

(08/11/13)

Surveyor: Kelvin

REF: NS/INC18015820/Klad3m

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: FY 5397UPolicy No. 5087101947-01 (19/1/18-18/1/19)Claims No. NT/1009539-001

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: SHD 4312H Yr Regn: 28 Jan 2012

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

Truck / Trailer or

Make: Hyundai c.c. 1991Colour: Black A/C: Ins Std / NI / NASp. Reading: 204826 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHBTXIVMCA 826625

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/Rim or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Wolfs

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 29/1/18 D.O.I. 29/1/18Survey held at CHE (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

SHD 4312H-CC3/CTI18008861/Klad3 DUA: 11/1/18 IAK

30/8/18 Subs 4/5 \$1250 / 2 Pys. CRD 8/28/18, 51% 42

RECEIVED 31 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report11/3/18 Final☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TPLump Sum / I.Bal: (\$) 1250Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + 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/INC18015820/K1qd3			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 30-08-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FY 5397U	Veh. Inspected	SHD 4312H
Policy No.	5087101947-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	30/08/2018
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	29/08/2018	Inspection Date	29/08/2018
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.			

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

29/08/2018 11:08

Vehicle No.(For Motor)

FY5397U

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"/>	5087101947-01		ONG KIM SENG	S0997311G	GMC	Third Party	FY5397U	FY5397U	19/04/2018	18/04/2019

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	SIR 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	29/08/2018 14:04
Date Of Accident	29/08/2018 10:20
Exact Location Of Accident	LENTOR AVE TWDS AMK AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4312H
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	SONATA-2.0 (A)

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	LEE TONG MENG
NRIC No	S0274825H
Date Of Birth	28/09/1944
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1962
Driving Experience	56 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97849892
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 872 YISHUN STREET 81 #06-133
Postcode	760872
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	2
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)	2
Passenger 1	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180829/2043

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FY5397U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(RIDER)

Approximate Age

Injuries Sustain

LEFT LEG INJURED

Injured person in which vehicle?

FY5397U

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORTATION PTE LTD
COI REG. NO. 109303821R

Policyholder's Signature
Date & Time:

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

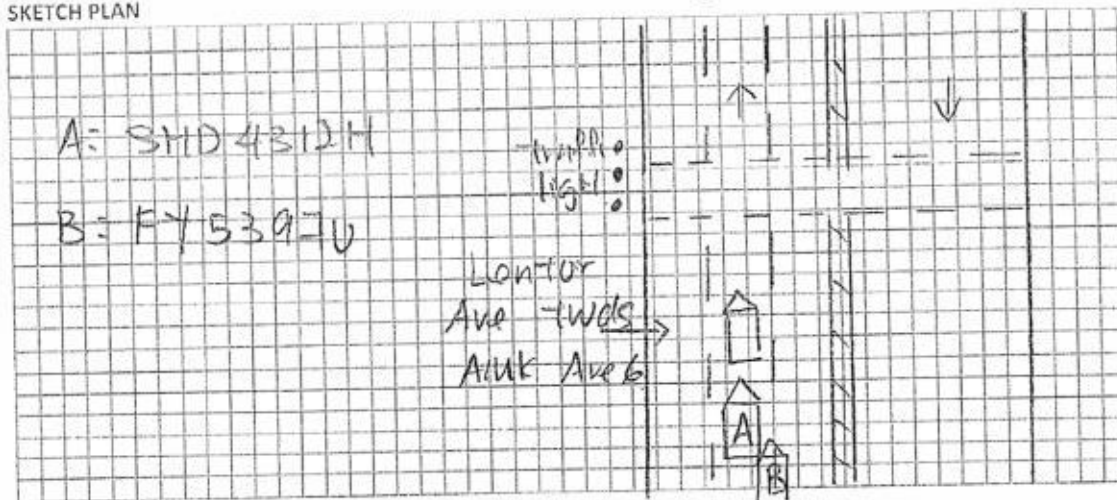
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GMARMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached Police report

T/20180829/2043

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Loke Wei Yeng

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999



T/20180829/2043

1 of 3

Report No. T/20180829/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 11:53	Vide Report No.: F/20180829/0103	Station Diary No.: 59
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Informant's Particulars

Name of Informant: LEE TONG MENG			Address: APT BLK 872 YISHUN STREET 81 #06-133 SINGAPORE 760872		
ID Type / ID No.: NRIC NO / S0274825H			Contact No.: Home/Office: Mobile: 97849892		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 28/09/1944	Type of Informant: Driver		
Race: Chinese			Language: English		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: 29/08/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FY5397U	Motorcycle				Slightly Damaged	0
SHD4312H	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180829/2043

2 of 3

Police Station Of Origin:

Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

Report No. T/20180829/2043

CONTINUATION OF REPORT

Driver			
Name	LEE TONG MENG	ID No.	S0274825H
Related Vehicle	NIL	Contact No.	97849892
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/08/2018 at about 1020am, I was driving my taxi bearing plate number SHD4312H at the 2nd lane along Lentor Avenue towards Ang Mo Kio Avenue 6. There is a traffic light opposite Lentor Residence, the traffic light was red. I was travelling about 20km/hr slowing down as I was reaching the traffic light. Suddenly a motorcycle collided with the right side rear of my taxi. When the accident happened, my taxi was already in a complete stop. I then got out of my taxi to render assistance to the rider. The rider had some injuries on his legs, a few minutes later ambulance came and conveyed the rider to the hospital. Traffic Police then came to the scene and took my vehicle car camera SD Card and advice me to make a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20180829/2043

3 of 3

Report No. T/20180829/2043

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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 3 HAJI SAIFUL BAHRI BIN HASSAN ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2018 11:53

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Classification Of Case:

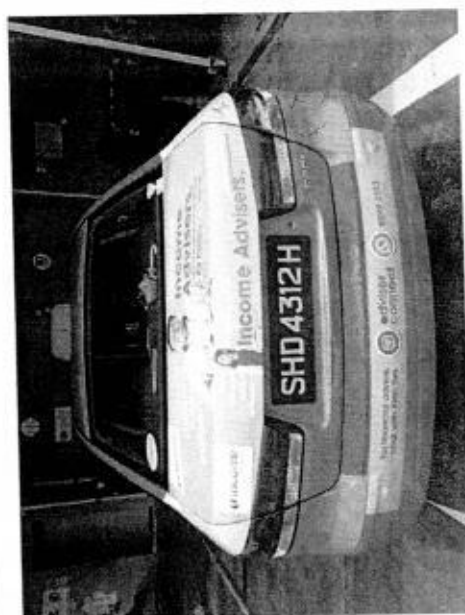
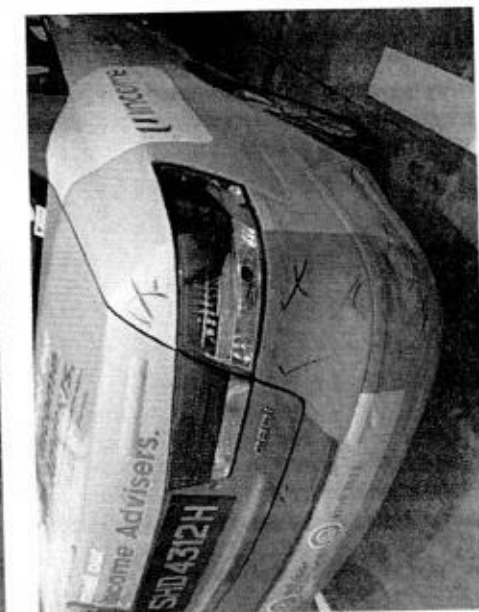
SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 4312H

DATE 29/8/2018 15:10

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Defunct</i>			\$ 578.40
	Rear Bumper Reinforcement <i>25m</i>			\$ 483.30
	Rear Bumper Clip <i>2</i>			\$ 22.00
	Rear Bumper Sponge <i>25m</i>			\$ 137.40
	Rear Bumper Under Cover <i>x 2</i>			\$ 185.80
	Rear Bumper Protector (RH) <i>x 2</i>			\$ 38.00
	Tail Lamp (RH) <i>1</i>			\$ 344.00
	Rear Fender (RH) <i>x 2</i>			
	SUB TOTAL			\$ 1,788.90
	LESS 20%			\$ 357.78
	DISCOUNTED TOTAL			\$ 1,431.12
	Rear Bumper Reverse Sensor <i>x 2</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>1</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>1</i>			\$ 50.00
	Rear Fender Advertisement Logo (RH) <i>1</i>			\$ 100.00
				\$ 335.70
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 50.00
	Wiring Charge			\$ 120.00
	Remove/Refix Reverse Sensor			
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL		5786.82	\$ 2,536.82

Rear Bumper Reverse Sensor *x 2*
 Rear Bumper Rubber Mat *1*
 Rear Bumper Advertisement Logo *1*
 Rear Fender Advertisement Logo (RH) *1*

Labour Charge

Panel Beating
 Spray Painting Charge
 Wiring Charge
 Remove/Refix Reverse Sensor

TOTAL LABOUR**ESTIMATE TOTAL**

LKK Auto Consultants hence notify
 the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary items must be resurveyed and
 is subject to final approval from Insurance Company
 Acknowledged by Repairer
 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(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305205920

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

ADDRESS Singapore SINGAPORE 575717

65508755

(O)

L (R)

(P)

SCOUNT CARD NO.

REGN NO.: SHD4312H

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL SONATA

DATE/TIME IN 29.08.2018 13:25

YR OF MANU 28.06.2012

TARGET DATE

CHASSIS CODE KMHT41VMCA826625

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.08.2018

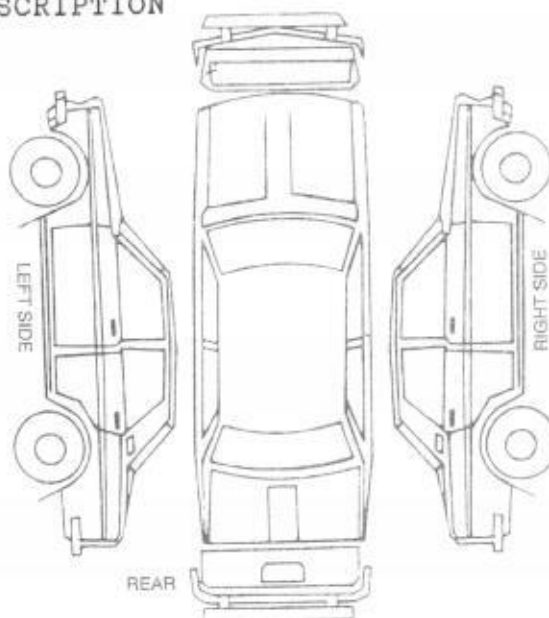
NATURE: OD 29.08.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD4312H CHIANG

Vehicle No.: SHD4312H

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305205920
Date : 28/08/18

COMFORTDELGRO ENGINEERING

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

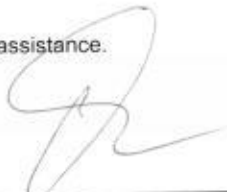

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD4312H

Fax :

29/08/2018

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

1. The repair job shall bill to: NTUC FY5397U
 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. 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 : CHIANG
Tel : 62148314
Fax : 65468156
- 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		N		
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/INC18015820/K1qd3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 07-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FY 5397U	Veh. Inspected	SHD 4312H	
Policy No.	5087101947-01	Coverage (\$)	0.00	
Claim No.	MT/1009539-001	Excess (\$)	0.00	
Assign From		Assign Date	29/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA826625	Colour	BLUE	
Odometer	204826	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	215/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	215/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/08/2018	Inspection Date	29/08/2018	
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:		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

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4312H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (RH)	TO REPAIR SEE LABOUR	38.00	-
1	TAIL LAMP (RH)	CRACKED	344.00	344.00
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-357.78	-188.88
			1,431.12	755.52
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			335.70	200.00
<u>LABOUR</u>				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (RH) AND REAR FENDER (RH).		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			1,020.00	630.00
GRAND TOTAL			2,786.82	1,585.52

Report Ref No. NS/INC18015820/K1qd3n2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,250.00
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Report Ref No. NS/INC18015820/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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