

Inspector: Kelvin

REF: NS/INC18019765/Klgbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / IWS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop no: _____

of _____

Insured: PBD 4821B

Policy No: 5066178002-04 250918-240919

Claims No: NY1019078-001

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: 4 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: SH 94260 Yr Regn: 6 Aug, 2015

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

Truck / Trailer or

Make: Hyundai Ix0 cc: 1685

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

Sp. Reading: 445330 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB X14M64 075934

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 Har Kook

Front R/Bal. 7 mm Rear R/Bal. 7 mm

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

D.O.A. 28/10/18 D.O.I. 30/10/18

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 94260 - CG / ALB 10007037 / Dgpr Def: 100112010 Inc 42
	PBD 4821B - X
7/10/18	Checked up \$4000 / 4 days (Red \$2270.74, 36%)
RECEIVED 09 NOV 2018	

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

10/11/18 : Final Report

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.K. (\$) 4000

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	
_____ S + RS, _____ SI	
Photos	
Others	
TOTAL	

TP Claims against NTUC Income: Follow-Through Survey

Date: 09/11/2018

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/1019078-001	COMFORT TRANSPORTATION PTE LTD	SH 9426D	FBD 4821B	28/10/2018	3:45	\$ 6,270.24	\$ 4,000.00
2	MT/1017697-002	COMFORT TRANSPORTATION PTE LTD	SHD 6563L	SIN 4348E	29/10/2018	13:35	\$ 5,719.72	\$ 3,568.50

Claim received from LKK Auto

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5066178402-04		MUHAMMAD HAIQAL BIN JALALLUDIN	S9142006F	GMC	Third Party	FBD4821B	FBD4821B	25/09/2018	24/09/2019

Continue

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	29/10/2018 14:56
Date Of Accident	28/10/2018 03:45
Exact Location Of Accident	UPP BUKIT TIMAH RD X CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9426D
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	SENIN B HASSAN
NRIC No	S1678963A
Date Of Birth	11/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93219144
Fax Number	
Contact Number	
EEmail Address	NINHASS1964@GMAIL.COM

Address BLK 411 CHOA CHU KANG AVENUE 3
#08-349

Postcode 680411

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 2

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) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20181028/2030 * TYPE OF ACCIDENT :- HEAD TO SIDE

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 FBD4821B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN(RIDER)

Approximate Age

Injuries Sustain

LEFT HAND

Injured person in which vehicle?

FBD4821B

Were seat belts worn?

NO

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.

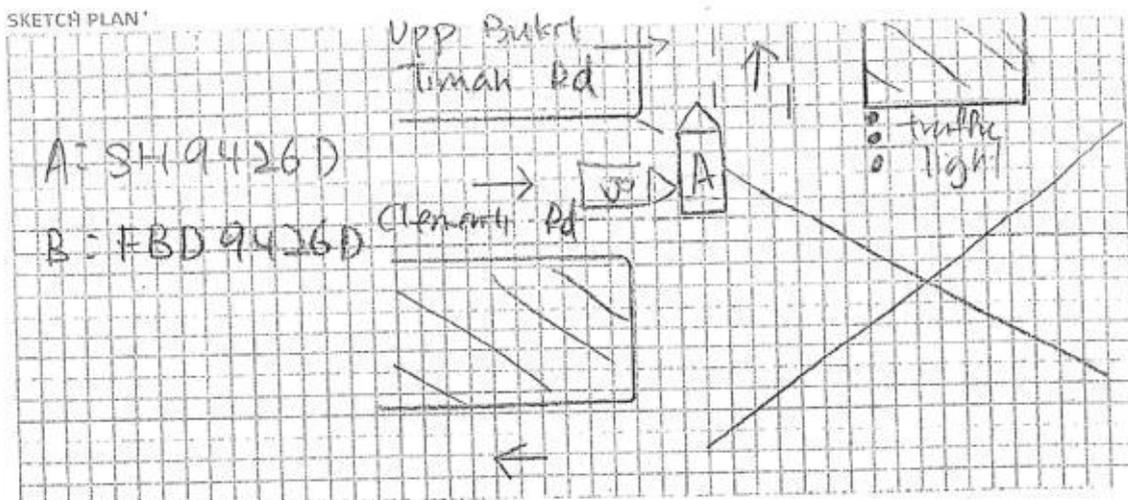
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached
7/2018/1028/2030-

DECLARATION

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

COMFORT TRANSPORTATION PTE
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.:

COMFORT TRANSPORTATION PTE

Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20181028/2030

1 of 3

Report No. T/20181028/2030

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2018 12:56	Vide Report No.: J/20181028/0064	Station Diary No.: 46
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Informant's Particulars

Name of Informant: SENIN BIN HASSAN			Address: APT BLK 411 CHOA CHU KANG AVENUE 3 #08-349 SINGAPORE 680411		
ID Type / ID No.: NRIC NO / S1678963A			Contact No.: Home/Office: Mobile: 93219144		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 11/05/1964	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2018 03:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4821B	Motorcycle				Seriously Damaged	0
SH9426D	Car				Seriously Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20181028/2030

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20181028/2030

CONTINUATION OF REPORT

Driver		ID No.		S1678963A	
Name	SENIN BIN HASSAN		Contact No.	93219144	
Related Vehicle	SH9426D (Car)		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Discharge	NIL	
Date Treatment	NIL		Degree of Injury	NIL	
No. of Days granted Medical Leave	NIL				

Brief Details.

On the above mentioned date, time and location, I was travelling along Upper Bukit Road with my Taxi. Suddenly, I heard a loud bang at the left side of my Taxi and I immediately hit on my brake. At first, I wasn't sure what's happening as I'm sure that the traffic light was green and in my favour when I cross the X-Junction. I then shifted my vehicle abit to the front as I am blocking the Traffic. I alighted my Taxi to make a check and I saw a motorcycle badly damaged lying in the middle of the X-Junction with the motorcyclist a distance away. My mind was blanked and I became breathless due to my heart problem. Members of public assisted me to call for Traffic Police and Ambulance.

I wish to state that my Taxi suffered damaged on the left rear side while the motorcycle was badly damaged on its front. The motorcyclist was conscious at that point of time. I had handed over my in-car camera SD card to Traffic Police and will be meeting the IO in-charge on 29/10/2018.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20181028/2030

3 of 3

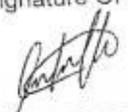
Report No. T/20181028/2030

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: J / Sgt 2 CHUA KEE LENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2018 12:56
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247 Authentication Stamp NP168	Classification Of Case:

NTUC-45
LKK-Kalvin

3 IS

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

JOB NO : 305232070
 REGN NO : SH 9426D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.08.2015
 DATE/TIME IN : 28.10.2018 03:45
 ACCIDENT DATE : 28.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	Notes
0001	04-01-0103-0579-G	REAR BUMPER	1	553.00 20.00 442.40	/
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00 20.00 182.40	X su
0003	04-01-0103-0907-G	REAR BUMPER SIDE BRKT LH	1	35.60 20.00 28.48	/ su
0004	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00 20.00 17.60	/ su
0005	04-01-0103-0581-A	TAILLAMP LH	1	565.60 20.00 452.48	/ su
0006	04-01-0103-0780-G	TAILLAMP MTG CLIP	1	4.60 20.00 3.68	/ su
0007	04-01-0103-0584-G	BOOTLID LAMP LH	1	556.80 20.00 445.44	X su
0008	04-01-0103-0576-G	REAR FENDER LH	1	2,020.10 20.00 1,616.08	/ su
0009	03-01-0103-0121-G	REAR FENDER SHIELD LH	1	164.40 20.00 131.52	/ su
0010	04-01-0103-0745-G	REAR WINDSCREEN MOULDING	1	62.10 20.00 49.68	/ su
0011	05-01-0199-0032-A	WINDSCREEN AHESIVE	2	92.00 10.00 82.80	/ su
0012	01-01-0103-0049-G	FUEL FILLER HOUSING-BLACK	1	134.20 20.00 107.36	/ su
0013	04-01-0103-0817-G	FUEL FILLER DOOR	1	95.80 20.00 76.64	/ su

NTUC-45

TS

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

JOB NO : 305232070
 REGN NO : SH 9426D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.08.2015
 DATE/TIME IN : 28.10.2018 03:45
 ACCIDENT DATE : 28.10.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0103-0658-G REAR WHEEL CAP LH	1	107.10	20.00	85.68	— <i>hand</i>
0015 04-01-0103-1150-A REAR BUMPER MAT	1	50.00		50.00	— <i>see</i>
0016 28-01-0103-2013-A REAR DOOR APPS STICKER LH	1	80.00	10.00	72.00	— <i>see</i>
0017 19-01-0103-2013-A REAR HANKOOK TYRE LH	1	216.00		216.00	X <i>see</i>

SUB-TOTAL : 4,060.24

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00			— <i>see</i>
0001 20-05	Rear Door Adv.Sticker LH	100.00			— <i>see</i>
0002 20-05	Rear Bumper Adv.Sticker	50.00			— <i>see</i>
0003 L	PANEL BEATING	660.00			<i>600</i>
0004 23-502	SPRAYPAINT ON AFFECTED AREA	660.00			<i>600</i>

NTUC-45

IS

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

JOB NO : 305232070
REGN NO : SH 9426D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.08.2015
DATE/TIME IN : 28.10.2018 03:45
ACCIDENT DATE : 28.10.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0005 17-01 CHECK ALL LIGHTING	50.00				20
0006 20-00 TUFF COAT ON AFFECTED PARTS.	100.00				20
0007 L R/I UPHOLSTERY ETC	120.00				50
0008 L R/I REAR WINDSCREEN	150.00				100
0009 L R/I REVERSE SENSOR	120.00				30
0010 23-01 VEHICLE TOWED-IN	0.00				X
SUB-TOTAL :					2,210.00
TOTAL :					6,270.24

Limfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kalvin LKK
30/10/18 1050hrs
4 Days
4/5
After Repair photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To receive bill after repair ending
- To display car on road during recovery
- Parts prices will subject to insurance
- Third party liability will be on "Prejudice" basis
- No direct payment to be received
- Supplies are not to be returned and is subject to final assessment from insurance Company

Acknowledged by Repairer
Signature:
Date:

Workshops

59 Loyang Drive Singapore 508966
 383 Sin Ming Drive Singapore 575717
 45 Pandan Road Singapore 609286
 220 Ubi Road 3 Singapore 408699

24 Serangoon Loop Singapore 799156
 7 Sungai Kadut Way Singapore 728731
 501 Yishun Industrial Park A Singapore 768732

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3869009

JC NO.: 305232070

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (C) (P)	REGN NO.: SH 9426D	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.10.2018 03:45
	YR OF MANU 06.08.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMGU075934	COMPLETION DATE/TIME

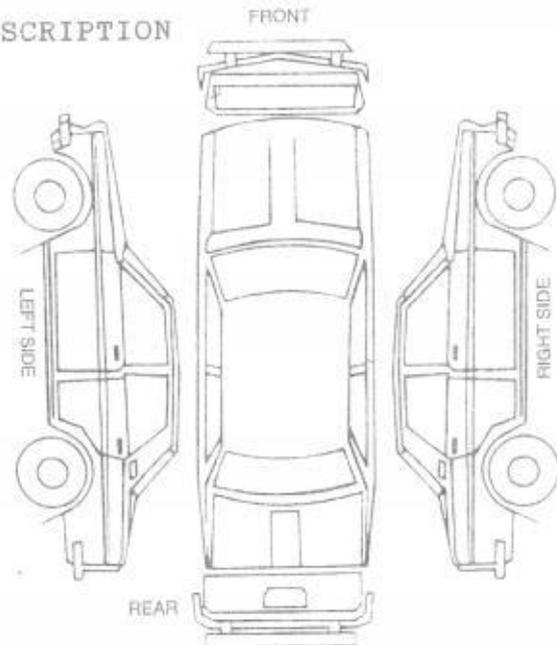
DUPLICATE CARD NO.

JOB DESCRIPTION

Accident Date: 28.10.2018
 NATURE: 3P 28.10.18

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No.: SH 9426D LIMTS

Vehicle No.: SH 9426D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition	
1. Date: <u>28/10/18</u> Time Received: <u>0530</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Senin</u> Contact No. : <u>93219144</u> Vehicle No. : <u>SH 9426D</u> Make / Model / Colour : <u>I40</u> Email : _____	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
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>UPP Bt Timah</u>	8. Vehicle Tow - In Workshop: <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
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: _____	

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	<p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>[Signature]</u> / Signature of Customer</p>
---	--	---

Job Attended	
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 Jun</u>	
Vehicle No. : <u>YN4668C</u>	
Time Dispatch : <u>0530</u>	
Time of Arrival : <u>0600</u>	
Time Completed : <u>0630</u>	

Cash Invoice Details (if applicable)
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™.		
<u>28/10/18</u> Date	<u>0600</u> Time	<u>[Signature]</u> 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 : 305232070
Date : 02/11/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SH 9426D Date of Accident : 28-Oct-18

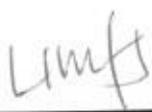
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC ... FBD4821B
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: <u>20%</u>	<u>\$4,000.00</u>
	Final Lumpsum Repair cost	<u>\$4,000.00</u>

3. Estimated normal period for repairs: 4 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature 
Name : KALVIN
Date : 7/11/18

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/INC18019765/K1qbn2
73 BRAS BASAH ROAD		
#05-01 NTUC TRADE UNION HOUSESINGAPORE		
189556	Date: 12-11-2018	
Code: INC4		

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBD 4821B	Veh. Inspected	SH 9426D
Policy No.	5066178402-04	Coverage (\$)	0.00
Claim No.	MT/1019078-001	Excess (\$)	0.00
Assign From		Assign Date	30/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075934	Colour	BLUE
Odometer	445330	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 N/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	28/10/2018	Inspection Date	30/10/2018
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: **4 Working Days**



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9426D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR BUMPER SIDE BRKT LH	CRACKED	35.60	35.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAILLAMP LH	CRACKED	565.60	565.60
1	TAILLAMP MTG CLIP	NECESSARY	4.60	4.60
1	BOOTLID LAMP LH	SERVICEABLE	556.80	-
1	REAR FENDER LH	BUCKLED	2,020.10	2,020.10
1	REAR FENDER SHIELD LH	CRACKED	164.40	164.40
1	REAR WINDSCREEN MOULDING	NECESSARY	62.10	62.10
1	FUEL FILLER HOUSING-BLACK	CRACKED	134.20	134.20
1	REAR WHEEL CAP LH	GRAZED	107.10	107.10
1	FUEL FILLER DOOR	MISSING	95.80	95.80
	LESS 20% DISCOUNT		-909.86	-752.90
			3,639.44	3,011.60
<u>NETT ITEMS</u>				
2	WINDSCREEN AHESIVE (N)	NECESSARY	92.00	92.00
1	REAR DOOR APPS STICKER LH (N)	NECESSARY	80.00	80.00
	LESS 10% DISCOUNT		-17.20	-17.20
			154.80	154.80
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADV STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR DOOR ADV STICKER LH (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER ADV STICKER (SN)	NECESSARY	50.00	50.00
1	REAR HANKOOK TYRE LH (SN)	SERVICEABLE	216.00	-
			616.00	400.00
<u>LABOUR</u>				
	PANEL BEATING.		660.00	600.00

Report Ref No. NS/INC18019765/K1qbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPRAYPAINT ON AFFECTED AREA.		660.00	600.00
	CHECK ALL LIGHTING.		50.00	20.00
	TUFF COAT ON AFFECTED PARTS.		100.00	20.00
	R/I UPHOLSTERY ETC.		120.00	50.00
	R/I REAR WINDSCREEN.		150.00	100.00
	R/I REVERSE SENSOR.		120.00	30.00
	VEHICLE TOWED-IN. (NPA)		-	-
			1,860.00	1,420.00
	GRAND TOTAL		6,270.24	4,986.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,000.00

Report Ref No. NS/INC18019765/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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