(08/11/3)	10.0	14.40	100
	(UD	me	21

# REF: NSINC18014981/KI+d3n2

ASSIGNMENT

70111.07	
gineur:	1/alian
GILLETAK:	L'OIAIII

From; Date: .	Veh No:	SHA 866	Yr Regn: 1454	, 316
Estimated Cost:	Type: M	Car / M.Cycle / Bus / Van /	Lorry / T Q / Prime Move	r /
ODITPIWS ITPRES / OD RES / EVA / INV / MV	7	ruck / Trailer or		
To Inspet Vehicle No:	Make:	Mento.	Z40 c.c	1685
at Workshop m/s	Colour	1/1/162	A/C: Insteed i St	AN IN I b
of	Sp.Rea	ding 3 77 915	T/Radio: Inst @d / Si	td/NI/NA
Insured: SLC 931E	Eng/No			
Policy No. 5094862802 (7/10/17-11/1	10/18) C/No:	KMHL	B414AA409	2288
Claims No. MT/1007437-002		ond: Good Fair / Poor / Bu	irnt	
Suminsued: Excess:	Steerin	g: Ino <b>G</b> er / Jammed / Leak	ed/Burnt or	
(Client's Record)	Brake:	Ino dev I Jammed I Leak	ed/Burnt on	
Make of Veh;	Modi:	NIL I SIRIM I STD AIR	ı or	
W accessor	` Tyre Si	ze; F: .	205/6.116	
(Policy Condition)		R:	=	
Remark: The veh had commenced lts N/S	O/S BS/D	UN / EXNOVA / GY / FS / LI		SUMI/ 5-
repair at the time of Inspection.	TOYO	JYOKO or	Westle	38
Bal. or Market Value:	Front	1	Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal,	→ mm	R/Bal.	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.	+ mm	UBal. +	mm
Est. Repairs: days Res.: Yes or No	D.O.A	15/4/18	D.O.I. 16/8/	18
Lum Sum: % 3 Val.: Yes or No	Surve	y held at (	DhE (Loyang	
CA / REV / REP. / 24 HRS	Des.	of Damages : Frt / Rear /	DIS I NIS I UIC I Roofto	p or
Vehicle	: IN / OUT	. 0(1	my Minn	
Dale:Person Contacted:	Th	e U/C / Chassis frame /	Body Structure affected d	ue to collision.
Date / Time Action / Instruction	1 10-1	15./1 350 .000	1) ==	
16/8/18 Cathal P/9 \$ 100 /11	7. CKEd.	1217170 :92	Tore	
SHA86608-CC3/A1G18CD	2007/ KIND	39.2 1011	: 6 2 1 8 45.	Misselv Various
RECEIVED	1 7 AUG 201	3.		
NEO-17-3				
				1
	3	is a second		
Date/Time, File Pass to? Prail Report		Of Donales 1		
No Thirt	50000000000	Of Repair:	Survey Fee;	
1) H 6 1971S1 : Final Report	Kesu	ivey No. of Trip.	Transportation:	
	Add Fee:	: Site Insp (\$	)S+RSSI	160
2)	-	: Interview (\$	) Photos	100
Report Format:		: Tech. Invs (\$	) Others	
Lump Sum / 1(B)I: (\$ [00])		:Weekend (\$	y	
Composition (6 100			TOTAL	



# **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



VTU	IC INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1801498	31/K1td3
#05	BRAS BASAH ROAI -01 NTUC TRADE U 556	D JINION HOUSESINGAPORE	Date:	17-08-2018 INC4	
1.48	A Shew and the same of the sam	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SLC 931E	Veh. I	nspected	SHA 8660S
	Policy No.	5094862802	Cover	age (\$)	0.00
	Claim No.		Exces	s (\$)	0.00
	Assign From		Assig	n Date	17/08/2018
2.		Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	ır	
	Odometer		Steer	ing	
	Brakes		Modif	ication	
	General				
3.		Condit	ions of	Tyres	
		Size	Make	X	Balance
	R/H Front Tyre				mm
	L/H Front Tyre				mm
	R/H Rear Tyre				mm
	L/H Rear Tyre				mm
4.		Descript	ion of D	amages	
5.		Gener	al Inforr	nation	
·.	Accident Date	15/08/2018	Seat of seathern	ection Date	16/08/2018
	Survey held at	COMFORTDELGRO ENGINEE	THE PROPERTY OF		
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			Remark		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, \	THOUT	PREJUDICE" BASIS NOT AUTHORISE	S. D REPAIRS.

Continue

GeneralClaim eBaoTech Hello, NAC\_PAYA\_UBI\_800601 · Change Password · Log Out · Change Language My Desktop **Policy Query** Notice of Loss 15/08/2018 07:57 Date of Accident Policy No. Vehicle No.(For Motor) SLC931E Certificate Number Search Certificate Number Policyholder Name Vehicle No. Insured Object Policyholder NRIC Expiry Date Product Cover Type Select Policy No. Date drivo PREMIUM GAN I-LING TAMMY SLC931E SLC931E 07/10/2017 11/10/2018 5094862802 S7506124B GPC

TP Claims against NTUC Income: Follow-Through Survey

5/No Income Reference 1 MT/1007019-002 2 MT/1007584-001 3 MT/1007437-002	Claimant (Owner / Taxi Company)		A TOTAL TOTA	100000000000000000000000000000000000000		SOUTH BOTH BOTH
		Claimant Vehicle No.	Income Venicle No.	Date of Accident	107	200000000000000000000000000000000000000
1 MT/1007019-00 2 MT/1007584-00 3 MT/1007437-00		110000	11000	10/0/010	C 5266 58	1 550 00
2 MT/1007584-00 3 MT/1007437-00	COMMEDIA TRANSPORTATION PTF LTD	SHC 1923U	SF2 8285J	10/0/5010	5,000,00	2
2 MT/1007584-00 3 MT/1007437-00				O POCTOTO	4011 60	*
3 MT/1007437-00	TOWACOBT TRANSPORTATION PTF LTD	SHA 77238	SJM 98840	8/8/5018	5 1,911.00	2
3 MT/1007437-00				010010101	A A A A A	4
3 MI/100/43/-00	CITYCAR DTE ITD	SHA 8660S	SLC 931E	15/8/2018	\$ 1,314.40	0
				0 1 1 1 1 1 1		4
OC TOTALOGY TAN	CITYCAR DTE ITD	SHA 870E	SJY 1840K	9/8/2018	5 1,034.40	2 /00.00
MI/100/586-001				0 - 0 - 1 - 1	or section	*
C MAT/1006670-007	CITYCAB PTE LTD	SHB 2970G	FR 8848C	9/8/5018	5 2,731.58	^

Claim received from LKK Auto.

# COMFORTDELGRO ENGINEERING

A member of CÓMFORTDELGRO

#### ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Mainline + 65 6383 6280 Facsimile + 6 Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 758732

Date/Time: 16.308.2018 10:26

Page: 1

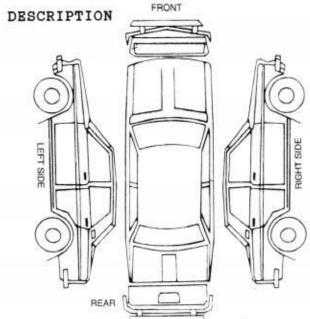
Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order: 3848353	JC NO.: 305200772
STOMER			REGN NO.: SHA8660S	MILEAGE
/MS STOMER NO.	CITYCAB PTE LTD 7010070		MAKE: HYUNDAI	FUEL EF
DDESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	1	MODEL I-40	DATE/TIME IN 16.08.2018 18:30
(R)	65551188 (O)		YR OF MANU. 14.07.2016	TARGET DATE
(P)	D NO.		CHASSIS CODE KMHLB41UMGU09228	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.08.2018 NATURE: 3P 15.08.18/B-

S/NO

LABOR CODE



		REAR &	
ED & PASSED OUT BY:		_	
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
dgement Slip		Exit Pass	
SHA8660S	FZ NTUC LKK	Vehicle No.: SHA8	660S
Service Advisor	Signature/Date	Name of Service Advisor	Date
urned to Service Reception upon o	collection	To be kept by Security Guard	

# SINGAPORE ACCIDENT STATEMENT

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	16/08/2018 09:08	
Date Of Accident	15/08/2018 17:30	
Exact Location Of Accident	MARINE PARADE RD TWDS STILL RD.	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA8660S	
Insured/Policyholder		
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	

Vehic	In I	Part	icu	lare

HYUNDAI Manufacturer 140 Model

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?

THIRD PARTY If No. Please state action to be taken

TAXI Vehicle Category

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO

Fleet Policy

D-18088937MFSH Policy Number

Cover Note Number

Driver

YEO HOO! CHYE Name of Driver S1537042D NRIC No 28/12/1962 Date Of Birth OUTDOOR Occupation 05/03/1980 Date Of Driving Pass

38 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-96605081 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

879 04-249 YISHUN STREET 81

Postcode

760879

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

NO

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance,

Number of Passengers (Including Driver)

3

Passenger 1

NAME

GENDER: : FEMALE

Passenger 2

NAME:

: -

GENDER:

: FEMALE

**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

SEE ATTACH.

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

SLC931E

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

TAM MY GAM

NRIC/Passport Number

Contact Number

97979701

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

NOT SURE

# Sketch Plan Pg. 1

KETCH PLAN	
Still Riads	
	<del></del>
A)SHA866 OS 1 12 1	
(A) 51 (A) 06 (B)	
8) SUC 93/E AB ! E	
8) SIC 93/E AB E	
COSTANCE CONTRACTOR OF THE ACCIDENT	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 15/2/2018 at about 17301	ans, I vehicle H was
briving along marine parade r	oad toward still roat
1 1	- 1
and a sudan a hild love ist	List co Strailt
on the extreme left time o whi	a 2 d DI d 21 colder
Vehicle & Endderly Cut with	Websche Habrina and
1	
CHU Later Took I WHO	+ Lung William to
Cottided outo Vehicle A righ	3 1000 00.00
A	
Scrotches . My passenger and	d I was not Injured
at that time,	
CO TOTAL (T. SOC.)	
72	
- 10 10 10 10 10 10 10 10 10 10 10 10 10	***
DECLARATION!	
DECLARATION /We declare the foregoing particulars are true in every respect/	11/10/10
we decide the foregoing particulars are true in every respect.	16/8/18
AN AND DECITO	Jackson Henry DAGREE
O REG. NO. 1995028300	
Policyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature

#### Sketch Plan Pg. 2

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiate policy liability</u>.
- 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 ladgment 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 (all 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 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:
  - 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 20. REG. NO. 199502839G

Policyholder's Signature Date & Time: Driver's Signature

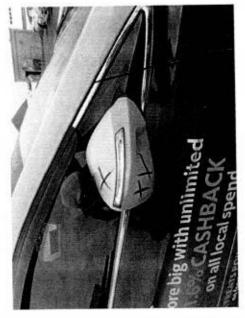
(If driver is not the policyholder)

Date & Time:

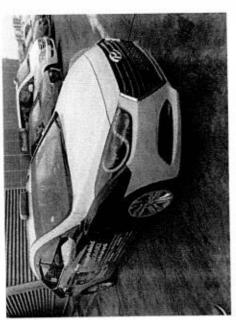
Jackson Heng CSO

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

















### CITY CAB PTE LTD

REPAIR ESTIMATE\*

PEPAIR ESTIMATE\*
VEHICLE NO: SHA 8660S Nuc /2KK

MAKE

DATE 16/8/2018 10:27

Parts Description/ Labour	Type	Unit Price	A	mount
Front Door Mirror (RH) × ng ~~			S	980.50
		8	•	980.50
545554555545554555754555			10.00	196.10
5-30-30-20-00-00-00-00-00-00-00-00-00-00-00-00		1		784.40
DISCOUNTED TOTAL			3	/04.41
Labour Charge				5 6 280 m
Particulation   1   1   1   1   1   1   1   1   1				200.0
Wiring Charge			\$	50.0
TOTAL LABOUR			\$	530.0
ESTIMATE TOTAL			s	1,314.4
Kali'IIII				
1 Vaj	the Repail To resurve To display Parts price Thard part No illegal	rer of the following:  y before/after soray a mining damaged control of the urvey is are subject to the survey of the mining of the urvey most control of the urvey most control of the urvey most control of the urvey of the urvey most control of the urvey of the urvey most control of the urvey of the urv	a d	
14 Rose pllo	is subject Acknowledges	to final approval Lum Insurance C	dripan	
After Roser plo	No illegal     Supplements subject  Acknowledge	moof concerns x and many concerns and concerns and concerns and insurance Concerns and concerns	a d	
	SUB TOTAL LESS 20% DISCOUNTED TOTAL  Labour Charge Panel Beating Spray Painting Charge Wiring Charge  TOTAL LABOUR ESTIMATE TOTAL	Front Door Mirror (RH)   SUB TOTAL LESS 20% DISCOUNTED TOTAL  Labour Charge Panel Beating Spray Painting Charge Wiring Charge  TOTAL LABOUR ESTIMATE TOTAL  LKK Auto the Repair To display Paris part No illegal	Parts Description/ Labour  Front Door Mirror (RH)  SUB TOTAL LESS 20% DISCOUNTED TOTAL  Labour Charge Panel Beating Spray Painting Charge Wiring Charge  TOTAL LABOUR ESTIMATE TOTAL  LEKK Auto Consultants hence notify the Repart for the following: To resurve before her some some 3 in the following: To resurve before her some some 3 in the following: To resurve before her some some 3 in the following: To despite a damaged same states and invey a Paits proces are subserved.  That pare server some 3 in the following: The followin	Parts Description/ Labour   Type   Unit Price   A

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 16.08.2018 Time: 13:25:04

Page: 1

REPAIR ESTIMATE

COMPAINY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

. ruin 4

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO MILEAGE : 305200772 : SHA8660S : 0000000000

MAKE

: HYUNDAI

MODEL

: I-40

DATE OF REGN : 14.07.2016 DATE/TIME IN : 15.08.2018 18:30

ACCIDENT DATE : 15.08.2018

JOB/PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL: 0.00

JOB NATURE

0000 L

PANEL BEATING

50.00

0001 L

SPRAY PAINTING CHARGE

50.00

SUB-TOTAL: 100.00

TOTAL : 100.00

SURVEYOR NAME & SIGNATURE

MVA NAME & SIGNATURE

DATE:

DATE:

AUTHORISED: YES / NO

COMFORTDELGRO ENGINEERING

Dur J	ob Ket	140	5200772			122180000	
ate		: 16	3.08.2018			ComfortE 59 Loyar Fax: 654	DelGro Engineering Pte Lt ng Drive Singapore 50896 6.8156
INA	LIZATI	ION FORM				1 44, 00	
Го			LKK			Fax:	
Attn	:		KALVIN				
/ehic	de Reg	No. : SHA86	60S		Date	of Accident :	15.08.2018
The s	survey	and estimates of the	repairs of the above-me	ntioned ve	hicle ar	e as follows:-	
	The	repair job shall bill to		NTUC			SLC 931E
2.		finalized amount sha					
	(a)	Spare Parts after I					\$0.00
	(b)	Labour Charges					\$100.00
	(0)		-Part Repair Cost				\$100.00
	(c.)	Lumpsum Repair Total for Lumpsum Final Lumpsum	n repair cost after Less:		20%		\$0.00
		nated normal period	S==	1 ind Confir		rking days. there is no rep	oly from you within
4.	We s		etance.	1 nd Confir	med if We fina		timates and
4.	We s	shall treat the above orking days onk you for your assis nature :	etance.	1 Confir	med if We fina	there is no rep e confirm the est alized amount	
4.	We s 7 wo	shall treat the above orking days onk you for your assis nature :	etance.	1 nd Confir	med if We fina	there is no rep confirm the est alized amount gnature:	timates and
1.	We s 7 wo Than Sign	shall treat the above orking days  onk you for your assistature:  ine : FAUZY BIN  : 62148319	stance.  MOKHTAR	1 nd Confir	med if We fina	there is no rep confirm the est alized amount gnature:	timates and
4.	We s 7 wo Than Sign Nam Tel Fax	shall treat the above orking days  onk you for your assistature:  FAUZY BIN  62148319	stance.  MOKHTAR	1 nd Confir	med if We fina	there is no rep confirm the est alized amount gnature:	timates and
4.	We s 7 wo Than Sign Nam Tel Fax	shall treat the above orking days  onk you for your assistature:  ine : FAUZY BIN  : 62148319  : 65468156	stance.  MOKHTAR	Doce	med if We fina	there is no rep confirm the est alized amount gnature:	timates and
4. 55.	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat the above orking days  nk you for your assistature:  FAUZY BIN  65468156  al Use Only	MOKHTAR	Doc: Atta Yes	med if  We fina  Sig  Na  Da	there is no rep	Kalua 16/8/R
5. For	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat the above orking days  onk you for your assistature:  ine : FAUZY BIN  inc 62148319  inc 65468156	MOKHTAR	Doc: Atta Yes	med if  We fina  Sig  Na  Da  ument ached or No	there is no rep	Kalua 16/8/R
For 1. For 2. L	We s 7 wo Than Sign Nam Tel Fax Officia	shall treat the above orking days  nk you for your assistature :  ine : FAUZY BIN  inc 65468156  al Use Only  Item  Rate P/Day  Income Paid	MOKHTAR	Doc: Atta Yes	med if  We fina  Sig  Na  Da  ument ached or No  ES	there is no rep	Kalua 16/8/R
1. F 2. L 3. S 4. L 5. I	We s 7 wo Than Sign Nam Tel Fax Officia Rental I	shall treat the above brking days  ak you for your assistance:  Be : FAUZY BIN  : 62148319  : 65468156  al Use Only  Item  Rate P/Day Income Paid Fees Barch Fee I Fees (on behalf rr, if applicable)	MOKHTAR	Doc: Atta Yes	med if  We fina  Sig  Na  Da  ument ached or No  ES	there is no rep	Kalua 16/8/R



# **National Assessment Centre Services**

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







NTUC INCOME INSURANCE CO-OPERATIVE LTD			Ref: NS/INC1801498		1/K1td3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date:	01-09-2018 INC4		
1.		Policy Particulars	:- THIR	D PARTY CLAIM		
	Insured Veh.	SLC 931E	Veh. I	nspected	SHA 8660S	
	Policy No.	5094862802	Coverage (\$) Excess (\$) Assign Date		0.00	
	Claim No.	MT/1007437-002				
	Assign From				16/08/2018	
2.		Vehicle Parti	culars &	& Condition		
	Make & Model	HYUNDAI 140	c.c		1685	
	Engine No.	HIDDEN	Year of Reg.		2016	
	Chassis No.	KMHLB41UMGU092288	Colou	ır	YELLOW	
	Odometer	377915	Steering		IN ORDER	
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM	
	General	GOOD				
3.		Condit	ions of	Tyres		
		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	
4.		Descripti	on of D	amages		
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S ETAILS.	SWING	MIRROR.		
5.		Genera	I Inform	nation		
	Accident Date	15/08/2018	Inspe	ction Date	16/08/2018	
	Survey held at					
	The second secon					
5a.	Remarks					
		ON WAS CONDUCTED ON A"WI" CE TO YOUR INSTRUCTIONS, V				
5b.	Estimate Days of Repair					
ESTIMATED NORMAL PERIOD FOR REPAIR: 1 Working Days						



# **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. SHA 8660S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT DOOR MIRROR (RH)	TO REPAIR SEE LABOUR	980.50	
	LESS 20% DISCOUNT		-196.10	
			784.40	
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT DOOR MIRROR (RH).		280.00	50.00
	SPRAY PAINTING CHARGE.		200.00	50.00
	WIRING CHARGE.	NOT NECESSARY	50.00	
			530.00	100.00
	GRAND TOTAL		1,314.40	100.00

RECOMMENDED COST OF REPAIRS (CONFIRMED)	100.00
---	--------

Report Ref No. NS/INC18014981/K1td3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.