

Surveyor: Kalvin

REF:

NS/INC18019170/Klsbn2

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: SMD 3383A

Policy No: 5095010035 23.10.17 - 27.02.19

Claims No: MT/1016520-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA39054 Yr Regn: 3 Jan 2014

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

Truck / Trailer or

Make: Hyundai I40 cc: 1685

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

Sp. Reading: 800098 T/Radio: Insu Std / NI / NA

Eng/No: _____

C/No: KMHCB414AD4043359

Gen. Cond: Good / Poor / Burnt

Steering: Inor Std / Jammed / Leaked / Burnt or

Brake: Inor Std / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Prim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / BIR / 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. 19/10/18 D.O.I. 22/10/18

Survey held at CDHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHA 39054 - (CCU / NXA180) 06674 / K16a362
	SMD 3383A - X
29/10/18	Subvented 45 \$5800 / 5 days
30/10/18	Confirmed 45 \$ 5,800/- @ 5 days with Kalvin. (\$ 3,291.78 Red - 59%)
	RECEIVED 30 OCT 2018

Date/Time, File Pass to?

30/10/18

1) Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I: (\$ 5,800/- 45)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech. Invs (\$ _____)

Weekend (\$ _____)

Survey Fee:

Transportation: 160

S + RS: SI

Photos

Others

TOTAL

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)

[Change Password](#)

[Log Out](#)

My Desktop
Notice of Loss

Policy Query

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095010035		CHEN WAN QING	S7683039H	GPC	drive PREMIUM	SMD3383A	SMD3383A	23/10/2017	27/02/2019

TP Claims against NTUC Income: Follow-Through Survey

Date: 30/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1016705-002	COMFORT TRANSPORTATION PTE LTD	SHB 6395R	SLP 3505P	22/10/2018	8:20	\$ 5,309.88	\$ 2,800.00
2	MT/1016841-002	COMFORT TRANSPORTATION PTE LTD	SHC 3963R	SJP 5318Z	22/10/2018	14:00	\$ 2,810.68	\$ 1,500.00
2	MT/1016520-002	COMFORT TRANSPORTATION PTE LTD	SHA 3905U	SMD 3383A	19/10/2018	19:00	\$ 14,091.78	\$ 5,800.00

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	20/10/2018 10:29
Date Of Accident	19/10/2018 19:00
Exact Location Of Accident	KPE TWDS PIE EXIT TO TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3905U
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	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	YAP KENG HUAT
NRIC No	S1169785B
Date Of Birth	09/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1975
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97852281
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 326 12-1338 YISHUN RING ROAD
 Postcode 760326
 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: : MALE

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

SEE ATTACH.

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 SMD3383A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHEW WANQING
 NRIC/Passport Number S7683039H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 2

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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199503821R

叶友富

[Handwritten Signature] 28/10

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.:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

NTUC-45

DATE 22/10/2018

TS

VEHICLE NO : SHA 3905U

MAKE :

LKK - Kalvin

P1/2

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Paint</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>x see</i>			\$ 102.60
	Boot Lid Lock Lower <i>x see</i>			\$ 31.70
	Boot Lid Key Lock <i>x see</i>			\$ 81.60
	Boot Lid 'H' Emblem <i>nc</i>			\$ 28.70
	Boot Lid CRDI Plate <i>nc</i>			\$ 27.90
	Boot Lid Lamp (LH) <i>nc</i>			\$ 565.60
	Licence Lamp (LH/RH) <i>nc</i>	\$	33.95	\$ 67.90
	Licence Lamp Garnish (LH) <i>nc</i>			\$ 380.80
	Rear Boot Protector <i>x see</i>			\$ 980.80
	Boot Lid Absorber <i>x see</i>			\$ 65.65
	Boot Lid Trimboard <i>x see</i>			\$ 116.40
	Boot Lid Trimboard Clips (10pcs) <i>x n</i>			\$ 11.00
	Bootlid Moulding <i>x see</i>			\$ 85.00
	Bootlid i40 Emblem <i>nc</i>			\$ 27.90
	Bootlid Lower Garnish <i>x repair</i>			\$ 227.90
	Rear Bumper <i>Reformed</i>			\$ 553.00
	Rear Bumper Reinforcement <i>nc</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Paint</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>nc</i>			\$ 22.00
	Rear Bumper Bracket <i>x see</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>nc</i>			\$ 103.50
	Rear Bumper Under Cover <i>nc</i>			\$ 228.00
	Rear Bumper Reflector Lamp (LH/RH) <i>nc</i>	\$	30.60	\$ 61.20
	Tail Lamp (LH) <i>nc</i>			\$ 697.80
	Rear Panel <i>Paint</i>			\$ 526.70
	Rear Panel Garnish <i>nc</i>			\$ 57.70
	Rear Panel Lower Panel <i>Paint</i>			\$ 495.50
	Exhaust Pipe Insulator <i>x see</i>	\$	58.55	\$ 117.10
	Exhaust Silencer <i>x see</i>	\$	967.70	\$ 1,935.40
	Exhaust Pipe Hanger <i>x see</i>	\$	58.55	\$ 117.10
	Exhaust Pipe Centre <i>x see</i>			\$ 730.10
	Rear Fender (LH) <i>x repair</i>			\$ 2,171.40
	Rear Windscreen Moulding <i>x n</i>			\$ 28.30
				\$ 13,481.35
				\$ 2,696.27
				\$ 10,785.08

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

SHA 3905U TS

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid Comfort Logo & Tel No. Sticker <i>2x1</i>			\$ 30.00	Nett
	Boot Lid Advertisement Logo <i>2x1</i>			\$ 100.00	Nett
	Rear No. Plate <i>2x1</i>			\$ 25.00	Nett
	Rear Bumper Reverse Sensor <i>slotted</i>			\$ 135.70	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>2x1</i>		\$ 100.00	\$ 200.00	Nett
	Rear Windscreen Sealant <i>X 2x1</i>			\$ 46.00	Nett
				\$ 536.70	
<i>(vehicle tow-in)</i>					
Labour Charge					
	Panel Beating			\$ 900.00 ⁶⁰⁰	
	Spray Painting Charge			\$ 1,200.00	800
	Wiring Charge			\$ 30.00	20
	Tuff Kote			\$ 50.00	20
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00	50
	Remove/Refix Rear Windscreen Glass			\$ 120.00	X 1
	Remove/Refix Reverse Sensor			\$ 80.00	30
	Remove/Refix Exhaust Pipe			\$ 240.00	X 1
TOTAL LABOUR				\$ 2,770.00	
ESTIMATE TOTAL				\$ 14,091.78	

Ka Lin LKK
22/10/18 1140 hrs
14 4 bags
L/S
After Repair photo

LKK Auto Consultants hereby 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 surveys on a "Without Prejudice" basis
- No legal modification 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.

member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305228410

OMER
 COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (O)

REGN NO.: SHA3905U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 19.10.2018 20:10
YR OF MANU 03.01.2014	TARGET DATE
CHASSIS CODE KMHLB41UMDU043359	COMPLETION DATE/TIME:

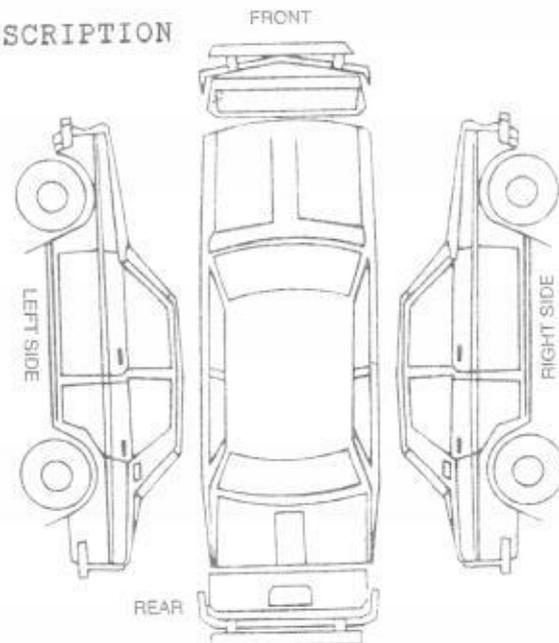
UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 19.10.2018
 NATURE: 3P 19.10.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Settlement Slip

Exit Pass

No.: **SHA3905U** **LIMITS**

Vehicle No.: **SHA3905U**

Signature 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>19/10/18</u> Time Received: <u>2010</u>		3. Vehicle Type: <input type="checkbox"/> Private <input 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 Name of Customer: <u>Yap Keny Muat</u> Contact No.: <u>97852281</u> Vehicle No.: <u>SMA39054</u> Make / Model / Colour: <u>I40</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>M.oularein RD</u>			8. Vehicle Tow - In Workshop:		
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: _____			<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		

10. Odometer Reading : _____ 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		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer	
---	--	--	--	--	--

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING	
Name of Driver : <u>Lee Boon Liong</u>	
Vehicle No. : <u>7N4668C</u>	
Time Dispatch : <u>2010</u>	
Time of Arrival : <u>2040</u>	
Time Completed : <u>2120</u>	

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™.

19/10/18 2040 _____
 Date Time Signature of Customer

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

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305228410
Date : 29/10/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHA3905U Date of Accident : 19-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 --- SMD3383A
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% \$5,800.00
 - Final Lumpsum Repair cost** \$5,800.00

3. Estimated normal period for repairs: 5 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 : *Lims*
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : *[Signature]*
Name : KALVIN
Date : 29/10/18

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/INC18019170/K1sbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 08-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMD 3383A	Veh. Inspected	SHA 3905U
Policy No.	5095010035	Coverage (\$)	0.00
Claim No.	MT/1016520-002	Excess (\$)	0.00
Assign From		Assign Date	22/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMDU043359	Colour	BLUE
Odometer	800098	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 REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/10/2018	Inspection Date	22/10/2018
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: **5 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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3905U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	DENTED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID KEY LOCK	SERVICEABLE	81.60	-
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOT LID LAMP (LH)	CRACKED	565.60	565.60
2	LICENCE LAMP (LH/RH) @\$33.95	CRACKED	67.90	67.90
1	LICENCE LAMP GARNISH (LH)	CRACKED	380.80	380.80
1	REAR BOOT PROTECTOR	SERVICEABLE	980.80	-
1	BOOT LID ABSORBER	SERVICEABLE	65.65	-
1	BOOT LID TRIMBOARD	SERVICEABLE	116.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	11.00	-
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	BENT	160.60	160.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	TORN	103.50	103.50
1	REAR BUMPER UNDER COVER	CRACKED	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$30.60	CRACKED	61.20	61.20
1	TAIL LAMP (LH)	CRACKED	697.80	697.80
1	REAR PANEL	DENTED	526.70	526.70
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	DENTED	495.50	495.50
2	EXHAUST PIPE INSULATOR @\$58.55	SERVICEABLE	117.10	-

Report Ref No. NS/INC18019170/K1sbn2



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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	EXHAUST SILENCER @\$967.70	SERVICEABLE	1,935.40	-
2	EXHAUST PIPE HANGER @\$58.55	SERVICEABLE	117.10	-
1	EXHAUST PIPE CENTRE	SERVICEABLE	730.10	-
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
	LESS 20% DISCOUNT		-2,696.27	-1,321.62
			10,785.08	5,286.48
	<u>SPECIAL NETT ITEMS</u>			
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NOT NECESSARY	30.00	-
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR NO PLATE (SN)	MISSING	25.00	25.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			536.70	460.70
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH AND REAR FENDER (LH).		900.00	600.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	REMOVE/REFIX EXHAUST PIPE.	NOT NECESSARY	240.00	-
			2,770.00	1,520.00
	GRAND TOTAL		14,091.78	7,267.18
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			5,800.00

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A handwritten signature in black ink, appearing to be 'KALVIN ANG WEI KUN'.

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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