

(08/11/13)

Surveyor: Kelvin

REF:

NS/INC18013782/Kltbn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SJR 718APolicy No. 5037387380-09 080618-070619Claims No. MT/1015295-602

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: SHD 48074 Yr Regn: 31 Aug 2013

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

Truck / Trailer or

Make: Hyundai 240 cc 168Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 633179 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1CMHL13414MP4039764Gen. Cond: Good / F6 / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hankook

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 15/10/13 D.O.I. 16/10/13Survey held at CPHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHD 48074 - CCS/ALG/15001503/Hluaz2
	SJR 718A - X
18/10/13	Letter 1 C/S \$1450/ 2 Pgs.
	Red: \$1378.80 . 49%

RECEIVED 18 OCT 2013

Date/Time, File Pass to?

☐ : Prel. Report1) typist☒ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:	<input type="checkbox"/> : Site Insp (\$ _____)	Survey Fee: _____ Transportation: _____ \$ + RS. \$ _____ Photos _____ Others _____ TOTAL _____
	<input type="checkbox"/> : Interview (\$ _____)	
	<input type="checkbox"/> : Tech. Invs (\$ _____)	
	<input type="checkbox"/> : Weekend (\$ _____)	

Report Format: TPLump Sum / 124 (\$) 1450.00

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5037387380-09		THILAKAVATHY D/O GOVINDASAMY @GOPIDOSS	S6802269Z	GPC	drive CLASSIC	SJR718A	SJR718A	08/06/2018	07/06/2019

Continue

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

## 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	16/10/2018 14:32
Date Of Accident	15/10/2018 19:10
Exact Location Of Accident	BRAS BASAH RD BEFORE QUEENS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4807Y
<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	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	LIM KEE THO
NRIC No	S0820664C
Date Of Birth	26/04/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1968
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92701718
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 328 SERANGOON AVENUE 3 #06-332
Postcode	550328
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20181016/2035

#### 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	SJR718A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM KEE THO

Approximate Age

67

Injuries Sustain

PAIN AT NECK AND BACK. ON 3 DAYS MC.

Injured person in which vehicle?

SHD4807Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**IMPORTANT NOTICE**

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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.

Source: Information from GIA LTD  
CO REG NO 19200281R

Policyholder's Signature  
Date & Time:

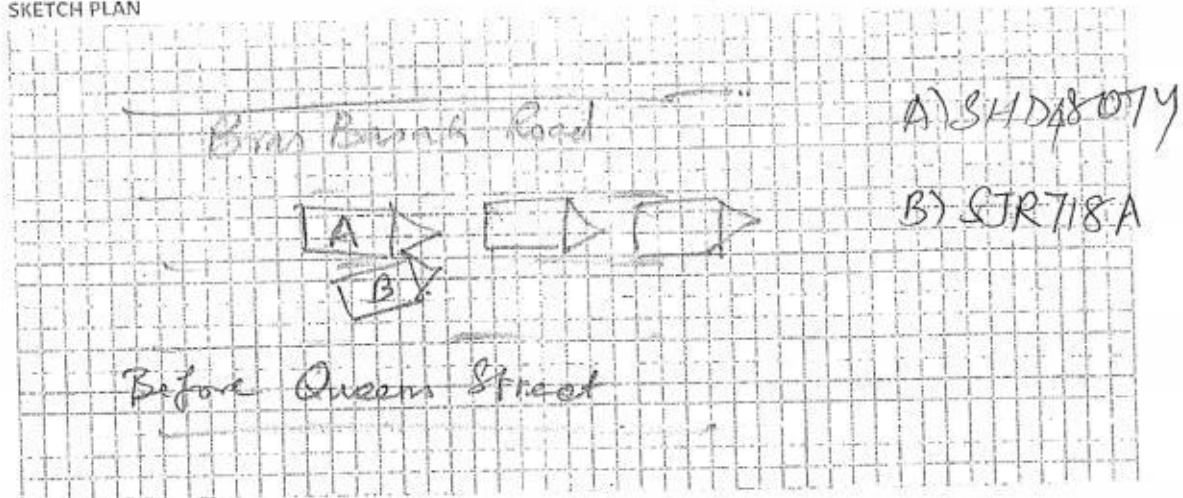
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

  
S R Moorthy  
CSO  
16/10/18



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/18 at about 0910 hrs while I Veh A was travelling straight along my lane, Veh B intercepted into my lane and collided on the far right front portion of my moving vehicle.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
REG NO. 192243319

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



T/20181016/2035

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20181016/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2018 11:10	Vide Report No.:	Station Diary No.: 59
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## Informant's Particulars

Name of Informant: LIM KEE THO			Address: APT BLK 328 SERANGOON AVENUE 3 #06-332 SINGAPORE 550328		
ID Type / ID No.: NRIC NO / S0820664C			Contact No.: Home/Office: Mobile: 92701718		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 26/04/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/10/2018 19:10	Type of Location: Straight Road
Location: Along Road 1 BRAS BASAH ROAD				
HEADING STRAIGHT TOWARDS VICTORIA STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4807Y	Car				Slightly Damaged	1
SJR718A	Car				Slightly Damaged	0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



Report No. T/20181016/

**CONTINUATION OF REPORT**

Driver Name	LIM KEE THO	ID No.	S0820664C
Related Vehicle	SHD4807Y (Car)	Contact No.	92701718
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On the 15/10/2018 at about 1907hrs, I was driving along Bras Basah Rd heading straight towards Victoria Street in my taxi bearing the plate number SHD4807Y. I had one passenger on board and was driving on the 3rd lane which is a straight lane only.

Subsequently there is another vehicle bearing the plate number SJR718A who was driving on the second lane at that point of time suddenly make an abrupt turn to the left and collided with the right side of my taxi causing it to have damages.

Both driver exchanged contact numbers with each other before resuming our journey. I then felt some pain at the neck and back part thus I seek medical treatment and were given 3 days MC.

SINGAPORE  
POLICE FORCE



T/20181016/2035

3 of 3

Report No. T/20181016/2035

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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 3 MOHAMAD IZWAN BIN MOHAMAD  
ISHAK

Signature Of Interpreter:  
Not applicable.

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

Authentication Stamp  
NP168

Signature Of Informant:

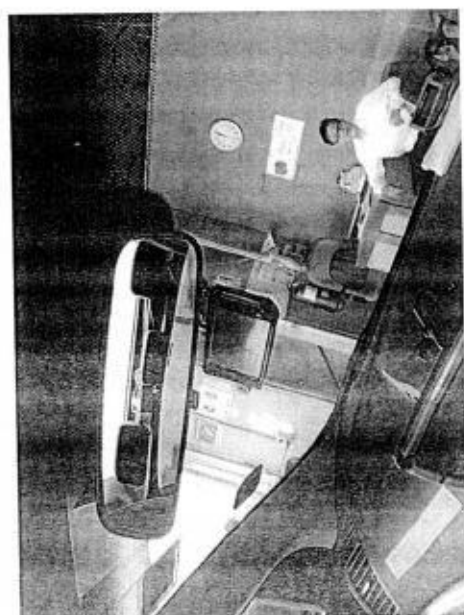
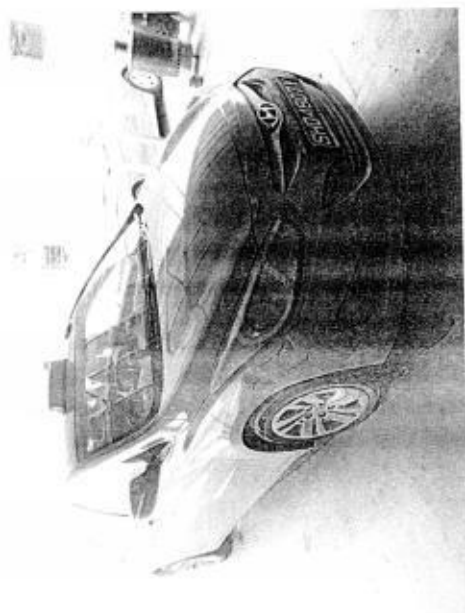
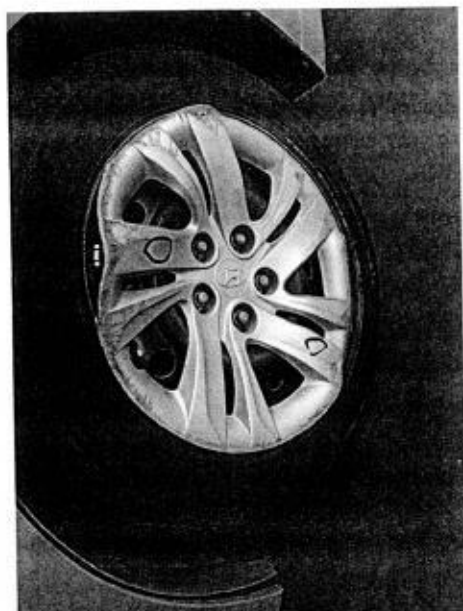
Date/Time:  
16/10/2018 11:10

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE



## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHD 4807 Y

DATE 16/10/2018 16:44

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Headlamp (RH) <i>cut</i>			\$ 1,388.00
	Front Fender (RH) <i>x repair</i>			\$ 566.30
	Front Fender Retainer <i>x su</i>			\$ 24.60
	Front Wheel Hub Cap (RH) <i>harzed</i>			\$ 107.10
	<i>Front Bumper x repair</i>			
	SUB TOTAL			\$ 2,086.00
	LESS 20%			\$ 417.20
	DISCOUNTED TOTAL			\$ 1,668.80
	Labour Charge			200
	Panel Beating			\$ <del>400.00</del>
	Spray Painting Charge			\$ <del>600.00</del> 400
	Wiring			\$ <del>30.00</del> 20
	Tuff Kote			\$ <del>50.00</del> x 1.1
	Frt Wheel Alignment			\$ <del>80.00</del> x 1.1
	TOTAL LABOUR			\$ 1,160.00
	ESTIMATE TOTAL			\$ 2,828.80

Kah 11/11/18  
 16/10/18 16:44  
 2 P7.  
 4/5  
 After Repa p lto

LKK Auto Consultants hence notify  
 the Repairer of the following:  
 • To resurvey before/after spray painting  
 • To display damaged part(s) during resurvey  
 • Parts prices are subject to confirmation  
 • Third party survey is on a "Without Prejudice" basis  
 • No illegal modification(s) is allowed  
 • Supplementary item(s) 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.

Date/Time: 16.10.2018 15:19

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305226765

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(P) (C)

DUNT CARD NO.

REGN NO.:

SHD4807Y

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN  
16.10.2018 12:00

YR OF MANU

31.08.2013

TARGET DATE

CHASSIS CODE

KMHLB41UMDU039764

COMPLETION DATE/TIME:

Accident Date: 15.10.2018

NATURE: 3P 15.10.18/C

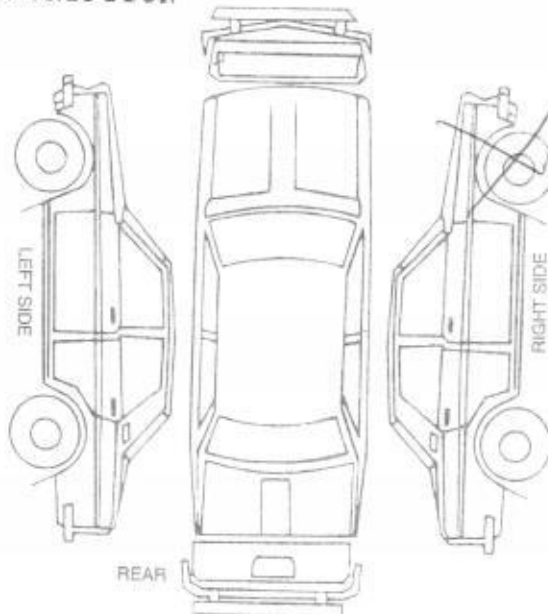
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHD4807Y

FZ NTUC

Vehicle No.:

SHD4807Y

f Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING



Our Job Ref No : 305226765  
Date : 17.10.2018

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

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHD4807Y Date of Accident : 15.10.2018

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

1. The repair job shall bill to: NTUC --- SJR 718A
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$0.00
  - (b) Labour Charges \$840.00
  - Total for Part-By-Part Repair Cost \$0.00
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$1,450.00  
Final Lumpsum Repair cost \$1,450.00
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance. We confirm the estimates and finalized amount.  
  
Signature :  Signature :   
Name : FAUZY BIN MOKHTAR Name : Kohn  
Tel : 62148319 Date : 18/10/18  
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		N		
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/INC18018782/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 26-10-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 718A	Veh. Inspected	SHD 4807Y
Policy No.	5037387380-09	Coverage (\$)	0.00
Claim No.	MT/1015895-002	Excess (\$)	0.00
Assign From		Assign Date	16/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KMHLB41UMDU039764	Colour	BLUE
Odometer	633179	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 O/S FRONT PORTION.
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	15/10/2018	Inspection Date	16/10/2018
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:	2 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4807Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	HEADLAMP (RH)	CUT	1,388.00	1,388.00
1	FRONT FENDER (RH)	TO REPAIR SEE LABOUR	566.30	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-417.20	-299.02
			1,668.80	1,196.08
	<b><u>LABOUR</u></b>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER (RH) AND FRONT BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,160.00	620.00
	<b>GRAND TOTAL</b>		<b>2,828.80</b>	<b>1,816.08</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>1,450.00</b>

Report Ref No. NS/INC18018782/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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