

Surveyor: Kelvin

REF:

NS/INC18019852/Kltbn2

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: **GBG 609T**

Policy No: **5084608145-02 30092018**

Claims No: **MT/1017894-002**

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

Est. 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: **SHA4440 L** Yr Regn: **8 Dec 2016**

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

Truck / Trailer or

Make: **Hyundai ZK** cc **1600**

Colour: **Blue** A/C: Ins **6** / Std / NI / NA

Sp. Reading: **282293** T/Radio: Ins **6** / Std / NI / NA

Eng. No: _____

C.No: **KMHLDX14MH4096708**

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 **Camproan**

Front: _____ Rear: _____

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

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

D.O.A. **30/10/18** D.O.I. **31/10/18**

Survey held at **CDGE (Loyang)**

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

O/S Body.

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

Date / Time	Action / Instruction
	SHA 4440 L - NS/INC15021947/Hltbn2 DA: 21123015 Inc
	GBG 609T - X P.P
13/11/18	4/5 Due to no. Before Part photo
	Estimated 4/5 \$2800 / 3 Rep. (Red: 1379.48, 33%)
	RECEIVED 14 NOV 2018

Delete Time, File Pass to?

☐ : Prel. Report
☒ : Final Report

1) 14/11 Typist
Delete Time, File Return to?

2) _____

Report Format: **TP**

Lump Sum / I.B.I: (\$ **2800**)

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

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084608145-02		SHENG ZHANG LOGISTICS PTE. LTD.	201421316M	GFT	Preferred Workshop Plan	GBG6029T	GBG6029T	30/09/2018	

Denise Tay (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 14 November 2018 10:18 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

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

income
made different



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: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, November 13, 2018 4:30 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

TP Claims against NTUC Income: Follow-Through Survey

Date : 13/11/2018

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/1017894-002	COMFORT TRANSPORTATION	SHA 4440I	GBG 6029T	30/10/2018	15:05	4,179.48	2,800.00

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	31/10/2018 08:24
Date Of Accident	30/10/2018 15:05
Exact Location Of Accident	DUNEARN RD AFTER WAYANG SATU FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4440L
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	YEO NGUAN LIANG
NRIC No	S1567511Z
Date Of Birth	01/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97626378
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	51 SING AVENUE
Postcode	217893
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	RAINING
Road Surface	WET

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?	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: : FEMALE
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

REFER ATTACHED

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	GBG6029T
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIVACHADRAN S/O THANKAMANI
NRIC/Passport Number	S7902989J
Contact Number	93836147
Address	
Postcode	

Insurance Company Name

Nature Of Damage

OVERALL BODY WORK

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFJ4888E

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHUAN SENG

NRIC/Passport Number

S2591282I

Contact Number

96858545

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

ET2592E

Vehicle Make/Model/Colour

SUBARU

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

FONG WAI KHIN

NRIC/Passport Number

Contact Number

98458716

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

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:

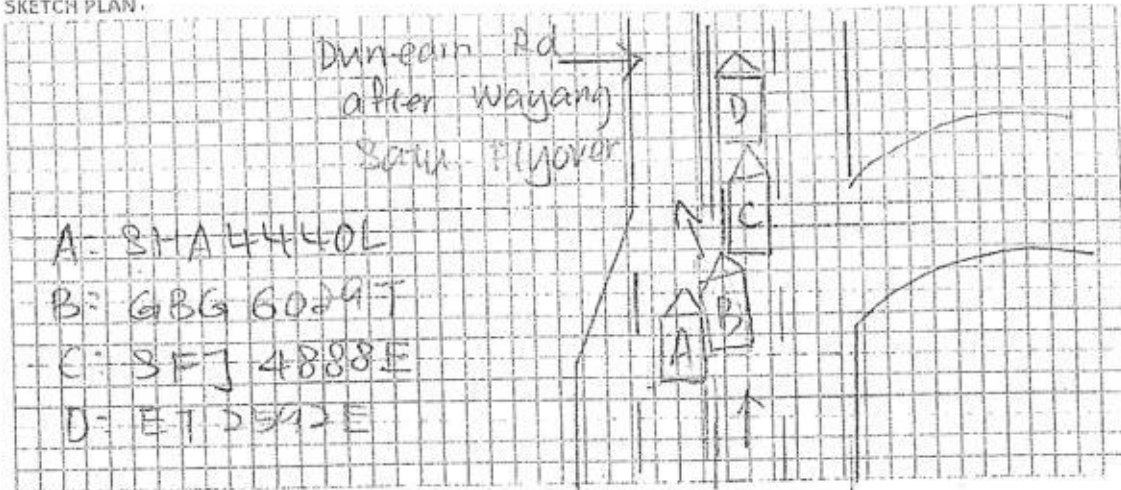
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Loke Wei Yiong

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. 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.:

GASMAC (S) Pte Ltd (In Force) V3

Describe Circumstances of the Accident.

On 30/10/2018 @ abt 1505hrs, I was slowly driving on extreme left lane along Dunearn Road after Wayang Satu Flyover.

Suddenly a van bearing GBG6029T swerved into my lane from right hand side and it left front hit and grazed onto the right front portion of my taxi. Thereafter I stepped out found that another 2 vehicle on middle lane also involved in this chain collision.

02 female passenger on board my taxi. No Injury reported at the point of accident.

Declaration

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

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

Policyholder's Signature/Date &
Time

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

Loke Wei Yiong

Witnessed by Reporting
Centre Personnel

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

NTUC - (P/P)

LC

VEHICLE NO : SHA 4440L

DATE 31/10/2018

MAKE :

LKK - Kalvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door (RH) <i>Ref</i>			\$ 2,256.40
	Front Door Outer Moulding (LRH) <i>X sur</i>			\$ 47.10
	Front Door Mirror Assy (RH) <i>Broken</i>			\$ 670.00
	Front Wheel Hub Cap (RH) <i>broken</i>			\$ 107.10
	<i>Front Bumper x repair</i>			
	<i>Front Fender (RH) x repair</i>			
	SUB TOTAL			\$ 3,080.60
	LESS 20%			\$ 616.12
	DISCOUNTED TOTAL			\$ 2,464.48
	Front Door Comfort Logo (RH) <i>Ref</i>			\$ 75.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 1,000.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 80.00
	FRT Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 1,640.00
	ESTIMATE TOTAL			\$ 4,179.48

Kalvin (LKK)

31/10/18

3 Days

PIP

Before Part photo

LKK Auto Consultants hereby notify the Reparer of the following:

- To test before/after repair
- To display damaged parts
- To provide a written estimate
- To provide a written invoice
- To provide a written receipt
- To provide a written statement of work
- To provide a written statement of completion
- To provide a written statement of warranty
- To provide a written statement of satisfaction
- To provide a written statement of approval
- To provide a written statement of acceptance
- To provide a written statement of release
- To provide a written statement of discharge
- To provide a written statement of indemnity
- To provide a written statement of liability
- To provide a written statement of responsibility
- To provide a written statement of accountability
- To provide a written statement of transparency
- To provide a written statement of integrity
- To provide a written statement of honesty
- To provide a written statement of fairness
- To provide a written statement of justice
- To provide a written statement of equity
- To provide a written statement of balance
- To provide a written statement of harmony
- To provide a written statement of peace
- To provide a written statement of love
- To provide a written statement of kindness
- To provide a written statement of compassion
- To provide a written statement of empathy
- To provide a written statement of understanding
- To provide a written statement of respect
- To provide a written statement of dignity
- To provide a written statement of honor
- To provide a written statement of glory
- To provide a written statement of praise
- To provide a written statement of approval
- To provide a written statement of commendation
- To provide a written statement of recognition
- To provide a written statement of appreciation
- To provide a written statement of gratitude
- To provide a written statement of thankfulness
- To provide a written statement of praise
- To provide a written statement of honor
- To provide a written statement of glory
- To provide a written statement of praise
- To provide a written statement of honor
- To provide a written statement of glory

Acknowledged by Reparer:
 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.

NATURE

Workshops

member of COMFORTDELGRO

Date/Time: 31.10.2018 09:02 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305232632

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ADDRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

DUNT CARD NO.

REGN NO:	SHA4440L	MILEAGE
MAKE :	HYUNDAI	FUEL
MODEL	I-40	E.....1/2.....F
YR OF MANU	08.12.2016	DATE/TIME IN
CHASSIS CODE	KMHLB41UMHU096708	TARGET DATE
		COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.10.2018

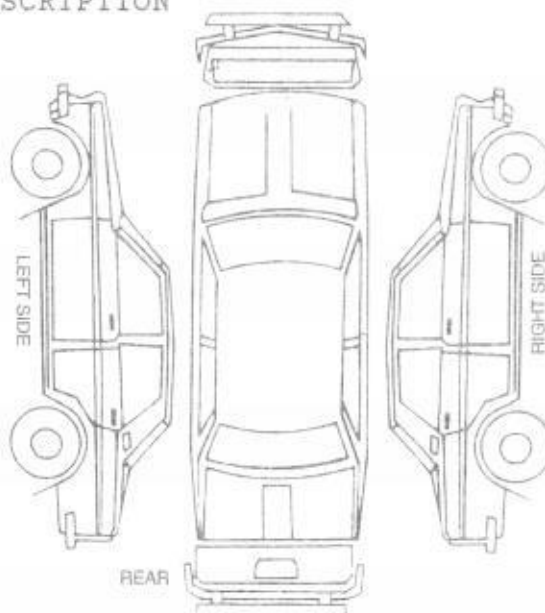
NATURE: 3P 30.10.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHA4440L

CHIANG

Vehicle No.:

SHA4440L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305232632
 REGN NO : SHA4440L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 08.12.2016
 DATE/TIME IN : 30.10.2018 16:00
 ACCIDENT DATE : 30.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1	2,256.40	20.00	1,805.12
0002 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0003 04-01-0103-0594-G	I40VC MIRROR ASSY-RR VIEW	1	670.00	20.00	536.00
0004 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	2.00-	75.00

SUB-TOTAL : 2,501.80

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	650.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00

SUB-TOTAL : 1,020.00

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

JOB NO : 305232632
REGN NO : SHA4440L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.12.2016
DATE/TIME IN : 30.10.2018 16:00
ACCIDENT DATE : 30.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,521.80

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305232632
Date : 12/11/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : NTUC
Attn : KALVIN
Vehicle Reg No. : SHA4440L
Fax :
30/10/2018

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

1. The repair job shall bill to: NTUC GBG6029T
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

\$2800.00

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : KALVIN
Date : 13/11/18

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:

U/s Due to no Before Paint photo




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/INC18019852/K1tbn2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 19-11-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 6029T	Veh. Inspected	SHA 4440L
Policy No.	5084608145-02	Coverage (\$)	0.00
Claim No.	MT/1017894-002	Excess (\$)	0.00
Assign From		Assign Date	31/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096708	Colour	BLUE
Odometer	282293	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	CAMPEON	7 mm
L/H Front Tyre	205/60 R16	CAMPEON	7 mm
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/10/2018	Inspection Date	31/10/2018
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



Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4440L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT DOOR (RH)	DENTED	2,256.40	2,256.40
1	FRONT DOOR OUTER MOULDING (LRH)	SERVICEABLE	47.10	-
1	FRONT DOOR MIRROR ASSY (RH)	BROKEN	670.00	670.00
1	FRONT WHEEL HUB CAP (RH)	GRAZED	107.10	107.10
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT FENDER (RH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-616.12	-606.70
			2,464.48	2,426.80
<u>SPECIAL NETT ITEMS</u>				
1	FRONT DOOR COMFORT LOGO (RH)(SN)	NECESSARY	75.00	75.00
			75.00	75.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER (RH).		400.00	300.00
	SPRAY PAINTING CHARGE.		1,000.00	650.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	TRANSFER OF DOOR.		80.00	50.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,640.00	1,020.00
GRAND TOTAL			4,179.48	3,521.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,800.00

Report Ref No. NS/INC18019852/K1tbn2

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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