

08/11/13

Surveyor: Kelvin

REF: NS/INC18017849/KMBn2

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: SGJ 6347M

Policy No. 0085977185-01 09-11-2017

Claims No. MT/1014040-002

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 Seem: _____ 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: SHC 8914A Yr Regn: 14 Apr 2016

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/A / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 cc 1685

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

Sp. Reading: 312118 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH1041444087408

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: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front: _____ Rear: _____

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

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

D.O.A. 2/10/16 D.O.I. 2/10/16

Survey held at: CDHE (Loyang)

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

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

Date / Time Action / Instruction

SHC 8914A - CC3/EQ17001978 / Hiyag 2

DA: 060117

Inc

SGJ 6347M - x

4.

5/10/16 Checked L/S \$1450 / 2 Pgs

Red: \$662.82, 311

RECEIVED 09 OCT 2016

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 2

1) typist

☒ : Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: TP

Lump Sum / Total: (\$) 1450

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/INC18017849/K1rb				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 02-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGJ 6342M	Veh. Inspected	SHC 8914A	
Policy No.	5085977185-01	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	02/10/2018	
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	02/10/2018	Inspection Date	02/10/2018	
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.				

Janice Lee (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, October 08, 2018 3:29 PM
To: Janice Lee (LKKAUTO)
Subject: REQUEST CLAIMS NUMBER

Hi,

Claim created.

With Regards

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

 income
made different



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: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Monday, October 08, 2018 3:07 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIMS NUMBER

Dear Sir/ Madam,

Kindly let us have the claim number :-

MT/1014720-001	COMFORT TRANSPORTATION PTE LTD	SHD 3194M	4
MT/1014040-002	COMFORT TRANSPORTATION PTE LTD	SHC 8914A	SGJ

Thank you.

eBaoTech

GeneralClaim

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"/>	5085977185-01		LEISURE LEASING PTE LTD	201511206K	GFT	drive CLASSIC	SGJ6342M	SGJ6342M	09/11/2017	

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	02/10/2018 14:02
Date Of Accident	02/10/2018 06:15
Exact Location Of Accident	STAMFORD RD TWDS FORT CANNING LINK X ARMENIAN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8914A
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	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	ETHAN ONG MENG RERN
NRIC No	S8421939H
Date Of Birth	21/07/1984
Occupation	OUTDOOR
Date Of Driving Pass	24/07/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90880576
Fax Number	
Contact Number	
Email Address	ONGMENGRERN@GMAIL.COM

Address BLK 244 HOUGANG STREET 22
#05-119

Postcode 530244

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: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20181002/2017

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 SGJ6342M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WONG KUM LOY

NRIC/Passport Number S1279185B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(PAX)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SHC8914A

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.

COMPOST TRANSPORTATION PTE LTD
CO. REG. NO. 199003821R

Policyholder's Signature
Date & Time:

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

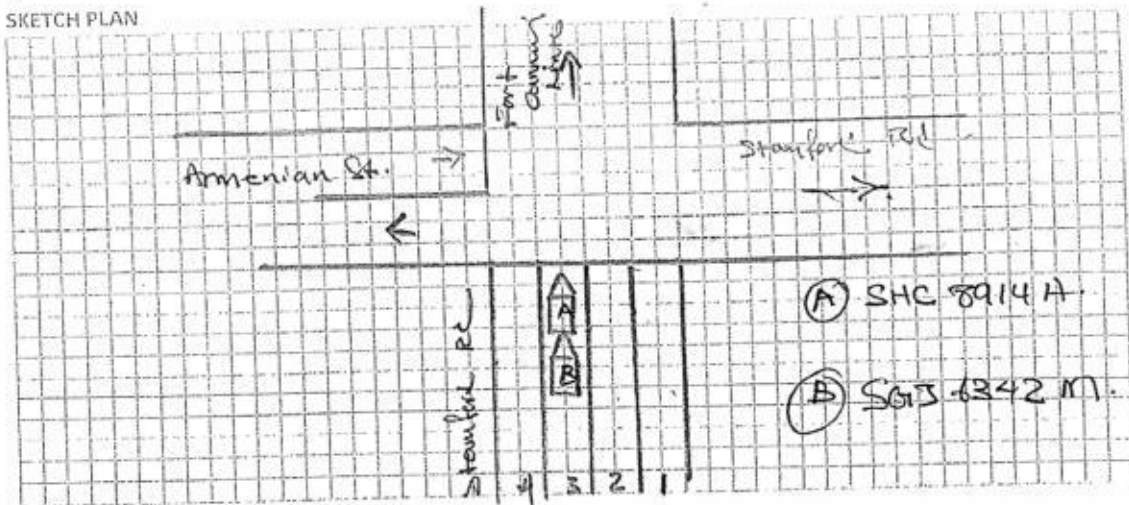
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

4-8 6-8
2-8 5-8

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report no. T/20181002/2017

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:

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

GIARFAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20181002/2017

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20181002/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 09:29		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: ETHAN ONG MENG RERN			Address: APT BLK 244 HOUGANG STREET 22 #05-119 SINGAPORE 530244		
ID Type / ID No.: NRIC NO / S8421939H			Contact No.: Home/Office: Mobile: 90880976		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 21/07/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2018 06:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 STAMFORD ROAD FORT CANNING LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SGJ6342M	Car	TOYOTA	VIOS 1.5E A	Silver	Slightly Damaged	0
SHC8914A	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20181002/2017

2 of 3

Report No. T/20181002/2017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ETHAN ONG MENG RERN	ID No.	S8421939H
Related Vehicle	SHC8914A (Car)	Contact No.	90880976
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/10/2018	Date Discharge	02/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WONG KUM LOY	ID No.	S1279185B
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 02/10/2018 at about 0615hrs, I stopped my vehicle at the T-junction of Stamford Road and Fort Canning Link. I suddenly felt a large impact from the rear. I came out from my vehicle and realized that my vehicle has been hit by another vehicle. I then conversed with the other driver and he informed me that he thought the traffic light was green and did not realize the traffic light was red. I checked with my passenger and he said that he is in pain. I called 999 and they informed that they will be sending an ambulance down.

Subsequently the Police and ambulance came and they conveyed my passenger to SGH. The damages to my vehicle is dents and cracks at the rear bumper. The other party vehicle had suffered a large dent in the front of the vehicle. My taxi has a in car camera (front) installed. The traffic police took the SD card from my camera and I was given an acknowledgment slip. That is all.



**SINGAPORE
POLICE FORCE**



T/20181002/2017

3 of 3

Report No. T/20181002/2017

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 1 KANG YONG LER, JAMESON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2018 09:29

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168

SN 085



Signature:

Singapore Police Force

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.10.2018

REPAIR ESTIMATE

Time: 15:11:32

Page: 1/2

NTUC-P/P)

LKK - Kalvin

TS

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

JOB NO : 305220548
 REGN NO : SHC8914A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 02.10.2018 11:05
 ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	-	Ref
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	-	cut
0003	04-01-0103-0739-G	REAR BUMPER SPONGE	1	103.50	20.00	82.80	2	for
0004	04-01-0103-0740-G	REAR BUMPER REINFORCEMENT	1	428.40	20.00	342.72	2	on
0005	04-01-0103-0743-G	REAR BUMPER REIN-BRKT RH	1	80.30	20.00	64.24	2	Ref
0006	04-01-0103-0742-G	REAR BUMPER REIN-BRKT LH	1	80.30	20.00	64.24	2	Ref
0007	04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	35.60	20.00	28.48	X	Ref
0008	04-01-0103-0907-G	REAR BUMPER SIDE BRKT LH	1	35.60	20.00	28.48	X	Ref
0009	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	-	Ref
0010	09-01-0103-0104-G	REAR LICENSE LAMP RH/LH	2	71.20	20.00	56.96	X	Ref
0011	FNPS	NO PLATE(S)-REAR	1 N	25.00	10.00	22.50	-	Ref

SUB-TOTAL : 1,332.82

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.10.2018

REPAIR ESTIMATE

Time: 15:11:32

Page: 2

NTUC-CP/P

LKK - Calvin

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

JOB NO : 305220548
 REGN NO : SHC8914A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 02.10.2018 11:05
 ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 20-05 Rear Fender Adv.Sticker RH/LH	200.00				✓
0001 20-05 Rear Licence Plate Cover	100.00				✗ repair
0002 L PANEL BEATING	220.00				200
0003 23-502 SPRAYPAINT ON AFFECTED AREA	220.00				200
0004 17-01 WIRING CHECK	40.00				20
SUB-TOTAL :					780.00

TOTAL : 2,112.82

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Calvin LKK

2/10/18 16:10h

200

45

After Repair

LKK Auto Complaints to be notify the Repairer of the following:

- To resurvey the repairer's estimate
- To display the repairer's estimate
- Third party survey is done on 'no prejudice' basis
- No illegal modification allowed
- Supplementary costs must be approved and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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

JOB NO : 305220548
 REGN NO : SHC8914A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 02.10.2018 11:05
 ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40
0003 04-01-0103-0739-G	REAR BUMPER SPONGE	1	103.50	20.00	82.80
0004 04-01-0103-0740-G	REAR BUMPER REINFORCEMENT	1	428.40	20.00	342.72
0005 04-01-0103-0743-G	REAR BUMPER REIN-BRKT RH	1	80.30	20.00	64.24
0006 04-01-0103-0742-G	REAR BUMPER REIN-BRKT LH	1	80.30	20.00	64.24
0007 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0008 FNPS	NO PLATE(S)-REAR	1 N	25.00	10.00	22.50

SUB-TOTAL : 1,218.90

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00
0001 L	PANEL BEATING	200.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.10.2018

Time: 18:01:23

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 : 305220548
REGN NO : SHC8914A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 02.10.2018 11:05
ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0003 17-01 WIRING CHECK	20.00					

SUB-TOTAL : 620.00

TOTAL : 1,838.90


MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

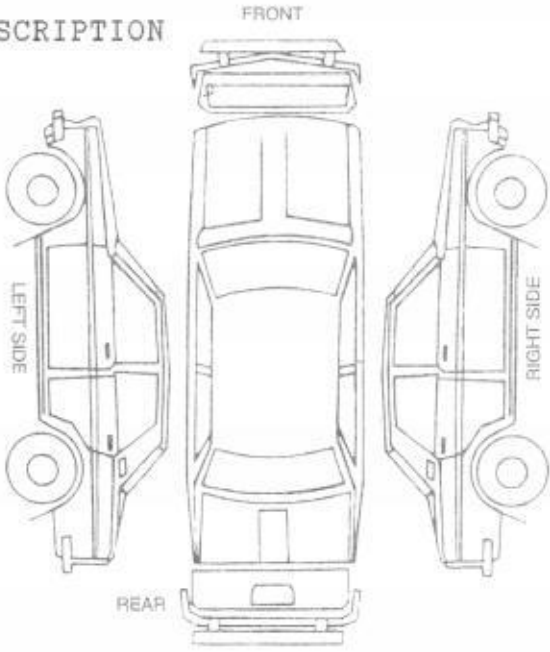
SURVEYOR NAME & SIGNATURE
DATE :

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305220548

OMER	REGN NO.: SHC8914A	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E.....1/2.....F
ESS 383 SIN MING DRIVE	YR OF MANU. 14.04.2016	DATE/TIME IN 02.10.2018 11:05
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU087408	TARGET DATE
(R) 65508755 (O)		COMPLETION DATE/TIME:
(P)		
UNT CARD NO.		

Accident Date: 02.10.2018
NATURE: 3P 02.10.18/C

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

ED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
dgement Slip		Exit Pass	
SHC8914A	LIMITS	Vehicle No.: SHC8914A	
Service Advisor: _____	Signature/Date: _____	Name of Service Advisor _____	Date _____
rned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305220548

Date : 05/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC8914A

Date of Accident : 02-Oct-18

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

1. The repair job shall bill to: NTUC --- SGJ6342M

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: 20%

Final Lumpsum Repair cost


\$1450.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 5/10/18

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		NO		
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/INC18017849/K1rbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 18-10-2018	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGJ 6342M	Veh. Inspected	SHC 8914A
Policy No.	5085977185-01	Coverage (\$)	0.00
Claim No.	MT/1014040-002	Excess (\$)	0.00
Assign From		Assign Date	02/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087408	Colour	BLUE
Odometer	312118	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. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	02/10/2018	Inspection Date	02/10/2018
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8914A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER SPONGE	TORN	103.50	103.50
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
1	REAR BUMPER REIN-BRKT RH	BENT	80.30	80.30
1	REAR BUMPER REIN-BRKT LH	BENT	80.30	80.30
1	REAR BUMPER SIDE BRKT RH	SERVICEABLE	35.60	-
1	REAR BUMPER SIDE BRKT LH	SERVICEABLE	35.60	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
2	REAR LICENSE LAMP RH/LH	SERVICEABLE	71.20	-
	LESS 20% DISCOUNT		-327.58	-299.10
			1,310.32	1,196.40
<u>NETT ITEMS</u>				
1	NO PLATE-REAR (N)	BENT	25.00	25.00
	LESS 10% DISCOUNT		-2.50	-2.50
			22.50	22.50
<u>SPECIAL NETT ITEMS</u>				
2	REAR FENDER ADV STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR LICENCE PLATE COVER (SN)	TO REPAIR SEE LABOUR	100.00	-
			300.00	200.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR LICENCE PLATE COVER.		220.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		220.00	200.00
	WIRING CHECK.		40.00	20.00
			480.00	420.00
GRAND TOTAL			2,112.82	1,838.90

Report Ref No. NS/INC18017849/K1rbn2

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,450.00
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Report Ref No. NS/INC18017849/K1rbn2

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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