

(05/11/13)

Surveyor: Kalvin

REF:

NS/INC18014771/KH602ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop no/s \_\_\_\_\_

of \_\_\_\_\_

Insured: FR 8848CPolicy No. 5093817223 280817 - 270818Claims No. MT/1006670-002

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

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHB 29706 Yr Regn: 24 / 24

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1.685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 762549 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHCBX14AE4057858Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Went like

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 1 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 9/8/8 D.O.I. 14/8/8Survey 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
	SHB 29706 - 003 / LCR18011715/Kipus DA: 2062018 <u>INC</u>
	FR 8848C - X <u>4/1</u>
<u>16/8/8</u>	<u>Chand 4541250/24. (Red: 148158 5491)</u>
RECEIVED 17 AUG 2018	

Date/Time, File Pass to?

☐ : Prel. Report1) FR Typist☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Survey Fee: 160

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

160Report Format: TRLump Sum / I.B.I. (\$) 1250



## 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/INC18014771/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-08-2018

189556



Code: INC4

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

Insured Veh.	FR 8848C	Veh. Inspected	SHB 2970G
Policy No.	5093817223	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	09/08/2018	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.

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1007019-002	COMFORT TRANSPORTATION PTE LTD	SHC 1923U	SFZ 8285J	10/8/2018	\$ 5,366.58	\$ 1,550.00
2	MT/1007584-001	COMFORT TRANSPORTATION PTE LTD	SHA 7723B	SJM 9884U	8/8/2018	\$ 1,911.60	\$ 600.00
3	MT/1007437-002	CITYCAB PTE LTD	SHA 8660S	SLC 931E	15/8/2018	\$ 1,314.40	\$ 100.00
4	MT/1007586-001	CITYCAB PTE LTD	SHA 870E	SIY 1840K	9/8/2018	\$ 1,034.40	\$ 700.00
5	MT/1006670-002	CITYCAB PTE LTD	SHB 2970G	FR 8848C	9/8/2018	\$ 2,731.58	\$ 1,250.00

Claim received from LKK Auto.

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5093817223		MUHAMMAD GHAZALI BIN WAHIM	S9720511F	GMC	Third Party	FR8848C	FR8848C	28/08/2017	27/08/2018

Continue

Date/Time: 14.08.2018 10:38

Page : 1

Team: ARC Repair TP(CFSO)1

## JOB CARD

Sales Order:

JC NO.: 305199714

TOMER

AS CITYCAB PTE LTD

TOMER NO. 7010070

RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65551188

(O)

(P)

OUNT CARD NO.

REGN NO.:

SHB2970G

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

14.08.2018 09:00

YR OF MANU.

02.07.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU057858

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 09.08.2018

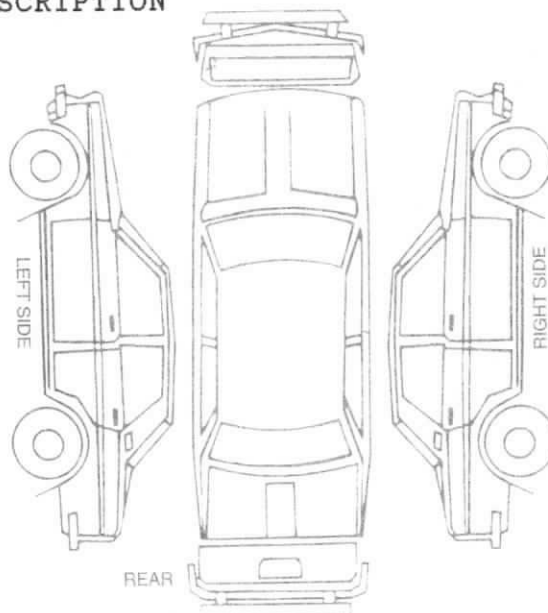
NATURE: 3P 09.08.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

LEFT SIDE

RIGHT SIDE

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

3:

o.:

ile No.: SHB2970G

CHIANG

Vehicle No.:

SHB2970G

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned 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	10/08/2018 15:18
Date Of Accident	09/08/2018 02:00
Exact Location Of Accident	GEYLANG ROAD JUNCTION OF LOR 9 GEYLANG.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2970G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LIM HER LENG
NRIC No	S0052143D
Date Of Birth	29/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1974
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96999188
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1 PEARL BANK#31-07
Postcode	169016
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FR8848C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD GHAZALI BIN WAHIM
NRIC/Passport Number	S9720511F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD GHAZALI BIN WAHIM
------	----------------------------

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FR8848C

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

YES

Address

Postcode



## Sketch Plan Pg. 1

### SKETCH PLAN

Geylang Rd.

Lorong 9 Geylang

(A) SHB 2970 G  
(B) PR 8848 C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer : Police report attach . T/20180809/2017

## DECLARATION

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

CITYCAB PTE LTD  
CO. REG. NO. 19950283C

Policyholder's Signature  
Date & Time:

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

Jackson Hong  
CSO

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

GIARMAC SketchPlanForm\_V3

2



**SINGAPORE  
POLICE FORCE**



T/20180809/2017

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180809/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/08/2018 03:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM HER LENG			Address: APT BLK 1 PEARL BANK #31-07 PEARL BANK APARTMENT SINGAPORE 169016		
ID Type / ID No.: NRIC NO / S0052143D			Contact No.: Home/Office: Mobile: 96999188		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 29/11/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/08/2018 02:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GEYLANG ROAD LORONG 9 GEYLANG Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8848C	Motorcycle				Slightly Damaged	0
SHG2970G	Car				Slightly Damaged	0

SHB2970G

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180809/2017

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180809/2017

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MUHAMMAD GHAZALI BIN WAHIM	ID No.	S9720511F
Related Vehicle	FR8848C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM HER LENG	ID No.	S0052143D
Related Vehicle	SHC2970G (Car)	Contact No.	96999188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

09/08/2018 @0200HRS (GEYLANG ROAD X LORONG 9 GEYLANG, LAMP POST 1)

I WAS TRAVELLING ALONG GEYLANG ROAD, THE ROAD SURFACE WAS DRY AND THE TRAFFIC FLOW WAS CLEAR. I WAS DRIVING ALONG THE 2 LAND FROM THE EXTREME LEFT, I WAS GOING TO TURN INTO LORONG 9 GEYLANG ON THE RIGHT HAND SIDE. I SLOWLY FILTER TO THE RIGHT, AS I WAS FILTERING TO THE RIGHT LANE. SUDDENLY THE MOTORCYCLIST FROM THE REAR DASH PASS ME, THE FIRST RIDER WAS ABLE TO AVOID ME AND CUTTING BESIDE MY VEHICLE BUT THE SECOND RIDER WAS UNABLE AND COLLIDED WITH THE REAR OF MY TAXI. I STOP MY VEHICLE AND CHECKED ON THE RIDER AND LATER ON SOMEONE CALLED FOR THE AMBULANCE AND WAITED FOR THE AMBULANCE TO ARRIVED.

THAT'S ALL



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20180809/2017

3 of 3

Report No. T/20180809/2017

**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: TP / KEE CHUAN JIA MARCUS
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 09/08/2018 03:34
Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>SINGAPORE POLICE FORCE</b> </div>
Signature:

# **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.

CITYCAB PTE LTD  
CO. REG. NO. 1995028300

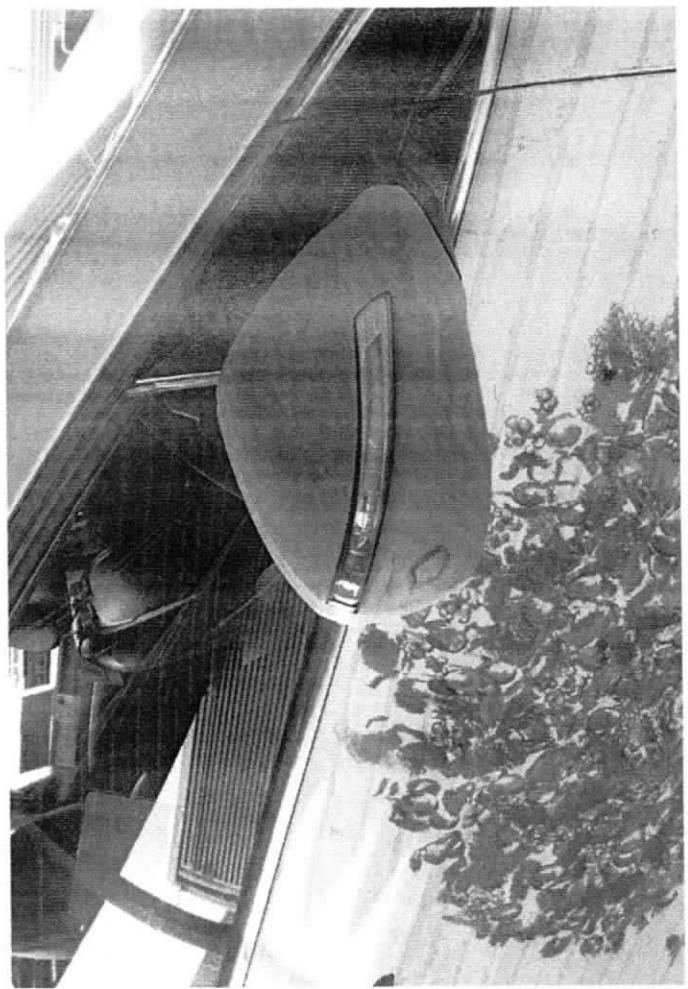
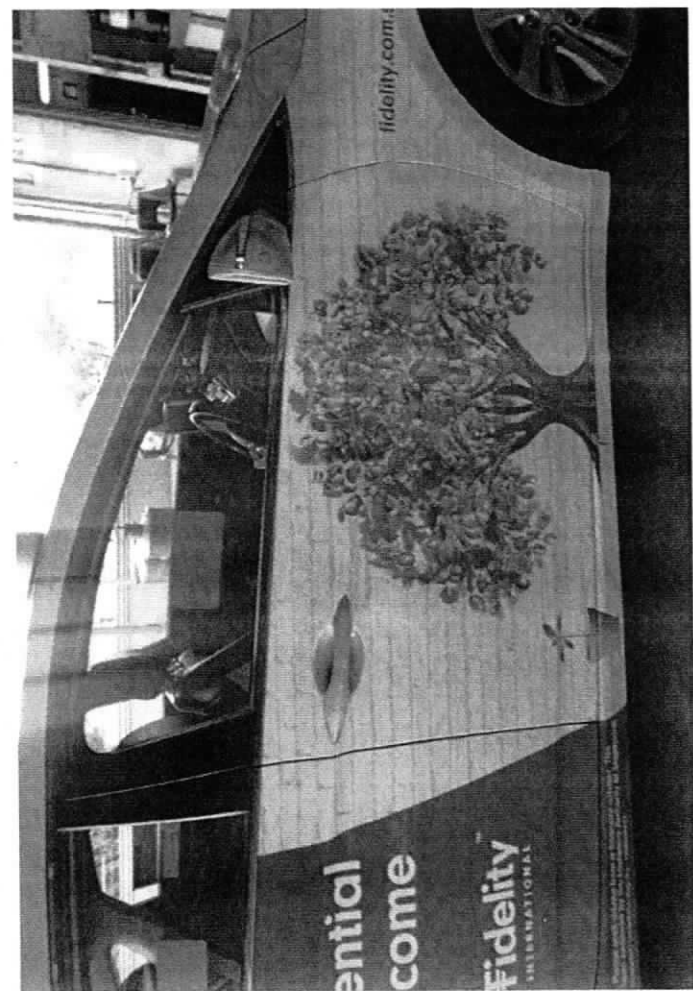
Jackson Hong  
CSO

Policyholder's Signature  
Date & Time:

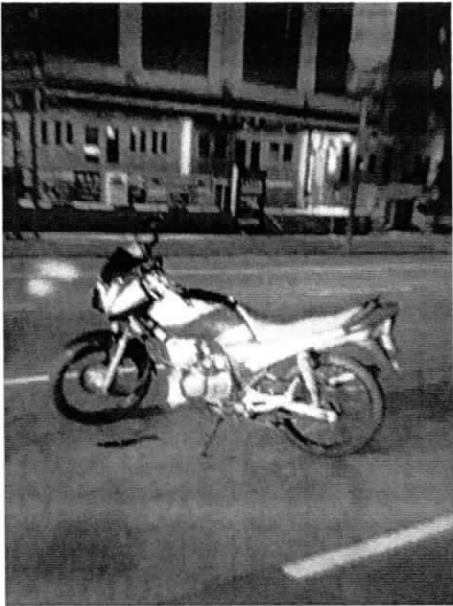
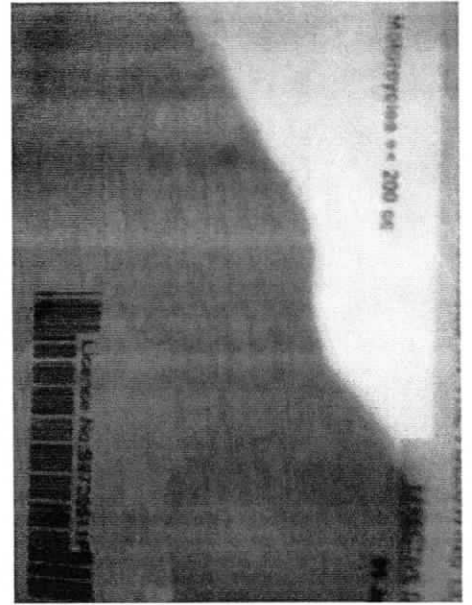
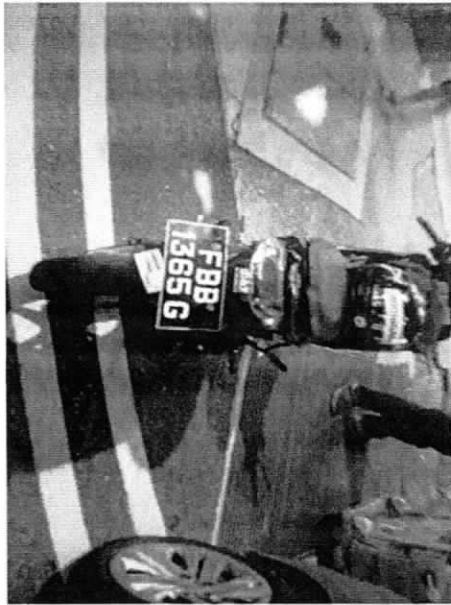
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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









Our Job Ref No : 305199714  
Date : 14/08/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB2970G 09/08/18

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

1. The repair job shall bill to: NTUC FR8848C
  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:  
**Final Lumpsum Repair cost** \$1,250.00
  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 : CHIANG  
Name : CHIANG  
Tel : 62148314  
Fax : 65468156
- Signature : KALVIN  
Name : KALVIN  
Date : 16/8/18

### 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:



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 2970G

DATE 14/8/2018 13:20

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rebrand</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>75u</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>75u</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>75u</i>			\$ 49.00	
	Rear Bumper Clips <i>75u</i>			\$ 22.00	
	Rear Bumper Sponge <i>75u</i>			\$ 143.40	
	Rear Bumper Under Cover <i>75u</i>			\$ 225.00	
	<i>Rear Bumper lower scratch x repair</i>				
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>	
	Rear Bumper Reverse Sensor <i>shld</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>75u</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>75u</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>75u</i>		\$ 100.00	\$ 200.00	Nett
	<i>Rear Number plate 75u</i>		<i>\$25</i>	\$ 435.70	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>350.00</del> <i>200</i>	
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>	
	Wiring Charge			\$ 50.00	<i>50.00</i>
	R/Refix Reverse Sensor			\$ 120.00	<i>30</i>
	<b>TOTAL LABOUR</b>			<b>\$ 770.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,731.58</b>	
	<i>Kate LKK</i>				
	<i>14/8/18 1525hrs.</i>				
	<i>2 Pym</i>				
	<i>4/5</i>				
	<i>After Repair photo</i>				
	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
- To confirm items are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplied item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

3106.58




## 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/INC18014771/K1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 24-08-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	FR 8848C	Veh. Inspected	SHB 2970G
Policy No.	5093817223	Coverage (\$)	0.00
Claim No.	MT/1006670-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057858	Colour	YELLOW
Odometer	762549	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	09/08/2018	Inspection Date	14/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 2970G**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
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	-
1	REAR BUMPER SIDE BRACKET	SERVICEABLE	49.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	REAR BOOTLID LOWER GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-381.47	-125.12
			1,525.88	500.48
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR NUMBER PLATE (SN)	CUT	25.00	25.00
			460.70	460.70
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BOOTLID LOWER GARNISH.		350.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.		120.00	30.00
			1,120.00	630.00
<b>GRAND TOTAL</b>			<b>3,106.58</b>	<b>1,591.18</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,250.00</b>

Report Ref No. NS/INC18014771/K1tbe2

Report Ref No. NS/INC18014771/K1tbe2

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

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.