

(08/11/13)

Surveyor: KalvinREF: NS/INC18015936/Ktd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJN 4805BPolicy No: 5094226262 (11/10/17-Claims No: MT/1009344-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 71405 Yr Regn: 10 Nov, 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1685Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 268078 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KM HLDYKUMH4096298

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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 Campion

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 29/8/8 D.O.I. 30/8/8Survey held at CDHE (Loyang)

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

As Body.

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

Date / Time	Action / Instruction
	SHD 71405-X INC
	SJN 4805B-X P/P
3/9/8	Grant P/P \$ 3780.14 / 3hrs (Red: 2977 26 : 44%)
	RECEIVED 04 SEP 2010

Date/Time, File Pass to?

1) 419 Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$) 3780.14Days Of Repair: 3Resurvey No. of Trip: 1Add 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/INC18015936/K1td3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 31-08-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 4805B	Veh. Inspected	SHD 7140S
Policy No.	5094226262	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	31/08/2018

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	30/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
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 checked="" type="radio"/>	5094226262		EZ-SWIFT CAR RENTAL & LEASING PTE LTD	201724540N	GFT	Third Party, Fire & Theft	SJN4805B	SJN4805B	11/10/2017	

Denise Tay (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 4 September 2018 9:30 AM
To: Denise Tay (LKKAuto)
Subject: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

*'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.
Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'*

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Monday, September 03, 2018 5:07 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

2	MT/1009344-002	COMFORT TRANSPORTATION PTE LTD	SHD71402 SHD
---	----------------	--------------------------------	--------------

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s)

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	30/08/2018 12:16
Date Of Accident	29/08/2018 15:15
Exact Location Of Accident	TONG WATT ROAD TWDS KIM YAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7140S
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	CHING LI MUI
NRIC No	S0931464D
Date Of Birth	14/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1970
Driving Experience	47 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97364326
Fax Number	
Contact Number	
Email Address	CHINGLIMUI1410@YAHOO.COM

Address	BLK 140 SERANGOON NORTH AVENUE 2 #12-30
Postcode	550140
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 ON COLLISION
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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SJN4805B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO KIM LONG @YANG JIN LONG
NRIC/Passport Number	S8812211I
Contact Number	88099966
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT RIGHT
No. Of Passenger (Including Driver)	

SKETCH PLAN

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.

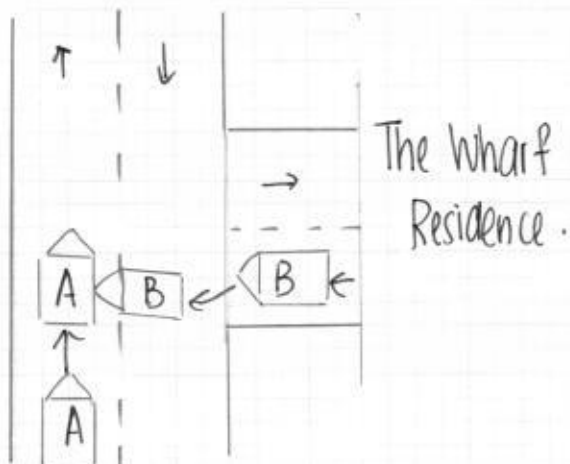
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29.08.2018
@16:30hrs

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

SKETCH PLAN



A - SHD 7140S
B - SJN 4805B

Along Tong Watt Road Towards Kim Yam Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.08.2018 at about 15:15 hrs , I was travelling straight along Tong Watt Road
towards Kim Yam Road with no passenger on board .
I was travelling straight , suddenly Veh (B) - SJN 4805B dashed out from my right
and collided into my taxi (A) Right portion .
No injury in this accident .
Veh (B) - Mr Yeo Kim Long (Yang JinLong) I/C : S 8812211I . H/P : 8809 9966 .

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 100303821R

Policyholder's Signature

Date & Time:

Driver's Signature

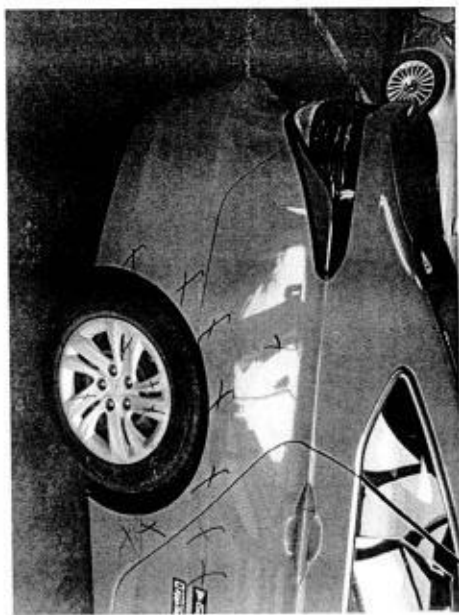
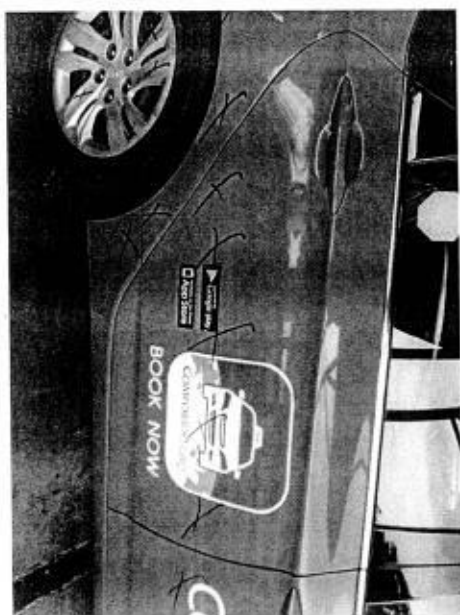
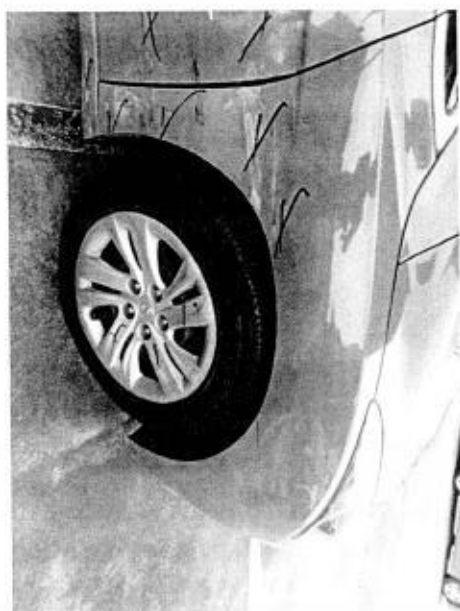
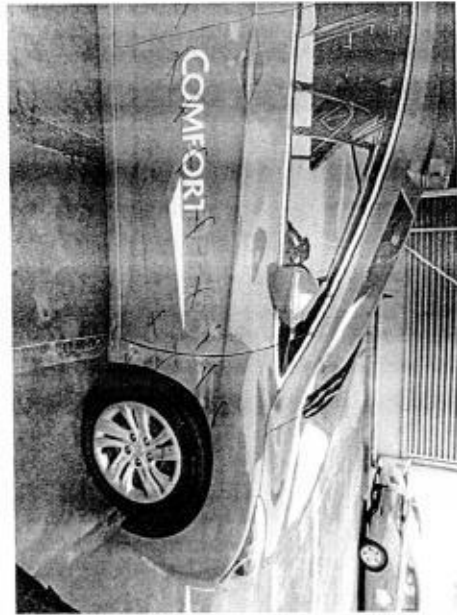
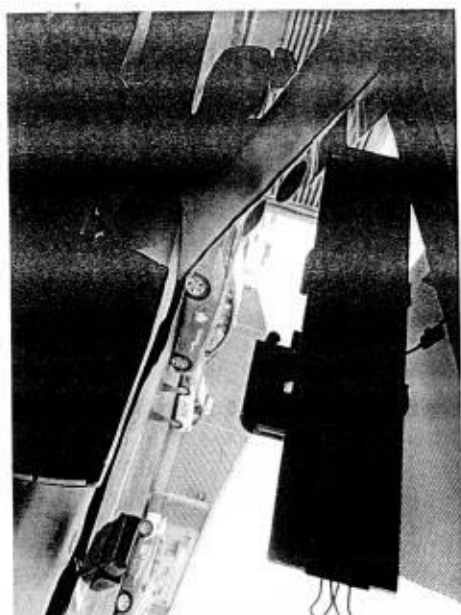
(If driver is not the policyholder)

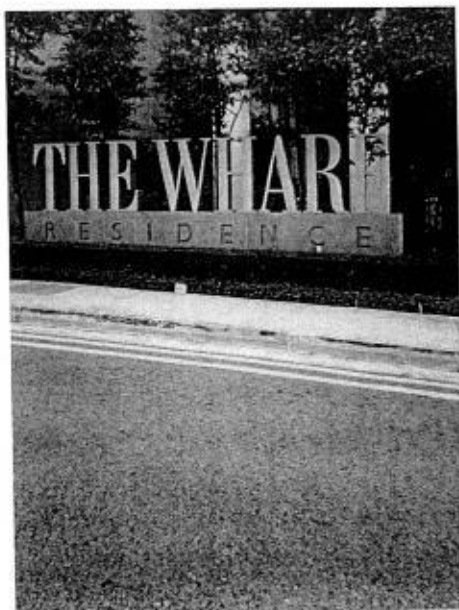
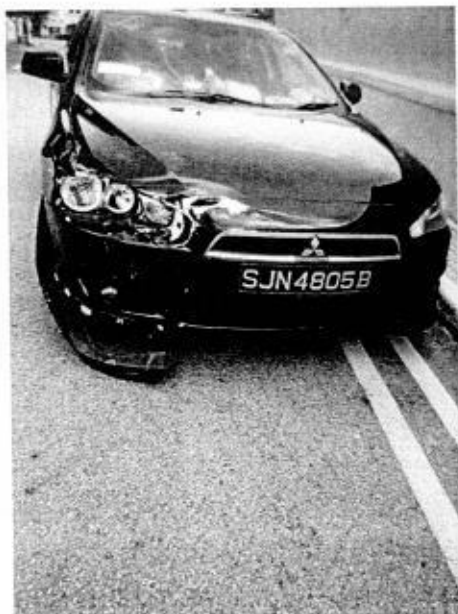
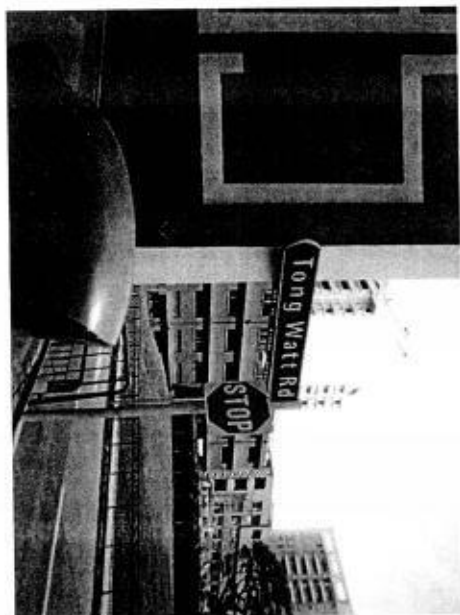
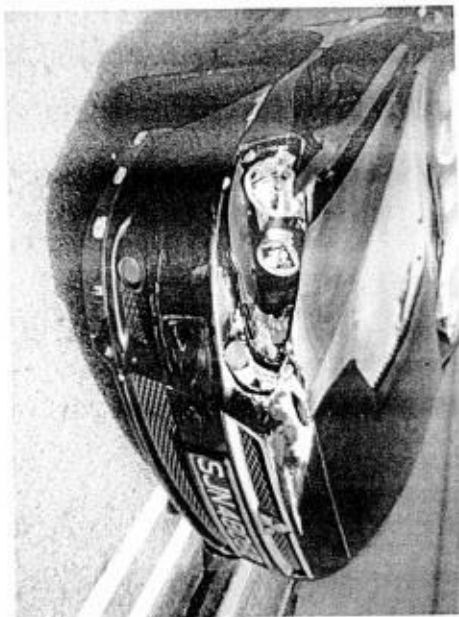
Date & Time: 29.08.2018
@16:30hrs

Reporting Centre Personnel's Signature

Name: Regina Choo

NRIC/FIN No.:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 7140S

DATE 30/8/2018 14:36

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door (RH) <i>but - changed</i>			\$ 1292.90	
	Frt & Rear Wheel Hub-Cap (RH) <i>but</i>		\$ 150.70	\$ 301.40	
	Front Fender (RH) <i>but</i>			\$ 619.00	
	Front Fender Shield (RH) <i>X on</i>			\$ 169.80	
	Front Fender Signal Lamp (RH) <i>X on</i>			\$ 47.40	
	<i>Rear Door (RH) X repair</i>				
	<i>Rear Fender (RH) X repair</i>				
	<i>Rear Bumper X repair</i>				
	<i>Rear Panel Harness (RH) X repair</i>				
	SUB TOTAL			\$ 3,394.00	
	LESS 20%			\$ 678.80	
	DISCOUNTED TOTAL			\$ 2,715.20	
	Rear Bumper Rubber Mat <i>X 17</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>ne</i>		-10%	\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) <i>ne</i>		-10%	\$ 75.00	Nett
				\$ 205.00	
	Labour Charge				
	Panel Beating-Repair Rear Fender			\$ 850.00	
	Spray Painting Charge			\$ 1,250.00	1200
	Wiring Charge			\$ 50.00	X 27
	Tuff Kote			\$ 50.00	20
	Remove/Refix Reverse Sensor			\$ 120.00	X 27
	Transfer of Door			\$ 120.00	50
	Rear Wheel Alignment			\$ 120.00	X 27
	TOTAL LABOUR			\$ 2,560.00	
	ESTIMATE TOTAL			\$ 5,480.20	
	<i>Ke hui (LKK)</i>			6457.40	
	<i>30/8/18 1520 hrs</i>			4709.40	
	<i>3 hrs</i>				
	<i>PIP</i>				
	<i>Before Paint photo</i>				
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 Repairer of the following:

- To resurvey before after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary (parts) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:
Date:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305206346

CUSTOMER		REGN NO.: SHD7140S	MILEAGE
VMS		MAKE : HYUNDAI	FUEL
CUSTOMER NO. 7010045		MODEL I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE		YR OF MANU 10.11.2016	DATE/TIME IN 29.08.2018 16:05
Singapore SINGAPORE 575717		CHASSIS CODE KMHLB41UMHU096298	TARGET DATE
65508755 (O)			COMPLETION DATE/TIME:
SCOUNT CARD NO.			

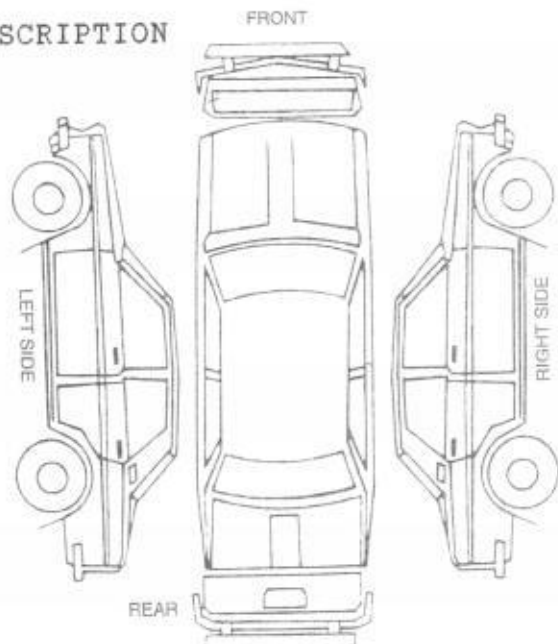
JOB DESCRIPTION

Accident Date: 29.08.2018

NATURE: 3P 29.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD7140S CHIANG

Vehicle No.: SHD7140S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305206346
 REGN NO : SHD7140S
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 10.11.2016
 DATE/TIME IN : 29.08.2018 16:05
 ACCIDENT DATE : 29.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0573-A	I40VC PANEL-FENDER RH+	1	619.00	20.00	495.20
0002 04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1	1,292.90	20.00	1,034.32
0003 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	80.00	10.00	72.00
0004 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	75.00	10.00	67.50
0005 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	2	301.40	20.00	241.12

SUB-TOTAL : 1,910.14

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1200.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00

SUB-TOTAL : 1,870.00

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

JOB NO : 305206346
REGN NO : SHD7140S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.11.2016
DATE/TIME IN : 29.08.2018 16:05
ACCIDENT DATE : 29.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,780.14

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305206346
Date : 31/08/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM


To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD7140S

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 SJN4805B
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,910.14
 - (b) Labour Charges \$1,870.00
 - Total for Part-By-Part Repair Cost \$3,780.14**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
 3. Estimated normal period for repairs: 3 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.

Signature : _____
Name : CHIANG
Tel : 62148314
Fax : 65468156
- We confirm the estimates and finalized amount

Signature : _____
Name : KALVIN
Date : 3/9/18

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/INC18015936/K1td3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 10-09-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 4805B	Veh. Inspected	SHD 7140S	
Policy No.	5094226262	Coverage (\$)	0.00	
Claim No.	MT/1009344-002	Excess (\$)	0.00	
Assign From		Assign Date	30/08/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU096298	Colour	BLUE	
Odometer	268078	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	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/08/2018	Inspection Date	30/08/2018	
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:		3 Working Days		



National Assessment Centre Services

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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7140S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR (RH)	DENTED	1,292.90	1,292.90
2	FRT & REAR WHEEL HUP-CAP (RH) @\$150.70	GRAZED	301.40	301.40
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER SIGNAL LAMP (RH)	SERVICEABLE	47.40	-
1	REAR DOOR (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	ROCKER PANEL GARNISH (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-486.10	-442.66
			1,944.40	1,770.64
<u>NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STIKER (RH)(N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-15.50
			205.00	139.50
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR DOOR (RH),REAR FENDER (RH),REAR BUMPER AND ROCKER PANEL GARNISH (RH).		850.00	600.00
	SPRAY PAINTING CHARGE.		1,250.00	1,200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.		120.00	50.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			2,560.00	1,870.00
GRAND TOTAL			4,709.40	3,780.14
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,780.14

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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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