

108/11/13

Surveyor: Kalvin

REF: NS/INC18015418/K1+d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop no/s: _____

of _____

Insured: SJM 5967R

Policy No. 5100154564 (18/5/18-17/2/19)

Claims No. MT/1007858-002

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: SHC 8600 E Yr Regt: '06, 215

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1600

Colour: Blue A/C: Ins 6 / Std / NI / NA

Sp. Reading: 380749 T/Radio: Ins 6 / Std / NI / NA

Eng/No: _____

C/No: KM HLB414A44082918

Gen. Cond: Good / ~~6~~ / Poor / Burnt

Steering: In 6 / Jammed / Leaked / Burnt or

Brake: In 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Han Kook

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 18/2/18

Survey held at (DHE (Loyang))

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

Rear

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

Date / Time	Action / Instruction
	SHC 8600C - CC3 / EQP16016526 / K1ha3n2 DOA: 31/8/16 <u>Inc</u>
	SJM 5967R - X <u>4s</u>
27/8/18	Interview up 3/1100/26. (Red: 1368.94; 62%)
RECEIVED 29 AUG 2018	

Date/Time, File Pass to?

☐ : Prel. Report

☒ : Final Report

09/8 Typist

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I. (\$ 1100)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add 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/INC18015418/K1td3				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 24-08-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJM 5967R	Veh. Inspected	SHC 8600E	
Policy No.	5100154564	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	23/08/2018	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.

Date of Accident

18/08/2018 14:52

Vehicle No.(For Motor)

SJM5967R

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100154564		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SJM5967R	SJM5967R	18/05/2018	17/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1008665-002	COMFORT TRANSPORTATION PTE LTD	SHB 3269S	GBB 1783H	24/8/2018	7:40	\$ 6,299.34
2	MT/1009047-001	COMFORT TRANSPORTATION PTE LTD	SHC 3368J	SKS 4492G	21/8/2018	12:20	\$ 2,094.70
3	MT/1008670-002	COMFORT TRANSPORTATION PTE LTD	SHB 6363H	GV 7181R	17/8/2018	9:20	\$ 6,435.74
4	MT/1008491-002	COMFORT TRANSPORTATION PTE LTD	SHA 6925S	SLJ 6705R	22/8/2018	2:25	\$ 3,963.12
5	MT/1008416-002	COMFORT TRANSPORTATION PTE LTD	SHA 7241A	SFK 1386B	21/8/2018	13:35	\$ 3,433.52
6	MT/1007858-002	COMFORT TRANSPORTATION PTE LTD	SHC 8600E	SJM 5967R	18/8/2018	6:15	\$ 2,968.84
7	MT/1008496-002	COMFORT TRANSPORTATION PTE LTD	SHC 8731K	SKQ 1872Z	22/8/2018	12:15	\$ 2,481.58

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	20/08/2018 15:42
Date Of Accident	18/08/2018 06:15
Exact Location Of Accident	AIRPORT BOULEVARD TWDS T2 DEPARTURE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8600E
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KHO SIAM HUAT
NRIC No	S1331937E
Date Of Birth	07/06/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1976
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91737195
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 609 BEDOK RESERVOIR ROAD #10-674
Postcode	470609
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	EUNOS NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT :T/20180818/2053

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	SJM5967R
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

PRIVATE CAR

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

KHO SIAM HUAT

Approximate Age

60

Injuries Sustain

INCONSISTENT ECG READING. ON 3 DAYS MC

Injured person in which vehicle?

SHC8600E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

IMPORTANT NOTICE

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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.

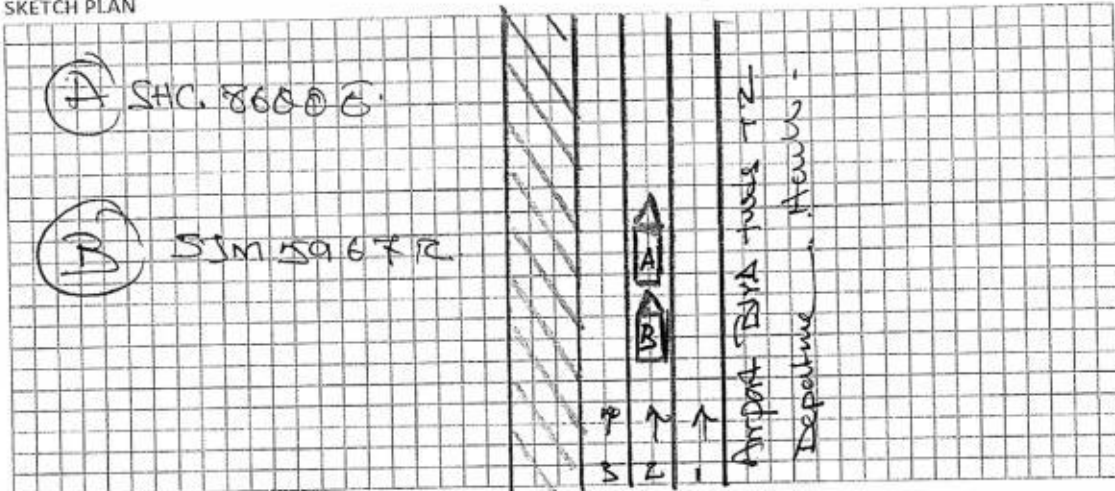
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199203321R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police

Report. T/20180818/2053

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 102202321R

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20180818/2053

1 of 3

Report No. T/20180818/2053

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2018 12:21		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: KHO SIAM HUAT			Address: APT BLK 609 BEDOK RESERVOIR ROAD #10-674 SINGAPORE 470609		
ID Type / ID No.: NRIC NO / S1331937E			Contact No.: Home/Office: Mobile: 91737195		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/08/2018 06:15	Type of Location: Straight Road
Location: Along Road 1 T2 BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SHC8600E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	No Damage	5
SJM5967R	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180818/2053

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180818/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHO SIAM HUAT	ID No.	S1331937E
Related Vehicle	SHC8600E (Car)	Contact No.	91737195
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/08/2018	Date Discharge	18/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 18/8/2018 at around 0645hrs, I was driving my taxi plate number: SHC8600E along T2 Boulevard and then a vehicle SJM5967R rear-end collided my vehicle. Ambulance service were activated and I conveyed into Changi General Hospital due to the inconsistent ECG reading. I was also given 3 days outpatient sick leaves (EMD2018161774), starting from 18/8/2018 to 20/8/2018. I wish to state that I was driving along the second lane of T2 Boulevard when the accident occurred.



**SINGAPORE
POLICE FORCE**



T/20180818/2053

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20180818/2053

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:

G /

Sgt 3 TAN MENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/08/2018 12:21

Officer In Charge Of Case:

TP / GIT /

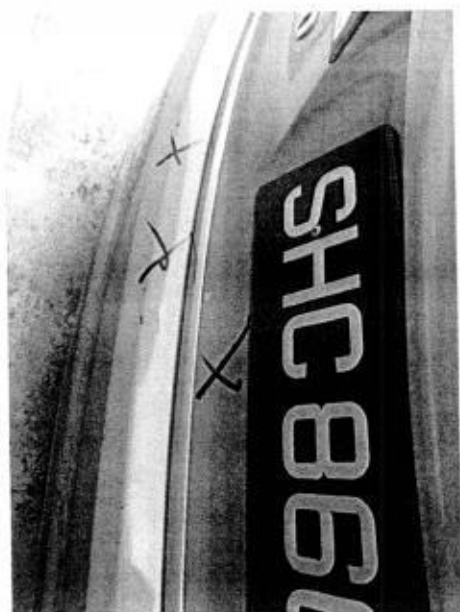
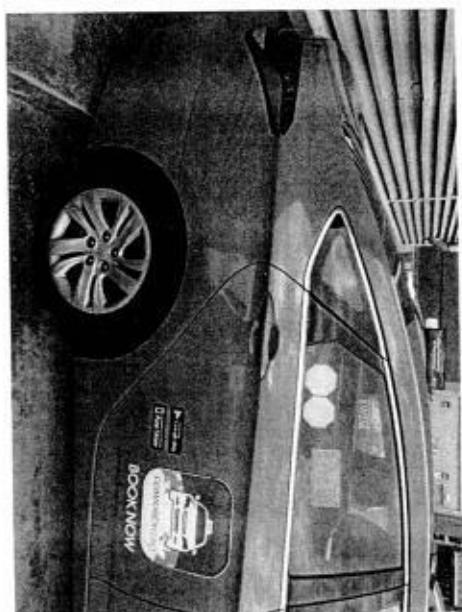
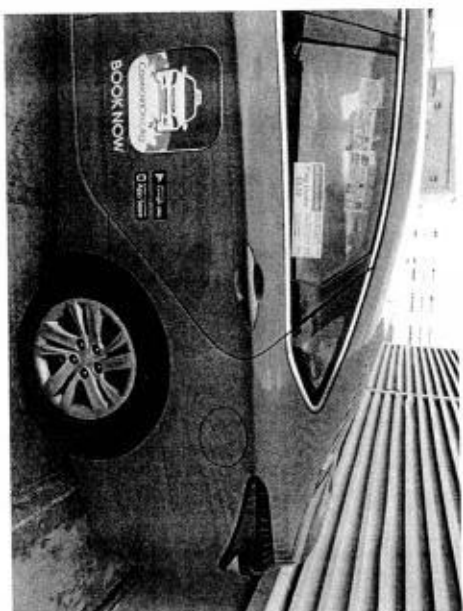
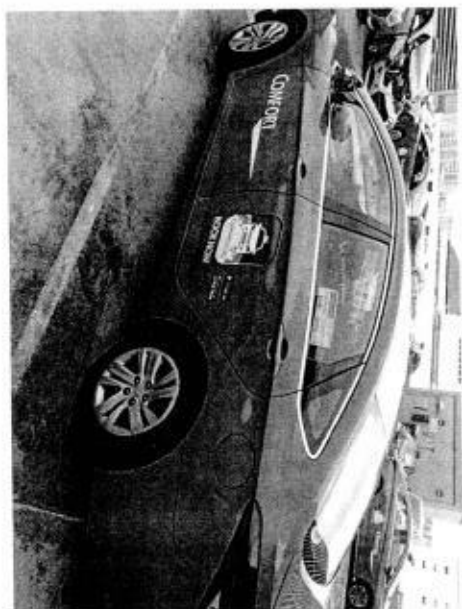
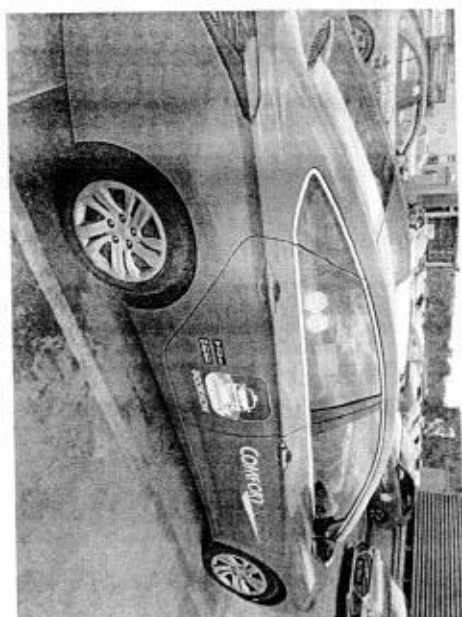
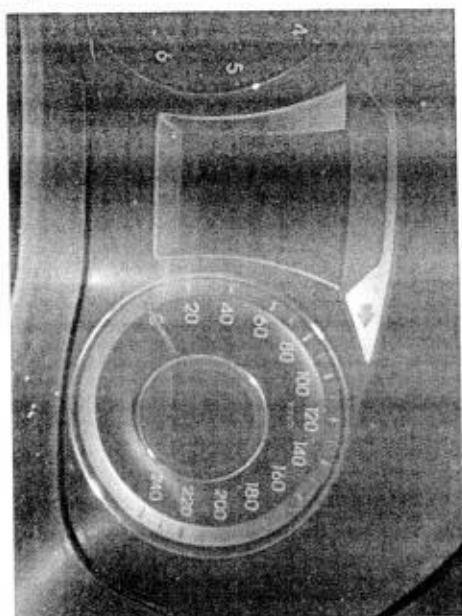
SI NORASHIKIN BINTE DAUD

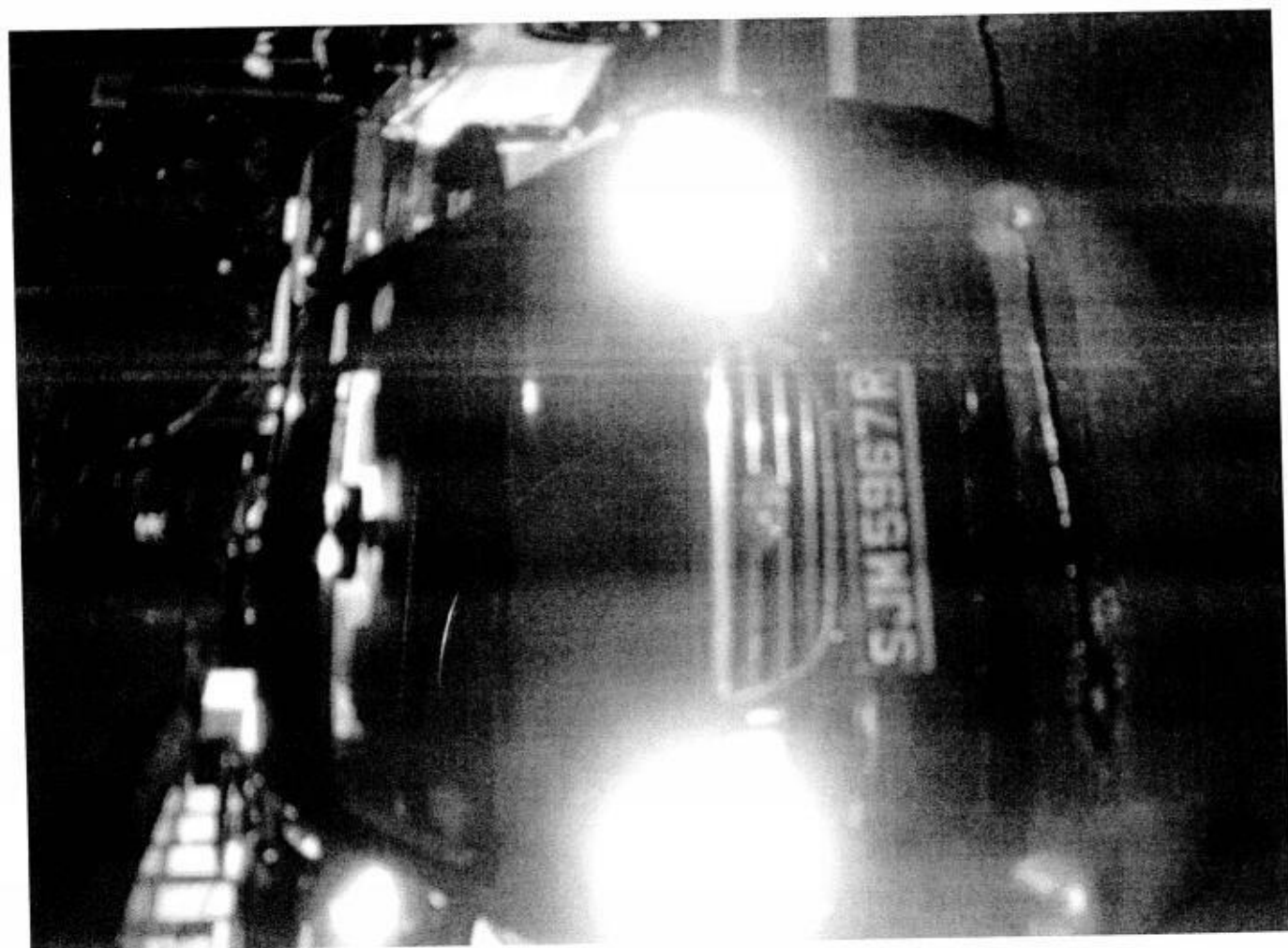
Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP168





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8600E

DATE 24/8/2018 0:02

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem X 22			\$ 27.20
	Boot Lid CRDI Plate - 22			\$ 41.00
	Bootlid Moulding X 140			\$ 85.00
	Bootlid i40 Emblem - 22			\$ 41.00
	Bootlid Lower Garnish X 140			\$ 398.00
	Rear Bumper - 22			\$ 603.60
	Rear Bumper Reinforcement X 22			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X 22	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket X 22	\$	49.00	\$ 98.00
	Rear Bumper Clips - 22			\$ 22.00
	Rear Bumper Sponge X 22			\$ 143.40
	Rear Bumper Under Cover - 22			\$ 225.00
	SUB TOTAL			\$ 2,548.55
	LESS 20%			\$ 509.71
	DISCOUNTED TOTAL			\$ 2,038.84
	Boot Lid Comfort Logo & Tel No. Sticker X 22			\$ 30.00
				\$ 30.00
	Labour Charge			
	Panel Beating			\$ 400.00 200
	Spray Painting Charge			\$ 400.00 400
	Wiring Charge			\$ 50.00 X 22
	Tuff Kote			\$ 50.00 X 22
	TOTAL LABOUR			\$ 900.00
	ESTIMATE TOTAL			\$ 2,968.84
<p>Kalvi (CCK)</p> <p>23/8/18 11:50 L</p> <p>2 Pgs.</p> <p>L/S</p> <p>After Repair photo</p>				
<p>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.</p>				

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:

member of COMFORTDELGRO

Date/Time: 21.08.2018 17:45

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305202546

OMER
S
COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
ESS
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

REGN NO.: SHC8600E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 18.08.2018 06:15
YR OF MANU. 10.12.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU082918	COMPLETION DATE/TIME:

NTUC

JUNT CARD NO.

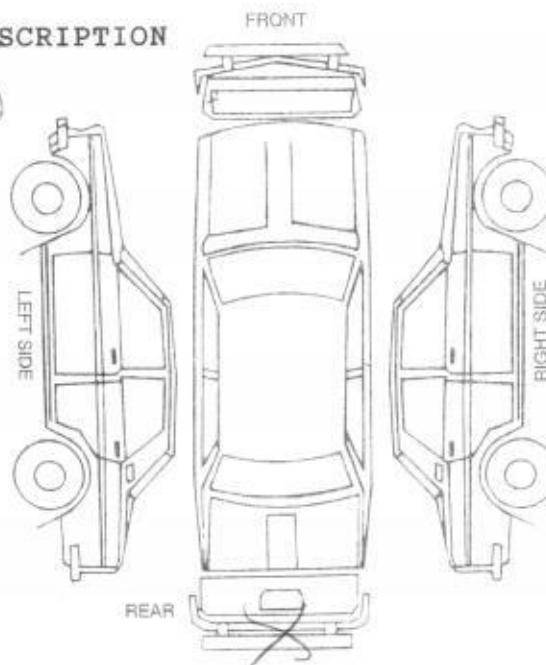
JOB DESCRIPTION

Accident Date: 18.08.2018

NATURE: TP/3P 18.08.2018

S/NO LABOR CODE DESCRIPTION

Towing fee — \$60



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Jedgement Slip

No.: SHC8600E

LKE

Vehicle No.:

SHC8600E

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>21/8/18</u> Time Received: <u>1400</u>		3. Vehicle Type:	4. Type of Towing:
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : Vehicle No. : <u>312C8600G</u> Make / Model / Colour : Email :		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	<input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
		5. Nature of Service:	6. Parts Replaced/Remarks:
		<input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	

7. Location: <u>TP Bound</u>	8. Vehicle Tow - In Workshop:
9. Preferred Workshop:	<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
<input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	

10. Odometer Reading : _____	11. Radio / CD Player	
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	<input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	

Job Attended

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	# : Cracked X : Dented / : Scratched O : Missing Signature of Customer
Name of Driver : <u>HAJAY</u>	
Vehicle No. : <u>Y3556GJ</u>	
Time Dispatch : <u>1400</u>	
Time of Arrival : <u>1450</u>	
Time Completed : _____	

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

<u>21/8/18</u> Date	<u>1400</u> Time	_____ Signature of Customer
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14. WORKSHOP

_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard
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ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Date : 24/08/18

Fax:

Vehicle Reg No. SHC8600E CTPL

18.08.18

Date : 27/8/8

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:



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/INC18015418/K1td3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-09-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJM 5967R	Veh. Inspected	SHC 8600E
Policy No.	5100154564	Coverage (\$)	0.00
Claim No.	MT/1007858-002	Excess (\$)	0.00
Assign From		Assign Date	23/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU082918	Colour	BLUE
Odometer	380749	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	18/08/2018	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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8600E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	TO REPAIR SEE LABOUR	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
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	-
2	REAR BUMPER SIDE BRACKET @\$49.00	SERVICEABLE	98.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	CUT	225.00	225.00
	LESS 20% DISCOUNT		-509.71	-186.52
			2,038.84	746.08
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
			30.00	-
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOTLID MOULDING AND BOOTLID LOWER GARNISH.		400.00	200.00
	SPRAY PAINTING CHARGE.		400.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			900.00	600.00
GRAND TOTAL			2,968.84	1,346.08
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,100.00

Report Ref No. NS/INC18015418/K1td3n2

Report Ref No. NS/INC18015418/K1td3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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