

Surveyor: Kalvin

REF: NS/INC18019782/K18b02

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

Insured: SLN 4348E

Policy No: \_\_\_\_\_

Claims No: MT/1017697-002

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

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHD 6563L Yr Regn: 13 Sep, 2018  
Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Zonix D.C. 1580

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

Sp. Reading: 15731 T/Radio: Insued / Std / NI / NA

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

C/No: KM4C851CV.K4107571

Gen. Cond: Good / FB / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STDR / Rim or

Tyre Size: F: 195/65R15

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

BS / DUN / EXNOVA / GY / FS / LIZA / 6 / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 29/10/18

Survey held at CDGE (Loyang)

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

Front o/s

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

Date / Time	Action / Instruction
	SHD 6563L - NA/INC/30061818/24 DCA: 01-042018 IM
	SLN 4348E - X R/P
7/1/18	Checked P/P \$ 3568.50 / 3 Rps.
07/1/18	Confirmed P/P \$ 3,568.50/- @ 3 days with Kalvin. ( \$ 2,151.22 Red - 38% )
RECEIVED 09 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

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

Lump Sum / I.B.I: (\$ 3,568.50 p/p)

160

# Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLN4348E	29 Oct 2018 / 13:35:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SHD6563L

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

## 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	30/10/2018 08:43
Date Of Accident	29/10/2018 13:35
Exact Location Of Accident	HILLSIDE DR X HIGHLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6563L
<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	IONIQ HYBRID
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	LOH HWEE PING
NRIC No	S0198040H
Date Of Birth	26/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1972
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98177089
Fax Number	
Contact Number	
Email Address	ERICLOH@ORANGETEE.COM

Address BLK 661 HOUGANG AVENUE 4 #11-381  
 Postcode 530661  
 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 - CROSS JUNCTION  
 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? 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 SLN4348E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver KAN SU-YIN KARIN  
 NRIC/Passport Number S7438832I  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Nature Of Damage WHOLE LEFT SIDE  
 No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LOH HWEE PING

Approximate Age

69

Injuries Sustain

FAST HEART BEAT AND BREATHLESS

Injured person in which vehicle?

SHD6563L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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. 199203821R

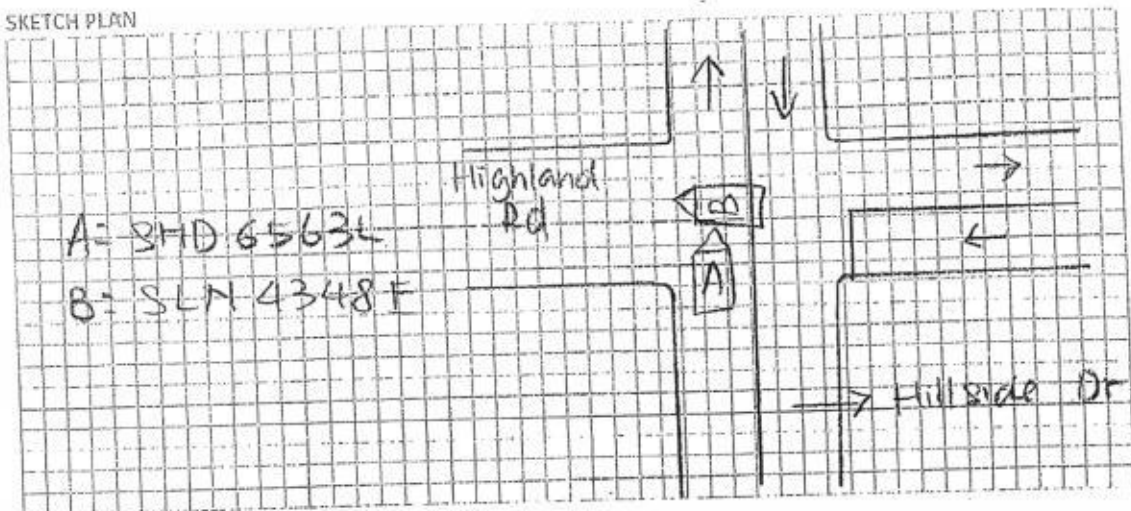
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

Policyholder's Signature  
Date & Time:

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

Loke Wei Yeng

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

QUEPAC Sketch Plan Form V3



Describe Circumstances of the Accident.

On 29/10/2018 at about 1335hrs, I was driving along Hillside Drive with no pax onboard.  
 As I crossing Highland Road junction, a veh bearing SLN4348E come out from right hand side  
 indicated white stop line junction without stopping. I immediately applied brake upon  
 seeing this, however it was happen too sudden I have no susficient time to stop my taxi. As  
 a result, my taxi front portion hit and grazed onto the left front twds rear portion of Veh B.  
 No passenger on board my taxi. I wanted to consult doctor due to fast heart beat and  
 breathless after accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO 199203821R

Policyholder's Signature/Date &  
 Time

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

Loke Wai Yeng

Witnessed by Reporting  
 Centre Personnel

# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

NTUC - CP/P

TS

VEHICLE NO : SHD 6563L

DATE 30/10/2018

MAKE :

LKK - Kalvin

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille / cm			\$ 1,227.50
	Front Bumper Cover / Rehd			\$ 418.30
	Front Bumper Sponge / bn			\$ 86.90
	Front Bumper Reinforcement / Rvc			\$ 1,075.10
	Front Bumper Absorber / Rvc			\$ 86.90
	Front Bumper Grille (RH) / ul			\$ 186.90
	Front Bumper Moulding Centre Upper / cm			\$ 108.50
	Front Bumper Moulding (RH) / ul			\$ 93.60
	Front Bumper Lower Stiffner / X repl			\$ 85.10
	Front Bumper Bracket Top (LH/RH) / X Svc	\$	12.00	\$ 24.00
	Front Bumper Bracket (LH/RH) / X Svc	\$	28.00	\$ 56.00
	Front Bumper Clips 10 pcs / X m			\$ 22.00
	Headlamp Support Panel Assy / X Svc			\$ 949.30
	Headlamp (RH) / fraged			\$ 1,198.80
	<b>SUB TOTAL</b>			<b>\$ 5,618.90</b>
	<b>LESS 20%</b>			<b>\$ 1,123.78</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,495.12</b>
	Front Number Plate Frame / cm			\$ 25
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00 200
	Wiring Charge			\$ 30.00 20
	<b>TOTAL LABOUR</b>			<b>\$ 730.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,225.12</b>
				5,719.72

Kalvin 16/11/18  
 30/10/18 1520 hrs.  
 3 Days.  
 PIP  
 Before Paint photo

LKK Auto Care parts have to notify  
 repairer of the following:  
 • To resurvey and/or after spray painting  
 • To display damaged part(s) during resurvey  
 • Parts prices are subject to confirmation  
 • Third party survey is on a "Without Prejudice" basis  
 • No illegal modification(s) is allowed  
 • Supplementary item(s) must be resurveyed and  
 is 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.

# COMFORT DELGRO ENGINEERING

VEHICLE : SHD6563L TYPE OF CLAIM : TP  
 MODEL : IONIQ G2 SURVEY BY : LKK-KALVIN  
 JOB NO : 305232285 DATE : 31.10.18

## SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	Radiator Grille Upper Cover	1	123.60	/ <i>cut</i>
2	Frt Bumper Tow Cover	1	28.30	/ <i>missing</i>
3	Frt Bumper Air Flap RH	1	356.00	/ <i>cut</i>
4	Frt Bumper Lip	1	35.10	/ <i>cut</i>
5	Frt Bumper Centre Moulding	1	44.00	/ <i>cut</i>
	* Last Entry *			

\$587

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 01.11.2018  
Time: 17:49:05  
Page: 1

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

JOB NO : 305232285  
REGN NO : SHD6563L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 13.09.2018  
DATE/TIME IN : 29.10.2018 13:35  
ACCIDENT DATE : 29.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2164-G	RADIATOR GRILLE	1	1,227.50	20.00	982.00 ✓
0002	04-01-0104-2534-G	FRT BUMPER	1	418.30	20.00	334.64 ✓
0003	04-01-0104-0635-G	FRT BUMPER SPONGE	1	86.90	20.00	69.52 ✓
0004	04-01-0104-0633-G	FRT BUMPER MOULDING RH	1	93.60	20.00	74.88
0005	04-01-0104-2915-G	HEADLAMP RH	1	1,198.80	20.00	959.04
0006	FNPS	NO PLATE(S)	1 N	25.00	10.00	22.50
0007	04-01-0104-2551-G	Radiator Grille Upper Cover *	1	123.60	20.00	98.88
0008	04-01-0104-2544-G	Frt Bumper Tow Cover*	1	28.30	20.00	22.64
0009	04-01-0104-0634-G	FRT BUMPER GRILLE RH	1	186.90	20.00	149.52
0010	04-01-0104-3922-G	Frt Bumper Air Flap RH*	1	356.00	20.00	284.80
0011	04-01-0104-2418-G	Frt Bumper Lip*	1	35.10	20.00	28.08
0012	04-01-0104-2361-G	FRT BUMPER UPR CTR MOULDING	1	108.50	20.00	86.80
0013	04-01-0104-2417-G	Frt Bumper Centre Moulding *	1	44.00	20.00	35.20

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.11.2018

Time: 17:49:05

Page: 2

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

JOB NO : 305232285  
REGN NO : SHD6563L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 13.09.2018  
DATE/TIME IN : 29.10.2018 13:35  
ACCIDENT DATE : 29.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 3,148.50

JOB NATURE

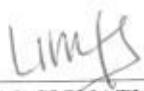
0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 17-01 CHECK ALL LIGHTING 20.00

SUB-TOTAL : 420.00

TOTAL : 3,568.50

  
MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305232285  
Date : 02/11/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG  
Vehicle Reg No. : SHD6563L

Fax :

Date of Accident : 29-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 --- SLN4348E
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$3,148.50
(b) Labour Charges	\$420.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$3,568.50</b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	_____
<b>Final Lumpsum Repair cost</b>	_____

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 : LIM T S  
Name : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature : KALVIN  
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:

N/TUC

### Workshops

59 Loyang Drive Singapore 509985  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 609286  
230 Ubi Road 3 Singapore 40866

24 Senoko Loop Singapore 758156  
7 Sungei Kadut Way Singapore 726791  
501 Yishun Industrial Park A Singapore 768732

Date/Time: 30.10.2018 11:27

Page : 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order:

JC NO.: 305232285

STOMER

VMS COMFORT TRANSPORTATION PTE LTD  
STOMER NO. 7010045  
DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (O)

(R)  
(P)

ICOUNT CARD NO.

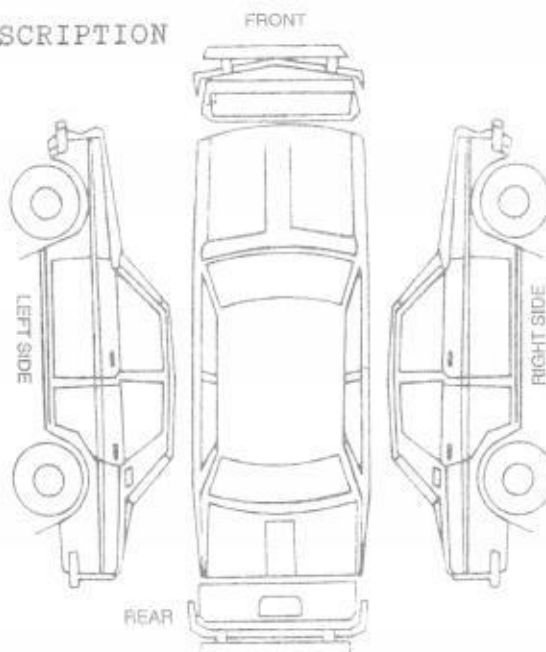
REGN NO.: SHD6563L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 29.10.2018 13:35
YR OF MANU 13.09.2018	TARGET DATE
CHASSIS CODE RMHC851CVKU107571	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 29.10.2018  
NATURE: 3P 29.10.18

S/NO LABOR CODE

### DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHD6563L  
LIMTS

Exit Pass

Vehicle No.: SHD6563L

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

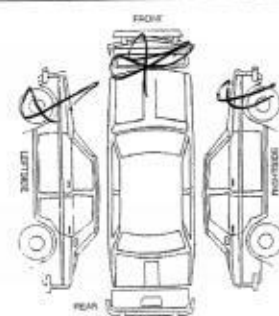
### Job Requisition

1. Date: <u>29/10/18</u> Time Received: <u>1402</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)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input 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>Mr. Loh</u> Contact No.: <u>98177089</u> Vehicle No.: <u>2406563L</u> Make/Model/Colour: <u>H. 1000Q</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>Hillside Pr</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: <u>15731</u>
Fuel Level: <u>F</u> 1/4 1/2 3/4 E

11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input checked="" type="checkbox"/> Not tested
---



# : Cracked X : Dented  
/ : Scratched O : Missing

Signature of Customer

### Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING
Name of Driver: <u>Song</u>
Vehicle No.: <u>YH291M</u>
Time Dispatch: <u>1605</u>
Time of Arrival: <u>1800</u>
Time Completed: <u>1550</u>

### Cash Invoice Details (if applicable)

13. Cash Invoice No.:
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### 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™.

\_\_\_\_\_  
Date Time Signature of Customer

### 14. WORKSHOP

\_\_\_\_\_  
Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard





# 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/INC18019782/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 14-11-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 4348E	Veh. Inspected	SHD 6563L
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1017697-002	Excess (\$)	0.00
Assign From		Assign Date	30/10/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107571	Colour	BLUE
Odometer	15731	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	7 mm
L/H Front Tyre	195/65 R15	MICHELIN	7 mm
R/H Rear Tyre	195/65 R15	MICHELIN	7 mm
L/H Rear Tyre	195/65 R15	MICHELIN	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S 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.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6563L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE	CRACKED	1,227.50	1,227.50
1	FRONT BUMPER COVER	DEFORMED	418.30	418.30
1	FRONT BUMPER SPONGE	TORN	86.90	86.90
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	1,075.10	-
1	FRONT BUMPER ABSORBER	SERVICEABLE	86.90	-
1	FRONT BUMPER GRILLE (RH)	CUT	186.90	186.90
1	FRONT BUMPER MOULDING CENTRE UPPER	CRACKED	108.50	108.50
1	FRONT BUMPER MOULDING (RH)	CUT	93.60	93.60
1	FRONT BUMPER LOWER STIFFNER	TO REPAIR SEE LABOUR	85.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$12.00	SERVICEABLE	24.00	-
2	FRONT BUMPER BRACKET (LH/RH) @\$28.00	SERVICEABLE	56.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	949.30	-
1	HEADLAMP (RH)	GRAZED	1,198.80	1,198.80
1	RADIATOR GRILLE UPPER COVER	CUT	123.60	123.60
1	FRT BUMPER TOW COVER	MISSING	28.30	28.30
1	FRT BUMPER AIR FLAP RH	CRACKED	356.00	356.00
1	FRT BUMPER LIP	CUT	35.10	35.10
1	FRT BUMPER CENTRE MOULDING	CUT	44.00	44.00
	LESS 20% DISCOUNT		-1,241.18	-781.50
			4,964.72	3,126.00
<b>NETT ITEMS</b>				
1	FRONT NUMBER PLATE FRAME (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER LOWER STIFFNER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.		30.00	20.00
			730.00	420.00
GRAND TOTAL			5,719.72	3,568.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,568.50

Report Ref No. NS/INC18019782/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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