

08/11/13

Bureau: Kalyan

REF: NS/INC18015474/K1903 n2

### ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop n/s \_\_\_\_\_

of \_\_\_\_\_

Insured: **PC6244T**

Policy No. **5092780263-01 (19/7/18-**

Claims No. **NY/1008676-002**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Makes 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: **2** 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: **SHA 2462L** Yr Regn: **524, 218**

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

Truck / Trailer or

Make: **Hyundai 2014** c.c. **1580**

Colour: **Blue** A/C: Insured / Std / Nil / NA

Sp. Reading: **24020** T/Radio: Insured / Std / Nil / NA

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

C/No: **KANC 851CVJU103456**

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 A/R or

Tyre Size: F: **195 / 65 R15**

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

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

TOYO / YOKO or **Nexen**

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

R/Bal. **7** mm R/Bal. **7** mm

L/Bal. **7** mm L/Bal. **7** mm

D.O.A. **23/8/18** D.O.I. **24/8/18**

Survey held at **(DHE (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
	SHA 2462L - CCG/III 18020513/U194392 PRA: 6/1/18 INC
	PC6244T-X PH
29/8/18	Entered PIP \$300/ 24h. (Red B 1379.16, 8716)
RECEIVED 30 AUG 2018	

Date/Time, File Pass to?

☐ : Prel. Report

1) 30/8 2018

☐ : Final Report

Date/Time, File Return to?

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

Report Format:

Lump Sum / I.B.I: (\$ **300**)

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/INC18015474/K1qd3			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-08-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	PC 6244T	Veh. Inspected	SHA 2462L
Policy No.	5092780263-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	23/08/2018	Inspection Date	24/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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="23/08/2018 07:58"/>
Vehicle No.(For Motor)	<input type="text" value="PC6244T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5092780263-01		JR COACH SERVICES	53362008B	GFT	Comprehensive	PC6244T	PC6244T	19/07/2018	

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1009373-001	COMFORT TRANSPORTATION PTE LTD	SHC 3055L	PC 3697P	19/8/2018	\$ 1,623.66	\$ 1,095.46
2	MT/1009185-002	COMFORT TRANSPORTATION PTE LTD	SHC 8825Z	SFE 2060R	28/8/2018	\$ 2,892.18	\$ 800.00
3	MT/1009007-002	COMFORT TRANSPORTATION PTE LTD	SH 8358Z	RD 6187X	27/8/2018	\$ 2,089.88	\$ 814.45
4	MT/1009087-002	COMFORT TRANSPORTATION PTE LTD	SHA 4428Z	SJV 6885P	24/8/2018	\$ 6,595.38	\$ 5,236.10
5	MT/1008717-002	CITYCAB PTE LTD	SHC 7877E	SLA 3866B	24/8/2018	\$ 2,219.36	\$ 950.00
6	MT/1009120-002	COMFORT TRANSPORTATION PTE LTD	SHD 3624P	SJL 6504S	26/8/2018	\$ 6,844.92	\$ 1,510.06
7	MT/1008471-002	COMFORT TRANSPORTATION PTE LTD	SH 7842Z	FBK 6778T	22/8/2018	\$ 1,473.20	\$ 1,273.20
8	MT/1008626-002	COMFORT TRANSPORTATION PTE LTD	SHA 2462L	PC 6244T	23/8/2018	\$ 1,679.16	\$ 300.00
9	MT/1009154-002	CITYCAB PTE LTD	SHA 9452U	SJE 7737S	24/8/2018	\$ 2,731.58	\$ 650.00
10	MT/1008987-002	CITYCAB PTE LTD	SHA 621H	YN 8044B	26/8/2018	\$ 4,685.68	\$ 2,950.00
11	MT/1008975-002	CITYCAB PTE LTD	SHA 881Z	YP 2006R	26/8/2018	\$ 8,248.46	\$ 1,500.00
12	MT/1008414-002	COMFORT TRANSPORTATION PTE LTD	SHC 3331P	SLK 2650K	23/8/2018	\$ 3,696.80	\$ 2,050.00
13	MT/1008095-002	COMFORT TRANSPORTATION PTE LTD	SHA 3850T	FBK 1449B	17/8/2018	\$ 2,745.13	\$ 1,282.00

Claim received from LKK Auto

## 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	24/08/2018 11:32
Date Of Accident	23/08/2018 22:50
Exact Location Of Accident	BOILER TAXI STAND - RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2462L
<b>Insured/Policyholder</b>	
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	CHUA CHENG HWA
NRIC No	S6834669Z
Date Of Birth	21/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1993
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91689110
Fax Number	
Contact Number	
Email Address	KITKITKIT4@YAHOO.COM.HK

Address	842 04-145 TAMPINES STREET 82
Postcode	520842
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)	1

#### 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.

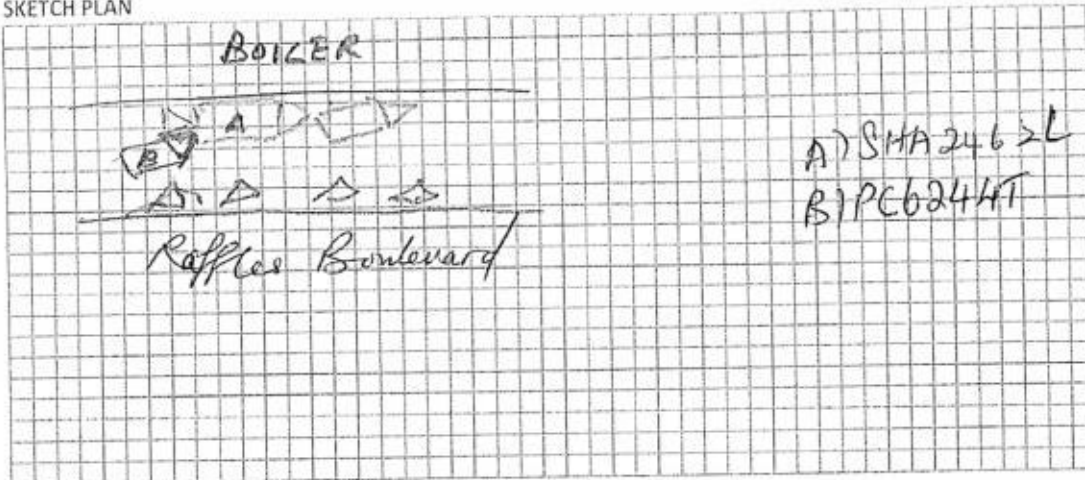
#### Attachment(s)

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	PC6244T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG CHEO TEE
NRIC/Passport Number	S1811151I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/8/18 at about 2250hrs while I Veh A was stationary waiting behind another vehicle in front, Veh B collided on the right rear portion of my vehicle.

DECLARATION

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

COMFORT TRANSPORTATION P.L.C.  
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION P.I.C.  
CO. REG. NO. 199303821R

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.:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCD 618109609 Vehicle Registration No : SJA 2462L  
Name (as shown in NRIC) : Cheng Cheng Hua NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 24/8/18 Time of Accident : 2:00 PM  
Place of Accident : Raffles Hotel  
Insurance Company : India International Insurance Pte Ltd.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit police report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 24/8/18

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



**SINGAPORE  
POLICE FORCE**



T/20180824/2059

1 of 3

Report No. T/20180824/2059

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2018 13:20	Vide Report No.:	Station Diary No.: 25
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**Informant's Particulars**

Name of Informant: CHUA CHENG HWA		Address: APT BLK 842 TAMPINES STREET 82 #04-145 SINGAPORE 520842	
ID Type / ID No.: NRIC NO / S6834669Z		Contact No.: Home/Office:	Mobile: 91689110
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 21/09/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 RAFFLES BOULEVARD  TOWARDS ESPLANADE TAXI STAND				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
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
PC6244T	Bus/Coach/Mi nibus					0
SHA2462L	Car					0

**Details of Person Involved**

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



Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	OMG CHEP TEE	ID No.	S1811151I
Related Vehicle	PC6244T (Bus/Coach/Minibus)	Contact No.	91781988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHUA CHENG HWA	ID No.	S6834669Z
Related Vehicle	SHA2462L (Car)	Contact No.	91689110
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/08/2018	Date Discharge	24/08/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On the 23/08/2018 at about 2250hrs, I was driving along Raffles Boulevard as I wanted to enter the service road at the Esplanade Taxi Stand, as the taxi queue was long to pick up a chain of passengers. My taxi was stationed just inside the entrance of the service road. As the traffic flow was slow to enter the service due to the high demand of taxi in Esplanade at the left lane, there was one mini bus (Joseph Coach Pte Ltd) drove in to the service road at the right and I felt a sudden jerk from my rear of my taxi. At that point of time, my hand was on the steering wheel and I twisted it during the accident. I came out of my vehicle and exchange particulars with the female driver, Ong Cheo Tee S1811151I who was driving for the said driving company. There were minor damages as there was a dent on the rear right of the my taxi bumper. There was also dent of the front left of the minibus bumper as well. The next day on the 24/08/2018, I woke up and felt pain on my left shoulder and wrist and I went to seek medical attention at A Life Clinic and I was given 7 days of MC.

I wish to state that there were in built car cam in my taxi.



**SINGAPORE  
POLICE FORCE**



T/20180824/2059

3 of 3

Report No. T/20180824/2059

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

**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 NICHOLAS LIM JIE KE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/08/2018 13:20

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Contact No.: 65476367

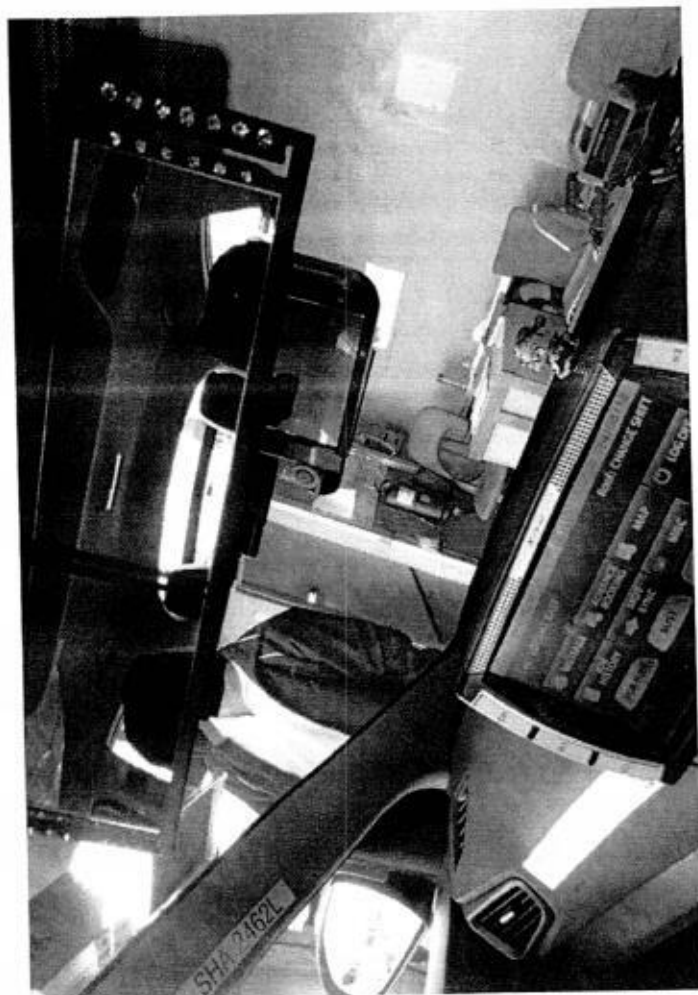
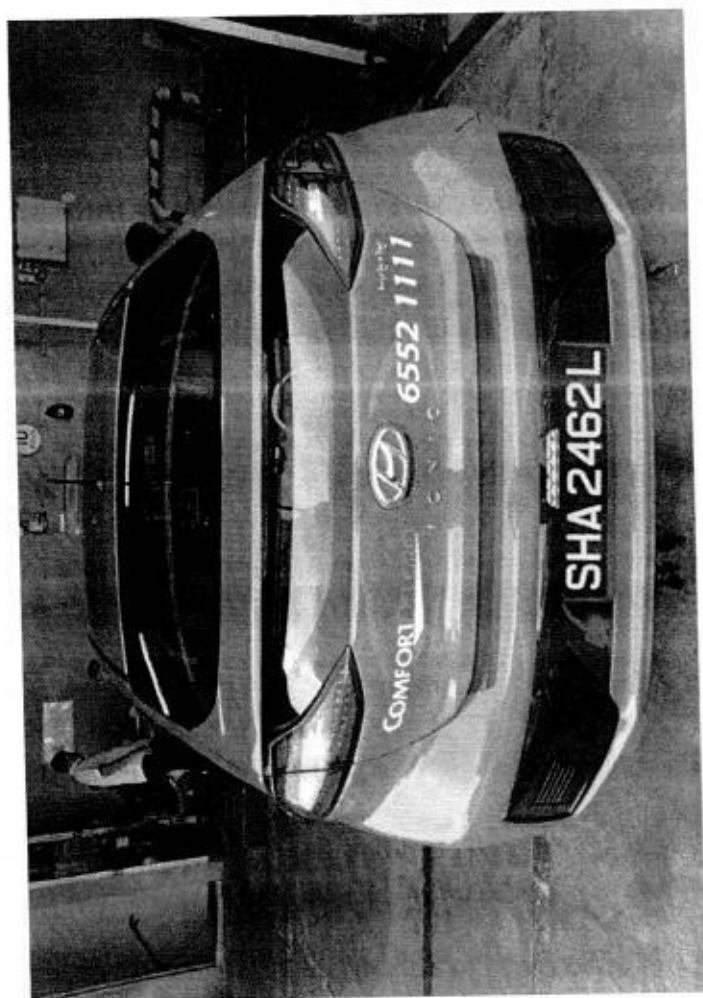
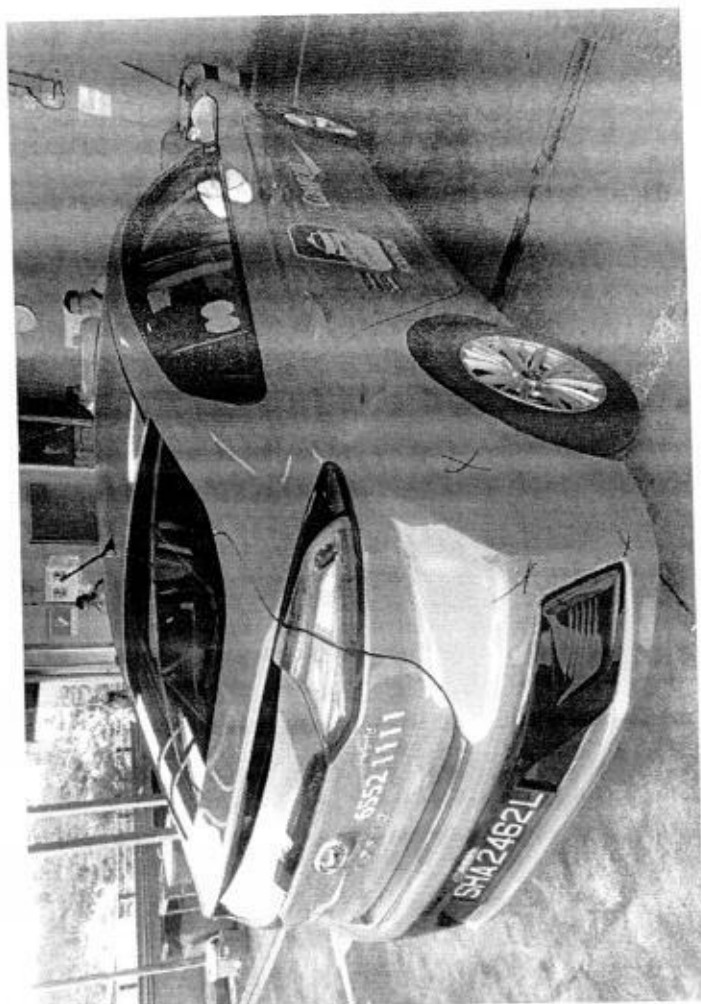
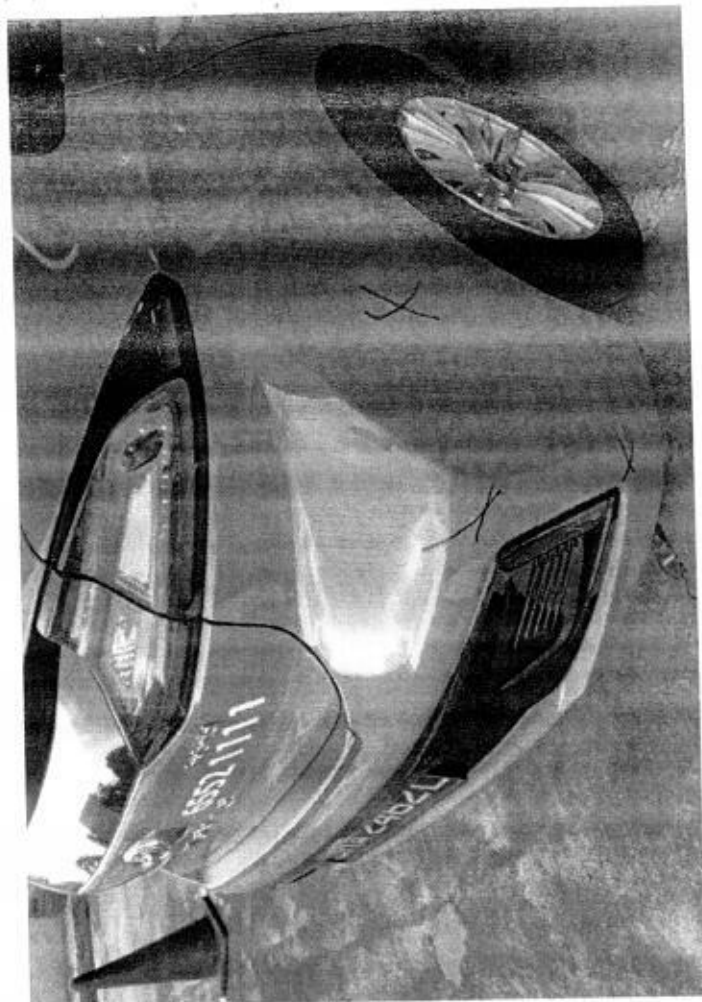
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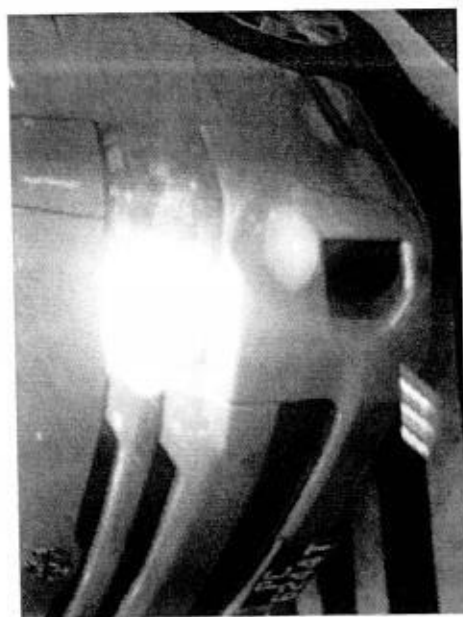
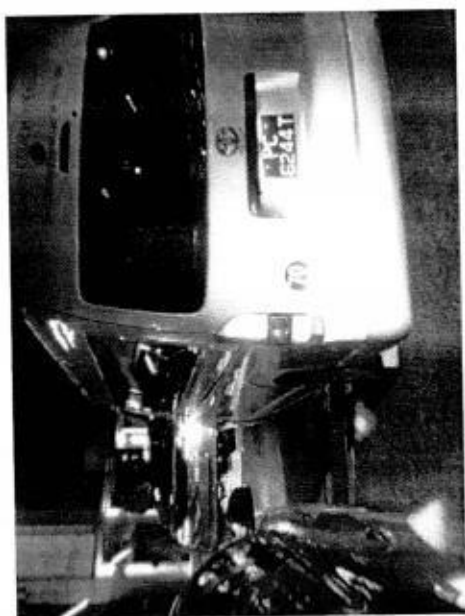
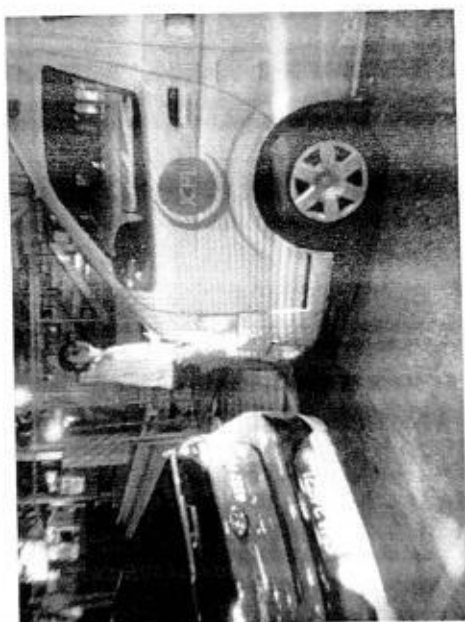
NP168

Classification Of Case:

SN 085

Singapore Police Force







## REPAIR ESTIMATE\*

DATE 24/8/2018 15:52

MAKE :

**MODEL : HYUNDAI IONIQ**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X1902			\$ 459.40
	Rear Bumper Centre Moulding Assy Xsu			\$ 322.30
	Rear Bumper Lower Centre Moulding Assy Xsu			\$ 44.82
	Rear Bumper Stay x su			\$ 138.10
	Rear Bumper Cover Clips x 77			\$ 2.20
	SUB TOTAL			\$ 966.82
	LESS 20%			\$ 193.36
	DISCOUNTED TOTAL			\$ 773.46
	Rear Bumper Reverse Sensor x su			\$ 135.70
	Nett			
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 1,679.16
	Kelvin LKKK N 24/8/8 1615hrs 200, Ash Repair photo			
	LKK Auto Consultants hence notify the Repairer of the following:			
	• To resurvey before later body painting			
	• To display damaged parts during resurvey			
	• Parts prices are subject to confirmation			
	• Third party survey is done without Prejudice basis			
	• No illegal motor works will be carried			
	• Supply items to be replaced resurveyed and is subject to file with Insurance Company			
	Acknowledged by:			
	Signature:			
	Date:			
	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.			

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305204032

TOMER

REGN NO.: SHA2462L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 24.08.2018 14:30
YR OF MANU 05.07.2018	TARGET DATE
CHASSIS CODE KMHC851CVJU103456	COMPLETION DATE/TIME:

MS COMFORT TRANSPORTATION PTE LTD  
TOMER NO. 7010045  
PRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

NTUC

COUNT CARD NO.

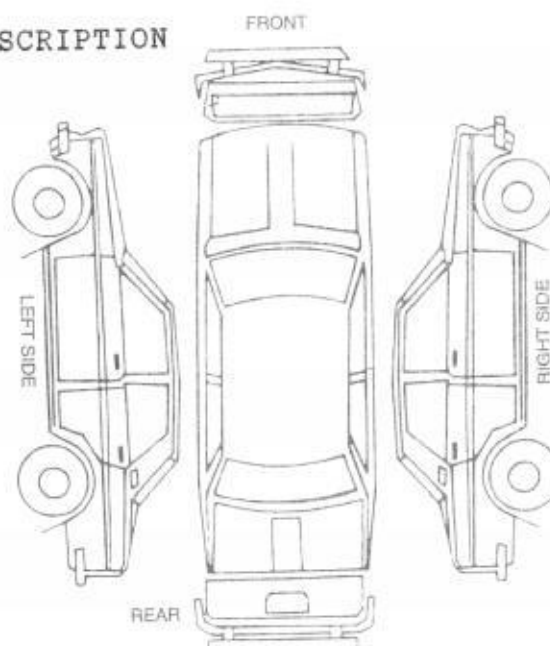
### JOB DESCRIPTION

Accident Date: 23.08.2018

NATURE: 3P 23.08.2018

S/NO LABOR CODE

### DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHA2462L

LKE

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.08.2018

Time: 15:23:49

REPAIR ESTIMATE

Page: 1

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

JOB NO : 305204032  
REGN NO : SHA2462L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 05.07.2018  
DATE/TIME IN : 24.08.2018 14:30  
ACCIDENT DATE : 23.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L	PANEL BEATING	100.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

MVA NAME & SIGNATURE  
TE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305204032  
Date : 28/08/18

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

## FINALIZATION FORM

To : LKK  
Attn : Mr KALVIN ANG  
Vehicle Reg No. SHA2462L CTPL

Fax :

23.08.18

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

1. The repair job shall bill to: NTUC PC6244T
2. The finalized amount shall be:
 


(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$300.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$300.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>                    </u>
<b>Final Lumpsum Repair cost</b>	<u>                    </u>


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within **7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : Kahr  
Date : 29/8/18

### 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		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/INC18015474/K1qd3n2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 03-09-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	PC 6244T	Veh. Inspected	SHA 2462L
Policy No.	5092780263-01	Coverage (\$)	0.00
Claim No.	MT/1008626-002	Excess (\$)	0.00
Assign From		Assign Date	24/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103456	Colour	BLUE
Odometer	24020	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	23/08/2018	Inspection Date	24/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 2462L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	SERVICEABLE	322.30	-
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	44.82	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
1	REAR BUMPER COVER CLIPS	NOT NECESSARY	2.20	-
	LESS 20% DISCOUNT		-193.36	-
			773.46	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			770.00	300.00
<b>GRAND TOTAL</b>			<b>1,679.16</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18015474/K1qd3n2

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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