

(08/11/13)

Surrey: Kelvin

REF:

NS/2NC 18017884/Kltb n2

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: SN 7148UPolicy No. 5090941680-01 07012018Claims No. MT/1014132-002

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: SHB 21815 Yr Regt: 15 Sep 2016

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

Truck / Trailer or

Maker: Hyundai 24 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 36455 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LB414M4409 3647Gen. Cond: Good / F6 / Poor / BurntSteering: In order / 6A / Jammed / Leaked / Burnt orBrake: In order / 4 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD DR / Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Max Kwik

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/10/18 D.O.I. 2/4/18Survey held at CHE (Loyang)

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

Rev

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

Date / Time	Action / Instruction
	SHB 21815 - 03/11/10007632/Ff1k2 DA: 170410 <u>Inc</u>
	SN 7148U - X <u>ds</u>
3/10/18	Confirmed 45 \$1050 / 2 days. (Red 110378, 51%)
	8/10/2018

Date/Time, File Pass to?

1) Sho Typist

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / I.B.I. (\$) 1050/-☐ : Prel. Report☒ : Final ReportDays Of Repair: 2Resurvey 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/INC18017854/K1tb				
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.	SJN 7148U	Veh. Inspected	SHB 2181S	
Policy No.	5090941580-01	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	01/10/2018	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.				

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5090941580-01		SAT LEASING PTE. LTD.	201631055N	GFT	Third Party, Fire & Theft	SJN7148U	SJN7148U	07/01/2018	

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

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: Wednesday, October 03, 2018 5:40 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request for claim number

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

Claim received from LKK Auto

Best Regards,

Denise Tay | Case Handler

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3861439

JC NO.: 305220546

STOMER: CITYCAB PTE LTD
MS: 7010070
STOMER NO.: 383 SIN MING DRIVE
RESS: Singapore SINGAPORE 575717
(R) 65551188 (O)

REGN NO.: SHB2181S	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 01.10.2018 18:40
YR OF MANU. 15.09.2016	TARGET DATE
CHASSIS CODE KMH1B41UMGU093647	COMPLETION DATE/TIME:

COUNT CARD NO.

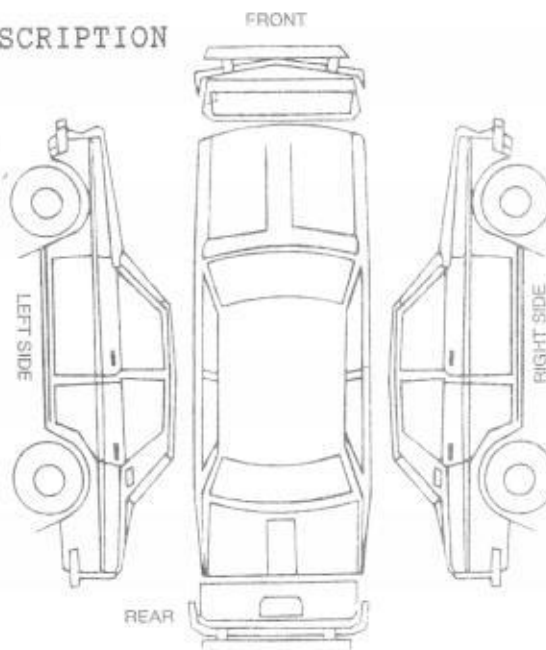
JOB DESCRIPTION

Accident Date: 01.10.2018
NATURE: 3P 01.10.2018

S/NO LABOR CODE

DESCRIPTION

Have LCK - Rear damage.



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHB2181S LARRY/YY

Vehicle No.: SHB2181S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 11:45
Date Of Accident	01/10/2018 16:50
Exact Location Of Accident	HOUGANG AVE 3 TWDS EUNOS LINK X AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2181S
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	YAP CHOR SEOM
NRIC No	S1734785C
Date Of Birth	03/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86138226
Fax Number	
Contact Number	
Email Address	RICKY.YAP8000@GMAIL.COM

Address	BLK 18 EUNOS CRESCENT #06-2893
Postcode	400018
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	CHAIN 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	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20181001/2177

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	SJN7148U
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HUAT SENG
NRIC/Passport Number	S7414930H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YM6577Z

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KUNSAPPAN SUDHAKAR

NRIC/Passport Number

G6844351U

Contact Number

98989194

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YAP CHOR SEOM

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SHB2181S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

TAN HUAT SENG

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

SJN7148U

Were seat belts worn?

YES

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)**

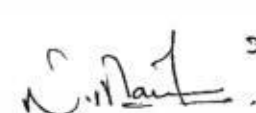
I understand, acknowledge, agree and consent that:

- (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.

CITYCAB PTE LTD
CO. REG. NO. 159502839G

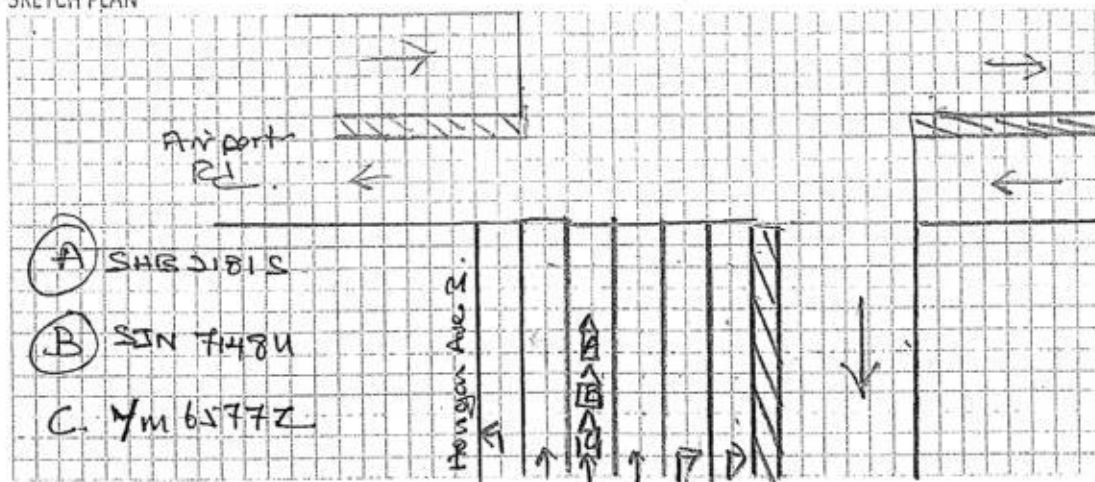
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report - T/20181001 / 2177

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

X

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

J. Manf. 8/10.

Reporting Centre Personnel's Signature
Name:
Date & Time:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20181001/2177

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Police Station Of Origin: .
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20181001/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 22:03		Vide Report No.: G/20181001/0143		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: YAP CHOR SEOM			Address: APT BLK 18 EUNOS CRESCENT #06-2893 SINGAPORE 400018		
ID Type / ID No.: NRIC NO / S1734785C			Contact No.: Home/Office: Mobile: 8613 8226		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 03/05/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/10/2018 16:50	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 3				
HOUGANG AVENUE 3 TOWARDS EUNOS LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SHB2181S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0
SJN7148U	Car	MITSUBISHI	FE83BEOSR DEA	White	Slightly Damaged	0
YM6577Z	Lorry	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel. No: 1800-7479999



T/20181001/2177

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Report No. T/20181001/2177

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YAP CHOR SEOM	ID No.	S1734785C
Related Vehicle	SHB2181S (Car)	Contact No.	8613 8226
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	Slight
Driver			
Name	TAN HUAT SENG	ID No.	S7414930H
Related Vehicle	SJN7148U (Car)	Contact No.	8752 1346
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	Slight
Driver			
Name	KUNSAPPAN SUDHAKAR	ID No.	G6844351U
Related Vehicle	YM6577Z (Lorry)	Contact No.	9898 9194
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 01/10/2018 at about 1650hrs, I was driving my taxi, SHB2181S, along Hougang Avenue 3 and was headed towards Eunos Crescent area to go back home. I was then stopped at the junction of Hougang Avenue 3 and Eunos Link as the traffic light was red. After the traffic lights turned green, I then started to accelerate slightly. However, just when I had stepped on the accelerator, I felt an impact from the rear and again, a second impact from the rear few seconds later.

I then got down to see and noticed that there was a white car...



SINGAPORE
POLICE FORCE



T/20181001/2177

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20181001/2177

CONTINUATION OF REPORT

started to felt pain on my back and the second vehicle driver started to have asthma problems. As such, I then called '995' and subsequently, was conveyed via ambulance to Changi General Hospital.

I wish to state that, I was then given 2 days of MC by CGH.



SINGAPORE
POLICE FORCE



T/20181001/2177

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Report No. T/20181001/2177

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 SIM SENG ZHI, JORDAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

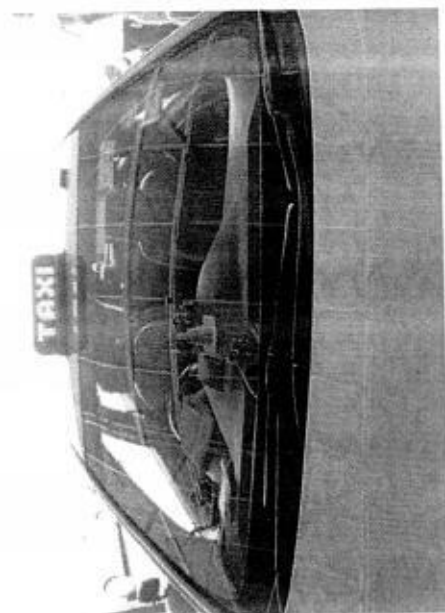
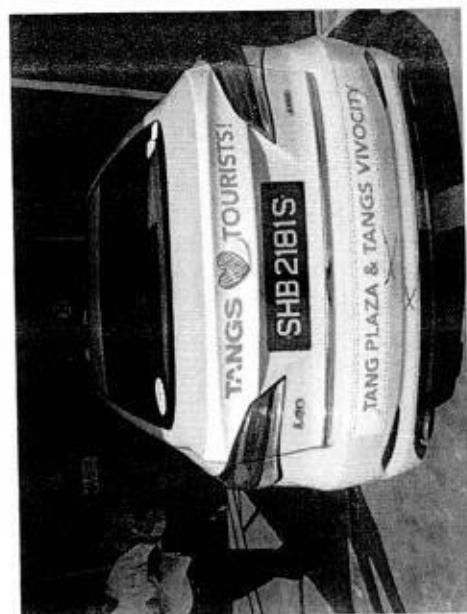
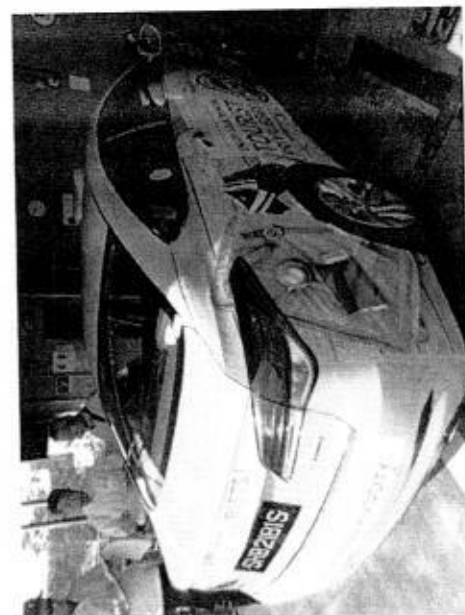
Date/Time:
01/10/2018 22:03

Officer In Charge Of Case:
JP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

10168



COMFORTDELGRO ENGINEERING

Our Job Ref No : 305220546
Date : 3. Oct. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB2181S

Date of Accident: 1. Oct. 2018

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

1. The repair job shall bill to: NTUC SJN7148U

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: **\$1,050.00**
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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 3/10/18

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 2181S

DATE 2/10/2018 10:34

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Refurbish</i>			\$ 553.00
	Rear Bumper Reinforcement <i>X su</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>m</i>			\$ 22.00
	Rear Bumper Bracket <i>X su</i>		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover <i>wt</i>			\$ 228.00
	Fuel Lid Cover <i>X su</i>			\$ 59.40
	SUB TOTAL			\$ 1,522.60
	LESS 20%			\$ 304.52
	DISCOUNTED TOTAL			\$ 1,218.08
	Rear Bumper Advertisement Logo <i>1 pc</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>m</i>		\$ 100.00	\$ 200.00 Nett
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70 Nett
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 220.00 <i>200</i>
	Spray Painting Charge			\$ 220.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>X 1.7</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 2,153.78
	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>LKK Auto-Care</p> <p>the Repairing of Motor Vehicle</p> <ul style="list-style-type: none"> To survey and estimate damage To display damaged parts during survey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification is allowed Supplementary items must be surveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer:</p> <p>Signature: _____</p> <p>Date: _____</p> </div>			

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.




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/INC18017854/K1tbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 12-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 7148U	Veh. Inspected	SHB 2181S	
Policy No.	5090941580-01	Coverage (\$)	0.00	
Claim No.	MT/1014132-002	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.	KMHLB41UMGU093647	Colour	YELLOW	
Odometer	364455	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	01/10/2018	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		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 2181S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	FUEL LID COVER	SERVICEABLE	59.40	-
	LESS 20% DISCOUNT		-304.52	-160.60
			1,218.08	642.40
SPECIAL NETT ITEMS				
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
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			385.70	250.00
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			550.00	430.00
GRAND TOTAL			2,153.78	1,322.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,050.00

Report Ref No. NS/INC18017854/K1tbn2

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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