

Form 21

Inspector: Kalvin

REF:

NS/INC18021936/K150

# ASSIGNMENT

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

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

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

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

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

at \_\_\_\_\_

Insured: SLD 9092L

Policy No: 5104843231 251018-241019

Claims No: MT/1022487-002

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: SHC 2334M Yr Regn: 13 Dec 2017

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

Truck / Trailer or

Make: Hyundai cc 1680

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

Sp. Reading: 182804 T/Radio: Insured / Std / NI / NA

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

C/No: 1CM HLB4144H4098648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inboard / Jammed / Leaked / Burnt or

Brake: Inboard / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Campen

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

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

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

D.O.A. 3/12/18 D.O.I. 5/12/18

Survey held at CDGE (Loyang)

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

0/5 Pen.

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

Date / Time	Action / Instruction
13/12/18	Confirmed P/P \$ 4306.92 / 4 days
14/12/18	Confirmed P/P \$ 4,306.92 @ 4 days with Kalvin P/P (\$ 1,998.16 Red 32%)

RECEIVED 17 DEC 2018

Date/Time, File Pass to?

17/12/18

1) Typ. 3+

Date/Time, File Return to?

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

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 4

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: (\$ 4,306.92 P/P)

# TP Claims against NTUC Income: Follow-Through Survey

Date : 14/12/18

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
2	MT/1023579-002	COMFORT TRANSPORTATION PTE LTD	SHA 7582R	FBD 7489H	11/12/2018	16:40	\$ 2,844.32	\$ 1,650.00
	MT/1023585-002	CITYCAB PTE LTD	SHA 9195L	SIW 7081E	12/12/2018	5:45	\$ 1,702.40	\$ 1,050.00
	MT/1022487-002	COMFORT TRANSPORTATION PTE LTD	SHC 2334M	SLD 9092L	3/12/2018	22:00	\$ 6,305.08	\$ 4,306.92
	MT/1023345-002	COMFORT TRANSPORTATION PTE LTD	SHB 6213H	SHD 2410X	10/12/2018	8:05	\$ 3,089.55	\$ 1,860.53
	MT/1023588-002	COMFORT TRANSPORTATION PTE LTD	SHA 4073M	SIK 8657B	12/12/2018	10:50	\$ 2,099.06	\$ 950.00

Claim received from LKK

eBaoTech

GeneralClaim

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 checked="" type="radio"/>	5104843231		CHUA CHIT MENG	S17B6890Z	GPC	drive CLASSIC	SLD9092L	SLD9092L	25/10/2018	24/10/2019

Date/Time: 03.12.2018 08:55

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order: 3879450

JC No.: 305247262

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R) (O)  
(P)

COUNT CARD NO.

REGN NO.:

SHC2334M

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

04.12.2018 13:00

YR OF MANU

13.12.2017

TARGET DATE

CHASSIS CODE

KMHLB41UMHU098648

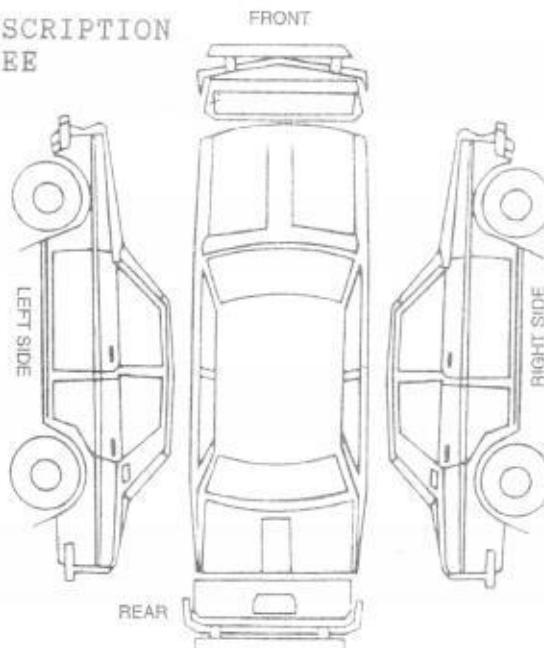
COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 03.12.2018  
NATURE: 3P 03.12.18

S/NO LABOR CODE  
000010 23-01

DESCRIPTION  
TOWING FEE



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.: SHC2334M

JU NTUC

Vehicle No.:

SHC2334M

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## 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	04/12/2018 16:58
Date Of Accident	03/12/2018 22:00
Exact Location Of Accident	T JUNCTION OF DRAYCOTT DRIVE AND CLAYMORE HILL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2334M
<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

### 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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	CHONG KIM SIN
NRIC No	S0210960C
Date Of Birth	08/01/1948
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1973
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90101108
Fax Number	
Contact Number	
Email Address	MC88WIN@YAHOO.COM.SG

Address	BLK 247 JURONG EAST STREET 24 #02-06
Postcode	600247
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 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)	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	SLD9092L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA CHIT MENG
NRIC/Passport Number	S1786890Z
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

## 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.

SKYPORT TRANSPORTATION PTE LTD  
CO. REG NO. 192203321R

Policyholder's Signature  
Date & Time:

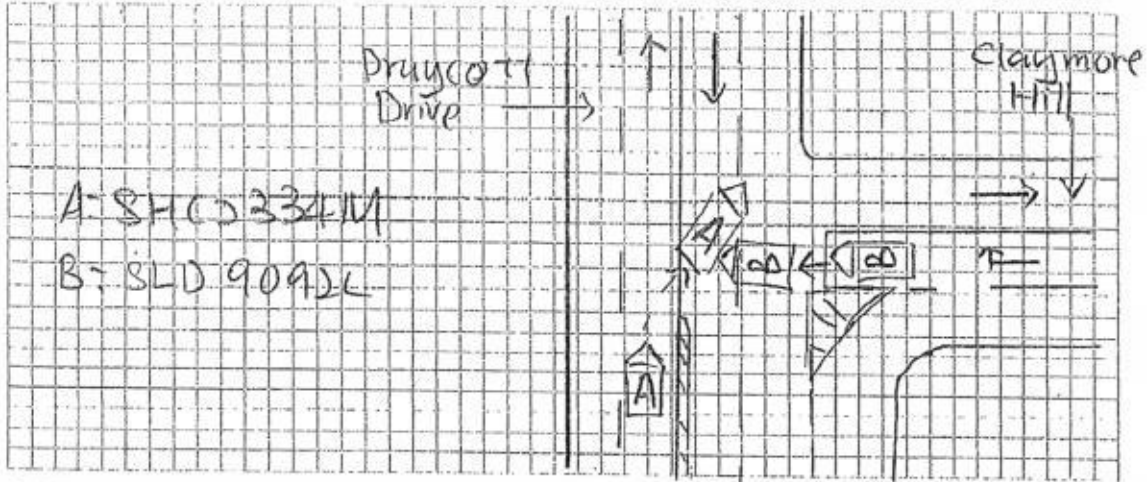
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Loke Wei Yeng  
4/12/18

# 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 192037112

Policyholder's Signature  
Date & Time:

CSARS Sketch Plan Form V3

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

Loke Wei Yeng

Reporting Centre Personnel's Signature  
Name: 2/12/18  
NRIC/FIN No.:



Describe Circumstances of the Accident.

On 03/12/2018 @ about 2200 hrs, I was driving along Draycott Drive going to turn to Claymore Hill.

While approaching the said junction, I reduced my taxi taxi speed and negotiate to turning right after I checked traffic is clear. In the midst, Veh B dashed out from a minor road without stopping. Due to this course, Veh B it front portion collided onto the right rear portion of my taxi. Both of us then alighted to take photo and exchange particulars.

No 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.

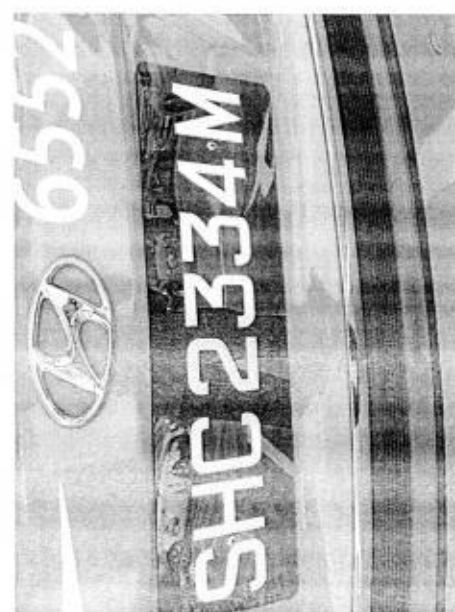
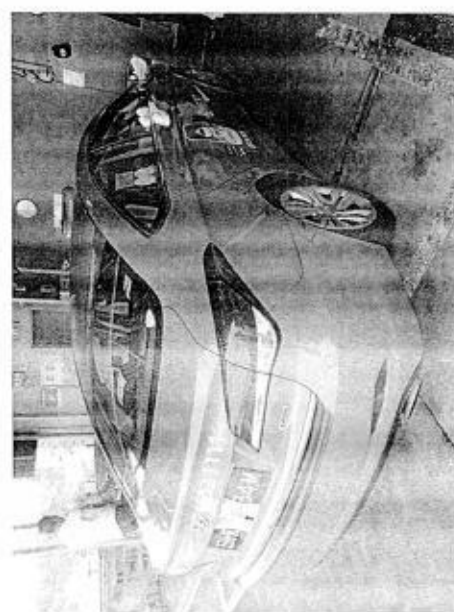
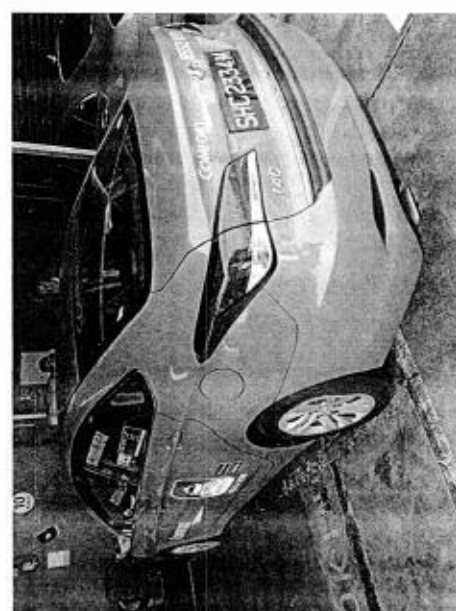
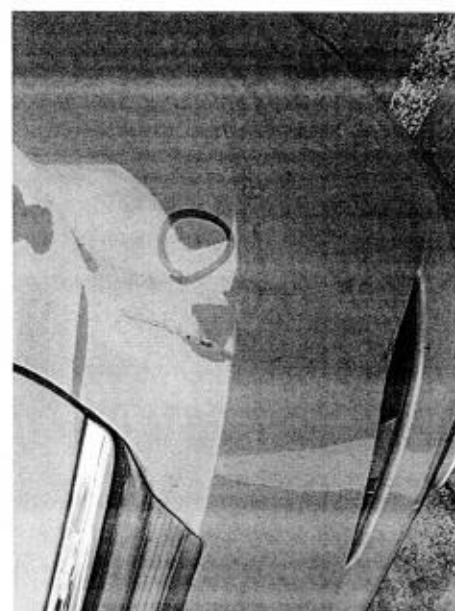
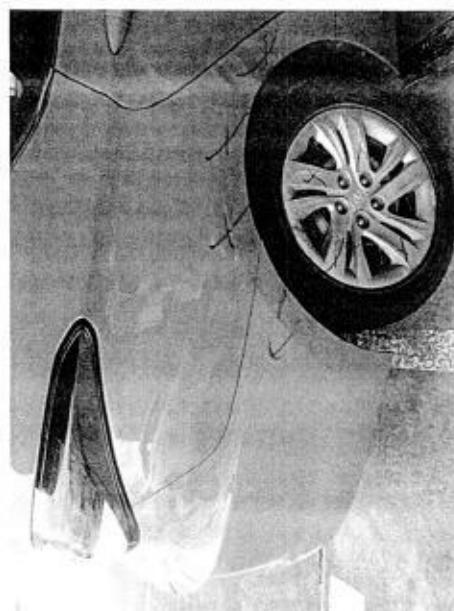
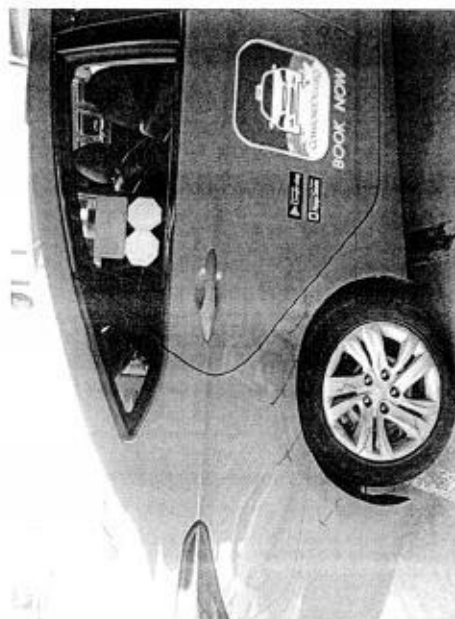
COMFORT TRANSPORTATION PTE LTD  
CC REG NO. 1922023215

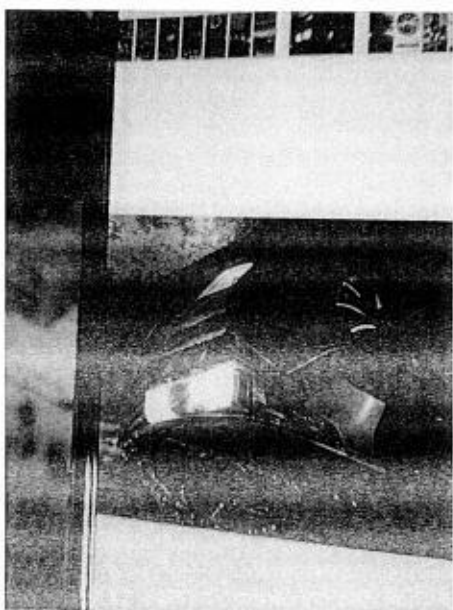
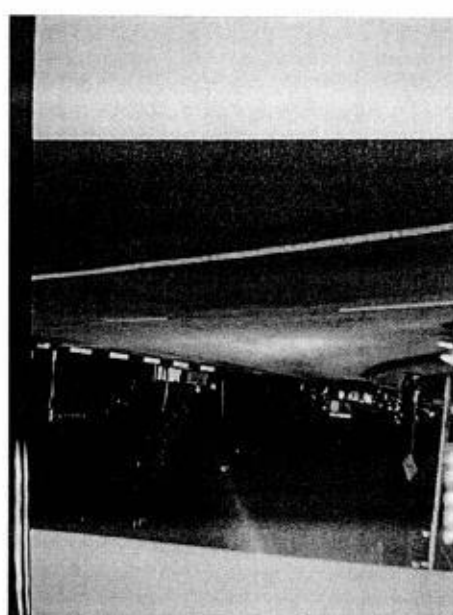
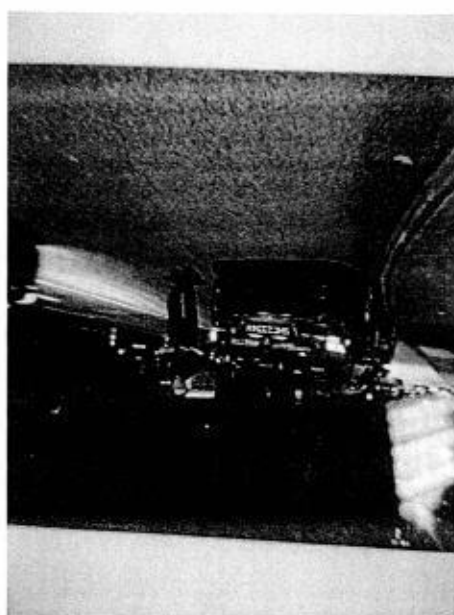
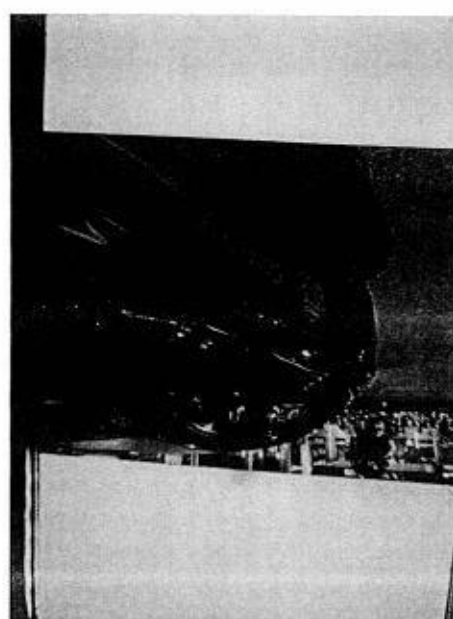
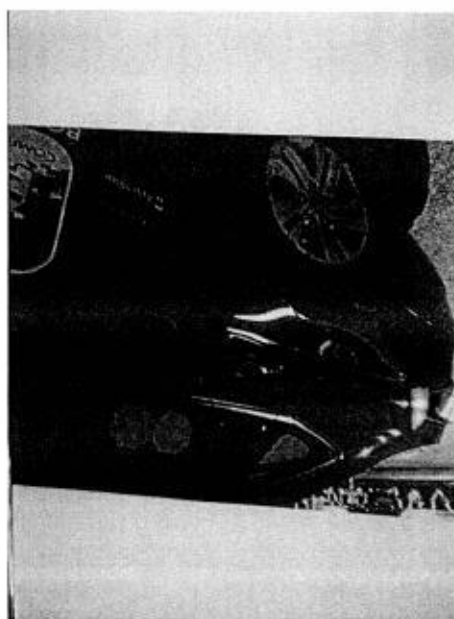
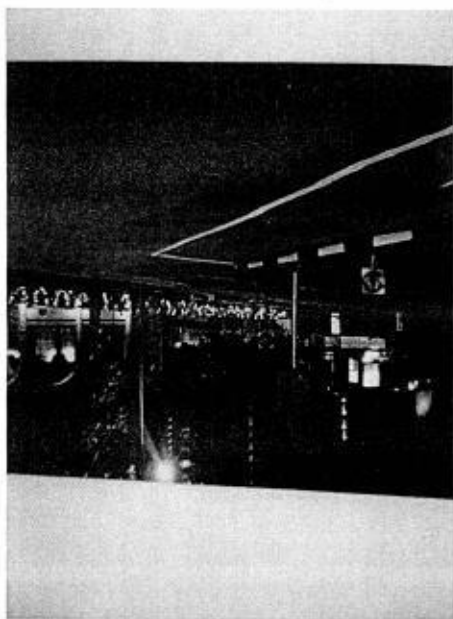
Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

4/12/18





NTUL  
Zu.

**DATE : 4.12.2018**

**MAKE :**

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Fender (RH) <i>Bunkel</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>X 5u</i>			\$ 169.30
	Rear Windscreen Moulding <i>ne</i>			\$ 28.30
	Rear Wheel Hup-Cap (RH) <i>hup</i>			\$ 107.10
	Rear Upper Arm (RH) <i>X 5u</i>			\$ 335.75
	Rear Lower Arm (RH) <i>7u</i>			\$ 353.80
	Rear Knuckle Arm (RH) <i>7u</i>			\$ 545.60
	<b>SUB TOTAL</b>			<b>\$ 3,559.95</b>
	<b>LESS 20%</b>			<b>\$ 711.99</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,847.96</b>
	Rear Bumper Rubber Mat <i>X 2u</i>			\$ 50.00
	Rear Windscreen Sealant <i>ne</i>			\$ 46.00
				<b>\$ 96.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>950.00</del> <i>600</i>
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>
	Wiring Charge			\$ <del>50.00</del> <i>X 2u</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Towing Charge <i>- KING DOLLY</i>			\$ 50.00 <i>X 19</i>
	Remove/Refix Cushion & Upholstery Rear			\$ <del>80.00</del> <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ <del>100.00</del> <i>100</i>
	Rear Wheel Alignment			\$ <del>120.00</del> <i>60</i>
	<b>TOTAL LABOUR</b>			<b>\$ 2,000.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,943.96</b>
	<i>Kahil (11/11/11)</i>			
	<i>5/14/18 1030 hrs.</i>			
	<i>4 Pys</i>			
	<i>P/P</i>			
	<i>Before Print photo</i>			

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation

on a "Without Prejudice" basis

- No verbal modification is allowed
- Supplementary item(s) must be resurveyed and approved by insurance company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*1305.03*

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.





# COMFORTDELGRO ENGINEERING

Our Job Ref No 305247262  
Date : 13/12/2018

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

## FINALIZATION FORM

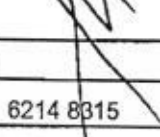
To : LKK Fax :  
Attn : KALVIN  
: SHC2334M Date of Accident : 03/12/18


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

1. The repair job shall bill to: NTUC --- SLD9092L  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount			\$3,026.92
(b) Labour Charges	###		\$ 1280.00
<b>Total for Part-By-Part Repair Cost</b>			<b>\$ 4306.92</b>
(c) Lumpsum Repair (if applicable)		N	
Total for Lumpsum repair cost after Less: 20%			
<b>Final Lumpsum Repair cost</b>			
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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 13/12/18

## 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:

\_\_\_\_\_

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.12.2018

## REPAIR ESTIMATE

Time: 14:36:54

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 : 305247262  
REGN NO : SHC2334M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 13.12.2017  
DATE/TIME IN : 04.12.2018 13:00  
ACCIDENT DATE : 03.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0575-G	I40V2 PANEL ASSY-QUARTER	1	2,020.10	20.00	1,616.08
0002 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0003 04-01-0103-0745-G	I40VC MOULDING-RR WDO GLA	1	28.30	20.00	22.64
0004 05-01-0199-0032-A	(ALL)WINDSCREEN AHESIVE-3	2	46.00	10.00	41.40
0005 03-01-0103-0098-G	I40VC WHEEL ASSY-STEEL	1	325.30	20.00	260.24
0006 03-01-0103-0131-G	I40V2 CROSSMEMBER-RR	1	1,021.50	20.00	817.20
0007 03-01-0103-0112-G	I40VC ARM + BUSH ASSY-SUS	1	83.90	20.00	67.12
0008 03-01-0103-0115-G	I40VC ARM ASSY-RR ASSIST	1	145.70	20.00	116.56

SUB-TOTAL : 3,026.92

## JOB NATURE

0000 23-01	TOWING FEE	30.00
0001 L	PANEL BEATING- REAR	600.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	400.00

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 13.12.2018

Time: 14:36:54

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 : 305247262  
REGN NO : SHC2334M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 13.12.2017  
DATE/TIME IN : 04.12.2018 13:00  
ACCIDENT DATE : 03.12.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0003 20-00	TUFF COAT ON AFFECTED PARTS.			20.00		
0004 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR			50.00		
0005 20-08	ADJUST FRONT WHEEL ALIGNMENT			60.00		
0006 L	RENEW REAR WINDSCREEN GLASS			100.00		
0007 20-09	REMOVE/REFIX RR SUSPENSION ASST REPAI			50.00		
SUB-TOTAL						: 1,310.00
TOTAL						: 4,336.92

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :





## 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/INC18021936/K1sbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-12-2018



189556

Code: INC4

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

Insured Veh.	SLD 9092L	Veh. Inspected	SHC 2334M
Policy No.	5104843231	Coverage (\$)	0.00
Claim No.	MT/1022487-002	Excess (\$)	0.00
Assign From		Assign Date	05/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098648	Colour	BLUE
Odometer	182804	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 REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	03/12/2018	Inspection Date	05/12/2018
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:	4 Working Days
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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 2334M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR FENDER (RH)	BUCKLED	2,020.10	2,020.10
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR WHEEL HUP-CAP (RH)	GRAZED	107.10	107.10
1	REAR UPPER ARM (RH)	SERVICEABLE	335.75	-
1	REAR LOWER ARM (RH)	SERVICEABLE	353.80	-
1	REAR KNUCKLE ARM (RH)	SERVICEABLE	545.60	-
1	WHEEL RIM	BENT	325.30	325.30
1	CROSS MEMBER-REAR	BENT	1,021.50	1,021.50
1	ARM & BUSH ASSY-REAR SUSPENSION	TORN	83.90	83.90
1	ARM ASSY-REAR ASSIST	BENT	145.70	145.70
	LESS 20% DISCOUNT		-1,027.27	-746.38
			4,109.08	2,985.52
<b><u>NETT ITEMS</u></b>				
1	REAR WINDSCREEN SEALANT (N)	NECESSARY	46.00	46.00
	LESS 10% DISCOUNT		-	-4.60
			46.00	41.40
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
<b><u>LABOUR</u></b>				
	PANEL BEATING.		950.00	600.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE-KING DOLLY.		50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		80.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.		100.00	100.00
	REAR WHEEL ALIGNMENT.		120.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE,REFIX REAR SUSPENSION.		100.00	50.00
			2,100.00	1,280.00
GRAND TOTAL			6,305.08	4,306.92

RECOMMENDED COST OF REPAIRS (CONFIRMED)			4,306.92
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Report Ref No. NS/INC18021936/K1sbs2

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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