

100/1113)

REF:

NS/INC18014770/Klvb2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKB 9955RPolicy No. 50877871143-01 030818-010819Claims No. MT/1006926-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vth: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 39 796 Yr Regn: 70 Sep 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~6~~ / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz E220 c.c. 2163Colour: White A/C: Insu Ad / Std / NI / NASp. Reading: 8 X 1795 T/Radio: Insu Ad / Std / NI / NA

Eng/No: _____

C/N: W00212002A759167Gen. Cond: Good / F~~6~~ / Poor / BurntSteering: Inord Ad / Jammed / Leaked / Burnt orBrake: Inord Ad / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Ad / Rim orTyre Size: F: 205/65R.6

R: _____

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

TOYO / YOKO or Wentke

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 2 mmL/Bal. 7 mm L/Bal. 2 mmD.O.A. 12/8/12 D.O.I. 14/8/12Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or

O/S Rear / N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Suspect Drink DrivingInc4.SHA 39716 - (53/TCL)4018503 / Ym3114/9/12 Charged 4s \$11850 / 11 Pys (Reel 17, 487.04, 609)SKD 9235R - x

RECEIVED 06 SEP 2010

Date/Time, File Pass to? ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to?

2) 6/9- typistReport Format: TPLump Sum / I.B.I: (\$) 11,850/2Days Of Repair: 11Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 160

Transportation: _____

S + RS, SI

Photos

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18014770/K1vb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 14-08-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKQ 9955R	Veh. Inspected	SHA 3979G	
Policy No.	5087787143-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	14/08/2018	
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	12/08/2018	Inspection Date	14/08/2018	
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.				

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 5 September 2018 3:09 PM
To: Veron Chen (LKKAuto)
Subject: FW: REQUEST FOR 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: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, September 05, 2018 2:57 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provide us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1006926-002	COMFORT TRANSPOTATION PTE LTD	SHA 3979G	SKQ 9955F

D.O.A	Time of Accident	Estimate	Tentative repair cost
12/8/2018	1:45	\$29,337.04	\$11,850.00

Best Regards,

Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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"/>	5087787143-01		BEER CONNOISSEUR PTE. LTD.	201634753D	GPC	drive CLASSIC	SKQ9955R	SKQ9955R	02/08/2018	01/08/2019

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	14/08/2018 08:25
Date Of Accident	12/08/2018 01:45
Exact Location Of Accident	KRETA AYER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3979G
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	MERCEDES-BENZ
Model	E220

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LOW KIAN NAM
NRIC No	S1640891C
Date Of Birth	21/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92974077
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 107 BEDOK RESERVOIR ROAD #09-334
Postcode	470107
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	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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180812/2013

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ9955R
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	OVERALL BODY WORK

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

ROAD KERB

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(DRIVER)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SKQ9955R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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. 109303821R

Policyholder's Signature
Date & Time:

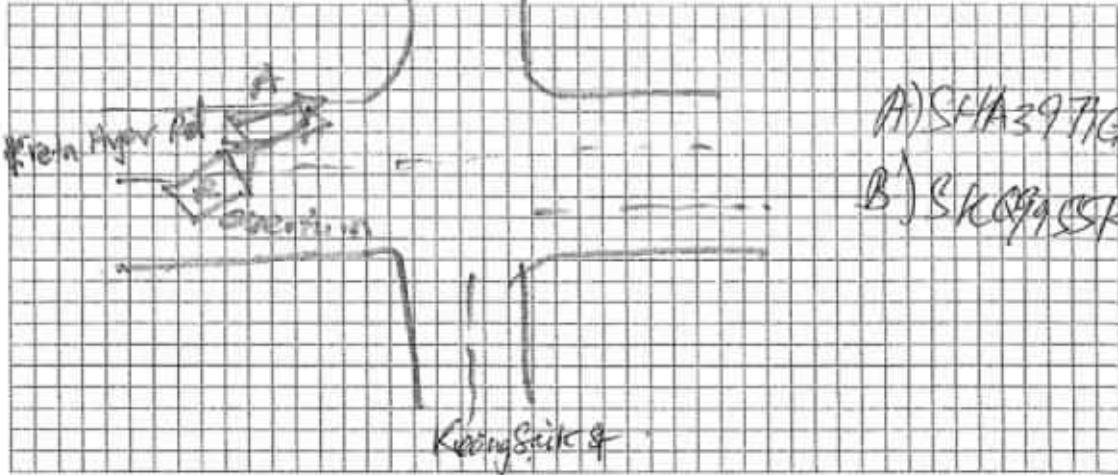
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20180812/2013

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303621R

Policyholder's Signature

Date & Time:

GaFMC SketchPlatform_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180812/2013

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20180812/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2018 04:36		Vide Report No.: A/20180812/0029		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: LOW KIAN NAM			Address: APT BLK 107 BEDOK RESERVOIR ROAD #09-334 SINGAPORE 470107		
ID Type / ID No.: NRIC NO / S1640891C			Contact No.: Home/Office: Mobile: 92974077		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 21/08/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/08/2018 01:45	Type of Location: Straight Road
Location: Along Road 1 KRETA AYER ROAD				
Towards New Bridge Road, lamppost 5. Lamp Post Number: 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHA3979G	Car	MERCEDES BENZ		White	Seriously Damaged	0
SKQ9955R	Car	VOLKSWAGO N		White	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180812/2013

2 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20180812/2013

CONTINUATION OF REPORT

Driver			
Name	LOW KIAN NAM		ID No. S1640891C
Related Vehicle	SHA3979G (Car)		Contact No. 92974077
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 12/08/2018 at about 0142hrs, I parked my Comfort taxi SHA3979G (Merc/White), along Kreta Ayer Road at the most left lane of the two lanes at lamppost 5, as I urgently need to go for a toilet break.

After I secured my taxi, I went to a coffee shop toilet near to where I parked my taxi. While in the toilet, I heard a loud bang coming from the road side. When I came out in less than 3 minutes, I discovered that another car, SKQ9955R (Volkswagen/white) had turn upside down after it had collided into my parked taxi. Later, an unknown City cab taxi driver (can recall plate number as 353) approached me and informed that he was driving behind the said car SKQ9955R before the accident. He saw the car was driving on the right lane, and out of sudden, it hit onto my taxi's right rear wheel side and turn upside down. I also noticed that there is a female passenger in the said car.

Later ambulance and police officers came and the police cordon off the area. I was informed by the police the driver of the said was conveyed by the ambulance. The traffic police then issued me with a case card and advised me to lodge a police report.

I therefore, I am lodging this report to assist in police investigation.



**SINGAPORE
POLICE FORCE**



T/20180812/2013

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3



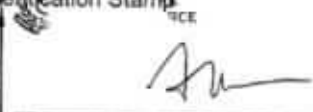
Report No. T/20180812/2013

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 / Sr Staff Sgt NAZRI BIN AHMAD 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2018 04:36
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429	Classification Of Case:
Authentication Stamp  NP18 SIGNATURE	





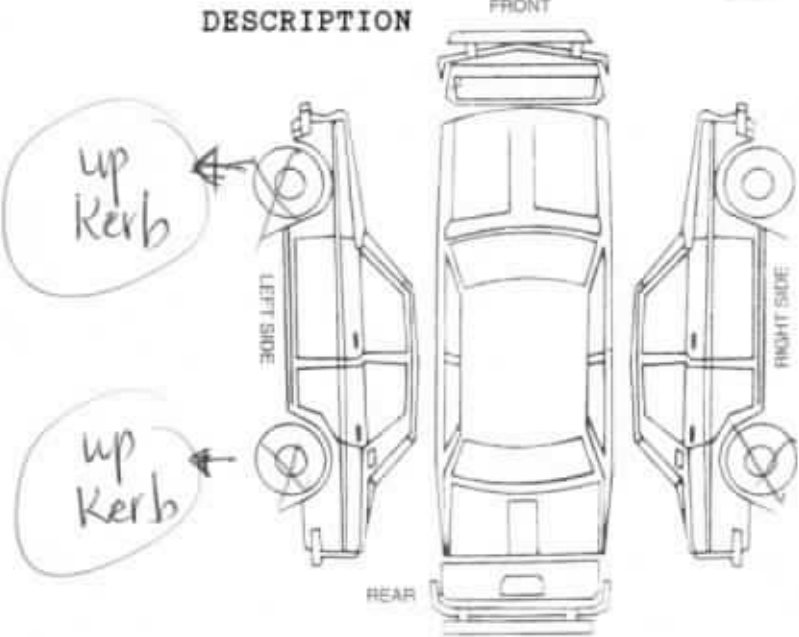
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305199671

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO.: SHA3979G MAKE: MERCEDES BENZ MODEL E220CDI (E5) YR OF MANU. 30.09.2013 CHASSIS CODE WDD2120022A759167	MILEAGE FUEL E. 1/2 F. DATE/TIME IN 12.08.2018 01:45 TARGET DATE COMPLETION DATE/TIME:
---	--	--

Accident Date: 12.08.2018
NATURE: 3P 12.08.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHA3979G LIMITS

Vehicle No.: SHA3979G

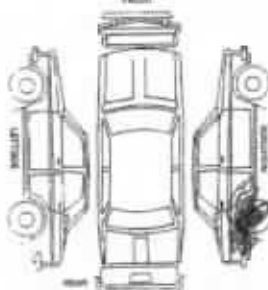
Signature/Date

Signature/Date

Name of Service Advisor

Date

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition					
1. Date: 12/08/18 Time Received: 02 45		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input checked="" type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Low Kian Nam Contact No. : 92974077 Vehicle No. : Make / Model / Colour : SHA 3979G Email : E220		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: 51 Kreta Ayer RD		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 : Fuel Level : F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended					
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 : Vehicle No. : 4N3901K Time Dispatch : 02 45 Time of Arrival : 03 15 Time Completed : 04 00		: TOWING # : Cracked X : Dented / : Scratched O : Missing Signature of Customer			
Cash Invoice Details (if applicable)					
13. Cash Invoice No. :					
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™.					
12/08/18 Date		03 15 Time		Signature of Customer	
14. WORKSHOP					
Name of Attending Staff/Guard		Date & Time of Arrival		Signature of Attending Staff/Guard	

Our Job Ref No : 305199671
Date : 04/09/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA3979G

Date of Accident : 12-Aug-18

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

1. The repair job shall bill to: NTUC --- SKQ9955R

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%

Final Lumpsum Repair cost

\$11850.00

3. Estimated normal period for repairs: 7 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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

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		NO		
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*

VEHICLE NO : SHA 3979G

DATE 14/8/2018

MAKE :

MODEL : MERCEDES BENZ

NTUC-4Sum

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Bracket Lower (LH/RH) X su	\$	135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH) X su	\$	125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH) X su	\$	115.00	\$ 230.00
	Rear Fender (RH) X su			\$ 2,980.50
	Rear Fender Splash Shield (RH) X su			\$ 195.00
	Rear Windscreen Glass C/W Moulding X su			\$ 1,845.00
	Rear Tyre (LH/RH) LH x su RH x su 50%	\$	480.00	\$ 960.00
	Rear Tyre Rim (LH/RH) LH x su RH x su	\$	1,250.00	\$ 2,500.00
	Rear Wheel Hub Bearing LH/RH - Bnd	\$	561.80	\$ 1,123.60
	Rear Shock Absorber (LH/RH) LH x su RH x su Bnd	\$	500.00	\$ 1,000.00
	Rear Shock Absorber Mounting (LH/RH) LH x su RH x su	\$	235.00	\$ 470.00
	Rear Wheel Drive Shaft Bnd	\$	2,500.00	\$ 5,000.00
	Rear Control Arm Long (LH/RH) LH x su RH x su Bnd	\$	939.50	\$ 1,879.00
	Rear Control Arm Lower (LH/RH) LH x su RH x su Bnd	\$	859.50	\$ 1,719.00
	Rear Knuckle Assy. (LH/RH) LH x su RH x su Bnd	\$	1,700.00	\$ 3,400.00
	Rear Propeller Shaft X su			\$ 2,843.00
	Rear Propeller Mounting X su			\$ 253.00
	Control Arm RR/Thrust Arm Bnd			\$ 950.00
	Control Arm RR/Thrust Rod Bnd			\$ 858.50
	Front Tyre (LH) / at 50%			\$ 480.00
	Front Bumper X su			\$ 240
	Front Fender (LH) X su			
	Front Bar (LH) X su			
	Rear Bar (LH) X su			
	Front Tyre Rim (LH) /			
	Rear Windscreen Sealant X su			
	Labour Charge			
	Panel Beating			
	Spray Painting Charge			
	Wiring Charge			
	Towing Charges - KING DOLLY / CRANK UP			
	Tuff Kote			
	Remove/Refix Cushion & Upholstery Rear			
	Remove/Refix Rear Windscreen Glass (sealant)			
	Remove/Refix Reverse Sensor			
	Remove/Refix Undercarriage (FRT)			
	Four Wheel Alignment			
	TOTAL LABOUR			\$ 2,560.00
	ESTIMATE TOTAL			\$ 27,313.28

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

LKK Auto Consultants hence notify the Repairer of the following:

- To resolve before after survey waiting
- To display damaged parts during survey
- Parts prices are subject to insurance basis
- Third party survey is not a legal basis
- No illegal modification allowed
- Supplementary cost must be approved and is subject to final review from insurance company

Acknowledged by Repairer

Signature:

Date:

Khalvin LKK

14/8/18 1315 hrs.

5 Days + 2

L/S

Add Repair photo

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.

29,337.04

Nett

1500 1200

X 47

50

X 22

30

150

80

3010

COMFORTDELGRO ENGINEERING

VEHICLE : SHA3979G TYPE OF CLAIM : TP
 MODEL : MERC W212 SURVEY BY : LKK-KALVIN
 JOB NO : 305199671 DATE : 14.08.18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR AXLE WIRING RH	1	52.50	/ <i>slid</i>
2	REAR TORSION BAR RH	1	301.50	/ <i>bow</i>
3	REAR AXLE MOUNT BOLT	1	33.00	/ <i>me</i>
4	REAR AXLE MOUNT SCREW	1	33.00	/ <i>me</i>
5	REAR AXLE HEXAL SCREW	1	24.00	/ <i>me</i>
6	REAR TORSION BAR RH (REAR)	1	73.20	/ <i>bow</i>
7	REAR DOOR COMFORTDELGRO RH/LH	2	80.00	Nett / Each / <i>me</i>
8	REAR DOOR LIMO-CAB RH/LH	2	80.00	Nett / Each / <i>me</i>
9	FRT WHEEL RIM LH	1	1250.00	/ <i>knoped</i>
	* Last Entry *			

**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/INC18014770/K1vbe2				
73 BRAS BASAH ROAD		Date: 02-10-2018		
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4		
189556				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKQ 9955R	Veh. Inspected	SHA 3979G	
Policy No.	5087787143-01	Coverage (\$)	0.00	
Claim No.	MT/1006926-002	Excess (\$)	0.00	
Assign From		Assign Date	14/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ E 220	c.c	2143	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WDD2120022A759167	Colour	WHITE	
Odometer	841795	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	WEST LAKE	7 mm	
L/H Front Tyre	205/65 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/65 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/65 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY AND O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/08/2018	Inspection Date	14/08/2018	
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.		11 Working Days		

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3979G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,980.50	-
1	REAR FENDER SPLASH SHIELD (RH)	SERVICEABLE	195.00	-
1	REAR WINDSCREEN GLASS C/W MOULDING	NOT NECESSARY	1,845.00	-
2	REAR TYRE RIM (LH/RH) @\$1250.00	GRAZED	2,500.00	2,500.00
2	REAR WHEEL HUB BEARING @\$561.80	N/S GRAZED / O/S BENT	1,123.60	1,123.60
2	REAR SHOCK ABSORBER (LH/RH) @\$500.00	N/S SERVICEABLE / O/S BENT	1,000.00	500.00
2	REAR SHOCK ABSORBER MOUNTING (LH/RH) @\$235.00	N/S SERVICEABLE / O/S NECESSARY	470.00	235.00
2	REAR WHEEL DRIVE SHAFT @\$2500.00	BENT	5,000.00	2,500.00
2	REAR CONTROL ARM LONG (LH/RH) @\$939.50	N/S SERVICEABLE / O/S BENT	1,879.00	939.50
2	REAR CONTROL ARM LOWER (LH/RH) @\$859.50	N/S SERVICEABLE / O/S BENT	1,719.00	859.50
2	REAR KNUCKLE ASSY (LH/RH) @\$1700.00	N/S SERVICEABLE / O/S BENT	3,400.00	1,700.00
1	REAR PROPELLER SHAFT	SERVICEABLE	2,843.00	-
1	REAR PROPELLER MOUNTING	SERVICEABLE	253.00	-
1	CONTROL ARM RR / THRUST ARM	BENT	950.00	950.00
1	CONTROL ARM RR / THRUST ROD	BENT	858.50	858.50
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR DOOR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-

Report Ref No. NS/INC18014770/K1vbe2

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR AXLE WIRING RH	SHORTED	52.50	52.50
1	REAR TORSION BAR RH	BENT	301.50	301.50
1	REAR AXLE MOUNT BOLT	NECESSARY	33.00	33.00
1	REAR AXLE MOUNT SCREW	NECESSARY	33.00	33.00
1	REAR AXLE HEXAL SCREW	NECESSARY	24.00	24.00
1	REAR TORSION BAR RH (REAR)	BENT	73.20	73.20
1	FRT WHEEL RIM LH	GRAZED	1,250.00	1,250.00
	LESS 20% DISCOUNT		-6,208.76	-3,088.66
			24,835.04	12,354.64
2	REAR TYRE (LH/RH) @\$480.00 (\$480.00) (50%) (SN)	N/S SERVICEABLE / O/S CUT	960.00	240.00
1	FRONT TYRE (LH) (50%) (SN)	CUT	480.00	240.00
	LESS 20% DISCOUNT		-288.00	-
			1,152.00	480.00
<u>SPECIAL NETT ITEMS</u>				
2	REAR DOOR LIMO-CAB RH / LH (SN)	NECESSARY	80.00	80.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	180.00	-
2	REAR DOOR COMFORTDELGRO RH / LH (SN)	NECESSARY	80.00	80.00
			340.00	160.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (RH), FRONT BUMPER, FRONT FENDER (LH), FRONT DOOR (LH) AND REAR DOOR (LH).		500.00	400.00
	SPRAY PAINTING CHARGE.		1,500.00	1,200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TOWING CHARGES - KING DOLLEY / CRANK LLP. (NPA)		-	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS (SEALANT).	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
	REMOVE / REFIX UNDERCARRIAGE (FRT).		400.00	150.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	FOUR WHEEL ALIGNMENT.		120.00	80.00
			3,010.00	1,910.00
GRAND TOTAL			29,337.04	14,904.64
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				11,850.00

Report Ref No. NS/INC18014770/K1vbe2

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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