

(08/11/13)

Surveyor: KalvinREF: NS/INC18015397/KIRD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 5099849327 (28/4/18-27/4/19)Claims No. MT/1008274-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 2534C Yr Regn: 19th, 2018

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

Truck / Trailer or

Make: Myndar Zong c.c. 1580Colour: Blue A/C: Ins Std / NI / NASp. Reading: 14.55 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHC85/CVJ4102682Gen. Cond: Good / F / Poor / BurntSteering: In order / J / Jammed / Leaked / Burnt orBrake: In order / J / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexa

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 21/8/18 D.O.I. 23/8/18Survey held at CDHE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
	SHC 2534C - NS/INC11005055/H/In DOA: 17/3/11 INC
	SFK1386B - CS3/CT718001505/Wbe2 DOA: 31/12/17 PIP
18/9/18	Amended PIP \$5352.30 / 3 lps. Red: \$860.00, 1P1.
	RECEIVED 05 OCT 2018
	4/10/2018

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / I.B.I.: (\$ 5352.30)Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____) S + RS _____ SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

160

Janice Lee (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, October 04, 2018 9:30 AM
To: Janice Lee (LKKAUTO)
Subject: REQUEST CLAIMS 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: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Wednesday, October 03, 2018 4:10 PM
To: mtreg <mtreg@income.com.sg>
Subject: RE: REQUEST CLAIMS NUMBER

Dear Samsia,

The right one as below :-

3	MT/1008274-002	COMFORT TRANSPORTATION PTE LTD	SHC 2534C
---	----------------	--------------------------------	-----------

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler



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/INC18015397/K1rd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-08-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFK 1386B	Veh. Inspected	SHC 2534C
Policy No.	5099849327	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	24/08/2018

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	21/08/2018	Inspection Date	23/08/2018
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.
--

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/08/2018 13:37"/>
Vehicle No.(For Motor)	<input type="text" value="SFK1386B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5099849327		GORIDE	53358820X	GPC	Third Party	SFK1386B	SFK1386B	28/04/2018	27/04/2019

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305203207

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

REGN NO.: SHC2534C	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: IONIQ(G2)	DATE/TIME IN 22.08.2018 09:00
YR OF MANU. 19.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103682	COMPLETION DATE/TIME:

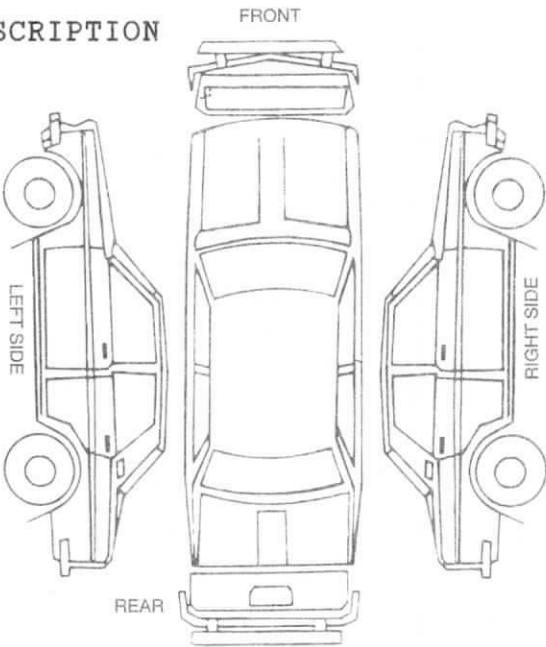
NTUC

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 21.08.2018
NATURE: 3P 21.08.2018

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

No.: SHC2534C LKE

Exit Pass

Vehicle No.: SHC2534C

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	23/08/2018 09:59
Date Of Accident	21/08/2018 19:05
Exact Location Of Accident	BALESTIER RD TWDS CTE CITY NEAR RANGOON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC2534C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	THANAKUMAR S/O MANIYAM
NRIC No	S1175884C
Date Of Birth	05/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98515082
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 232 SERANGOON AVENUE 3 #04-54
Postcode	550232
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

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

PLS REFER TO ATTACHED

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	SHB8927T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEAH SEOW KWOONG
NRIC/Passport Number	S0182179B
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

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. 193203321R

Policyholder's Signature
Date & Time:

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

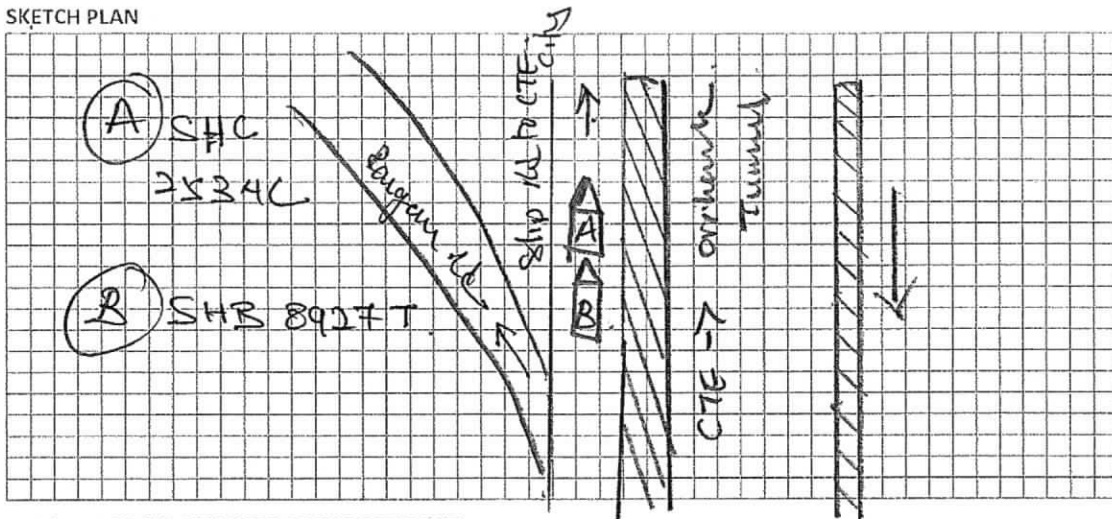
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 21 Aug 2018 @ 1901 hrs I, Vett A

was driving along the above location

Vehicle which slow down. I, Vett A

also slow down. Suddenly Vett B from

behind hit Vett A rear. at the point

of accident Vett A felt a male person

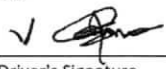
he was etc.

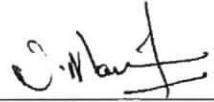
DECLARATION

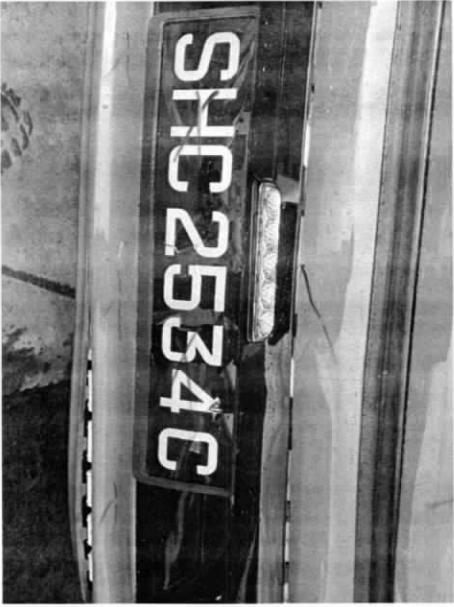
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

Policyholder's Signature
Date & Time:

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

 22/8
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2534C

DATE 23/8/2018 1:56

MAKE :

MODEL : HYUNDAI IONIQ

K/Kalvin

PbyP

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid — <i>Det</i>			2480.40
	Boot Lid Rubber <i>X su</i>			
	Boot Lid Lock Upper <i>X su</i>			
	Boot Lid Lock Lower <i>X su</i>			
	Boot Lid Emblem "Hybrid" — <i>su</i>			24.30
	Boot Lid Emblem "Ioniq" — <i>su</i>			31.30
	Rear Bumper — <i>Det</i>			459.40
	Rear Bumper Reinforcement — <i>Buy</i>			294.80
	Rear Bumper Reinforcement Bracket (LH/RH) — <i>Buy</i>			276.20
	Rear Bumper Side Bracket <i>X su</i>			
	Rear Bumper Clips — <i>su</i>			22.00
	Rear Bumper Sponge <i>X su</i>			
	Rear Bumper Garnish — <i>su</i>			451.25
	Tail Lamp (RH) <i>X su</i>			
	Rear Fender (RH) <i>X repair</i>			
	Rear Fender Inner Lining (RH) <i>X su</i>			
	Rear Windscreen Moulding <i>X su</i>			
	SUB TOTAL			\$ -
	LESS 20%			\$ -
	DISCOUNTED TOTAL			\$ -
	Boot Lid Comfort Logo & Tel No. Sticker — <i>su</i>			\$ 30.00
	Rear No. Plate — <i>su</i>			\$ 25.00
	Rear Bumper Reverse Sensor — <i>shaded</i>			\$ 135.70
	Rear Bumper Rubber Mat — <i>su</i>			\$ 50.00
	Rear Windscreen Sealant — <i>su</i>			\$ 46.00
	Labour Charge			\$ 286.70
	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 Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 2,240.00
	ESTIMATE TOTAL			6212.30
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) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

K/Kalvin

23/8/18 1510 hrs

3 days

RIP

Before Paint photo

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

Nett

COMFORTDELGRO ENGINEERING

Our Job Ref No 305203207
Date : 13/09/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC2534C CTPL

Fax :

21.08.18

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


1. The repair job shall bill to: NTUC --- SHB8927T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$3,922.30
 - (b) Labour Charges \$1,430.00
 - Total for Part-By-Part Repair Cost** \$5,352.30
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost


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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kahn
Date : 18/9/18

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:

ENGINEERING

VEHICLE NO.: SHC2534C

TYPE OF CLAIM : TP-SHB8927T

MODEL : H. IONIQ

SURVEY BY : LKK/Kalvin Ang

JOB NO : 305203207

DATE : 24/8/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

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

JOB NO : 305203207
 REGN NO : SHC2534C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 19.07.2018
 DATE/TIME IN : 22.08.2018 09:00
 ACCIDENT DATE : 21.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00
0002	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52
0003	04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1 L	294.80	20.00	235.84
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	2.00-	135.70
0006	FNPS	NO PLATE(S)	1 N	25.00	0.20	25.00
0007	04-01-0104-2256-G	IONIQ PANEL ASSY-TAIL GAT	1 L	2,480.40	20.00	1,984.32
0008	04-01-0104-2270-G	IONIQ EMBLEM-HYBRID	1 L	24.30	20.00	19.44
0009	04-01-0104-2271-G	IONIQ EMBLEM-IONIQ	1 L	31.30	20.00	25.04
0010	28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1 N	20.00	2.00-	20.00
0011	28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1 N	10.00	0.20	10.00
0012	04-01-0104-2370-G	IONIQ LAMP ASSY-REAR FOG	1 L	201.50	20.00	161.20
0013	04-01-0104-2540-G	IONIQVC COVER-RR BPR UNDE	1 L	53.85	20.00	43.08

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

JOB NO : 305203207
REGN NO : SHC2534C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 19.07.2018
DATE/TIME IN : 22.08.2018 09:00
ACCIDENT DATE : 21.08.2018

JOB / PARTS DESCRIPTION		QTY IND UNIT-PRICE DISC% AMOUNT			
0014	04-01-0104-3819-G IONIQ STAY-RR BUMPER LH	1	L	138.10 20.00	110.48
0015	04-01-0104-3919-G IONIQ STAY-RR BUMPER RH	1	L	138.10 20.00	110.48
0016	09-01-0104-2133-G IONIQ ANTENNA ASSY-SMARTK	1	L	40.50 20.00	32.40
0017	04-01-0104-2380-G IONIQ LATCH ASSY-TAIL GAT	1	L	224.00 20.00	179.20
0018	04-01-0104-2545-G IONIQVC MOULDING-REAR BUM	1	L	47.50 20.00	38.00
0019	05-01-0199-0032-A (ALL)WINDSCREEN AHESIVE-3	2	N	46.00 2.00-	46.00
SUB-TOTAL					: 3,922.30

JOB NATURE

0000	L	REAR BUMPER MAT	50.00
0001	L	PANEL BEATING	600.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	600.00

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

JOB NO : 305203207
REGN NO : SHC2534C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 19.07.2018
DATE/TIME IN : 22.08.2018 09:00
ACCIDENT DATE : 21.08.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR			50.00		
0004 20-20	REMOVE/REFIX RR W/SCREEN TO ASST R/P			100.00		
0005 20-22	REMOVE/REFIX REVERSE SENSOR			30.00		
SUB-TOTAL						: 1,430.00

TOTAL : 5,352.30

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO



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/INC18015397/K1rd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFK 1386B	Veh. Inspected	SHC 2534C
Policy No.	5099849327	Coverage (\$)	0.00
Claim No.	MT/1008274-002	Excess (\$)	0.00
Assign From		Assign Date	23/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103682	Colour	BLUE
Odometer	14855	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	NEXEN	7 mm
L/H Front Tyre	195/65 R15	NEXEN	7 mm
R/H Rear Tyre	195/65 R15	NEXEN	7 mm
L/H Rear Tyre	195/65 R15	NEXEN	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/08/2018	Inspection Date	23/08/2018
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
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2534C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	2,480.40	2,480.40
1	BOOT LID RUBBER (NPA)	SERVICEABLE	-	-
1	BOOT LID LOCK UPPER (NPA)	SERVICEABLE	-	-
1	BOOT LID LOCK LOWER (NPA)	SERVICEABLE	-	-
1	BOOT LID EMBLEM "HYBRID"	NECESSARY	24.30	24.30
1	BOOT LID EMBLEM "IONIQ"	NECESSARY	31.30	31.30
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	BENT	294.80	294.80
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	BENT	276.20	276.20
1	REAR BUMPER SIDE BRACKET (NPA)	SERVICEABLE	-	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE (NPA)	NOT NECESSARY	-	-
1	REAR BUMPER GARNISH	CRACKED	451.25	451.25
1	TAIL LAMP (RH) (NPA)	SERVICEABLE	-	-
1	REAR FENDER (RH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER INNER LINING (RH) (NPA)	SERVICEABLE	-	-
1	REAR WINDSCREEN MOULDING (NPA)	NOT NECESSARY	-	-
1	REAR FOG LAMP ASSY	CRACKED	201.50	201.50
1	REAR BUMPER UNDER COVER CTR	CRACKED	53.85	53.85
1	SMARTKEY ANTENNA ASSY	CRACKED	40.50	40.50
1	TAIL GATE LATCH ASSY	CUT	224.00	224.00
1	REAR BUMPER MOULDING LWR CTR	NECESSARY	47.50	47.50
	LESS 20% DISCOUNT		-921.40	-921.40
			3,685.60	3,685.60
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR NO. PLATE (SN)	CRACKED	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			286.70	286.70
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (RH).		1,000.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
GRAND TOTAL			6,212.30	5,352.30
RECOMMENDED COST OF REPAIRS (CONFIRMED)				5,352.30

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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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