

Surveyor: Kolvin

REF:

NS/INC/18019650/Klgbn2

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 7536L

Policy No: 5095760656 09.11.17 - 120119

Claims No: MT/1017402-092

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: 7 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 1706E Yr Regn: 20 Dec, 2017

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1685

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

Sp. Reading: 140786 T/Radio: Insured / Std / NI / NA

Eng No: _____

C/N: JCMHLDX14M441000030

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 / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Han / Gok

Front: _____ Rear: _____

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

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

D.O.A. 26/10/18 D.O.I. 29/10/18

Survey held at CDGE (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
	SHC 1706E - NG/INC/17003502/Hlgbn2 DA: 170119 INC
	SJR 7536L - 03/11/17 17007506/Hlgbn2 DA: 130417 PIP
31/10/18	Continue PIP \$890/ 2 Pys. (Red 1330, 30%)
RECEIVED: 1 NOV 2018	

Date/Time, File Pass to?

☐ : Prel. Report

1) 01/11/18

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$) 890

160

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095760656		TW PREMIUM AUTOMOBILE PTE LTD	201320430G	GPC	Third Party	SJR7536L	SJR7536L	09/11/2017	12/01/2019

Date : 29/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1017706-002	COMFORT TRANSPORTATION PTE LTD	SHD 4701T	XD 3489Z
2	MT/1017524-002	COMFORT TRANSPORTATION PTE LTD	SHB 4146G	SLV 7887D
3	MT/1017402-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJR 7536L
4	MT/1016198-002	CITYCAB PTE LTD	SHB 3262K	XD 9615L
5	MT/1017995-001	COMFORT TRANSPORTATION PTE LTD	SH 9128P	SKT 8473E
6	MT/1017667-002	COMFORT TRANSPORTATION PTE LTD	SHC 2639J	SGL 3007R
7	MT/1017764-002	COMFORT TRANSPORTATION PTE LTD	SHC 1323B	SDY 1368D

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	26/10/2018 14:57
Date Of Accident	26/10/2018 01:05
Exact Location Of Accident	SENTOSA GATEWAY TUNNEL TOWARDS RESORT WORLD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1706E
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	ELIZABETH HO MENG HUA
NRIC No	S1651737B
Date Of Birth	22/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91690097
Fax Number	
Contact Number	
Email Address	ELIZABETH.HMH@GMAIL.COM

Address	BLK 409 YISHUN RING ROAD #12-1789
Postcode	760409
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]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181026/7007

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	SJR7536L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD HILMY BIN MOHAMED
NRIC/Passport Number	S9039625J
Contact Number	83390625
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	SJM8631P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NORHAN FAREEZ BIN NORHANGINI
NRIC/Passport Number	S9204520Z
Contact Number	86194553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ELIZABETH HO MENG HUA
Approximate Age	54
Injuries Sustain	PAIN ON NECK, BACKI AND SHOULDER. ON 3 DAYS MC.
Injured person in which vehicle?	SHC1706E
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. 19920321R

Policyholder's Signature
Date & Time:

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

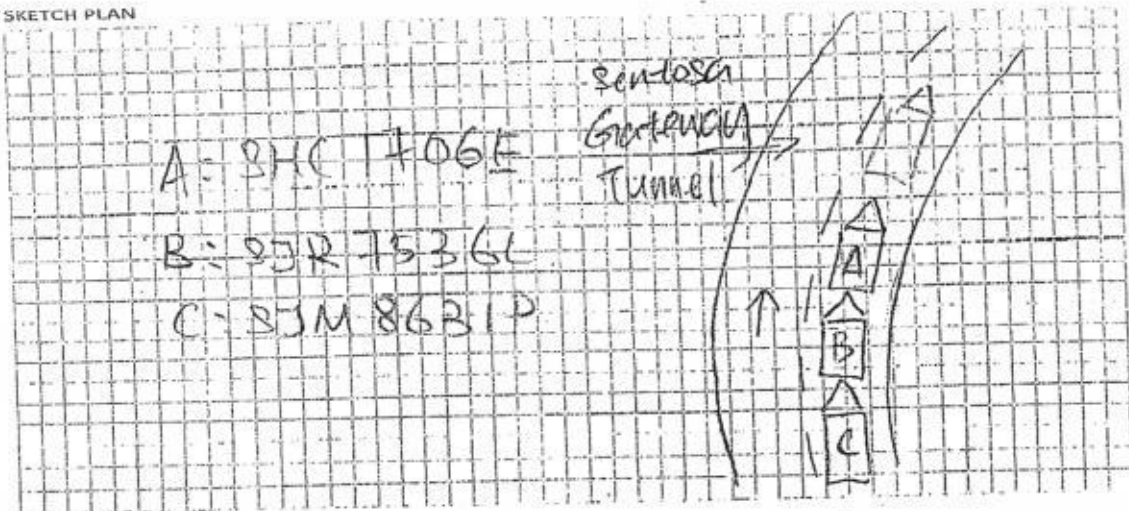
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.
T/20181026/7007.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303921R

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.:

GIA5M4C SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20181026/7007

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181026/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 13:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ELIZABETH HO MENG HUA			Address: APT BLK 409 YISHUN RING ROAD #12-1789 SINGAPORE 760409		
ID Type / ID No.: NRIC NO / S1651737B			Contact No.: Home/Office: Mobile: 91690097		
Nationality: SINGAPORE CITIZEN			Email: elizabeth.hmh@gmail.com		
Sex: Female	Age: 54	Date of Birth: 22/04/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 01:05	Type of Location: Bend
Location: SENTOSA GATEWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHC1706E	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SJM8631P	Car	SUZUKI	SX4	Brown	Seriously Damaged	0
SJR7536L	Car	MITSUBISHI	MITSUBISHI LANCER	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181026/7007

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181026/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ELIZABETH HO MENG HUA	ID No.	S1651737B
Related Vehicle	SHC1706E (Car)	Contact No.	91690097
Hospital/Clinic	THE FAMILY MEDICAL CENTRE (YISHUN) PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/10/2018	Date Discharge	26/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NORHAN FAREEZ BIN NORHANGINI	ID No.	S9204520Z
Related Vehicle	SJM8631P (Car)	Contact No.	86194553
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	MUHAMMAD HILMY BIN MOHAMED HISSAM	ID No.	S9039625J
Related Vehicle	SJR7536L (Car)	Contact No.	83390625
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 26/10/2018 AT ABOUT 0105AM, I WAS TRAVELLING ALONG SENTOSA GATWAY ALONG THE TUNNEL TOWARDS CASINO TAXI STAND. DUE TO TRAFFIC WAS HEAVY AND FRONT VEHICLES STOP, I ALSO STOP. WITHIN SECS VEHICLE SJM 8631P COLLIDED ONTO VEHICLE SJR 7536L COLLIDED ONTO MY TAXI SHC 1706E.

WE GOT DOWN TO EXCHANGE PARTICULARS AND PROCCED OFF.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181026/7007

3 of 4

Report No. T/20181026/7007

CONTINUATION OF REPORT

I WAS FEELING UNWELL IN THE MORNING SO I WENT TO VISIT MY FAMILY MEDICAL CENTRE (YISHUN) PTE LTD

I WAS GIVEN 3 DAYS OF MEDICAL LEAVE FROM 26/10/18 - 28/10/18

Sketch Plan Pg. 6



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181026/7007

4 of 4

Report No. T/20181026/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/10/2018 13:40

Classification Of Case:

REPAIR ESTIMATE*

MAKE :

MODEL : HYUNDAI i40

$$N(TUC - \phi(P))$$

DATE 23/10/2018

LKK - Kabrini

MODEL	: HYUNDAI 40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Labour Charge			200	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00	
	Wiring Charge			\$ 30.00	
	Remove/Refix Reverse Sensor			\$ 80.00	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,270.00	
	Ka la'ickk 29/10/18 1240L 2 Pys. PIP Before paint photo.				
	LKK Auto Centre (P) Ltd. (Incorporated) the Registrar of Companies - Singapore • To resolve disputes arising from survey • To establish liability and quantum of loss • Parts replacement on "like-for-like" basis • Third party motor insurance policy required • No payment will be made if vehicle is not insured • Survey report must be approved and signed by the 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.

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.

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 8383 6280 Facsimile + 65 6280 9755

Workshops

69 Loyang Drive Singapore 508989

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

200 Upper Macao Road Singapore 406450

24 Serangoon Loop Singapore 758156

7 Sungei Kadu Way Singapore 726791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 29.10.2018 11:26

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305231655

OMER

IS

COMFORT TRANSPORTATION PTE LTD

7010045

OMER NO.

ESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R)

65508755

(O)

(P)

DUNT CARD NO.

REGN NO.:

SHC1706E

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

29.10.2018 10:20

YR OF MANU

20.12.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU100030

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.10.2018

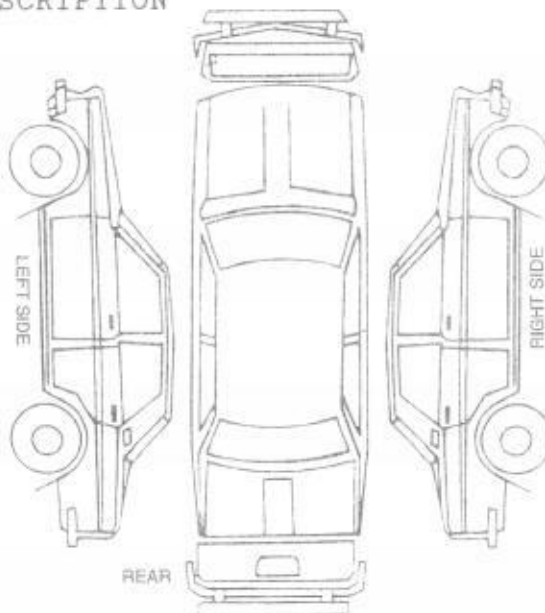
NATURE: 3P 26.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SHC1706E

LIMITS

Vehicle No.:

SHC1706E

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305231655
REGN NO : SHC1706E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 29.10.2018 10:20
ACCIDENT DATE : 26.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40
0002 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60


SUB-TOTAL : 460.00

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 430.00

TOTAL : 890.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305231655

Date : 31/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC1706E

Date of Accident : 26-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 --- SJR7536L
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$460.00
(b) Labour Charges	\$430.00
Total for Part-By-Part Repair Cost	\$890.00
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	_____
Final Lumpsum Repair cost	_____

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 31/10/18

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18019650/K1qbn2

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.	SJR 7536L	Veh. Inspected	SHC 1706E
Policy No.	5095760656	Coverage (\$)	0.00
Claim No.	MT/1017402-002	Excess (\$)	0.00
Assign From		Assign Date	29/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU100030	Colour	BLUE
Odometer	140786	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 PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/10/2018	Inspection Date	29/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1706E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
	<u>LABOUR</u>			
	PANEL BEATING.	NOT NECESSARY	400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,270.00	890.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				890.00

Report Ref No. NS/INC18019650/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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