

(08/11/13)

Surrey: Kelvin

REF:

NS/INC 18015685/K14602

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: FBD 6962P

Policy No. 5096456786 051217-011118

Claims No. 107/1009117-002

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: 5 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: SHB 3522K Yr Regn: 14 Aug, 2014

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 714805 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM4LD414AE4059517

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/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Han/Ko/c

Front: _____ Rear: _____

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

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

D.O.A. 25/8/10 D.O.I. 28/8/10

Survey held at CDE (Loyang)

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

Rear / rooftop

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

Date / Time Action / Instruction

SHB 3522K - X

FBD 6962P - X

30/8/18 Confirmed 4583600 / 517. (Check 86165.38, 63%)

RECEIVED 31 AUG 2018

Date/Time, File Pass to?

☐

: Prel. Report

1) 31/8/18

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum / I.B.d: (\$

3600

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/INC18015685/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 6962P	Veh. Inspected	SHB 3522K
Policy No.	5096456786	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/08/2018

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	25/08/2018	Inspection Date	28/08/2018
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.
--

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) 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"/>	5096456786		ANDI KAMARUL BIN SANIF	S9709300H	GMC	Third Party	FBD6962P	FBD6962P	05/12/2017	21/12/2018

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1009117-002	CITYCAB PTE LTD	SHB 3522K	FBD 6962P	25/08/2018	\$ 8,764.46	\$ 3,600.00
2	MT/1009537-002	COMFORT TRANSPORTATION PTE LTD	SHC 8512B	SJZ 7050D	26/08/2018	\$ 1,570.48	\$ 550.00
3	MT/1009539-001	COMFORT TRANSPORTATION PTE LTD	SHD 4312H	FY 5397U	29/08/2018	\$ 2,536.82	\$ 1,250.00
4	MT/1009542-001	COMFORT TRANSPORTATION PTE LTD	SHA 2422C	YM 6553S	28/08/2018	\$ 4,277.40	\$ 2,100.00
5	MT/1009545-001	COMFORT TRANSPORTATION PTE LTD	SH 7662B	SJZ 7836D	17/08/2018	\$ 4,676.44	\$ 2,400.00
6	MT/1008115-002	COMFORT TRANSPORTATION PTE LTD	SHD 3566Z	FBJ 2711S	20/08/2018	\$ 6,213.88	\$ 3,030.12
7	MT/1007488-003	CITYCAB PTE LTD	SHB 3363C	SJR 9003U	16/8/2018	\$ 1,320.48	\$ 800.00

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	27/08/2018 13:44
Date Of Accident	25/08/2018 23:10
Exact Location Of Accident	W'LAND AVE12 TWDS GAMBAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3522K
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	WONG CHIN FONG
NRIC No	S1555833D
Date Of Birth	18/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1979
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81882845
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 466 TAMPINES STREET 44 #03-28
Postcode	520466
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180826/2065

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	FBD6962P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBD6962P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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 Police Report attach T/20180826/2065

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

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.:

27/8/18
Jackson H
CSO

Jackson



**SINGAPORE
POLICE FORCE**



T/20180826/2065

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180826/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2018 16:08		Vide Report No.: J/20180825/0304		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: WONG CHIN FONG			Address: APT BLK 466 TAMPINES STREET 44 #03-28 SINGAPORE 520466		
ID Type / ID No.: NRIC NO / S1555833D			Contact No.: Home/Office: Mobile: 81882845		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 18/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2018 23:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 12 WOODLANDS AVENUE 10 Woodlands Ave 12 towards Woodlands Ave 10, after Woodlands Height Lamp Post Number: 56				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6962P	Motorcycle					0
SHB3522K	Car				Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20180826/2065

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180826/2065

CONTINUATION OF REPORT

Driver			
Name	WONG CHIN FONG	ID No.	S1555833D
Related Vehicle	SHB3522K (Car)	Contact No.	81882845
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/08/2018 at about 2310hrs, I was driving Taxi (SHB3522K) along Woodlands Ave 12 towards Woodlands Ave 10 on the third lane with 2 passengers on board. Weather was clear and the road surface was dry.

While I was driving, I felt an impact from the rear of my taxi, followed by sound of rear wind screen smashed and a "bang" sound from the top of the car. I then made a check and saw a male Malay rider on top of my Taxi with a motorcycle (FBD6962P) behind the Taxi. The rider managed to get down from the Taxi by himself and my passengers called for Ambulance. Both my passengers and myself are not injured.

Both Traffic Police and Ambulance attended to us. The rider was conveyed conscious to Khoo Teck Puat Hospital due to head injuries. I was told by the Traffic Police to lodge Traffic Accident Report vide J/20180825/0304.

My Taxi rear wind screen was smashed, the top dented and rear bumper slightly dented. .



**SINGAPORE
POLICE FORCE**



T/20180826/2065

3 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180826/2065

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 ZHANG LINHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2018 16:08

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178



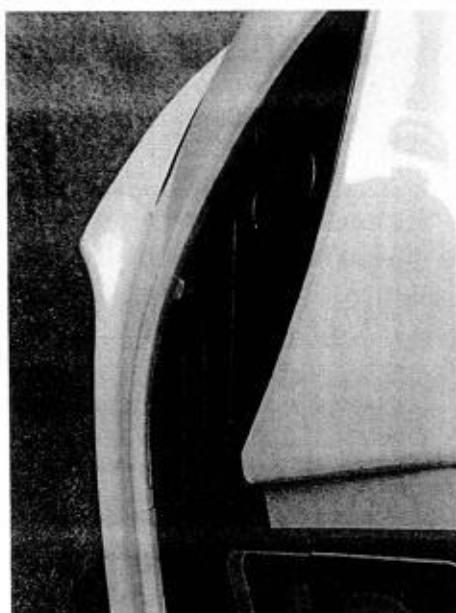
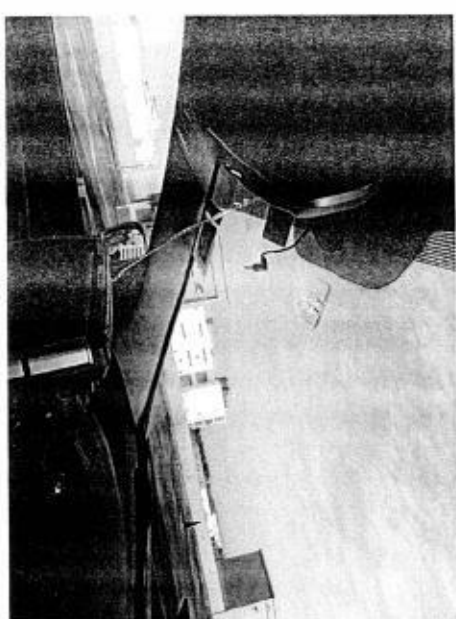
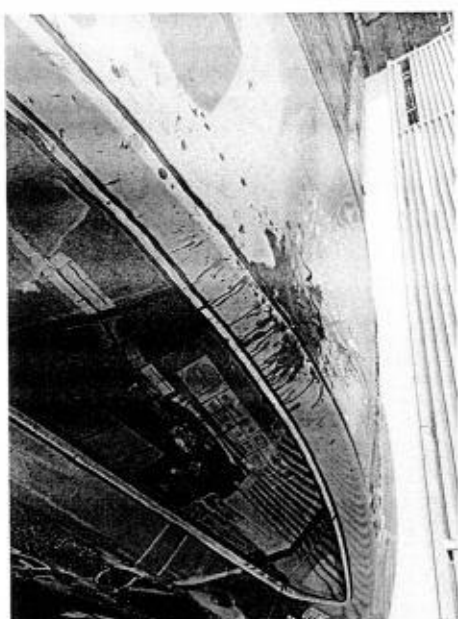
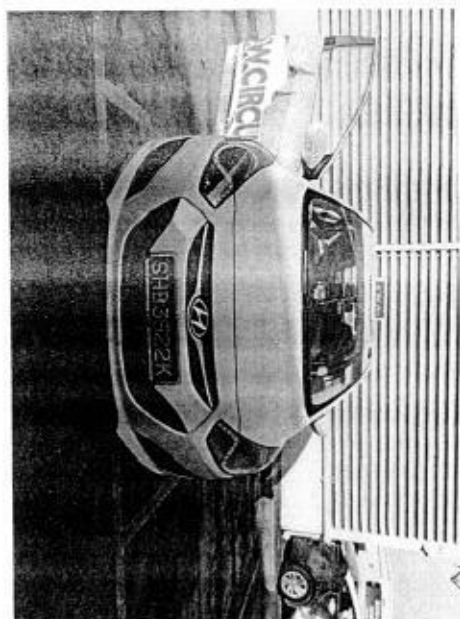
**SINGAPORE
POLICE FORCE**

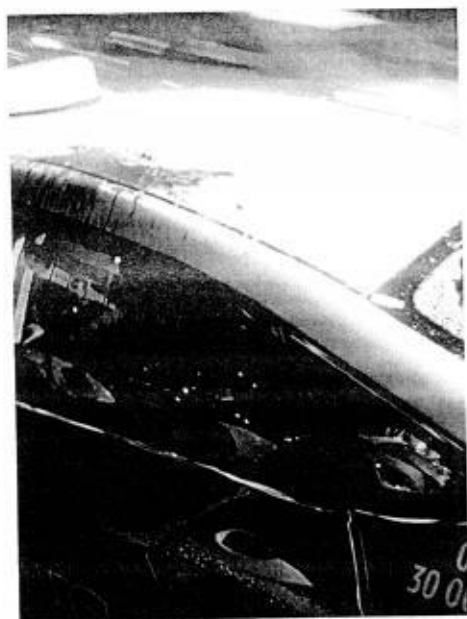
Classification Of Case:

Authentication Stamp

NP168

SIGNATURE





Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305204984

STOMER	<p>VAR</p> <p>(B)</p>	REGN NO.: SHB3522K	MILEAGE
VMS		MAKE : HYUNDAI	FUEL
STOMER NO.		MODEL I-40	DATE/TIME IN 25.08.2018 23:10
DRESS		YR OF MANU 14.08.2014	TARGET DATE
L (R) (P)		CHASSIS CODE KMHLB41UMEU059517	COMPLETION DATE/TIME:

CITYCAB PTE LTD

7010070

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65551188

(O)

SCOUNT CARD NO.

JOB DESCRIPTION

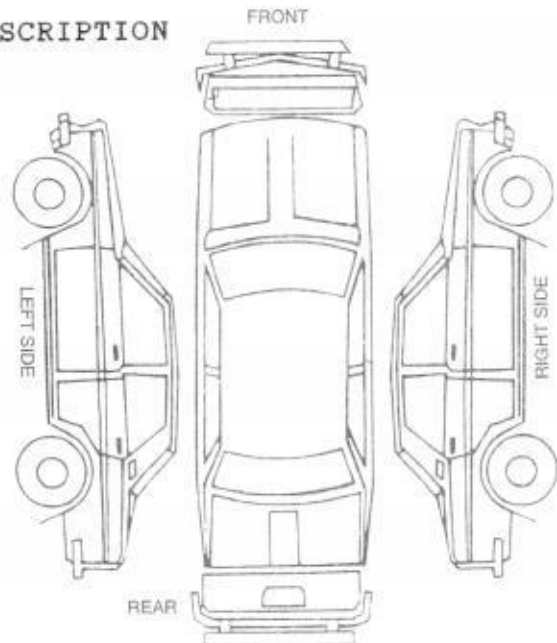
Accident Date: 25.08.2018

NATURE: 3P 25.08.2018

S/NO LABOR CODE

NTUC - Rear, Roof
LKK/Kalun -

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB3522K LARRY

Vehicle No.: SHB3522K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3522K

NTUC

DATE 27/8/2018 15:58

MAKE :

DOT: 25.08.2018

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid X sue			\$ 2,174.90
	Boot Lid Rubber X sue			\$ 115.80
	Boot Lid Lock Upper X sue			\$ 137.90
	Boot Lid Lock Lower X sue			\$ 31.70
	Boot Lid 'H' Emblem X sue			\$ 27.20
	Boot Lid CRDI Plate sue			\$ 41.00
	Bootlid Moulding sue			\$ 85.00
	Bootlid i40 Emblem sue			\$ 41.00
	Bootlid Lower Garnish X repl			\$ 398.00
	Licence Lamp Garnish (LH/RH) X sue			\$ 380.80
	Rear Boot Protector X sue			\$ 980.80
	Rear Bumper sue			\$ 603.60
	Rear Bumper Reinforcement X sue			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X sue	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket X sue	\$	49.00	\$ 98.00
	Rear Bumper Clips sue			\$ 22.00
	Rear Bumper Sponge X sue			\$ 143.40
	Rear Bumper Under Cover sue			\$ 225.00
	Rear Windscreen Glass sue			\$ 985.50
	Rear Windscreen Moulding sue			\$ 60.00
	Roof Panel sue			\$ 994.90
	SUB TOTAL			\$ 7,415.95
	LESS 20%			\$ 1,483.19
	DISCOUNTED TOTAL			\$ 5,932.76
	Boot Lid Comfort Logo & Tel No. Sticker X sue			\$ 30.00
	Rear Bumper Reverse Sensor sue			\$ 135.70
	Rear Bumper Rubber Mat sue			\$ 50.00
	Rear Bumper Advertisement Logo sue			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) sue			\$ 200.00
	Rear Windscreen Sealant sue			\$ 46.00
	Rear Number plate sue			\$ 511.70
	Labour Charge			800
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Roof Top Taxi Digital Sign			\$ 150.00
	Remove/Refix Roof lining			\$ 180.00
	TOTAL LABOUR			\$ 2,320.00
	ESTIMATE TOTAL			\$ 8,764.46

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 Repaire of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices subject to confirmation
- Third party survey is on a "no win no fee" basis
- No illegal means to obtain insurance
- Supplies and materials are subject to change and is subject to the provider's insurance company

Acknowledged by Repaire

Kahz (CAB)

28/8/8 1020 hrs

5 Days

48

After Rvri pht

Larry Ng

9765.98

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305204984

Date : 30. Aug. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3522K

Date of Accident: 25. Aug. 2018

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

1. The repair job shall bill to: NTUC FBD6962P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$3,600.00
3. Estimated normal period for repairs: 5 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 : [Signature]
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : [Signature]
Name : Kalvin
Date : 30/8/18

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC18015685/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 07-09-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 6962P	Veh. Inspected	SHB 3522K
Policy No.	5096456786	Coverage (\$)	0.00
Claim No.	MT/1009117-002	Excess (\$)	0.00
Assign From		Assign Date	28/08/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU059517	Colour	YELLOW
Odometer	714805	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 AND ROOFTOP. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	25/08/2018	Inspection Date	28/08/2018
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:	5 Working Days
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**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3522K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	SERVICEABLE	2,174.90	-
1	BOOT LID RUBBER	SERVICEABLE	115.80	-
1	BOOT LID LOCK UPPER	SERVICEABLE	137.90	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NOT NECESSARY	27.20	-
1	BOOT LID CRDI PLATE	NECESSARY	41.00	41.00
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID I40 EMBLEM	NECESSARY	41.00	41.00
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	398.00	-
2	LICENCE LAMP GARNISH (LH/RH)	SERVICEABLE	380.80	-
1	REAR BOOT PROTECTOR	SERVICEABLE	980.80	-
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
1	REAR WINDSCREEN GLASS	SHATTERED	985.50	985.50
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	ROOF PANEL	DENTED	994.90	994.90
	LESS 20% DISCOUNT		-1,682.17	-611.60
			6,728.68	2,446.40
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR NUMBER PLATE (SN)	CUT	25.00	25.00
			536.70	506.70
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH.		1,200.00	800.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	REMOVE/REFIX ROOF TOP TAXI DIGITAL SIGN.		150.00	50.00
	REMOVE/REFIX ROOF LINING.		180.00	50.00
			2,500.00	1,550.00
	GRAND TOTAL		9,765.38	4,503.10
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,600.00

Report Ref No. NS/INC18015685/K1qbn2

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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