enina) REF: NS/INCI8	017771/Klrbez	
	GNMENT	
rom; Date:		Yr Regn: 150c 2016
Estimate/Cost	Type: M.Car / M.Cycle / Bus / Van / Lo	
DD ITP IWS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or	or the mover
To Insped Vehicle No:	Make: Mundal Z	40 00 1685
at Workshop m/s	Colour Rhe	A/C: Insu@1/Std/N1/NA
of	Sp.Reading 31.0583	T/Radio: Inspired / Std / NI / NA
Insured: 978 8897 Y		The said, magazar old Milling
Policy Na 508767864-01 380118-2701 G	Eng/No:	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Claims No. mT/10/4263-001		8×14MH4097062
Suminsured: Excess:	Gen. Cond: Good For Poor Burn Steering: Inor Gr Jammed Leaked	
(Client's Record)		
Make of Veh:	Brake: Ino Ger / Jammed / Leaked	1
Wigne Of Tell.	Modi: Nil / S/Rim / St A/Rim	205/6016
(Polloy Condition)	7	, , , , o , w b
(Policy Condition) Remark: The veh had commenced its N/S O/S	R:	A LIMICAL DUTCH / DID / CHIMI
repair at the time of Inspection.	BS / DUN / EXNOVA / GY / FS / LIZ	Hankak
(TOYO IYOKO or	
Bal. or Market Value:	- Front	Rear 1
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm	R/Bal. mm .
GIA / PR Seen; Consistent? : Yes or No	L/Bal. mm	0.0.1. 1/10/-8
Est, Repairs; days Res.: Yes or No	0.0.A. 30/9/18	DhE (Loyang)
Lum Sum: % 3 Val.: Yes or No		. , ,
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O	IS I N/S I U/C I Rooftop or
Vehicle: IN / Ot Date: Person Contacted;	01	ody Structure affected due to collision.
Date / Time Action / Instruction	INC U/O / Gnassis frame / E	out officials ancoled and to complete.
St 7187 - X		INL
SJB SBATY - CS/MSG 18UV6239 / 12	Sertin DA: 191318	PU
3/10/18 Continue 5 P/P\$ 1725-68/	3/21	
Red: \$ 2930.96,63%.	1	
	EIVED 0 4 OCT 2018	
	•	1
	* 2	
Daie/Tyne, File Pass to? : Prell. Report	Days Of Repair: 3	
1) Lypist : Final Report	Resurvey No. of Trip:	Survey Fee: 160
Date/Time, File Return to?	135551151	Transportation:
	Fee: : Sife Insp (\$)S+RS,SI
4	: Interview (\$) Photos
and the second s		
Penert Format	Tech: Invs (\$) Others
TP Report Format : Lump Sum / I.B.I: (\$ 1725.68)	: Tech: Invs (\$) Ofreis

Denise Tay (LKKAuto)

From:

mtreg <mtreg@income.com.sg>

Sent:

Thursday, 4 October 2018 9:58 AM

To:

Denise Tay (LKKAuto)

Subject:

FW: REQUEST CLAIM NUMBER

Hi,

All claims 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



'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.sa so that we can attend to it accordingly.'

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]

Sent: Wednesday, October 03, 2018 5:40 PM

To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request for claim number

			Claim
S/No	Income Reference	Claimant (Owner / Taxi Company)	
1	MT/1014132-002	CITYCAB PTE LTD	SH
2	MT/1014000-002	COMFORT TRANSPORTATION PTE LTD	SH
3	MT/1014263-001	COMFORT TRANSPORTATION PTE LTD	SI

Claim received from LKK Auto

Best Regards,

Denise Tay | Case Handler



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref:	NS/INC1801777	7771/K1rb	
#05	BRAS BASAH ROA -01 NTUC TRADE 556	AD UNION HOUSESINGAPORE	Date:	01-10-2018	
1.		Policy Particulars	570735737A	INC4	
•	Insured Veh.	SJB 8897Y	Chicago Contractor	nspected	SH 7184P
	Policy No.	5087628694-01	-	age (\$)	0.00
	Claim No.		Exces		0.00
	Assign From			n Date	01/10/2018
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model	A STATE OF THE STA	c.c	C True manner La	0
	Engine No.	HIDDEN	Year	of Reg.	
	Chassis No.		Colou	r	
	Odometer	3	Steeri	ng	
	Brakes		Modifi	ication	
	General				
3.		Conditi	ons 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	on of Da	amages	CONTRACTOR OF THE SECTION AND ADDRESS.
5.			11-6		
5.	Accident Date	30/09/2018	Learn	M NORTH	04/40/0040
		COMFORTDELGRO ENGINEER		ction Date	01/10/2018
	Survey held at	59 LOYANG DRIVE	KING PT	ELID	
		SINGAPORE 508969			
5a.	General		emarks		
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS. NOT AUTHORISED	D REPAIRS.

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	00601						• Change	Languag	e • Chan	ge Password	› Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	of Accident		30/09/2018	17:49	
	Vehicle	No.(For Motor)	SJB889	7Y		Certific	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087628694- 01		SOH GIM HIAN	S1125858A	GPC	drivo CLASSIC	SJB8897	SJB8897Y	28/01/2018	27/01/2019
						Continue					

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

LKK/Kalmi -

of Service Advisor

returned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

Date/Time: UbiO1.10 ap 2018 14:27

Page : 1

Team:	ARC Repair TP(CLSO)1	JOE	3 CARD	Sales		JC NO.:	305220	0122
TOMER	1		VARS	REGN NO).: SH 7184P	MILEAG	E	
MS TOMER NO.	COMFORT TRANSPORTATION PTE 7010045	LTD		MAKE:	HYUNDAI	FUEL E	1/2	F
RESS	383 SIN MING DRIVE Singapore SINGAPORE 575717			MODEL	I-40	DATE/T	ME IN 2018 0	8:15
(R) (P)	65508755 (O)			YR OF MA	^{ANU.} 15.12.2016	TARGET	DATE	
COUNT CAR	D NO.		(C)	CHASSIS	CODE KMHLB41UMHU09706	COMPLI 2	ETION DATE	/TIME:
		JOB [DESCRIPTION					
	dent Date: 30.09.2018 RE: 3P 30.09.2018							
NO	LABOR CODE		DESCH	RIPTIO	N FRONT			
	NTUC- toi loft P	EW	Longe		The state of the s			

				REAR		
ECKED & PA	ASSED OUT BY:			5		
	SERVICE ADVISOR		-		CUSTOMER'S SIGNATURE	
owledgemen :: o.: le No.:	sh 7184P	LARRY	Exit Pass Vehicle No	sh 7184P		

Name of Service Advisor

To be kept by Security Guard

LEFT SIDE

Signature/Date

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 witholding 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, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/10/2018 11:27
Date Of Accident	30/09/2018 09:20
Exact Location Of Accident	BEDOK SOUTH AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7184P
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

Mak	iala	Part		lara	
ven	ııcıe	Paru	Cu	iais	,

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

TAXI Vehicle Category

Insurance Company

INDIA INTERNATIONAL INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

MCOM0015 Policy Number

Cover Note Number

Driver

STEVEN ONG HUA BOON Name of Driver

S0058533E NRIC No 02/08/1954 Date Of Birth OUTDOOR Occupation 22/02/1975 **Date Of Driving Pass**

43 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-93691255

Fax Number

Contact Number

EMail Address NOEMAIL Address

503 04-301 TAMPINES CENTRAL 1

Postcode

520503

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 (TP voverse)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJB8897Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

(ETCH PLAN	1	
	BIK 60	A - SH 7184P
		B - SJB 8897Y
	TAD 1	
	<u> </u>	
	BIK 73 CON PONK.	
Bedok South Ave 3 I	•	
ESCRIBE CIRCUMSTANG		
	ATMEDIT RECK. AND COMMITTED STREET, AND COMMITTED STREET, COMMITTE	D. J. J. Courtle Aven C. Maran Pills 72
On 30.0	9.2018 at about 09:20 hours I was travelling alon	g Bedok South Ave 3 Near Blk 73
Carpark with no pass	enger onboard .	
1 tried to r	reversed into a parking lot . As I started to reverse	e , suddenly I felt an impact on my
Tavi (A) Dana Dasti	ing and some to know Veh / D \ S ID 9907V also	a reversed to leave the parking lot
Taxi (A) - Rear Porti	ion and came to know Veh (B) - SJB 8897Y also	o reversed to leave the parking lot .
		o reversed to leave the parking lot .
	ion and came to know Veh (B) - SJB 8897Y also n this accident.	o reversed to leave the parking lot.
		o reversed to leave the parking lot .
No injury ir		
No injury ir	n this accident .	
No injury ir I have com	n this accident . npany video and photos at scene to support my cl	
No injury ir	n this accident . npany video and photos at scene to support my cl	
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No injury in I have com	n this accident . npany video and photos at scene to support my cl	aims .
No injury in I have com Veh B - Male Driver	n this accident. Inpany video and photos at scene to support my cl	aims .
No injury in I have com Veh B - Male Driver	n this accident. Inpany video and photos at scene to support my cl	aims .
No injury in I have com Veh B - Male Driver	n this accident. Inpany video and photos at scene to support my cl	
No injury in I have com Veh B - Male Driver DECLARATION We declare the foregoing part of the company of the	n this accident . Inpany video and photos at scene to support my cl	Jackson Hares C30 Fook
No injury in I have com Veh B - Male Driver ECLARATION We declare the foregoins of the company of the compa	n this accident . Inpany video and photos at scene to support my cl	Jackson Harris

Sketch Plan Pg. 2

· IMPORTANT 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.
- 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.
- 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:

- 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)
 - (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
- (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.
- 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 CO REG NO 199 10 1R

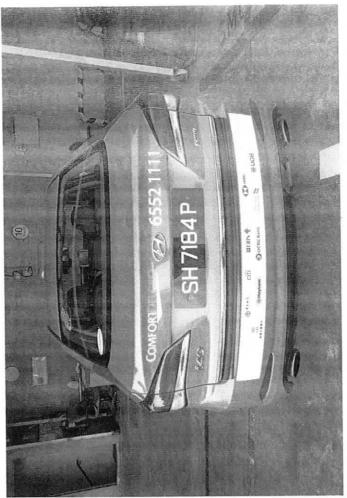
Policyholder's Signature Date & Time:

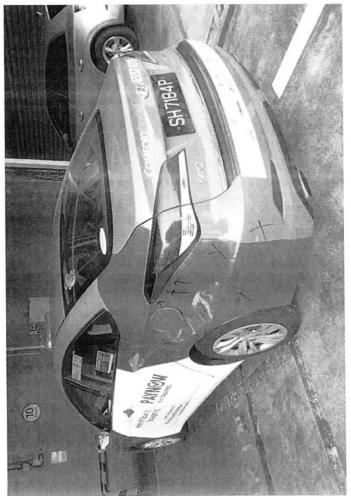
Driver's Signature (If driver is not the policyholder)

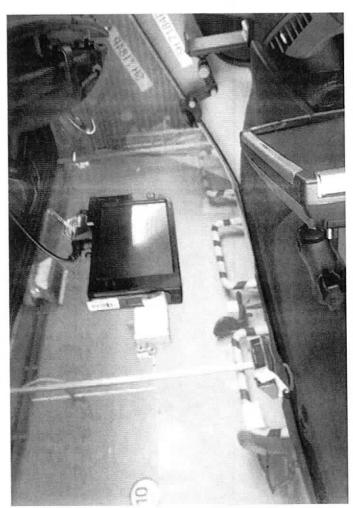
Date & Time:

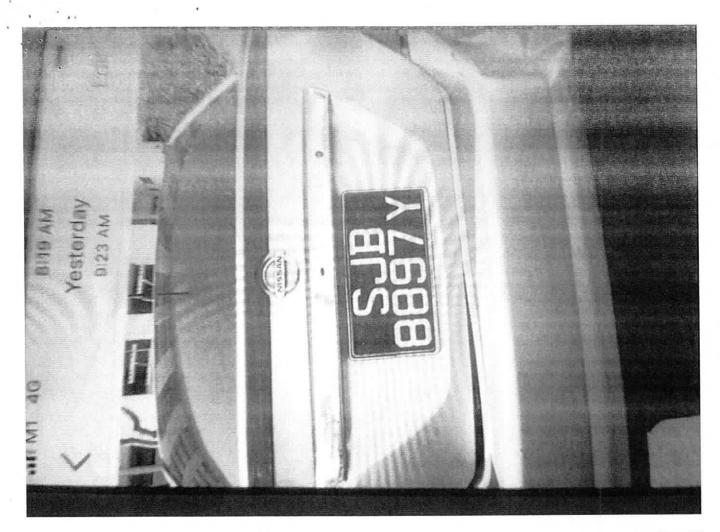
Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

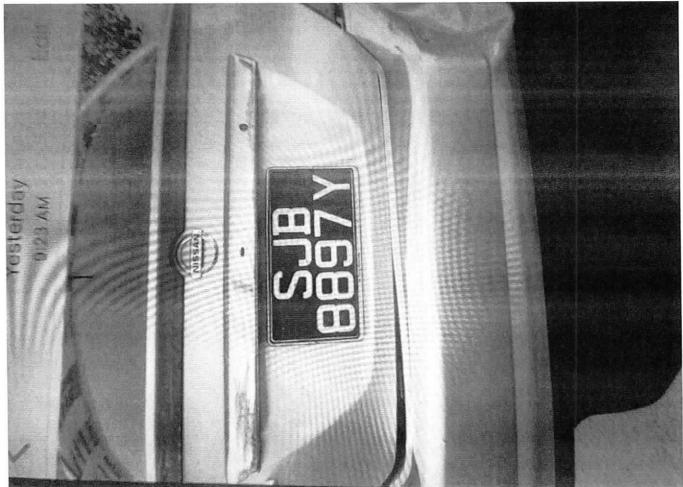












COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SH 7184P

MAKE :

MODEL : HYUNDAI i40

Nouc

DATE 1/10/2018 11:30

DOA: 30.09.18

Qty	Parts Description/ Labour	Type	Unit Price		Amount	
	Rear Bumper Debreid			\$	553.00	1
	Rear Bumper Clip 10 pcs			\$	22.00	
	Tail Lamp (LH) × ~			\$	697.80	
	Rear Fender (LH) × M			\$	2,171.40	
	Rear Fender Inner Lining (LH)			\$	169.30	
	Rear Windscreen Moulding × 22			\$	28.30	
	Fuel Lid Cover X14.7			\$	59.40	
	Fuel Lid Cover X/4.7 Rear Wheel Hup-Cap (LH) hrazed			\$	107.10	
	SUB TOTAL			\$	2 909 20	$\frac{1}{2}$
	LESS 20%			1	3,808.30 761.66	
	DISCOUNTED TOTAL			\$	3,046.64	1
	-		8			
			No.	H		
	Rear Bumper Rubber Mat	ith Consulta	nts hence notify	\$	50.00	Ne
	the Re	pairer of the	Ollowing	\$		Ne
	Rear Fender Advertisement Logo (LH/RH)	play damaged	\$ 100.00	2		Ne
	• Third	party survey is	on a support	S	1	
	- No il	pasi modificati	on(s) is allowed (s) must be resurveyed and proval from Insurance Comp		300.00	+
	0.00	pwledged by R				
	/ Sign	ature:				
	Labour Charge 7 /24	25 /05.				
	Labour Charge 7 Post.				400	
	Panel Beating			\$	440.00	
	Spray Painting Charge Wiring Charge Refore	. /		\$	440.00	14
	Wiring Charge Refore Fair	phos	0	\$	30.00	t_×
	Tuff Kote	'		\$	50.00	×
	Remove/Refix Cushion & Upholstery Rear			\$	150.00	15
	Remove/Refix Rear Windscreen Glass			\$	120.00	×
	D /D - C D C			\$	80.00	3
Fath No						
	TOTAL LABOUR			\$	1,310.00	-
	ESTIMATE TOTAL			\$	4,656.64	
	This is an initial estimate based on a visual inspection of th	ie above ve	hicle. The final repair	qua	ntum will	1
	be prepared after the vehicle is surveyed by a motor Survey			-		

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305220122 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 3. Oct. 2018 Date FINALIZATION FORM LKK Fax: **KALVIN** Attn: Date of Accident: 30. Sep. 2018 Vehicle Reg No. : SH 7184P The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-NTUC SJB8897Y The repair job shall bill to: 1. 2. The finalized amount shall be: Spare Parts after List discount \$845.68 (a) (b) Labour Charges \$880.00 Total for Part-By-Part Repair Cost \$1,725.68 Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost Estimated normal period for repairs: 3 working days. 3. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature: Signature: Name Name : 6214 8316 Tel Date Fax : 6546 8156 For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid Survey Fees 4. LTA Search Fee Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.10.2018 Time: 09:27:24

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305220122 : SH 7184P

MILEAGE

: 0000000000

MAKE MODEL : HYUNDAI

DATE OF REGN

: I-40 : 15.12.2016

DATE/TIME IN

: 01.10.2018 08:15

ACCIDENT DATE : 30.09.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

0003 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 107.10 20.00 85.68

0004 04-01-0103-1150-A I40VC PROTECTOR MAT 1 50.00 50.00

SUB-TOTAL : 595.68

JOB NATURE

ADVERTISEMENT - REAR BOWN ER	0000 L	ADVERTISEMENT - REAR BUMPER	50.00
------------------------------	--------	-----------------------------	-------

0001 L ADVERTISEMENT - REAR FENDER RH/LH 200.00

0002 L PANEL BEATING 400.00

0003 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

0004 20-204 REMOVE/REFIX UPHOLSTERY ASST REPAIR 50.00

0005 L REMOVE/REFIX REVERSE SENSOR 30.00

SUB-TOTAL : 1,130.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.10.2018 Time: 09:27:24

REPAIR ESTIMATE

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305220122 : SH 7184P

MILEAGE

: 0000000000

MAKE MODEL

: HYUNDAI : I-40

DATE OF REGN : 15.12.2016 DATE/TIME IN : 01.10.2018

: 01.10.2018 08:15

ACCIDENT DATE : 30.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,725.68

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE



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/INC18017771/K1rbe2



1	O IIVOONIL IIVOOI	CANCE CO-OI ENATIVE ETD		140/1140 100 1777 178 11502					
		D UNION HOUSESINGAPORE	Date: 24-10-2018						
			Code:	INC4					
1. Policy Particulars :- THIRD PARTY CLAIM									
	Insured Veh.	SJB 8897Y	Veh. Inspected		SH 7184P				
	Policy No.	5087628694-01	Coverage (\$)		0.00				
	Claim No.	MT/1014263-001	Exces	s (\$)	0.00				
	Assign From		Assig	n Date	01/10/2018				
2. Vehicle Particulars & Condition									
	Make & Model	HYUNDAI 140	c.c		1685				
	Engine No.	HIDDEN	Year of Reg.		2016				
	Chassis No.	KMHLB41UMHU097062	Colour		BLUE				
	Odometer	310583	Steering		IN ORDER				
	Brakes	IN ORDER	Modification		STANDARD ALLOY RIM				
	General	FAIR							
3.		Conditi	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	HANK	ООК	7 mm				
	L/H Rear Tyre	205/60 R16	HANK	OOK	7 mm				
4.	Description of Damages								
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.								
	DAMAGES SEE D	DAMAGES SEE DETAILS.							
5.		Genera	l Inform	ation					
	Accident Date	30/09/2018	Insped	ction Date	01/10/2018				
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD								
		59 LOYANG DRIVE SINGAPORE 508969							
5a.		R	emarks						
	A)THE INSPECTION B)IN ACCORDANG	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 TEL: 6841 0055 FAX: 6841 6315

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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7184P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP (LH)	SERVICEABLE	697.80	7=
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
1	FUEL LID COVER	TO REPAIR SEE LABOUR	59.40	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-761.66	-136.42
			3,046.64	545.68
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR FENDER (LH) AND FUEL LID COVER.		440.00	400.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	
	TUFF KOTE.	NOT NECESSARY	50.00	
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,310.00	880.00
	GRAND TOTAL		4,656.64	1,725.68

RECOMMENDED COST OF REPAIRS 1,725.68

Report Ref No. NS/INC18017771/K1rbe2





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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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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