

(08/11/2018)

Surveyor: Kelvin

REF: NS/INC18015149/KITbon2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FW 91162Policy No. 5101161054 020918-010919Claims No. MT/11007917002

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: SH 65216 Yr Regn: 22 Dec, 2016

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

Truck / Trailer or

Make: Hyundai ZKO cc 1685Colour Blue A/C: Insured / Std / NI / NASp. Reading 220822 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD414MH4097207

Gen. 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 CanpanFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmD.O.A. 17/8/8 D.O.I. 20/8/8Survey held at CDHE (Loyang)

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

Rear N/S Rear N/S

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

Date / Time Action / Instruction

SH 65216 - CC6/TH/6011319 / Kebag2 TXA: 130616 JMC

FW 91162 - X P/P

24/8/8 Insured P/P \$3263.92 / 34% (Red: 4217.56 : 56%)

RECEIVED 27 AUG 2018

Date/Time, File Pass to?

☐ : Prell. Report

1) 27/8 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / I.B.I: (\$ 3263.92)Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

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/INC18015145

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-08-2018
189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FW9116Z	Veh. Inspected	20/08/2018
Policy No.	5101161054	Coverage (\$)	NC
Claim No.		Excess (\$)	0
Assign From		Assign Date	20/08/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	
R/H Front Tyre			
L/H Front Tyre			
R/H Rear Tyre			
L/H Rear Tyre			

4. Description of Damages

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5. General Information

Accident Date	17/08/2018	Inspection Date	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITH B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE	ICE' VEN' AUTHORIZED
--	-------------------------

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 27 August 2018 9:39 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: Friday, August 24, 2018 5:47 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

1	MT/1007917-002	COMFORT TRANSPORTATION PTE LTD	SH 6521G
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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

Claim

Hello, NAC_PAYA_UBI_800601

Change Language

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	Expiry Date
<input type="radio"/>	5101161054		SEETO MUN LIE	58204769G	GMC	Third Party FWG	01/07/2019

Continue

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	18/08/2018 12:34
Date Of Accident	17/08/2018 23:00
Exact Location Of Accident	PIE (SLIP RD) TWDS CTE ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6521G
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	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	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	SOON CHYE SOON ANDREW
NRIC No	S1615984J
Date Of Birth	19/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225461
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 607 CHOA CHU KANG STREET 62 #11-127
 Postcode 680607
 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) 3
 Passenger 1 NAME: : -
 GENDER: : MALE

Passenger 2 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] ANG MO KIO SOUTH N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180818/2010

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 FW9116Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

CONSCIOUS AND RIGHT LEG.

Injured person in which vehicle?

FW9116Z

Were seat belts worn?

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. 199203321R

Policyholder's Signature
Date & Time:

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

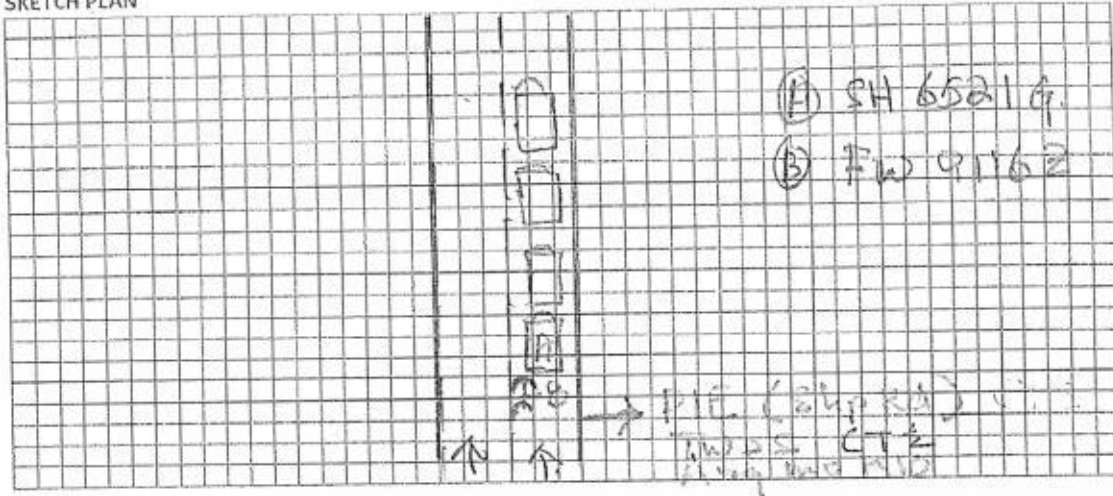
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report attach T/20180818/2010

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CORPORATE NO. 10000321R

Policyholder's Signature
Date & Time:

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

18/8/18
Jackson Hong
CSO

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



**SINGAPORE
POLICE FORCE**



T/20180818/2010

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180818/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2018 01:07	Vide Report No.: A/20180817/0177	Station Diary No.: 18
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Informant's Particulars

Name of Informant: SOON CHYE SOON ANDREW			Address: APT BLK 607 CHOA CHU KANG STREET 62 #11-127 SINGAPORE 680607	
ID Type / ID No.: NRIC NO / S1615984J			Contact No.: Home/Office: Mobile: 98225461	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 19/04/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2018 23:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9116Z	Motorcycle	HONDA	TA200	Blue	Slightly Damaged	0
SH6521G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180818/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOON CHYE SOON ANDREW	ID No.	S1615984J
Related Vehicle	SH6521G (Car)	Contact No.	98225461
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
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	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

Brief Details.

On 17/08/18 at about 2300hrs, I was driving my blue cab bearing carplate registration number SH6521G along PIE towards CTE when a motorcycle bearing carplate registration number FW9116Z knocked onto my right rear side of my vehicle.

I immediately pulled over and check on him. He was conscious however had injuries on his right leg.

Subsequently, traffic police and ambulance arrived at scene. vide A/20180817/0177.

I was advised by traffic police to lodge a traffic accident report at nearby police station.

The SD memory card of my inbuilt camera of my car was given to traffic police as well.

I wish to state that both my passengers and I are not injured.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20180818/2010

3 of 4

Report No. T/20180818/2010

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180818/2010

4 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180818/2010

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:

F /
Sgt 2 KIAM JIN HUAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2018 01:07

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Classification Of Case:

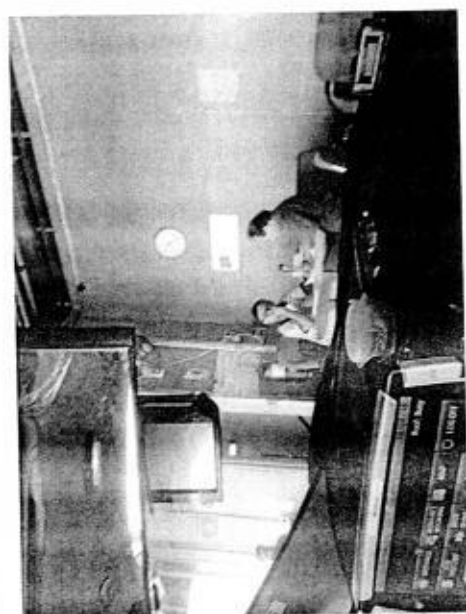
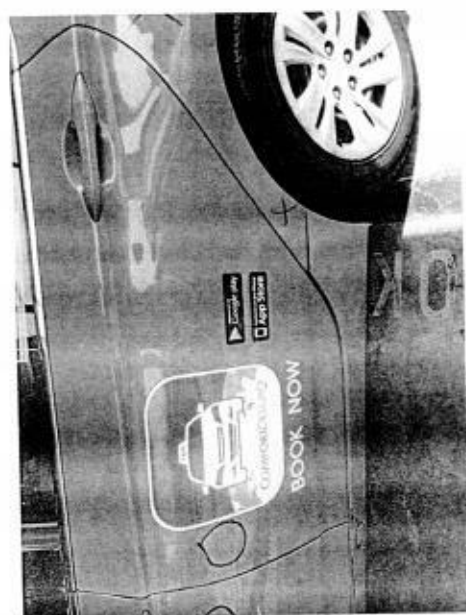
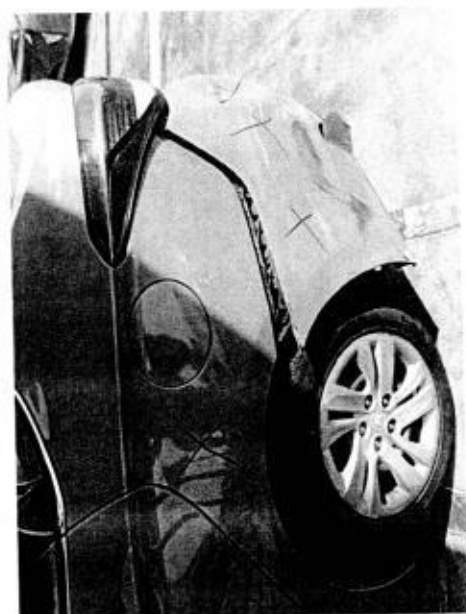
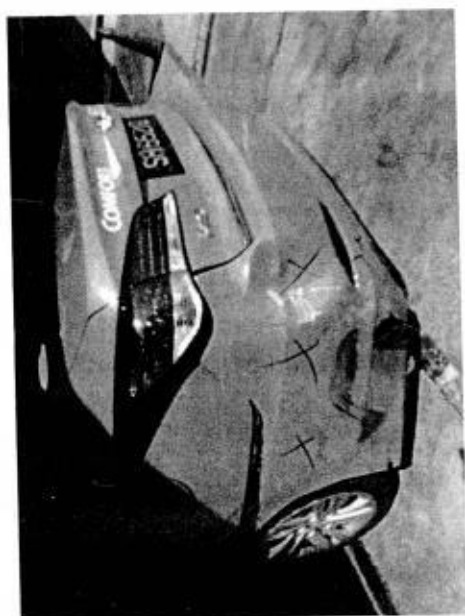
SN 085

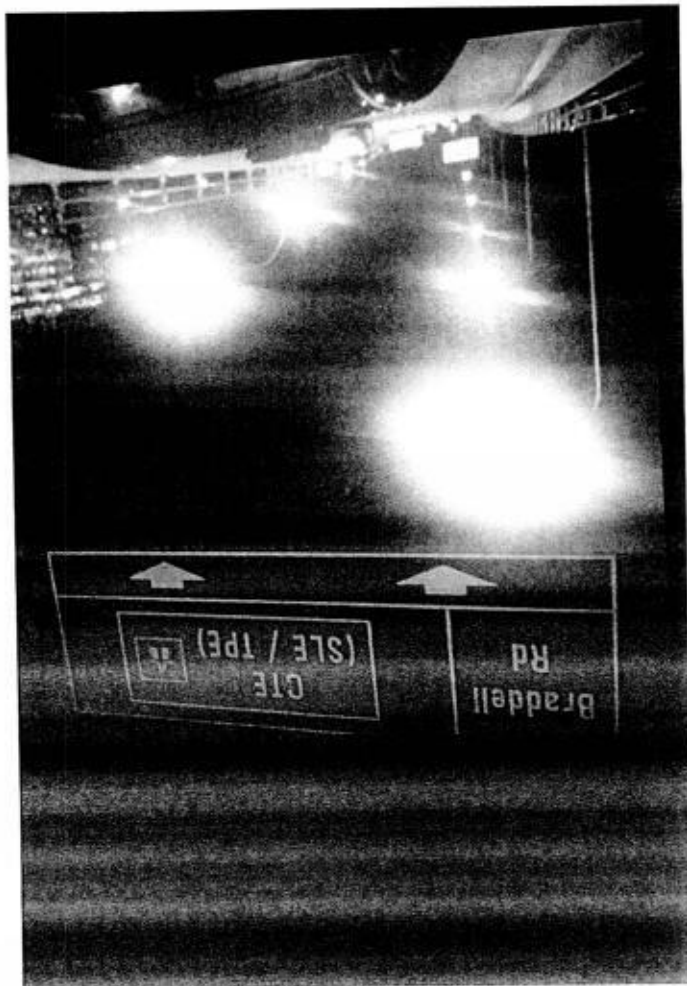
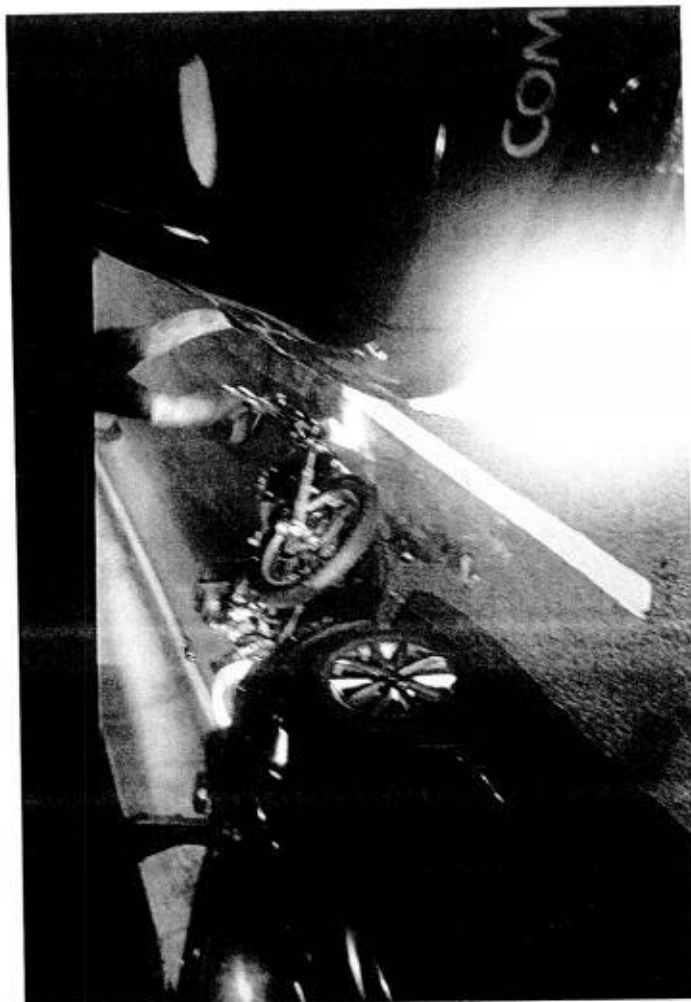
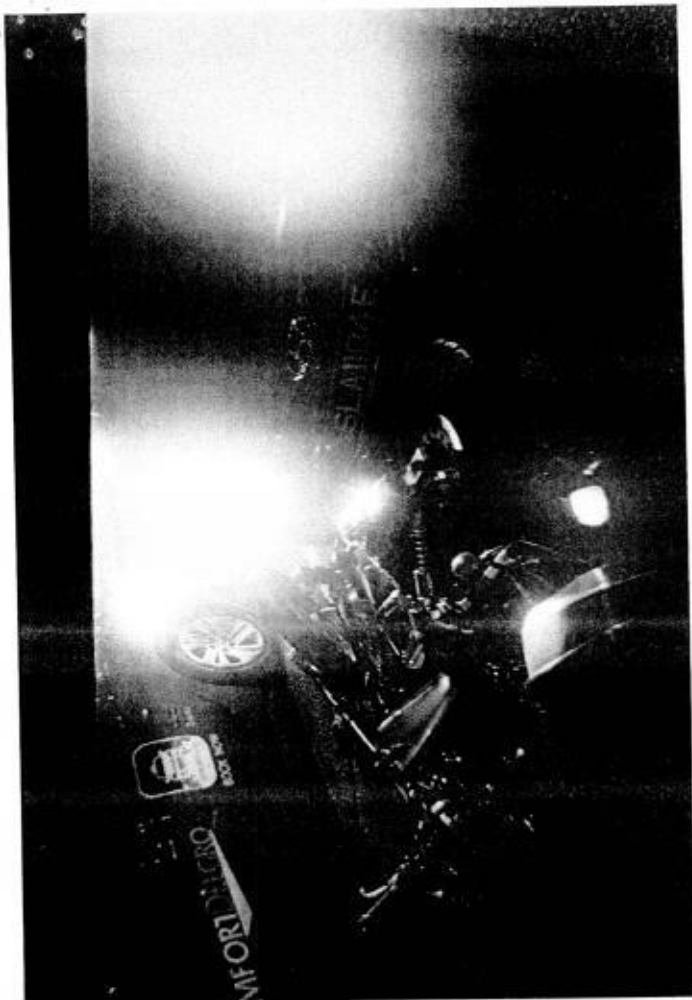
Authentication Stamp
NP168



Signature:

Singapore Police Force





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 6521G

DATE 20/8/2018 10:29

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (LH)			\$ 32.00
	Exhaust Pipe Insulator, LH			\$ 58.55
	Exhaust Silencer, LH			\$ 954.00
	Exhaust Pipe Hanger, LH			\$ 58.55
	Exhaust Pipe Centre			\$ 1,150.30
	Rear Fender (LH)			\$ 2,020.10
	Rear Fender Inner Lining (LH)			\$ 164.40
	Rear Fender Air-Duct			\$ 51.60
	Rear Windscreen Moulding			\$ 60.00
	SUB TOTAL			\$ 6,456.85
	LESS 20%			\$ 1,291.37
	DISCOUNTED TOTAL			\$ 5,165.48
	Rear Windscreen Sealant			\$ 46.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Exhaust Pipe			\$ 150.00
	TOTAL LABOUR			\$ 2,270.00
	ESTIMATE TOTAL			\$ 7,481.48
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
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Koh's 10/8/18

20/8/18 14:00

3 hrs

P/P

Before Paint p/h

Nett

400

400

X 11

X 11

50

X 11

50

Workshops

59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
220 Ubi Road 3 Singapore 568999

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

member of COMFORTDELGRO

Date/Time: 20.08.2018 09:29 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3849065

JC NO.: 305201800

OMER

REGN NO.: SH 6521G

MILEAGE

IS

COMFORT TRANSPORTATION PTE LTD
7010045

OMER NO.

MAKE: HYUNDAI

FUEL

RESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

MODEL I-40

DATE/TIME IN 18.08.2018 10:25

(R)

YR OF MANU 22.12.2016

TARGET DATE

(P)

CHASSIS CODE KMHLB41UMHU097207

COMPLETION DATE/TIME:

OUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.08.2018
NATURE: 3P 17.08.18/B-

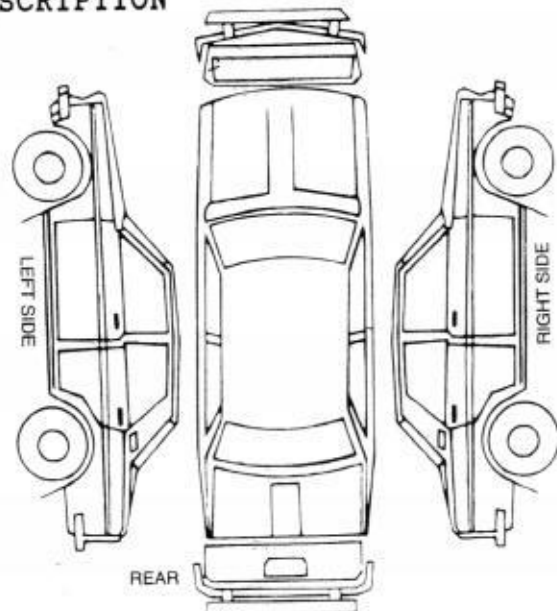
NTUC

S/NO

LABOR CODE

DESCRIPTION

FRONT



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.:

SH 6521G

FZ NTUC LKK

Vehicle No.:

SH 6521G

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305201800
REGN NO : SH 6521G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 18.08.2018 10:25
ACCIDENT DATE : 17.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-A	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0004 02-01-0103-0053-G	I40VC MUFFLER ASSY-LH	1	954.00	20.00	763.20
0005 02-01-0103-0086-G	I40VC PIPE-EXHAUST FR	1	1,150.30	20.00	920.24

SUB-TOTAL : 2,363.92

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 L	SPRAY PAINTING CHARGE	400.00
0002 L	REMOVE/REFIX CUSHION UPHOLSTERY	50.00
0003 L	REMOVE/REFIX EXHAUST PIPE	50.00

SUB-TOTAL : 900.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305201800
REGN NO : SH 6521G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 22.12.2016
DATE/TIME IN : 18.08.2018 10:25
ACCIDENT DATE : 17.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,263.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305201800
Date : 23.08.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 6521G

Date of Accident : 17.08.2018

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

1. The repair job shall bill to: NTUC --- FW 9116Z
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,363.92
 - (b) Labour Charges \$900.00
 - Total for Part-By-Part Repair Cost** \$3,263.92
 - (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: 3 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 : Kahr

Date : 24/8/18

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:




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/INC18015149/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 28-08-2018 Code: INC4	
				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FW 9116Z	Veh. Inspected	SH 6521G	
Policy No.	5101161054	Coverage (\$)	0.00	
Claim No.	MT/1007917-002	Excess (\$)	0.00	
Assign From		Assign Date	20/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097207	Colour	BLUE	
Odometer	220822	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/08/2018	Inspection Date	20/08/2018	
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:		3 Working Days		

**National Assessment Centre Services**

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6521G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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	CRACKED	225.00	225.00
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	32.00	-
1	EXHAUST PIPE INSULATOR,LH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,LH	BENT	954.00	954.00
1	EXHAUST PIPE HANGER,LH	SERVICEABLE	58.55	-
1	EXHAUST PIPE CENTRE	BENT	1,150.30	1,150.30
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,020.10	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	164.40	-
1	REAR FENDER AIR-DUCT	SERVICEABLE	51.60	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-1,291.37	-590.98
			5,165.48	2,363.92
SPECIAL NETT ITEMS				
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			46.00	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		1,000.00	400.00
	SPRAY PAINTING CHARGE.		750.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00

Report Ref No. NS/INC18015149/K1tbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX EXHAUST PIPE.		150.00	50.00
			2,270.00	900.00
GRAND TOTAL			7,481.48	3,263.92
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,263.92

Report Ref No. NS/INC18015149/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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