

Surveyor: Kolvin

REF: NS/INC 18017939/Klvb2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBB 8160R

Policy No. 5094676208 06-10-17 - 05-10-18

Claims No. MT/10/4308-002

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 Rport: _____ 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: SHA 4738D Yr Regn: 1 Jan 2017

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

Truck / Trailer or

Make: Hyundai Ix0 cc 1685

Colour: Blk A/C: Insu / Std / NI / NA

Sp. Reading: 27946 T/Radio: Insu / Std / NI / NA

Eng/No: _____

C/No: KA HLB4144409823X

Gen. Cond: Good / / 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 Westlake

Front Rear

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

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

D.O.A. 2/10/18 D.O.I. 3/10/18

Survey held at CHE (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 4738D - CS/msh/7020706/Klvb2 DA: 271017
	GBB 8160R - NA/INC/1004105/1 DA: 2802011 INC
5/10/18	Contract P/P \$ 3048.62 / 20% (Red 167.50, 59% P/P)

RECEIVED 03 OCT 2018

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) 9/10-typist

Report Format: TP

Lump Sum / I.B.I: (\$) 3048.62

Days Of Repair: 2

Resurvey No. of Trip: 1

- Add Fee: : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech: Invs (\$ _____)
- : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS: SI	
Photos	<u>160</u>
Others	
TOTAL	



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/INC18017939/K1vb			
73 BRAS BASAH ROAD		Date: 03-10-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBB 8265R	Veh. Inspected	SHA 4738D
Policy No.	5094676208	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	02/10/2018	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.			

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094676208		CHAN BROTHERS TILING CONTRACTOR	53054714K	GCV	Third Party	GBB8265R	GBB8265R	06/10/2017	05/10/2018

Continue

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, 8 October 2018 10:08 AM
To: Veron Chen (LKKAuto)
Subject: REQUEST FOR 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.sg so that we can attend to it accordingly.'*

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Monday, October 08, 2018 7:50 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1014598-001	COMFORT TRANSPOTATION PTE LTD	SHC 8998H	SLE 4378R
2	MT/1014308-002	COMFORT TRANSPOTATION PTE LTD	SHA 4738D	GBB 8265F
3	MT/1014602-001	COMFORT TRANSPOTATION PTE LTD	SHD 4368Y	SLL 6189U

D.O.A	Time of Accident	Estimate	Tentative repair cost
2/10/2018	5:00	\$1,297.60	\$950.00

2/10/2018	10:15	\$3,216.12	\$3,048.62
1/10/2018	8:20	\$1,682.58	\$650.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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 15:07
Date Of Accident	02/10/2018 10:15
Exact Location Of Accident	BLK 160 JALAN TECK WHYE CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4738D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

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

Insurance Company

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

Driver

Name of Driver	MISWADI BIN YASIN
NRIC No	S1564903H
Date Of Birth	11/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92316737
Fax Number	
Contact Number	
EMail Address	MISWADIYASIN@HOTMAIL.COM

Address BLK 354C ADMIRALTY DRIVE #05-238
 Postcode 753354
 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
 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) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / Type Of Accident : 3P REVERSE

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 GBB8265R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver CHAN KIAT LIM
 NRIC/Passport Number S2679447A
 Contact Number
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Nature Of Damage NO DAMAGE

No. Of Passenger (Including Driver)

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 TRANSPORTATION PTE LTD
CO REG NO 190002321R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02.10.18
1430hr

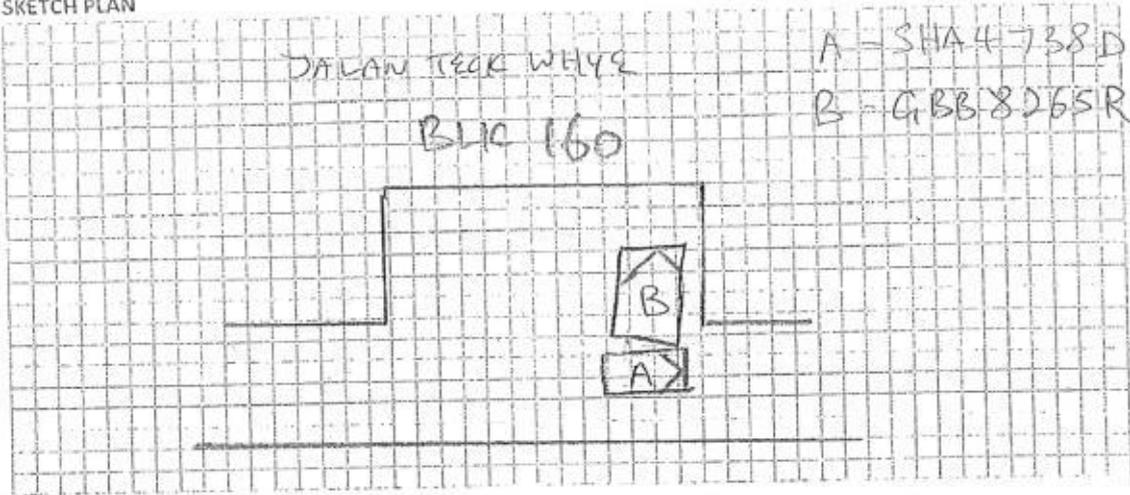
Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/FIN No.:

GIA/MC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 oct 2018 at about 1015 I drive a taxi no. SHH4738D to send a passenger at blk 164 Jaleh Teck whye. while driving ^{open} inside carpark opposite block 160 suddenly a motor lorry reverse and hit my side left front door. My taxi left front door and mirror damage. Lorry registration no. Nissan silver GBB 8265 R. Driver Chan Kat Lim YCS267944TA (NO damage) No injury. Clear weather, no traffic.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO. 192202321R

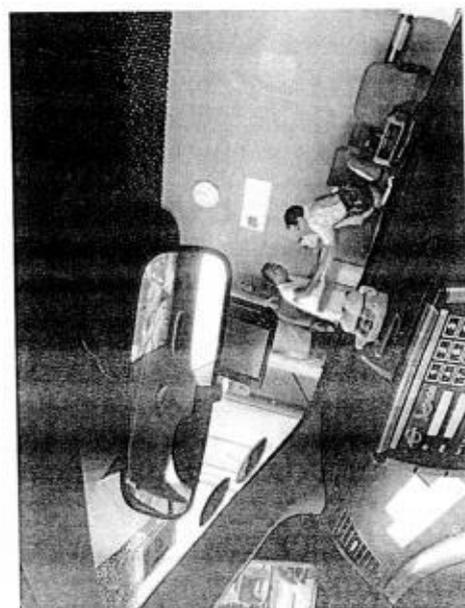
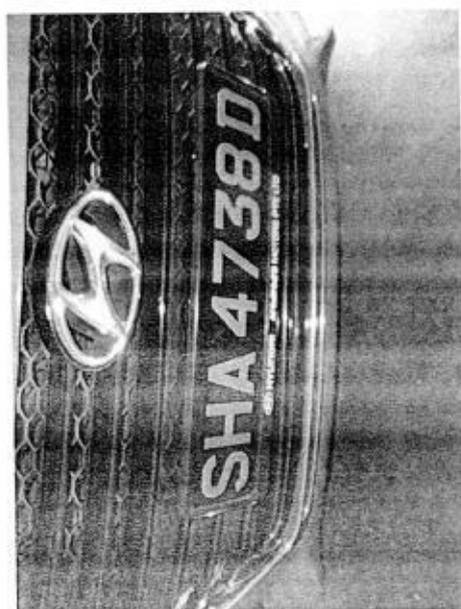
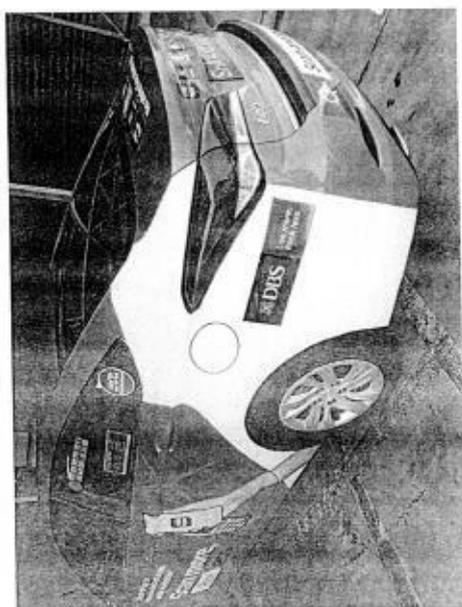
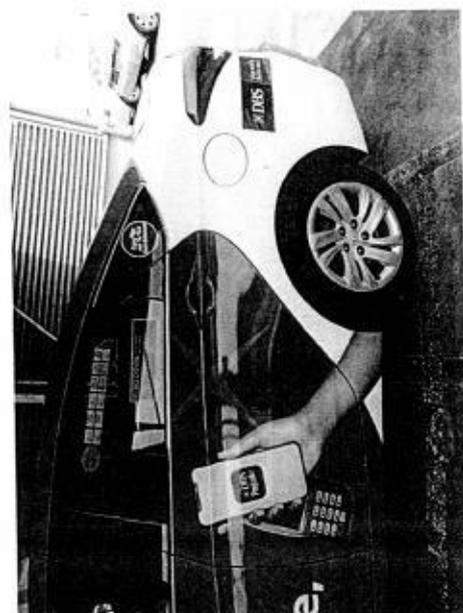
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02.10.18

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

GSBMAC SketchPlanForm_V3

1430w





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305220664

OMER
S
COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
UNIT CARD NO.

REGN NO.: SHA4738D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 02.10.2018 12:00
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098234	COMPLETION DATE/TIME:

NTUC

JOB DESCRIPTION

Accident Date: 02.10.2018
NATURE: 3P 02.10.2018

S/NO	LABOR CODE	DESCRIPTION

KED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Exit Pass
No.: **SHA4738D**
LKE *[Signature]*
Signature/Date

Vehicle No.: **SHA4738D**
Name of Service Advisor
Date
To be kept by Security Guard

Service Advisor
turned to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4738D

DATE 2/10/2018 16:55

MAKE :

MODEL : HYUNDAI i40

LKK/Kalvin

PbyP

LCC

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (LH)			\$ 2,256.40
	Front Door Mirror Assy (LH)			\$ 670.00
	SUB TOTAL			\$ 2,926.40
	LESS 20%			\$ 585.28
	DISCOUNTED TOTAL			\$ 2,341.12
	Front Door Comfort Logo (LH)		-10%	\$ 75.00
	Front Door Advertisement Logo (LH)			\$ 100.00
				\$ 175.00
	Labour Charge			200
	Panel Beating			\$ 220.00
	Spray Painting Charge			\$ 320.00 250
	Wiring Charge			\$ 30.00 20
	Tuff Kote			\$ 50.00 20
	Transfer of Door			\$ 80.00 50
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 3,216.12

Kalvin (LKK)
 3/10/18 1046hr
 2 Pys
 PIP
 Before Part photo

LKK Auto Consultants hereby notify the Repairer of the following:
 • To resurvey before repair to be repaired
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party surveys on a "Without Prejudice" basis
 • No illegal modifications are allowed
 • Supplementary (Amigo) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

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.

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

JOB NO : 305220664
 REGN NO : SHA4738D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 11.01.2017
 DATE/TIME IN : 02.10.2018 12:00
 ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0593-G	I40VC PANEL ASSY-FR DR LH	1	L	2,256.40	20.00	1,805.12
0002	04-01-0103-0600-G	I40VC MIRROR ASSY-O/S REA	1	L	670.00	20.00	536.00
0003	28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	N	75.00	10.00	67.50
							SUB-TOTAL : 2,408.62

JOB NATURE

0000	20-05	RENEW ADVERTISEMENT STICKER-					100.00
0001	L	PANEL BEATING					200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA					250.00
0003	17-01	CHECK ALL LIGHTING					20.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.					20.00
0005	20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP					50.00
							SUB-TOTAL : 640.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.10.2018

Time: 19:35:45

Page: 2

REPAIR ESTIMATE

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

JOB NO : 305220664
REGN NO : SHA4738D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 02.10.2018 12:00
ACCIDENT DATE : 02.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,048.62

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305220664

Date : 04/10/18

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA4738D CTPL

02.10.18

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

1. The repair job shall bill to: NTUC --- GBB8265R
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$2,408.62</u>
(b) Labour Charges	<u>\$640.00</u>
Total for Part-By-Part Repair Cost	<u>\$3,048.62</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 : 

Signature : 

Name : LIM KWOK ENG

Name : Kalvin

Tel : 62148316

Date : 5/10/18

Fax : 65468156

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/INC18017939/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 16-10-2018
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 8265R	Veh. Inspected	SHA 4738D
Policy No.	5094676208	Coverage (\$)	0.00
Claim No.	MT/1014308-002	Excess (\$)	0.00
Assign From		Assign Date	03/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098234	Colour	BLUE
Odometer	279460	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/10/2018	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.

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

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



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4738D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR (LH)	DENTED	2,256.40	2,256.40
1	FRONT DOOR MIRROR ASSY (LH)	BROKEN	670.00	670.00
	LESS 20% DISCOUNT		-585.28	-585.28
			2,341.12	2,341.12
NETT ITEMS				
1	FRONT DOOR COMFORT LOGO (LH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
SPECIAL NETT ITEMS				
1	FRONT DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		320.00	250.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		80.00	50.00
			700.00	540.00
GRAND TOTAL			3,216.12	3,048.62
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,048.62

Report Ref No. NS/INC18017939/K1vbn2

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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