

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18018679/Klgbn2

## 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: SLG 44493

Policy No. 5095797902 18.11.17 - 17.11.2018

Claims No. \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 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 7742X

Yr Regn: 5 Mar, 2015

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:

445378

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM4LB414AF40 64749

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Ignored / Jammed / Leaked / Burnt or

Brake: Ignored / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / S/A/Rim or

Tyre Size:

R:

205 / 60 R16

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.

12/10/18

D.O.I.

15/10/18

Survey held at

CDHE (Loyang)

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

Rear o/s

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SHA 7742X - CS/MSH18011072/Dlgbn2

DA: 31052018 INC

SLG 44493 - X

43

17/10/18 Latimer 4/s \$2200/3 Dgs. (Ped B15B5.78, 417)

RECEIVED 18 OCT 2018

12

Date/Time, File Pass to?



: Prel. Report

1) 18/10/18



: Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / I.B.I. (\$) 2000

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos:

Others:

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

Date: 18/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1015863-002	CITYCAB PTE LTD	SHA 9911L	GBF 4310Z	13/10/2018	\$ 3,382.82	\$ 2,500.00
2	MT/1015433-002	COMFORT TRANSPORTATION PTE LTD	SHA 7742X	SLG 4449J	12/10/2018	\$ 3,705.28	\$ 2,200.00
3	MT/1016123-001	COMFORT TRANSPORTATION PTE LTD	SHA 4236K	SKL 8864C	15/10/2018	\$ 3,994.77	\$ 1,000.00
4	MT/1015895-002	COMFORT TRANSPORTATION PTE LTD	SHD 4807Y	SJR 718A	15/10/2018	\$ 2,828.80	\$ 1,450.00
5	MT/1015552-002	COMFORT TRANSPORTATION PTE LTD	SHA 7854G	SDU 818A	11/10/2018	\$ 3,231.40	\$ 1,550.00

Claim received from LKK Auto

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="12/10/2018 16:53"/>
Vehicle No. (For Motor)	<input type="text" value="SLG4449J"/>	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"/>	5095797902		KAMSANI BIN KAMSUN	S1495211Z	GPC	drive PREMIUM	SLG4449J	SLG4449J	18/11/2017	17/11/2018

## 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 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. 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	13/10/2018 07:15
Date Of Accident	12/10/2018 01:05
Exact Location Of Accident	NEW UPP CHANGI RD BEDOK MALL TAXI STAND
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7742X
<b>Insured/Policyholder</b>	
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	TEN KIM HUAT
NRIC No	S1413723H
Date Of Birth	17/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98298762
Fax Number	
Contact Number	
Email Address	MTKH604@HOTMAIL.COM

Address	105 14-2162 BEDOK NORTH AVENUE 4
Postcode	460105
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	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SLG4449J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ2212U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHA1032B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TEN KIM HUAT
Approximate Age	58
Injuries Sustain	NECK
Injured person in which vehicle?	SHA7742X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

Sketch attachur.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police  
Report :  
T / 20181012 / 2047.

DECLARATION

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

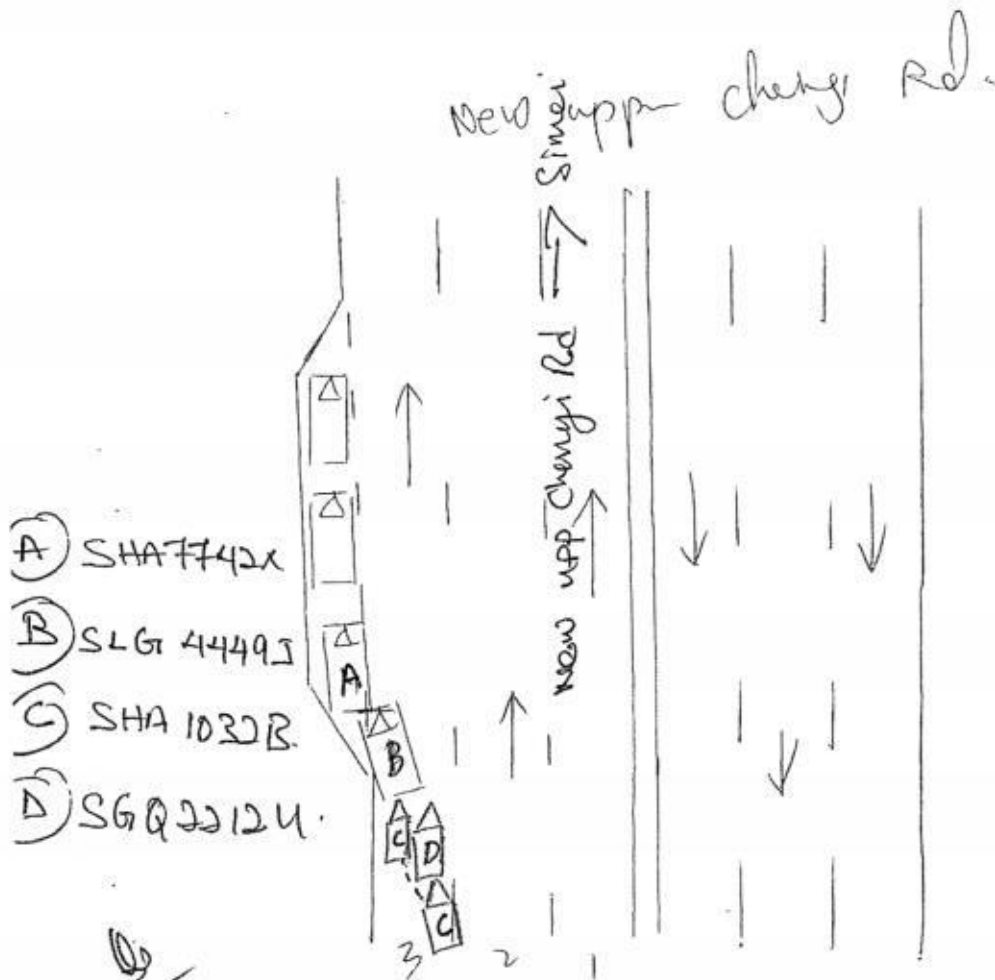
COMFORT TRANSPORTATION PTE.  
CO. REG. NO. 199303821R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

S. Khaf 18/10







**SINGAPORE  
POLICE FORCE**



T/20181012/2047

1 of 3

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

Report No. T/20181012/2047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2018 11:54	Vide Report No.: G/20181012/0017	Station Diary No.: 29
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Informant's Particulars			
Name of Informant: TEN KIM HUAT		Address: APT BLK 105 BEDOK NORTH AVENUE 4 #14-2162 SINGAPORE 460105	
ID Type / ID No.: NRIC NO / S1413723H		Contact No.: Home/Office: Mobile: 98298762	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 17/07/1960	
Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 01:05	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD New Upper Changi Road, Bedok Mall Taxi Stand				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
3 SGQ2212U	Car	MY				0
4 SHA1032B	TAXI					0
1 SHA7742X	TAXI				Slightly Damaged	0
2 SLG4449J	Car	BMW				0



**SINGAPORE  
POLICE FORCE**



T/20181012/2047

2 of 3

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

Report No. T/20181012/2047

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEN KIM HUAT	ID No.	S1413723H
Related Vehicle	SHA7742X (TAXI)	Contact No.	98298762
Hospital/Clinic	OASIS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	12/10/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 12/10/2018 at about 0105hrs, I was at the taxi stand of Bedok Mall in my taxi (SHA7742X). I was waiting to pick passengers up.

Suddenly, there was a collision from the rear. I then got off my vehicle and saw that another vehicle (SLG4449J), had collided with my vehicle. I then took photos of the accident. I also saw that there was another two vehicles behind SLG4449J that were involved in the accident. They were SGQ2212U and SHA1032B. The vehicle behind me called for police and TP arrived.

I did not exchange particulars with the other drivers. There was no ambulance. After TP gave me a report number G/20181012/0017, told me that the IO in-charge was Jackson and his contact number was 65476225. TP also told me to lodge a police report as soon as possible. I left after my taxi was towed away. My vehicle suffered damages on the rear bumper, near to the right side and it was dented. I have in-car camera, but it is facing the front only. It was recording.

At about 1130hrs, I went to Oasis Family Clinic to consult a doctor as I felt cramp at my neck. I was given 4 days MC from 12/10/2018 to 15/10/2018.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20181012/2047

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

3 of 3  
Report No. T/20181012/2047

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 /  
Staff Sgt YANG JUNJIE, SAMUEL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt LEE GUANG HUI  
Contact No.: 65476138

Authentication Stamp  
ND1A8

Signature Of Informant:

Date/Time:

12/10/2018 11:54

Classification Of Case:

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7742X

MAKE :

MODEL : HYUNDAI i40

DATE 13/10/2018

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Defected</i>			\$ 553.00
	Rear Bumper Reinforcement <i>Xsu</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xsu</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs — <i>nc</i>			\$ 22.00
	Rear Bumper Bracket <i>Xsu</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>Xsu</i>			\$ 103.50
	Rear Bumper Under Cover — <i>nc</i>			\$ 228.00
	Exhaust Pipe Insulator, RH <i>Xsu</i>			\$ 58.55
	Exhaust Silencer, RH — <i>Bent</i>			\$ 967.70
	Exhaust Pipe Hanger, RH <i>Xrep</i>			\$ 58.55
	Exhaust Pipe Centre — <i>Bent</i>			\$ 730.10
	<b>SUB TOTAL</b>			<b>\$ 3,381.60</b>
	<b>LESS 20%</b>			<b>\$ 676.32</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,705.28</b>
	Rear Bumper Rubber Mat — <i>nc</i>			\$ 50.00
	Rear Bumper Advertisement Logo — <i>nc</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) — <i>nc</i>			\$ 200.00
				<b>\$ 300.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			<del>\$ 220.00</del>
	Spray Painting Charge			<del>\$ 220.00</del>
	Wiring Charge			<del>\$ 30.00</del>
	Remove/Refix Exhaust Pipe			<del>\$ 150.00</del>
	Remove/Refix Reverse Sensor			<del>\$ 80.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 700.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,705.28</b>

Vehicle Towed-In.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third-party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Kalvin

15/10/18 1135 hrs.  
3 Days  
45  
After Repair photo

L2

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: ARC Repair TP(CLS0)1

**JOB CARD**

Sales Order:

JC NO.: 305225253

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

V/MS

STOMER NO.

383 SIN MING DRIVE

DRESS

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

REGN NO.: SHA7742X

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 12.10.2018 01:05

YR OF MANU 05.03.2015

TARGET DATE

CHASSIS CODE RMHLB41UMFU064749

COMPLETION DATE/TIME:

ICOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.10.2018

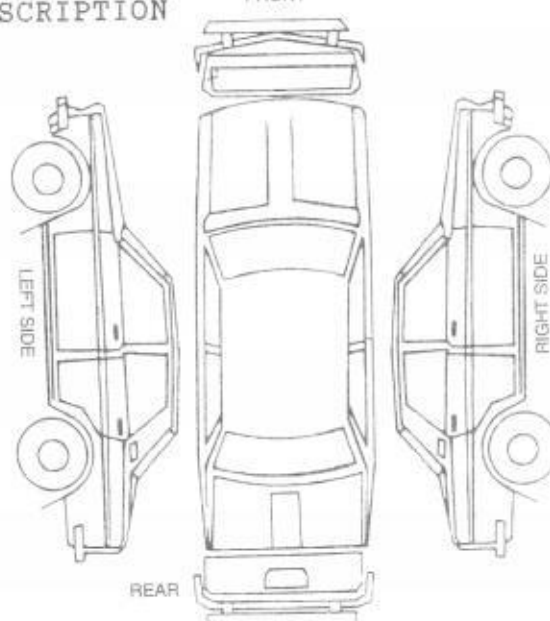
NATURE: 3P 12.10.2018

S/NO

LABOR CODE

DESCRIPTION

FRONT



REAR

RIGHT SIDE

LEFT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledge Slip

Exit Pass

9:

o.:

le No.:

SHA7742X

LIMITS

Vehicle No.:

SHA7742X

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

1. Date: <u>12/10/18</u> Time Received: <u>2.24</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input checked="" type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>9829 8762</u> Vehicle No. : <u>SHA 7742</u> Make / Model / Colour : <u>H/140</u> Email :	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:

7. Location: <u>Bedok mall</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:	

10. Odometer Reading : <u>445378</u>	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	

Job Attended		<p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer</p>
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		
Name of Driver : <u>Lim Kah Hoon</u>		
Vehicle No. : <u>7317B</u>		
Time Dispatch : <u>2.24</u> Time of Arrival : <u>3.15</u> Time Completed :		

Cash Invoice Details (if applicable)	
13. Cash Invoice No. :	

Customer Acknowledgement	
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.	
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.	
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.	
<u>12/10/18</u> Date	<u>3.15</u> Time
Signature of Customer	

14. WORKSHOP	
Name of Attending Staff/Guard	Date & Time of Arrival
Signature of Attending Staff/Guard	

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

Date : 17/10/18

## Fax :

Date of Accident : 12-Oct-18

Date : 17/10/18

## 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/INC18018679/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 19-10-2018	
Code: INC4				
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLG 4449J	Veh. Inspected	SHA 7742X	
Policy No.	5095797902	Coverage (\$)	0.00	
Claim No.	MT/1015433-002	Excess (\$)	0.00	
Assign From		Assign Date	15/10/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU064749	Colour	BLUE	
Odometer	445378	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	12/10/2018	Inspection Date	15/10/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 2

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7742X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
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 SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CRACKED	228.00	228.00
1	EXHAUST PIPE INSULATOR, RH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER, RH	BENT	967.70	967.70
1	EXHAUST PIPE HANGER, RH	TO REPAIR SEE LABOUR	58.55	-
1	EXHAUST PIPE CENTRE	BENT	730.10	730.10
	LESS 20% DISCOUNT		-676.32	-500.16
			2,705.28	2,000.64
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR BUMPER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF EXHAUST PIPE HANGER, RH.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX EXHAUST PIPE.		150.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			700.00	480.00
<b>GRAND TOTAL</b>			<b>3,705.28</b>	<b>2,780.64</b>

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,200.00
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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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