

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18017936 / KHbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GW1652HPolicy No. 5014614033-01 03.11.2017Claims No. MT/1014664-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

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

CA / .REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SHC 3421M Yr Regn: 29 Jan 2011

Type: M.Car / M.Cycle / Bus / Van / Lorry / T/Tr / Prime Mover /
Truck / Trailer or

Make: Hyundai Sonata cc 1997

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

Sp. Reading: 570938 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMBAB05686

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / OK / Jammed / Leaked / Burnt or

Brake: In order / OK / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AD / Rim or

Tyre Size: F: 255/60 R16
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Hankook

Front 7 mm Rear 7 mm
R/Bal. 7 mm L/Bal. 7 mm
D.O.A. 1/10/18 D.O.I. 3/10/18

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear 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 3421M - CCS/ALH16008299 / H120392

DCA: 29143016 INC

GW 1652H - X

4s

5/10/18 Check 4s 2600 / 3 Rep (Red: 1694.10, 39%)

RECEIVED 08 OCT 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/210 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lum Sum / I.B.I. (\$

2600/-)

Days 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/INC18017936/K1tb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GW 1652H	Veh. Inspected	SHC 3421M
Policy No.	5074614033-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/10/2018

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	03/10/2018
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.
--

Income: Follow-Through Survey

Date : 08/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1014229-002	COMFORT TRANSPORTATION PTE LTD	SHD 4332A	SLU 7603L
2	MT/1014310-002	COMFORT TRANSPORTATION PTE LTD	SHA 6992Y	SJQ 6708U
3	MT/1014664-001	COMFORT TRANSPORTATION PTE LTD	SHC 3421M	GW 1652H

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/10/2018 16:54"/>
Vehicle No.(For Motor)	<input type="text" value="GW1652H"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5074614033-02		HUI WANG ENTERPRISE PTE LTD	201426468N	GFT	Third Party	GW1652H	GW1652H	03/11/2017	

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 14:55
Date Of Accident	01/10/2018 23:50
Exact Location Of Accident	BOUNDARY RD TOWARDS YIO CHU KANG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3421M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	SINNATAMBY KARTHIKESAN
NRIC No	S1828543F
Date Of Birth	18/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91115606
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 708 TAMPINES STREET 71 #03-102
Postcode	520708
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20181002/2032

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	GW1652H
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SINNATAMBY KARTHIKESAN
Approximate Age	
Injuries Sustain	NECK AND LOWER BACK
Injured person in which vehicle?	SHC3421M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

COMFORT TRANSPORT
CO. REG. NO. 1L

WATSON LTD
REG. NO. 1L

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.:

GIARAC SketchPlanForm_V3

SKETCH PLAN

Refer to sketch plan as per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer police report @ T/20180002/2032

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821R

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.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20181002/2032

1 of 3

Report No: T/20181002/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2018 11:13		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: SINNATAMBY KARTHIKESAN			Address: APT BLK 708 TAMPINES STREET 71 #03-102 SINGAPORE 520708		
ID Type / ID No.: NRIC NO / S1828543F			Contact No.: Home/Office: Mobile: 91115606		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 18/11/1967	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2018 23:50	Type of Location: X-Junction
Location: Along Road 1 BOUNDARY ROAD				
CROSS JUNCTION OF BOUNDARY ROAD AND YIO CHU KANG LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW1652H	Van					0
SHC3421M	Car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181002/2032

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20181002/2032

CONTINUATION OF REPORT

Driver			
Name	SINNATAMBY KARTHIKESAN	ID No.	S1828543F
Related Vehicle	SHC3421M (Car)	Contact No.	91115606
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 01/10/2018 at about 2350hrs my vehicle was stationary at the junction of Boundary Road and Yio Chu Kang Link. I was on the second lane just before the stop line waiting the green arrow to come to make a right turn. Subsequently a van collided into my rear. I had 2 passengers with me and they reported having some pain in their body. There was no traffic police or ambulance that attended to the scene. I have In car camera footage but only facing the front.



SINGAPORE
POLICE FORCE



T/20181002/2032

3 of 3

Report No. T/20181002/2032


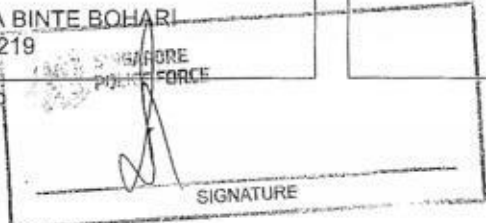
Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

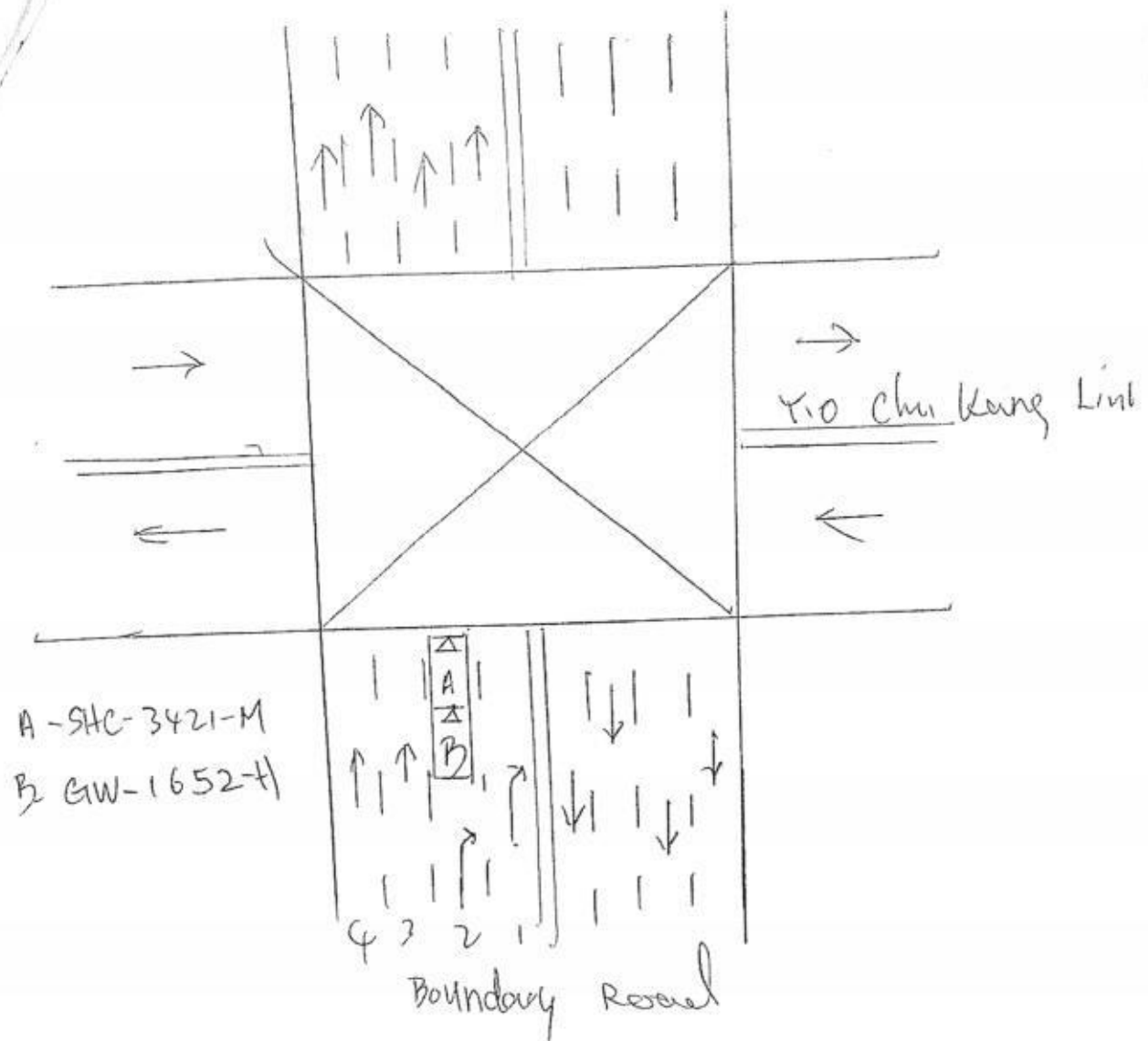
CONTINUATION OF REPORT

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 RANDY RONALD MINJOOT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 11:13
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168 	



COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 3421M

DATE 3/10/2018

MAKE :

MODEL : HYUNDAI SONATA

NTUC - 45

TS

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Reat</i>			\$ 1,349.50
	Boot Lid Lock Upper <i>X su</i>			\$ 132.10
	Boot Lid Lock Lower <i>X su</i>			\$ 30.30
	Boot Lid Sonata Plate <i>- ne</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>- ne</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>- ne</i>			\$ 26.10
	Boot Lid CRDI Plate <i>- ne</i>			\$ 22.70
	Rear Bumper <i>Rehulal</i>			\$ 578.40
	Rear Bumper Reinforcement <i>- us</i>			\$ 483.30
	Rear Bumper Clip <i>- ne</i>			\$ 22.00
	Rear Bumper Sponge <i>- tin</i>			\$ 137.40
	Rear Bumper Under Cover <i>X su</i>			\$ 185.80
	Rear Panel <i>X rep-2</i>			\$ 391.80
	Rear Panel Garnish <i>X su</i>			\$ 95.80
	SUB TOTAL			\$ 3,523.00
	LESS 20%			\$ 704.60
	DISCOUNTED TOTAL			\$ 2,818.40
	Boot Lid Comfort Logo & Tel No. Sticker <i>- ne</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>X 11</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>- ne</i>			\$ 50.00
				\$ 215.70
	Labour Charge			400
	Panel Beating			\$ 440.00
	Spray Painting Charge			\$ 660.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,260.00
	ESTIMATE TOTAL			\$ 4,294.10

Nett
Nett
Nett

600
X 11
20
X 11

LKK Auto Consultants hereby notify the Repairer of the following:
 • To resurvey & parts & labour cost survey
 • To display & parts & labour cost survey
 • Parts & labour cost survey on "no dispute" basis
 • Third party & insurance & insurance basis
 • Supply & parts & labour cost survey and
 is subject to the approval of the insurance company
 Acknowledged by Repairer
 Signature:
 Date:

Kalvin LKK
 3/10/18 1015 hrs
 3 Rep
 45
 After Repair photo

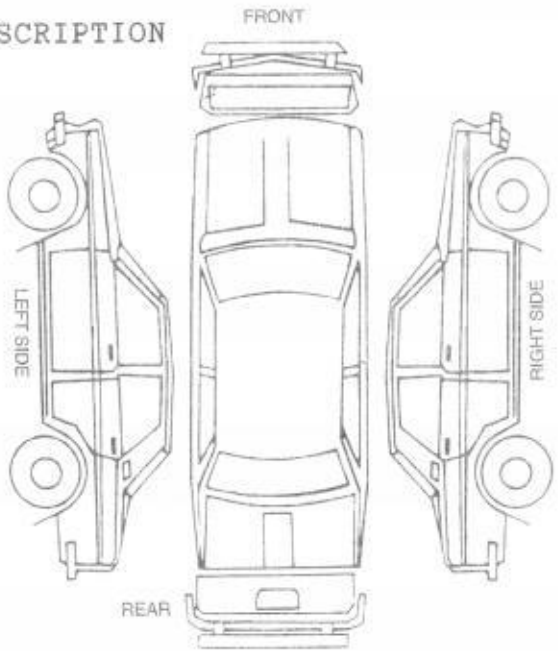
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: IN ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305220665

OMER	REGN NO.: SHC3421M	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL SONATA	E.....1/2.....F
ESS 383 SIN MING DRIVE	YR OF MANU 29.01.2011	DATE/TIME IN 02.10.2018 11:55
Singapore SINGAPORE 575717	CHASSIS CODE KMHE741VMBA805686	TARGET DATE
(R) 65508755 (O)		COMPLETION DATE/TIME:
(P)		
JUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 01.10.2018
NATURE: 3P 01.10.18

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
Acknowledgement Slip		Exit Pass	
No.: SHC3421M	LIMITS	Vehicle No.: SHC3421M	
Signature/Date _____	Signature/Date _____	Name of Service Advisor _____	Date _____
turned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305220665

Date : 05/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC3421M

Date of Accident : 01-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 --- GW1652H

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

\$2,600.00

\$2,600.00

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.

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/INC18017936/K1tbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GW 1652H	Veh. Inspected	SHC 3421M
Policy No.	5074614033-02	Coverage (\$)	0.00
Claim No.	MT/1014664-001	Excess (\$)	0.00
Assign From		Assign Date	03/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KMHET41VMBA805686	Colour	BLUE
Odometer	570938	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	01/10/2018	Inspection Date	03/10/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3421M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID "H" EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	CRACKED	483.30	483.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	TORN	137.40	137.40
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
	LESS 20% DISCOUNT		-704.60	-537.44
			2,818.40	2,149.76
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	80.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR PANEL.		440.00	400.00
	SPRAY PAINTING CHARGE.		660.00	600.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,260.00	1,020.00

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GRAND TOTAL		4,294.10	3,249.76
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,600.00

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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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