

(08/11/13)

Surveyor: Kelvin

REF: NO/INC18019175/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop no/s _____

of _____

Insured: SLJ 55455Policy No. 5086708326 - 01 120318-141218Claims No. MT/1016694-002

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: 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: SHC 8296A Yr Regn: 6 Aug 2015

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

Truck / Trailer or

Make: Hyundai Ix c.c. 1685Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 40791 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHCB41446407564

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MG / 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. 21/10/18 D.O.I. 22/10/18Survey held at CDHE (Layang)

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

Rear N/S

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

Date / Time Action / Instruction

SHC 8296A - 75/TEL 17021379 / Klgbnz 18A-05-1117 INCSLJ 55455 - x 4.1/11/18 Continued 45\$3700 / 37% (Add \$783.14, 38%)

RECEIVED 07 NOV 2018

Date/Time, File Pass to?

☐ : Prel. Report1) 05/11/18☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: 7PLump Sum / B.I. (\$) 3700

160

Income: Follow-Through Survey

Date : 01/11/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017210-002	COMFORT TRANSPORTATION PTE LTD	SHC 3512J	SDF 7448S	24/10/2018	\$ 10,899.88	\$ 7,500.00
2	MT/1016694-002	COMFORT TRANSPORTATION PTE LTD	SHC 8296A	SLJ 5545S	21/10/2018	\$ 5,983.14	\$ 3,700.00
3	MT/1016456-002	COMFORT TRANSPORTATION PTE LTD	SHC 8477U	SJT 2580E	20/10/2018	\$ 1,000.00	\$ 550.00
4	MT/1015993-002	CITYCAB PTE LTD	SHC 7609M	SHD 1155P	16/10/2018	\$ 1,009.04	\$ 600.00
5	MT/1015839-002	CITYCAB PTE LTD	SHA 8780D	FBF 9269C	13/10/2018	\$ 2,408.48	\$ 1,050.00

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="21/10/2018 17:21"/>
Vehicle No.(For Motor)	<input type="text" value="SLJ5545S"/>	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 type="radio"/>	5086708326-01		KENCHONG CONSTRUCTION & LOGISTIC	53343923W	GPC	drive CLASSIC	SLJ5545S	SLJ5545S	12/03/2018	14/12/2018

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	22/10/2018 10:20
Date Of Accident	21/10/2018 01:05
Exact Location Of Accident	ON LANE 2 ALONG PIE TWDS JURONG B4 STEVENS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8296A
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	QUEK MENG BOO
NRIC No	S2000298J
Date Of Birth	05/10/1951
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1974
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93624556
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 35 BEDOK SOUTH AVENUE 2 #05-417
 Postcode 460035
 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) 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] CHANGKAT NPP
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181021/2034

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 SLJ5545S
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver KAN WANG
 NRIC/Passport Number
 Contact Number 98893733
 Address
 Postcode
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKE3788J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHRIS YAP

NRIC/Passport Number

Contact Number

93861361

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK MENG BOO

Approximate Age

67

Injuries Sustain

PAIN ON LOWER BACK AND NECK. ON 3 DAYS MC.

Injured person in which vehicle?

SHC8296A

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.

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

Policyholder's Signature
Date & Time:

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

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

Loke Wei Yieng

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached
7/20181021/2034

DECLARATION

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

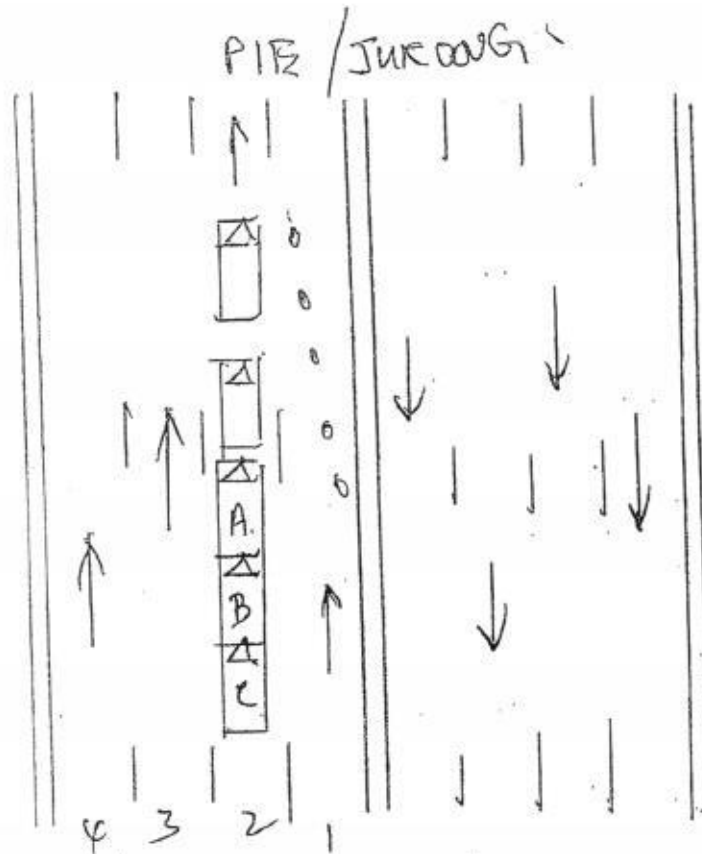
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

QASMAC Sketch Plan Form_V3

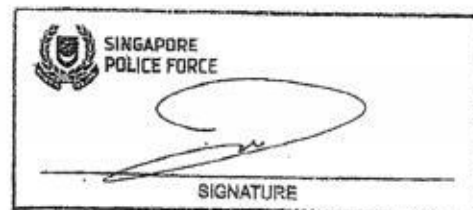


A- SHC-8296-A

B- GLJ-5545-S

C- SKR-3788-J

Signature
21/10/18
S2000298J-





**SINGAPORE
POLICE FORCE**



T/20181021/2034

1 of 4

Report No. T/20181021/2034

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2018 13:20		Vide Report No.:		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: QUEK MENG BOO			Address: APT BLK 35 BEDOK SOUTH AVENUE 2 #05-417 SINGAPORE 460035		
ID Type / ID No.: NRIC NO / S2000298J			Contact No.: Home/Office: Mobile: 93624556		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 05/10/1951	Type of Informant: Driver		
Race: Chinese			Language: English		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:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2018 01:05	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
ALONG PIE TOWARDS JURONG BEFORE STEVENS ROAD EXIT ON LANE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8296A	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SKE3788J	Car	MERCEDES BENZ	S300L	Black	Slightly Damaged	1
SLJ5545S	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Seriously Damaged	1



SINGAPORE
POLICE FORCE



T/20181021/2034

2 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181021/2034

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SHC8296A	FIRST CAPITAL INSURANCE LIMITED	D-18088936MFSH	01/01/2018	31/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	SIANG WEIJIE		ID No.	NIL
Related Vehicle	SHC8296A (TAXI)		Contact No.	85187125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	QUEK MENG BOO		ID No.	S2000298J
Related Vehicle	SHC8296A (TAXI)		Contact No.	93624556
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/10/2018		Date Discharge	21/10/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	CHRIS YAP		ID No.	NIL
Related Vehicle	SKE3788J (Car)		Contact No.	93861361
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20181021/2034

3 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20181021/2034

CONTINUATION OF REPORT

Driver:			
Name	KAN WANG	ID No.	NIL
Related Vehicle	SLJ5545S (Car)	Contact No.	98893733
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/10/2018 at about 0105hrs, I was driving my my vehicle (SHC8296A) along PIE towards Jurong on lane 2. As I was driving, there was some road works going on along lane 1. Suddenly, a vehicle along lane 1 changed lane to lane 2. I managed to brake on time and came to a complete stop. Suddenly, a vehicle (SLJ5545S) collided with my vehicle from the rear. I alighted my vehicle and to make a check and discovered that I was involved in a chain collision. There was a third vehicle(SKE3788J) that was also involved. We then exchanged particulars and took a few pictures of the accident. My vehicle and the third vehicle was able to move off however the second vehicle had to be towed due to damages of the vehicle. I then left the place as soon as possible.

My vehicle has an in car camera that was able to record the incident. All 3 vehicles has passengers inside however they are not injured. There was no government property damaged. There was no one else involved in the accident.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20181021/2034

4 of 4

Report No. T/20181021/2034

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 KHAIRUL HAZWAN BIN AZMI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 / YEO GUAN ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

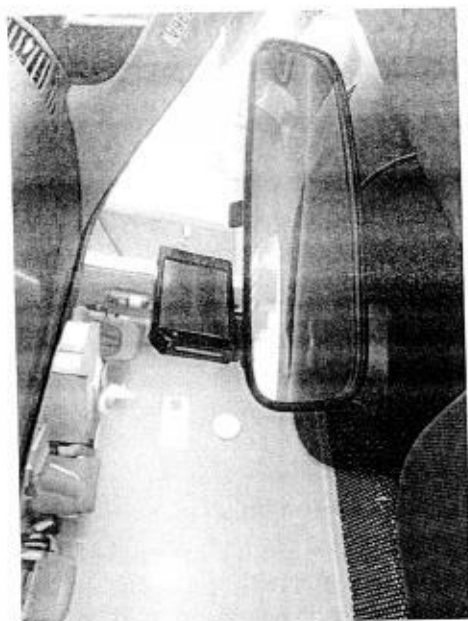
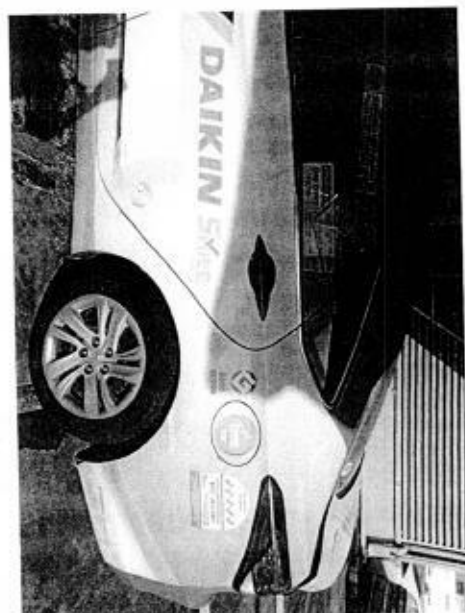
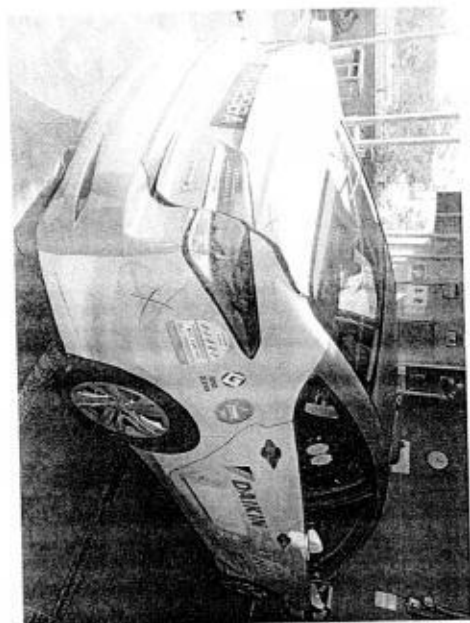
SIGNATURE

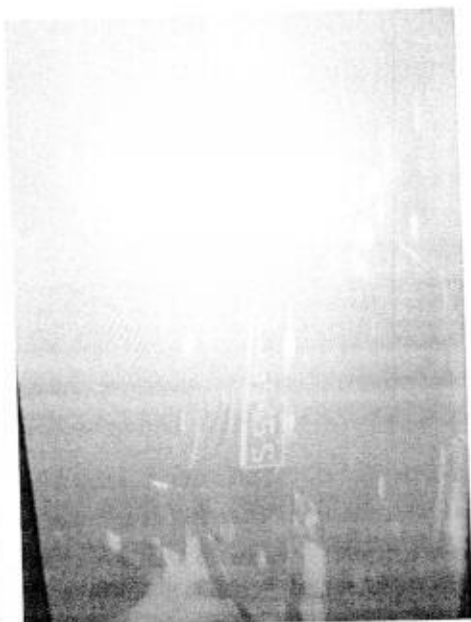
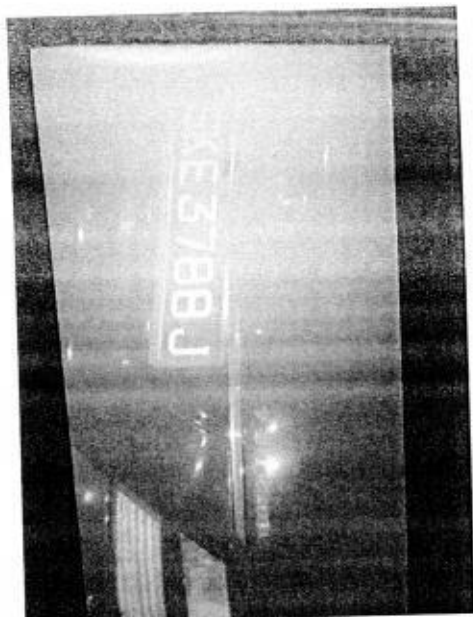
Signature Of Informant:

[Handwritten Signature]

Date/Time:
21/10/2018 13:20

Classification Of Case:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8296A

DATE 22/10/2018 10:59

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 2,174.90
	Boot Lid Lock Upper			\$ 102.60
	Boot Lid Lock Lower			\$ 31.70
	Boot Lid 'H' Emblem			\$ 28.70
	Boot Lid CRDI Plate			\$ 27.90
	Bootlid Moulding			\$ 227.90
	Bootlid i40 Emblem			\$ 27.90
	Bootlid Lower Garnish			\$ 227.90
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	Rear Bumper Reflector Lamp (LH)			\$ 30.60
	SUB TOTAL			\$ 4,446.80
	LESS 20%			\$ 889.36
	DISCOUNTED TOTAL			\$ 3,557.44
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Boot Lid Advertisement Logo			\$ 100.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)			\$ 200.00
	Acknowledged by Repairer			\$ 565.70
	Signature:			
	Date:			
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,860.00
	ESTIMATE TOTAL			\$ 5,983.14

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.

LKH 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 parts must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Ka/lu 11/10/18

22/10/18 1445hrs

3 Rys.

4/3

A/Sla

Reput photo

400

\$ 800.00

\$ 900.00

\$ 30.00

\$ 50.00

\$ 80.00

\$ 1,860.00

\$ 5,983.14

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Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305228796

CUSTOMER

COMFORT TRANSPORTATION PTE LTD

MS 7010045

CUSTOMER NO. 383 SIN MING DRIVE

RESS Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

NTUC

REGN NO.: SHC8296A

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 21.10.2018 09:50

YR OF MANU 06.08.2015

TARGET DATE

CHASSIS CODE KMHLB41UMGU075621

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

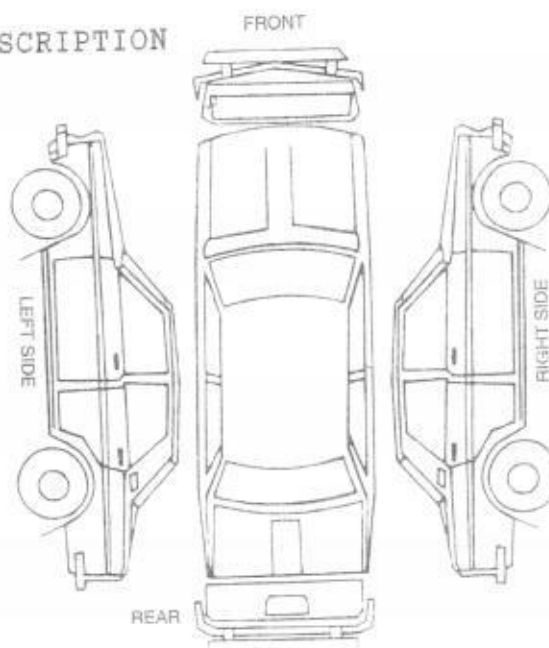
Accident Date: 21.10.2018

NATURE: 3P 21.10.2018

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8296A

LKE

Vehicle No.: SHC8296A

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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

FINALIZATION FORM

Fax :

21.10.18

1. The repair job shall bill to: NTUC --- SLJ5545S

Final Lumpsum Repair cost

We confirm the estimates and finalized amount

Date : 1/11/18

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/INC18019175/K1qbn2
73 BRAS BASAH ROAD		Date:	12-11-2018
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code:	INC4
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLJ 5545S	Veh. Inspected	SHC 8296A
Policy No.	5086708326-01	Coverage (\$)	0.00
Claim No.	MT/1018694-002	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.	2015
Chassis No.	KMHLB41UMGU075621	Colour	BLUE
Odometer	407991	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 REAR N/S PORTION.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/10/2018	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:		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. SHC 8296A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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 "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOTLID MOULDING	SERVICEABLE	227.90	-
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	N/S BENT / O/S TO REPAIR SEE LABOUR	160.60	80.30
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	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	30.60	30.60
	LESS 20% DISCOUNT		-889.36	-741.04
			3,557.44	2,964.16
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			565.70	565.70

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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH AND O/S REAR BUMPER REINFORCEMENT BRACKET.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	30.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	40.00
			1,860.00	1,070.00
	GRAND TOTAL		5,983.14	4,599.86
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,700.00

Report Ref No. NS/INC18019175/K1qbn2

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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