

Surveys: Kelvin

REF:

NS/WC18019768 / Klrbrn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SAD 8870Z

Policy No 5102782539 010818 - 020919

Claims No MT/1017612-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC7654G Yr Regn: 20 Jan 2012

Type: M.Car / M.Cycle / Bus / Van / Lorry / T₆ / Prime Mover /

Truck / Trailer or

Make: Hyundai Sonata C.C. 1.9.91

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

Sp. Reading: 300140 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41V4CAB12473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215 / 60 R16

R: _____

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

TOYO / YOKO or Har Kuch

Front _____ Rear _____

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 29/10/18 D.O.I. 30/10/18

Survey held at CDGE (Loyang)

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

n/s Rear.

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

Date / Time	Action / Instruction
	SHC 7654G - CCB / TMT / 17019591 / Klrbrn2
	SAD 8870Z - CCB / ALH / 5021756 / Klrbrn2
9/11/18	Endorse 4/3 \$2850 / 30yr.
	Recd. \$5853.88, 671.
RECEIVED 12 NOV 2018	

Date/Time, File Pass to?

☐ : Preli. Report

1) typist

☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

160

Report Format: TP

Lump Sum / Hdt: (\$ 2850.00)

Janice Lee (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Monday, November 12, 2018 9:43 AM
To: Janice Lee (LKKAUTO)
Subject: REQUEST CLAIMS NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.

Find out more at income.com.sg/careers

in with you

'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504. Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Friday, November 09, 2018 4:49 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIMS NUMBER

Dear Sir/ Madam,

Kindly let us have the claim reference.

Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
MT/1017612-002	CITYCAB PTE LTD	SHC 7654G	SGD 8870Z	29/10/2018	13:00	\$ 8,703.88	\$ 2,850.00

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: jannicelee@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5102782539		LOO CHERN LIANG	S18210458	GPC	drive CLASSIC	SGD8870Z	SGD8870Z	01/08/2018	02/09/2019

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 15:49
Date Of Accident	29/10/2018 13:00
Exact Location Of Accident	JLN KUALA X RIVER VALLEY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7654G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA

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 TAXI

Vehicle Category

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TEO CHIN HEE
NRIC No	S1263090E
Date Of Birth	31/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96671960
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 14 DUNMAN LANE
 Postcode 439266
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3
 Passenger 1 NAME: : -
 GENDER: : MALE

Passenger 2 NAME: : -
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / 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 SGD8870Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LOO CHERN LIANG
 NRIC/Passport Number S1821045B
 Contact Number
 Address
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

NTUC INCOME INSURANCE CO-OPERATIVE LTD

FRT RIGHT

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 the 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.

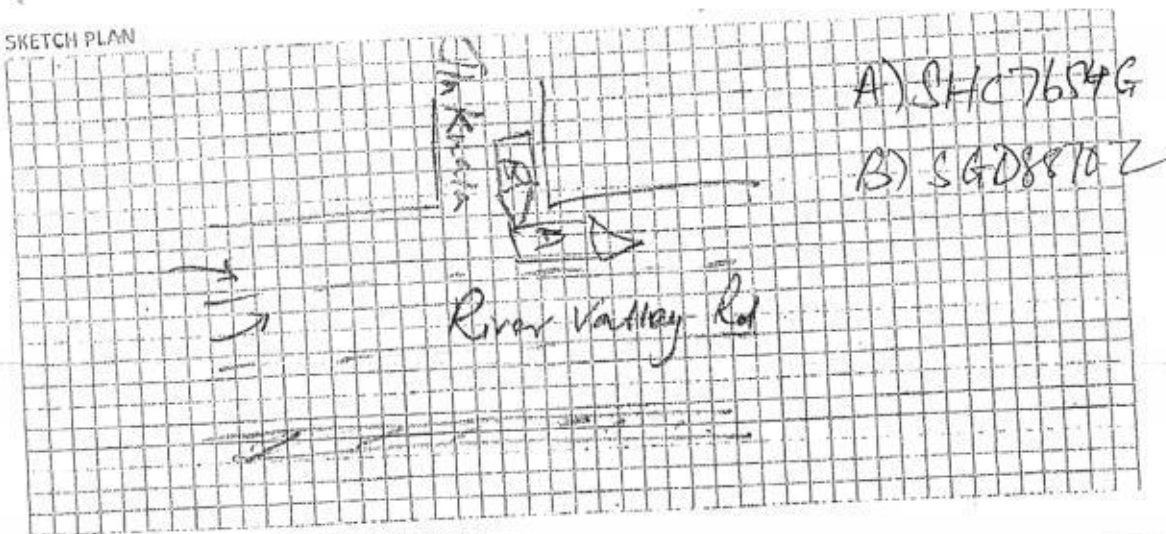
CITYCAB PTE LTD
CO. REG. NO. 199502839G

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

On 29/10/18 at about 13:00hrs while I veh A was parked along the main road, veh B from the side road and collided on left rear door and left rear portion.

DECLARATION

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

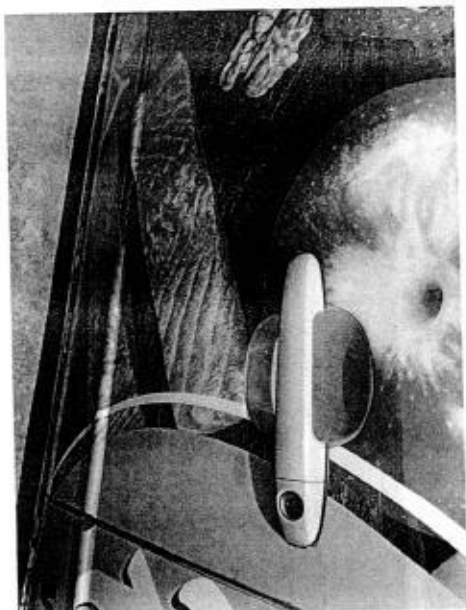
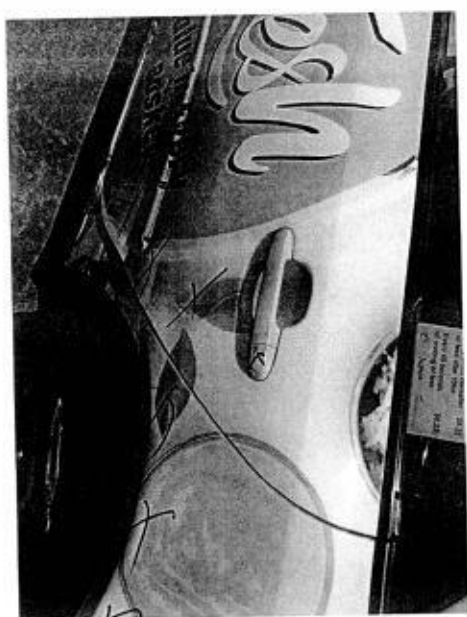
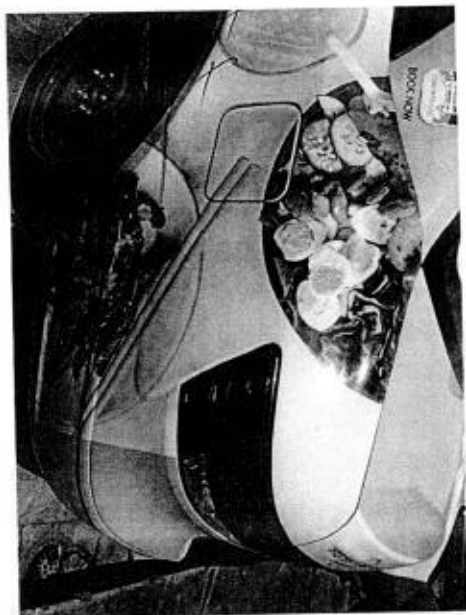
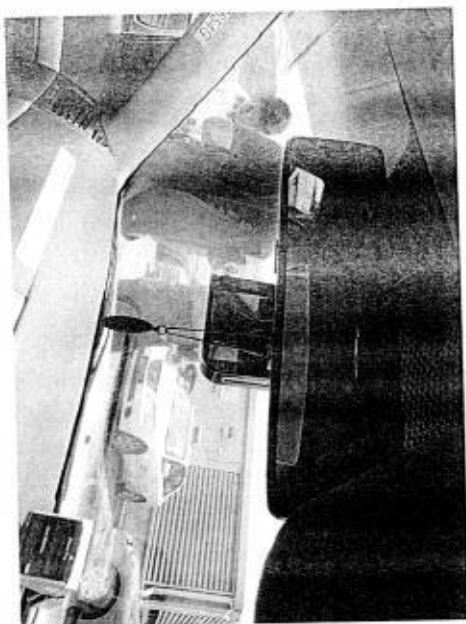
CITYCAB PTE LTD
CO. REG. NO. 199502839G

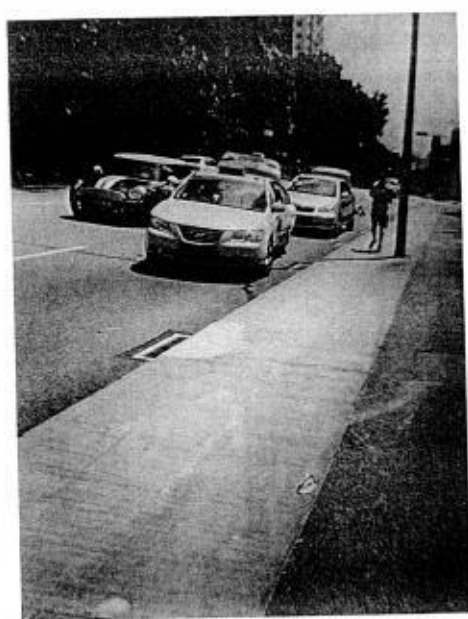
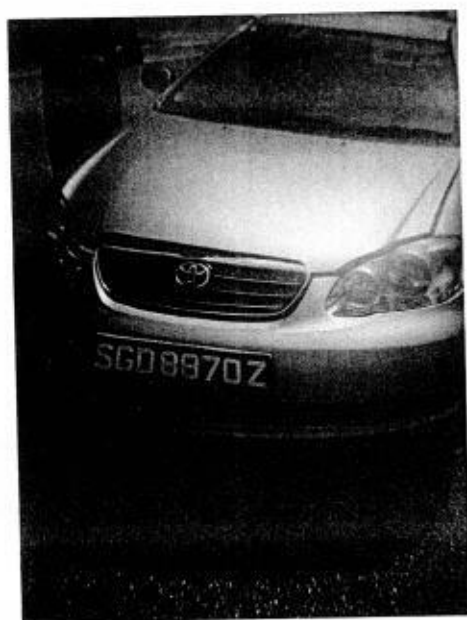
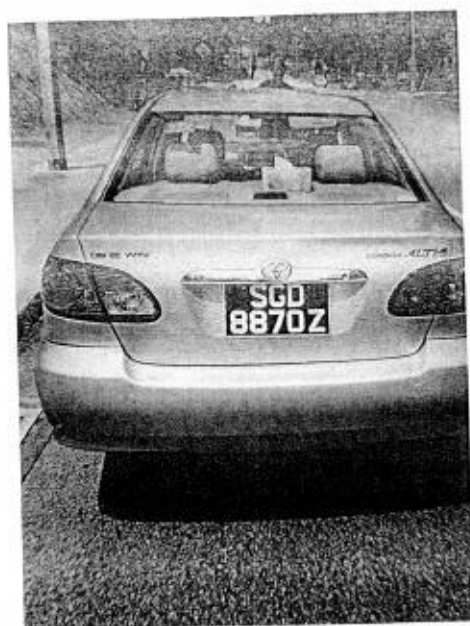
Policyholder's Signature
Date & Time:

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

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

CITYCAB Sketch Plan Form V3





CITY CAB PTE LTD

VEHICLE NO : SHC 7654G

DATE 30/10/2018 9:47

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X repair</i>			\$ 578.40
	Rear Bumper Clip <i>X "</i>			\$ 22.00
	Rear Fender (LH) <i>X repair</i>			\$ 1,935.90
	Rear Fender Inner Lining (LH) <i>X sc</i>			\$ 74.10
	Rear Fender Mudflap (LH) <i>- "</i>			\$ 15.50
	Rear Windscreen Moulding <i>X "</i>			\$ 60.00
	Rear Door (LH) <i>- Bent</i>			\$ 1,294.70
	Rear Door Protector (LH) <i>X repair</i>			\$ 54.50
	Rear Tyre Rim (LH) <i>- Bent</i>			\$ 284.70
	Rear Wheel Hub-Cap (LH) <i>- missing</i>			\$ 145.00
	Rear Wheelbearing IN & Hub <i>X sc</i>			\$ 384.60
	Rear Shock Absorber (LH) <i>X sc</i>			\$ 190.60
	Rear Shock Absorber Mounting (LH) <i>X sc</i>			\$ 55.30
	Rear Upper Arm (LH) <i>- Bent</i>			\$ 321.70
	Rear Lower Arm (LH) <i>X sc</i>			\$ 195.80
	Rear Knuckle Arm (LH) <i>X sc</i>			\$ 550.80
	SUB TOTAL			\$ 6,163.60
	LESS 20%			\$ 1,232.72
	DISCOUNTED TOTAL			\$ 4,930.88
	Rear Bumper Advertisement Logo <i>- "</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>X "</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>- "</i>			\$ 200.00
	Rear Fender Comfort Sticker (LH) <i>- "</i>			\$ 30.00
	Rear Windscreen Sealant <i>X "</i>			\$ 46.00
	Rear Door Advertisement Logo (LH) <i>- "</i>			\$ 100.00
	Rear Door Tel No. Sticker (LH) <i>- "</i>			\$ 10.00
	Rear Tyre (LH) <i>- punctured 50%</i>			\$ 207.00
				\$ 693.00
	Labour Charge			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 100.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Remove/Refix Undercarriage (RR)			\$ 400.00
	Remove/Refix Fuel Tank			\$ 150.00
	Transfer of Door			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	<i>Tuning Fee Key ded</i>			
	TOTAL LABOUR			\$ 3,080.00
	ESTIMATE TOTAL			\$ 8,703.88

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 Page 1 of 1 Surveyor appointed by the insurance company.

Date/Time: 29.10.2018 16:48

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order: 3869044

JC NO.: 305232074

STOMER

REGN NO.:

SHC7654G

MILEAGE

MS

CITYCAB PTE LTD
7010070

MAKE :

HYUNDAI

FUEL

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

STOMER NO.

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (O)

MODEL

SONATA

DATE/TIME IN

29.10.2018 13:00

RESS

(R)

(P)

YR OF MANU

20.01.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA821433

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.10.2018

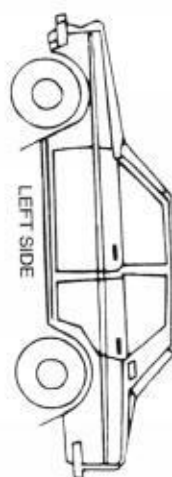
NATURE: 3P 29.10.18/B

S/NO

LABOR CODE

DESCRIPTION

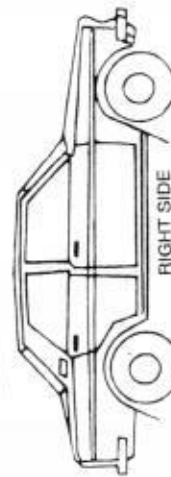
FRONT



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

SHC7654G

FZ NTUC LKK

Vehicle No.:

SHC7654G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

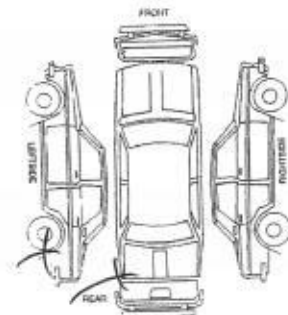
To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

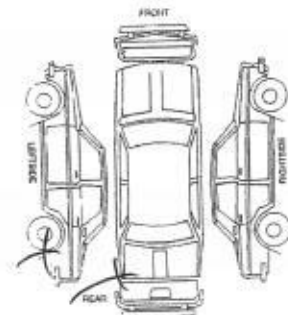
Job Requisition

1. Date: _____ Time Received: _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>THEO CAN HEE</u> Contact No.: <u>96671960</u> Vehicle No.: <u>SAC 764PG</u> Make/Model/Colour: _____ Email: _____			
7. Location: <u>RIVER VALLEY ROAD</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

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: _____		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	
---	--	---	--

10. Odometer Reading: <u>300014</u> 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 type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p><u>[Signature]</u> Signature of Customer</p>
Name of Driver: <u>ERIC</u>		
Vehicle No.: <u>YK949S</u>		
Time Dispatch: <u>11.45am</u>		
Time of Arrival: <u>12.15pm</u> Time Completed: <u>1.30pm</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™.

27/10/18
Date

1.30pm
Time

[Signature]
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305232074
Date : 09.11.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC7654G

Fax :

Date of Accident : 29.10.2018

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


1. The repair job shall bill to: NTUC --- SGD8870Z
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | \$2,850.00 |
| Final Lumpsum Repair cost | \$2,850.00 |


3. Estimated normal period for repairs: 3 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 1/11/18

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		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/INC18019768/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 14-11-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGD 8870Z	Veh. Inspected	SHC 7654G
Policy No.	5102782539	Coverage (\$)	0.00
Claim No.	MT/1017612-002	Excess (\$)	0.00
Assign From		Assign Date	30/10/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA821433	Colour	YELLOW
Odometer	300140	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 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	29/10/2018	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: 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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7654G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	578.40	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR FENDER (LH)	TO REPAIR SEE LABOUR	1,935.90	-
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
1	REAR FENDER MUDFLAP (LH)	CRACKED	15.50	15.50
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR DOOR (LH)	DENTED	1,294.70	1,294.70
1	REAR DOOR PROTECTOR (LH)	TO REPAIR SEE LABOUR	54.50	-
1	REAR TYRE RIM (LH)	BENT	284.70	284.70
1	REAR WHEEL HUP-CAP (LH)	MISSING	145.00	145.00
1	REAR WHEELBEARING ING & HUB	SERVICEABLE	384.60	-
1	REAR SHOCK ABSORBER (LH)	SERVICEABLE	190.60	-
1	REAR SHOCK ABSORBER MOUNTING (LH)	SERVICEABLE	55.30	-
1	REAR UPPER ARM (LH)	BENT	321.70	321.70
1	REAR LOWER ARM (LH)	SERVICEABLE	195.80	-
1	REAR KNUCKLE ARM (LH)	SERVICEABLE	550.80	-
	LESS 20% DISCOUNT		-1,232.72	-412.32
			4,930.88	1,649.28
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER (LH)(SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
1	REAR DOOR ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
1	REAR DOOR TEL NO STICKER (LH)(SN)	NECESSARY	10.00	10.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TYRE (LH)(50%)(SN) <u>LABOUR</u> PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR FENDER (LH) AND REAR DOOR PROTECTOR (LH). SPRAY PAINTING CHARGE. WIRING CHARGE. TUFF KOTE.. REMOVE/REFIX CUSHION & UPHOLSTERY REAR. REMOVE/REFIX REAR WINDSCREEN GLASS. REMOVE/REFIX REVERSE SENSOR. REMOVE/REFIX UNDERCARRIAGE (RR). REMOVE/REFIX FUEL TANK. TRANSFER OF DOOR. REAR WHEEL ALIGNMENT.	PUNCTURE	207.00	103.50
			693.00	493.50
		NOT NECESSARY	1,000.00	600.00
			750.00	600.00
			50.00	-
			100.00	20.00
			150.00	50.00
			120.00	-
			120.00	-
			400.00	60.00
			150.00	-
			120.00	50.00
			120.00	60.00
			3,080.00	1,440.00
			8,703.88	3,582.78
GRAND TOTAL				
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,850.00	

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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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