>NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF BOOTLID.		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			-	-
			-	-
			-	-
			1,070.00	630.00
GRAND TOTAL			1,846.50	1,389.93

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,389.93
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Report Ref No. NS/INC18014661/K1tbs2

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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