

Supervisor: Kalvin

REF: NS/INC 180.19655 / Klsbn2

**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: SKA 8811M

Policy No: 5102977501 010818-310719

Claims No: MT/1017648-002

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 Rpt: \_\_\_\_\_ 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: SHA 7383Z Yr Regn: 2 Apr, 2014

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

Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 463431 T/Radio: Insu  / Std / NI / NA

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

C/No: KM HLB414AF9067842

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord  / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inord  / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD  / Rim or \_\_\_\_\_

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Markub

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

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

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

D.O.A. 26/0/18 D.O.I. 29/0/8

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 7383Z - (PHILAXA18000326 / 15/03/14) P/A: 271017 INC
	SKA 8811M - x 41.
30/10/18	Contract up \$900 / 2 yrs.
30/10/18	Confirmed HS \$500/- @ 2 days with Kalvin (\$590.00 red - 40%)
RECEIVED 31 OCT 2018	

Date/Time, File Pass to?  : Preli. Report

1) 31/10/18  : Final Report  
Typist

Date/Time, File Return to?

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

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
\$ + RS: \$	
Photos	
Others	
TOTAL	<u>160</u>

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: (\$ 900/- HS)

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="26/10/2018 16:40"/>
Vehicle No. (For Motor)	<input type="text" value="SKA8811M"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	S102777501		LOOI CHIN LIANG	S7900324G	GPC	drive CLASSIC	SKA8811M	SKA8811M	01/08/2018	31/07/2019

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 31/10/2018

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	<b>MT/1017876-001</b>	COMFORT TRANSPORTATION PTE LTD	SHC 3692Y	GBA 1318Z	27/10/2018	17:30	\$ 2,876.96	\$ 1,550.00
2	<b>MT/1016845-002</b>	COMFORT TRANSPORTATION PTE LTD	SH 8310K	SJJ 8011U	22/10/2018	21:30	\$ 12,927.44	\$ 11,554.64
3	<b>MT/1017146-002</b>	COMFORT TRANSPORTATION PTE LTD	SHC 2821Z	SMD 5979T	25/10/2018	6:35	\$ 1,320.00	\$ 940.00
4	<b>MT/1017648-002</b>	COMFORT TRANSPORTATION PTE LTD	SHA 7383Z	SKA 8811M	26/10/2018	10:00	\$ 1,490.00	\$ 900.00

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	26/10/2018 15:51
Date Of Accident	26/10/2018 10:00
Exact Location Of Accident	ALONG KPE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7383Z
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TEO TIONG CHYE
NRIC No	S1508671H
Date Of Birth	06/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	12/03/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91068478
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 323B SENGKANG EAST WAY  
#13-559

Postcode 542323

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 4

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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) 4

Passenger 1 NAME: : -  
GENDER: : MALE

Passenger 2 NAME: : -  
GENDER: : FEMALE

Passenger 3 NAME: : -  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/20181026/2058

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKA8811M

Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	LOOI CHIN LIANG
NRIC/Passport Number	S7900324G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL8349K
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM KWAI BOON
NRIC/Passport Number	S1406493A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PC6504T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BENNY LEE WEE BENG
NRIC/Passport Number	S6826859A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TEO TIONG CHYE
Approximate Age	
Injuries Sustain	DISCOMFORT ON NECK, BACK, HAND & LEGS
Injured person in which vehicle?	SHA7383Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN(DRIVER)
Approximate Age	
Injuries Sustain	UNSURE
Injured person in which vehicle?	

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## Sketch Plan Pg. 1

### 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. 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. 19920021R

\_\_\_\_\_  
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.:

GIAIAC SketchPlanForm\_V3



SKETCH PLAN

As Per Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer police Report @ T/20181026/2058

DECLARATION

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

COACHWAY TRANSPORTATION PTE LTD  
100, PERS. RD. #01-02/24115

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/20181026/2058

1 of 4

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

Report No. T/20181026/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 12:54	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: TEO TIONG CHYE		Address: APT BLK 323B SENGKANG EAST WAY #13-559 SINGAPORE 542323	
ID Type / ID No.: NRIC NO / S1508671H		Contact No.: Home/Office:                      Mobile: 91068478	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 06/12/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD  along KPE towards MCE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
PC6504T	Van					0
SHA7383Z	Car	HYUNDAI		Blue	Slightly Damaged	3
SJL8349K	Car					0
SKA8811M	Car					0



Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**



T/20181026/2058

3 of 4

Report No. T/20181026/2058

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

CONTINUATION OF REPORT

Driver			
(2) Name	Sim Kwai Boon	ID No.	S1406493A
Related Vehicle	SJL8349K (Car)	Contact No.	NIL
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			
(1) Name	Looi Chin Liang	ID No.	S7900324G
Related Vehicle	SKA8811M (Car)	Contact No.	NIL
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 1000hrs, I was driving my vehicle (SHA7383Z) with three passengers behind going towards four season hotel. I just entered the tunnel of KPE towards MCE. The traffic was very congested. As the car in front of me moved, I then wanted to move my vehicle. Out of a sudden, there was a vehicle (SKA8811M) from the back who bang onto me. I then realized there was a total of 4 four vehicles who were involved in this accident including myself. The sequence of the vehicles is as follow : SHA7383Z, SKA8811M, SJL8349K, PC6504T. We then exchange particulars. As my passengers were urgent to proceed to their destination, I then drove off after exchanging particulars. After that, I went to clinic to seek treatment. I was given 3 days of medical leave. I suffered some discomfort on my neck, back, hand and legs area. My vehicle suffered minor damages on the rear bumper. My car has a in-car camera installed. There is a police incident number vide G/20181026/0076.



SINGAPORE  
POLICE FORCE



T/20181026/2058

4 of 4

Report No. T/20181026/2058

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

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Staff Sgt KOH SIEN KHAI, KELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/10/2018 12:54

Officer In Charge Of Case:

TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172



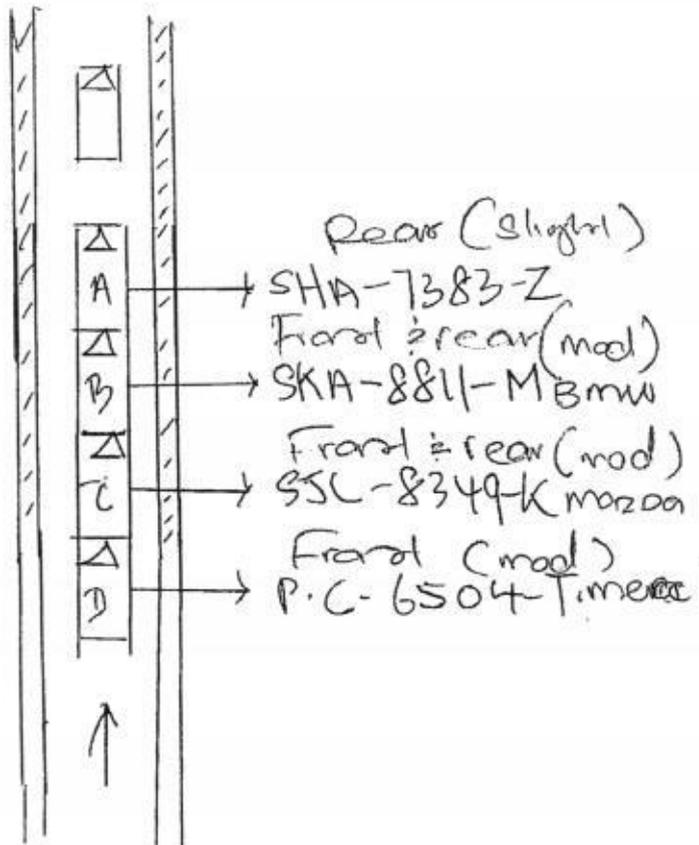
SINGAPORE  
POLICE FORCE

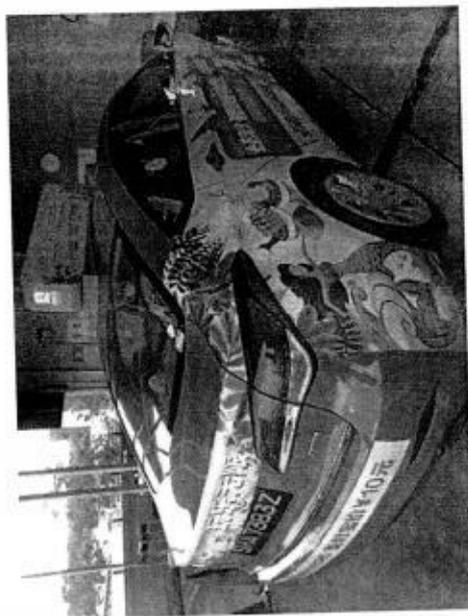
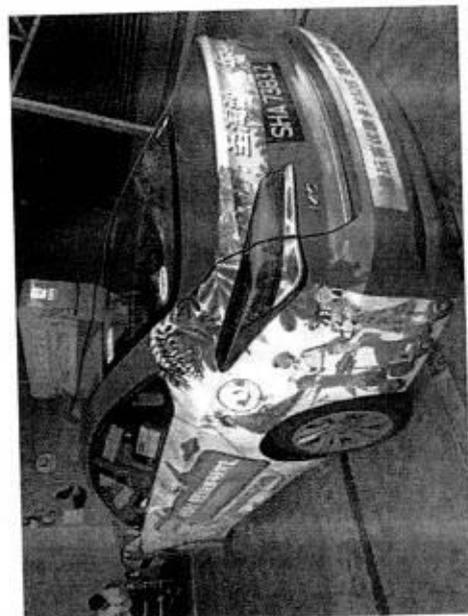
Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

KPTZ Tunnel Toward  
MCE





**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHA 7383Z

DATE 27/10/2018 10:07

*Issue*

MAKE :

*Cherry*

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Revised</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>no</i>			\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 575.00</b>
	<b>LESS 20%</b>			<b>\$ 115.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 460.00</b>
	Rear Bumper Advertisement Logo <i>no</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>no</i>	\$	100.00	\$ 200.00
				<b>\$ 250.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> <i>no</i>
	<b>TOTAL LABOUR</b>			<b>\$ 780.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,490.00</b>

*Kaluz (11/11)*  
*29/10/18 1245h.*  
*2072*  
*4/1*  
*After Repair photo*

LKK Auto  
 the Repairer  
 • To resupply the vehicle with original parts  
 • To display and install the original parts  
 • Parts prices should be on a "no profit" basis  
 • Third party liability insurance is required  
 • No part should be replaced with a second hand part  
 • Supply of parts should be 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.

**Workshops**

58 Loyang Drive Singapore 508969  
 383 Sin Ming Drive Singapore 575717  
 45 Pandan Road Singapore 609286  
 233 Ulu Pandan Singapore 611537

24 Senoko Loop Singapore 758156  
 7 Sungai Kadut Way Singapore 726781  
 501 Yehun Industrial Park A Singapore 768732

Date/Time: 26.10.2018 17:18 Page : 1

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

JC NO.: 305230984

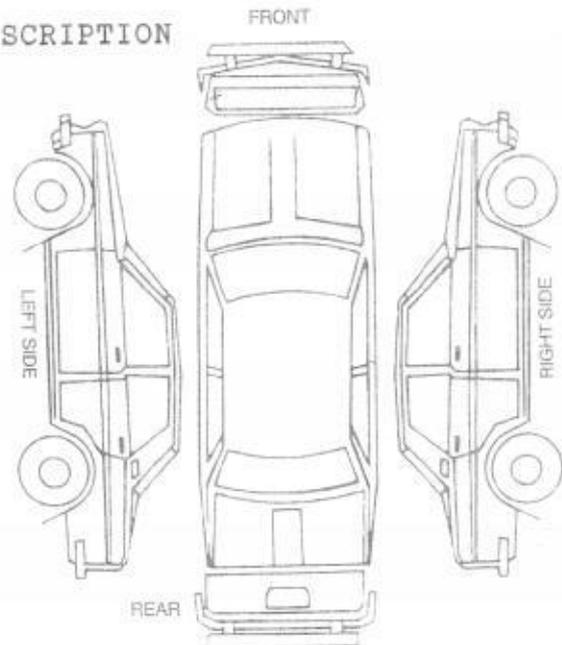
CUSTOMER  VMS CUSTOMER NO. ADDRESS  (R) (P)  ACCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	
	REGN NO.:	SHA7383Z
	MILEAGE	
	MAKE:	HYUNDAI
	FUEL	E.....1/2.....F
	MODEL	I-40
	DATE/TIME IN	26.10.2018 14:25
	YR OF MANU	02.04.2015
	TARGET DATE	
	CHASSIS CODE	KMHLB41UMFU067842
	COMPLETION DATE/TIME:	

JOB DESCRIPTION

Accident Date: 26.10.2018  
 NATURE: 3P 26.10.2018

S/NO                      LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7383Z**  
 CHIANG

Vehicle No.: **SHA7383Z**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305230984  
 Date : 30/10/18

**COMFORTDELGRO  
ENGINEERING**

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

**FINALIZATION FORM**

To : LKK Fax : \_\_\_\_\_  
 Attn : KALVIN  
 Vehicle Reg No. : SHA7383Z 26/10/2018

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

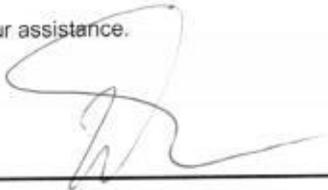
1. The repair job shall bill to: NTUC SKA8811
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c.) Lumpsum Repair (if applicable)  
 Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$900.00

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 :   
 Name : CHIANG  
 Tel : 62148314  
 Fax : 65468156

Signature :   
 Name : Kalvin  
 Date : 30/10/18

**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		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/INC18019655/K1sbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 07-11-2018
	Code: INC4



### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 8811M	Veh. Inspected	SHA 7383Z
Policy No.	5102777501	Coverage (\$)	0.00
Claim No.	MT/1017648-002	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.	2015
Chassis No.	KMHLB41UMFU067842	Colour	BLUE
Odometer	463431	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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7383Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
<b><u>SPECIAL NETT ITEMS</u></b>				
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
			250.00	250.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			780.00	400.00
<b>GRAND TOTAL</b>			<b>1,490.00</b>	<b>1,110.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>900.00</b>

Report Ref No. NS/INC18019655/K1sbn2

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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