Sincipa: Kolvin REF: NS/[NC/80	115580/Kltbnz
	IGNMENT
From: Date:	Veh No: SHA 621 H Yr Regn: "24, 214
Estimate(Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tegi / Prime Mover /
OD ITP IWS ITP RES / OD RES / EVA / INV / MV	Truck/Trailer or
To Insped Vehicle No:	Make: _ Wande: 240 0.0 1687
at Workshop m/s	Colour /ellow AIC: Insufatistd/NI/NA
of	Sp.Reading 421108 T/Radio: Ins@ed / Std / NI / NA
Insured: (N SOV4) B	Eng/No:
Policy No. 5071 163 216 - D2 01.01.18	CNO: KMHLBKIUME405787
Claims No. MT (10 67-9757-0072	Gen. Cond: Good / Far / Poor / Burnt
Sum insured: Excess:	Steering: Inor & I Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inofder / Jammed / Leaked / Burnt on
Make of Veh:	Modi: Nil / S/Rim / STD #0Rim or
	Tyre Size; F: 201/6016
(Policy Condition)	R:
Remark: The veh had commenced its N/S 0/8	N
repair at the time of Inspection.	TOYO / YOKO OF Harkok
Bal, or Market Value:	Front Rear
IDAC Accident Roort: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen; Consistent?: Yes or No	L/Bal. + mm , L/Bal. + mr
Est. Repairs; days Res.: Yes or No	D.O.A. 26/8/5 D.O.I. 27/8/0
Lum Sum: % 3 Val.: Yes or No	Survey held at (DRE (Loyang)
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / C	1. Gut
Dale:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
	Hbn2 17-12-15 In
IN 8014 B-X	45
29/8/18 Contined 4/5\$2950/21	4. (Red: 1735.62:3796)
DEC	
RECEIVED 8	0-AUG 2018
	7
	* -
	. O.
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) 308 Typist 7: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:

4/0/18 6	onthine 2 0/3\$ 293.0/2	1 1 ( KEOC; 1730.00)	2170)	
4		* <u> </u>		
	RECEIVED	3 P AUG 2018		
	₩ = <del>27</del>	0 F A00 2018		1 -12: 1-
	- 1			
13		* -		
Date/Time, File Pass to:  1) 808 Tyl Date/Time, File Return	Final Report	Days Of Repair: 2.  Resurvey No. of Trip:	Survey Fee; Transportation:	
2)	A	: Interview (\$	)S + RSSI) Photos	
Report Format		: Tech. Invs (\$	) Others	160
		<del>10 - 10</del> 3	TOTAL	



## **National Assessment Centre Services**

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







NTUC INCOME INSURANCE CO-OPERATIVE LTD			Ref:	NS/INC1801558	580/K1tb	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-08-2018  Code: INC4				
1.		Policy Particulars	:- THIR	D PARTY CLAIM		
	Insured Veh.	YN 8044B	Veh. Ir	nspected	SHA 621H	
	Policy No.	5072463216-02	Cover	age (\$)	0.00	
	Claim No.		Exces	s (\$)	0.00	
	Assign From		Assign	n Date	27/08/2018	
2.		Vehicle Parti	culars 8	Condition		
	Make & Model		c.c		0	
	Engine No.	HIDDEN	Year	f Reg.		
	Chassis No.		Colour			
	Odometer		Steering			
	Brakes		Modification			
	General					
3.	TO A CONTROL	Condit	ions 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.		Descripti	on of Da	amages		
5.		Genera	l Inform	ation		
	Accident Date	26/08/2018	Inspe	ction Date	27/08/2018	
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	E LTD		
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	General	R	emarks			

CINIA	Income Deference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentat	Tentative repair cost
2 ,	MAT/1000372.001	COMEORT TRANSPORTATION PTE LTD	SHC 3055L	PC 3697P	19/8/2018	\$ 1,623.66	\$ 99	1,095.46
4 6	MT/1009195 001	COMEONT TRANSPORTATION PTE LTD	SHC 8825Z	SFE 2060R	28/8/2018	\$ 2,892.18	\$ 81	800.00
7 0	MAT / 1009007 002	COMEORT TRANSPORTATION PTF LTD	SH 8358Z	RD 6187X	27/8/2018	\$ 2,089.88	\$ \$	814.45
2 .	MT/1000007-002	COMEORT TRANSPORTATION PTF LTD	SHA 4428Z	SJV 6885P	24/8/2018	\$ 6,595.38	38 \$	5,236.10
4 1	MIT/1009001-002	CITYCAR DIFFITD	SHC 7877E	SLA 3866B	24/8/2018	\$ 2,219.36	36 \$	950.00
0 0	MI/1006/17-002	COMMEDIA TRANSPORTATION PTE LTD	SHD 3624P	SJL 6504S	26/8/2018	\$ 6,844.92	32 \$	1,510.06
0 1	MII/1009120-002	COMEONI TRANSPORTATION PTF LTD	SH 7842Z	FBK 6778T	22/8/2018	\$ 1,473.20	\$ 02	1,273.20
,	M1/10064/1-002	COMEON TENANCHOLITICAL TO THE LTD	SHA 24621	PC 6244T	23/8/2018	\$ 1,679.16	16 \$	300.00
00 0	M1/1008626-002	COMPONE INCOME DE LES	SHA 945711	SIE 7737S	24/8/2018	\$ 2,731.58	\$ 85	650.00
6 5	M1/1009154-002	CITYCAB DTEITD	SHA 671H	YN 8044B	26/8/2018	\$ 4,685.68	\$ 89	2,950.00
10	MI/100898/-002	CITYCAB PTE LTD	SHA 881Z	YP 2006R	26/8/2018	\$ 8,248.46	46 \$	1,500.00
11 5	MAT/1000414 003	COMEONT TRANSPORTATION PTE LTD	SHC 3331P	SLK 2650K	23/8/2018	\$ 3,696.80	\$ 08	2,050.00
12	MAT/1008095-002	COMFORT TRANSPORTATION PTE LTD	SHA 3850T	FBK 1449B	17/8/2018	\$ 2,745.13	13 \$	1,282.00

Claim received from LKK Auto

eBaoTech	eBaoTech							GeneralCla			
Hello, NAC_PAYA_UBI_80	00601		The state of the s	A PROPERTY OF THE PARTY OF THE			· Change Lan	guage	· Change P	assword •	Log Out
My Desktop Policy Query		y Query				9					
Notice of Loss	Policy N	lo.				Date of A	Accident	26/08	3/2018 17:51		
	Vehicle	No.(For Motor)	YN80448			Certificat	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5072463216- 02		LEE SAY POULTRY INDUSTRIAL	44883700E	GFT	Comprehensive	YN8044B	YN8044B	01/01/2018	
					Cor	ntinue					

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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	A COLUMN TO A STATE OF THE PARTY OF THE PART
Date Of Report	27/08/2018 11:55	
Date Of Accident	26/08/2018 13:30	
Exact Location Of Accident	HAIG ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA621H	
Insured/Policyholder		
Name Of Registered Owner	CITYCAB PTE LTD	

Name Of Registered Owner

Co Reg No

199502839G

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

HYUNDAI

Model

140

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-18088937MFSH

Cover Note Number

Driver

HASHIM BIN ROSLAN Name of Driver

S0078723Z NRIC No 03/03/1951 Date Of Birth OUTDOOR Occupation 03/02/1975 Date Of Driving Pass

43 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97457525 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

Address

475 04-552 PASIR RIS DRIVE 6

Postcode

510475

2010/04/02/98/04 610

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

(7P12150)

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

3

Number of Passengers (Including Driver) Passenger 1

NAME:

: -

GENDER:

: MALE

Passenger 2

NAME:

3. 4

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

7.

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN8044B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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

LEFT REAR

ETCH PLAN		
		A) SHA 62 1 H
		A13111-02 111
	1 8 V	B)4N8044B
	LD Haig Ro	ad IIII
ESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	ale! I I I I I I I I I I I I I I I I I I I
A LALE OF	about 1330 hrs u	Inle I cleh A
a 16/8/18 W	1950111 19501111 00	
change of man was	1. to alight	my parsengers,
stolland mit con	0	my parsengers,
Voh B who wa	is parked at	he apposite directi
2	/	, ,
of the side wa	of, Guddenly	reversed and
,	~ 0 1	1 th un h. I
collided on	the front	Ceft portion of
my colide	. •	
V		
		1 /
DECLARATION		
/We declare the foregoing particulars are	true in every respect.	No 1 1000 cmy 1.1.00
	A.V	
CITYCAB PTE L1 CO. REG. NO. 199502	A.	1 08 18 18

### MPORTANT NOTICE

- 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.
- 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.
- A. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the 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:

- 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 .
  - 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

CITYCAB PTE LTD CO. REG. NO. 199502830

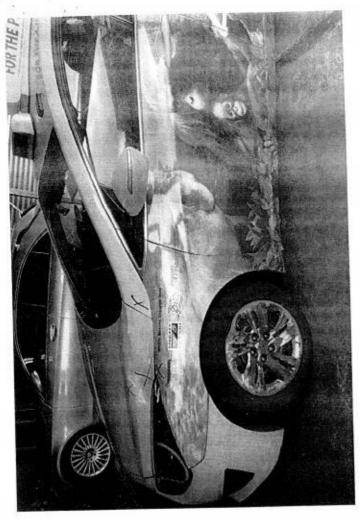
Policyholder's Signature Date & Time:

Oriver's Signature (
(If driver is not the policyholder)

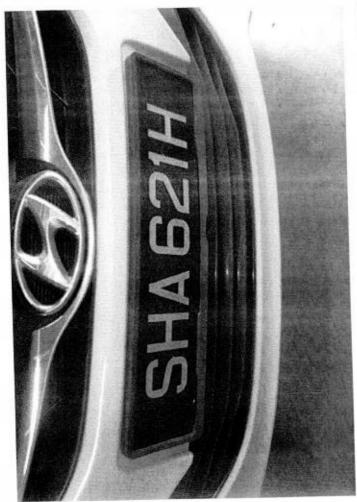
Date & Time:

Reporting Centre Personnel's Signature

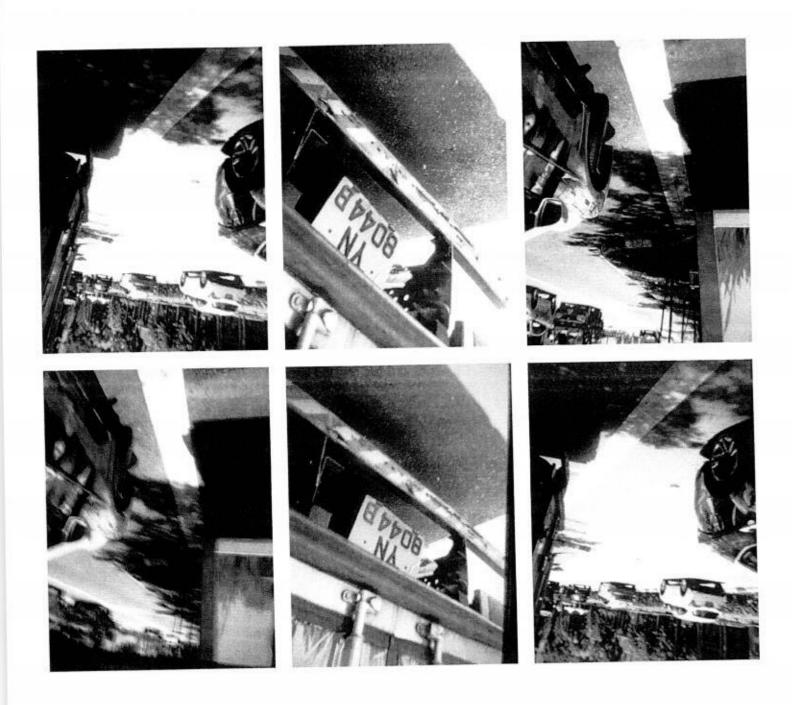
NRIC/FIN No.:











CITY CAB PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SHA 621H

MAKE

DATE 27/8/2018 15:15

4Sum NTUC

MAKE	(1)		Lee			11
MODEL	: HYUNDAI i40	Type	Unit Price	1	Mount	1
Qty	Parts Description/ Labour Bonnet	Турс	Cint Frice	S	2,265.90	
	Headlamp (LH) — 4			S	1,388.00	
	Front Fender (LH) X			S	619.00	
	Headlamp (LH) — A Front Fender (LH) × M Front Fender Retainer × M			\$	9.20	
	SUB TOTAL			s	4,282.10	
	LESS 20%			S	856.42	
	DISCOUNTED TOTAL			\$	3,425.68	
	Frt Fender Advertisement Logo (LH)			s	100.00	Net
				s	100.00	
	Labour Charge			s	2-0 56 <del>0.0</del> 0	
	Panel Beating			\$	500.00	40
	Spray Painting Charge			S	50,00	30
	Wiring Charge Tuff Kote			\$	59.00	30
	TOTAL LABOUR		2	S	1,160.00	
	ESTIMATE TOTAL			\$	4,685.68	
	16 hi (16h) 1/2 2/8/-8 15 45 2 hz	4				
	Afle Republi	To disple Parts p Third p No illeg	to Consultants hence not airer of the following: ney before/after spray calining ay damaged partis) chining reactibes are subject to confirmation aity survey is on a "Archout Prejal modification(s) is slowed mentary dem(s) must be returned to final approval from Insural	. vey	and	
		Acknowl Signatur Date:	edgad by Rapairer e			

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.

# OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

205 Brandell Road Singapore 579701 Maintine + 65 6383 8290 Facsimile + 65 6280 9755

Marketops 59 Loyang Drive Singapore 508959 59 Loyang Drive Singapore 575717 45 Pandan Road Singapore 600296 1006669

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

Date/Time: 27.08.2018 13:39

Page: 1

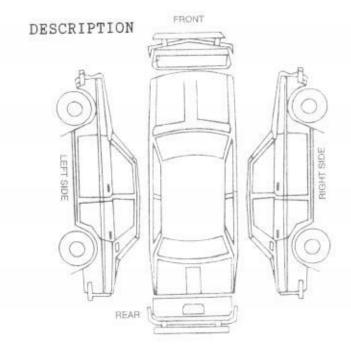
JC NO.: 305204883 JOB CARD Sales Order: ARC Repair TP(CFSO)1 Team: MILEAGE REGN NO.: SHA 621H OMER CITYCAB PTE LTD MAKE: HYUNDAI E.....1/2.. 7010070 OMERNO 383 SIN MING DRIVE 27.08.2018 10:40 MODEL I - 40ESS Singapore SINGAPORE 575717 YR OF MANU 10.07.2014 TARGET DATE 65551188 (0) (B) COMPLETION DATE/TIME: (P) CHASSIS CODE KMHLB41UMEU057875 DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.08.2018 NATURE: 3P 26.08.2018

S/NO

LABOR CODE



7		
	-	
		CUSTOMER'S SIGNATURE
Koluv	Exit Pass	
4410.	Vehicle No.: SHA 621H	
Signature/Date	Name of Service Advisor To be kept by Security Guard	Date
	G VIV	Vehicle No.: SHA 621H  Signature/Date Name of Service Advisor

COMFORTDELGRO ENGINEERING

our Job Ref No305				ComfortDelGro Engineer				
ate : 29		29/08/	18		59 Loyang Fax: 6546	Drive Singapore 508969		
INALIZATION FORM				12.50	(T)(T)			
0			LKK			Fax:		
tn	: Mr	S.	KALVI	N ANG				
/ehicle Reg No. SHA621H		CCPL			26.08.18			
hes	urvev a	and estin	nates of the repair	s of the above-menti	oned vehicle are	as follows:-		
					тис		YN8044B	
			shall bill to:	\$ <del></del>		1000		
	The f		amount shall be:					
	(a)	Spare	Parts after List dis	count				
	(b)	Labou	r Charges					
		Total	for Part-By-Part	Repair Cost				
	(c.)	Lumns	sum Repair (if appl	licable)				
	(0.)	Total f	I for Lumpsum repair cost after Less:		20%		\$2,950.00 \$2,950.00	
		Final	Lumpsum Repai	r cost			\$2,950.00	
4.	We s	shall tre orking d		ount as Correct an	d Confirmed if	confirm the est	ly from you within	
4.	We s	shall tre orking d	at the above ame ays	ount as Correct an	d Confirmed if	there is no rep		
4.	We s	shall tre orking d	at the above ame ays	ount as Correct an	d Confirmed if We fins	there is no rep	timates and	
4.	We s	shall tre orking d nk you fo nature :	at the above ame ays	ount as Correct and	d Confirmed if We fine	there is no rep confirm the est alized amount		
4.	We s 7 wo	shall tre orking d nk you fo nature :	at the above amo ays or your assistance	ount as Correct and	d Confirmed if We fine	confirm the est alized amount mature :	timates and	
4.	We s 7 wo Than Sign	shall tre orking d nk you fo nature :	at the above among ays or your assistance	ount as Correct and	d Confirmed if We fine Sig	confirm the est alized amount mature :	timates and	
3. 4. 5.	We s 7 wo Than Sign Nan Tel Fax	shall tre orking d nk you fo nature : ne :	at the above among ays or your assistance LIM KWOK ENG 62148316 65468156	ount as Correct and	d Confirmed if We fine Sig	confirm the est alized amount mature :	timates and	
4.	We s 7 wo Than Sign Nan Tel Fax	shall tre orking d nk you fo nature :	at the above among ays or your assistance LIM KWOK ENG 62148316 65468156	ount as Correct and	d Confirmed if We fine Sig	confirm the est alized amount mature :	timates and	
4. 5.	We s 7 wo Than Sign Nan Tel Fax Officis	shall tre orking d nk you for nature: ne: : al Use C	at the above among ays or your assistance  LIM KWOK ENG 62148316 65468156  Only	ount as Correct and	d Confirmed if  We fine  Sig  Na  Da  Document  Attached	confirm the estalized amount  mature: me: te: Confirm By	K./L. 2 1/8//8	
For 1. I	We s 7 wo Than Sign Nan Tel Fax Officia	shall tre orking d  nk you for nature: ne: :	at the above ame ays or your assistance LIM KWOK ENG 62148316 65468156 Only	ount as Correct and	d Confirmed if  We fins  Sig  Na  Da  Document  Attached  Yes or No	confirm the estalized amount  mature: me: te: Confirm By	K./L. 2 1/8//8	
1. I	We s 7 wo Than Sign Nan Tel Fax Officia	shall tre orking d  nk you for nature: ne: : al Use C  Item  Rate P/I	at the above ame ays or your assistance LIM KWOK ENG 62148316 65468156 Only	ount as Correct and	d Confirmed if  We fina  Sig  Na  Da  Document  Attached  Yes or No  YES	confirm the estalized amount  mature: me: te: Confirm By	K./L. 2 1/8//8	
1. I 2. I 3.	We s 7 wo Than Sign Nan Tel Fax Officis Rental Loss of	shall tre orking d  nk you for nature: ne: : al Use C  Item  Rate P/I	at the above ame ays or your assistance  LIM KWOK ENG 62148316 65468156  Only  Day	ount as Correct and	d Confirmed if  We fina  Sig  Na  Da  Document  Attached  Yes or No  YES	confirm the estalized amount  mature: me: te: Confirm By	K./L. 2 1/8//8	
1. 1 2. 1 3. 4. 1 5.	We s 7 wo Than Sign Nan Tel Fax Officis Rental Loss of Survey LTA S Medica	shall tre orking d nk you for nature: ne ltem Rate P/I f Income y Fees earch Fe al Fees (er, if app	at the above ame ays or your assistance  LIM KWOK ENG 62148316 65468156  Only  Day Paid  ee on behalf	Amount	d Confirmed if  We fina  Sig  Na  Da  Document  Attached  Yes or No  YES	confirm the estalized amount  mature: me: te: Confirm By	K./L. 2 1/8//8	



# **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 INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/INC1801558	80/K1tbn2
73 BRAS BASAH ROA #05-01 NTUC TRADE ( 189556	D UNION HOUSESINGAPORE	Date: 04-09-2018 Code: INC4	
1.	Policy Particulars	:- THIRD PARTY CLAIM	
Insured Veh.	YN 8044B	Veh. Inspected	SHA 621H
Policy No.	5072463216-02	Coverage (\$)	0.00
Claim No.	MT/1008987-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2018
2.	Vehicle Parti	culars & Condition	
Make & Model	HYUNDAI 140	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU057875	Colour	YELLOW
Odometer	421108	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3.	Condit	ions 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.		ion of Damages	
THE VEHICLE SU	STAINED DAMAGES AT THE NA	S FRONT PORTION.	
5.		al Information	
Accident Date	26/08/2018	Inspection Date	27/08/2018
Survey held at	COMFORTDELGRO ENGINEE	RING PTE LTD	
	59 LOYANG DRIVE SINGAPORE 508969		
5a.		Remarks	
A)THE INSPECTI B)IN ACCORDAN	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, I	WE HAVE NOT AUTHORIS	S. ED REPAIRS.
5b.		e Days of Repair	
ESTIMATED NOF	RMAL PERIOD FOR REPAIR:	2 Working Days	S



### **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 621H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	DENTED	2,265.90	2,265.90
1	HEADLAMP (LH)	CUT	1,388.00	1,388.00
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	619.00	
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	
	LESS 20% DISCOUNT		-856.42	-730.78
			3,425.68	2,923.12
	SPECIAL NETT ITEMS			
1	FRT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		560.00	200.00
	SPRAY PAINTING CHARGE.		500,00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	30.00
			1,160.00	660.00
	GRAND TOTAL		4,685.68	3,683.12

RECOMMENDED COST OF LUMP SUM REPAIRS	2,950.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. NS/INC18015580/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

M

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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