

Surveyor: Kelvin

REF: NS/INC18021937/Klvbnz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD: TP / RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Work/Stop m/s _____

Insured: SKR 6877Y

Policy No: 5079495761-03 210418-200419

Claims No: MT/1022627-002

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 Rpt: _____ 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: SHA 4838Z Yr Regn: 14 Aug, 2014

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

Truck / Trailer or _____

Make: Hyundai Ix0 c.c. 1600

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

Sp. Reading: 685624 T/Radio: Std / NI / NA

Eng/No: _____

C/N: KMHCBK1WME405614

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 Air or _____

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal: 7 mm L/Bal: 7 mm

D.O.A: 4/12/8 D.O.I: 5/12/8

Survey held at CDGE (Loyang)

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

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

Date / Time	Action / Instruction
	SHA 4838Z - CG/FCL/8002484/Rindse2 DIA: 0302018 INC
	SKR 6877Y - x 4
6/12/8	Checked up \$1550 / 3 hrs. (Red 5745.62, 7999)
RECEIVED 07 DEC 2018	

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

1) : Final Report

Date/Time, File Return to? _____

2) 7/12 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 1550/2

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee: _____

Transportation: _____ \$ + RS _____ \$

Photos: _____

Others: 160

TOTAL: _____

Veron Chen (LKKAuto)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 7 December 2018 10:29 AM
To: Veron Chen (LKKAuto)
Subject: FW: REQUEST FOR CLAIM 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



'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: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Friday, December 07, 2018 9:25 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provide us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1022627-002	COMFORT TRANSPORTATION PTE LTD	SHA 4838Z	SKR 6877Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
4/12/2018	18:00	\$7,295.62	\$1,550.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@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.

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/12/2018 17:40"/>
Vehicle No.(For Motor)	<input type="text" value="SKR6877Y"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5079495761-02		ZHANG JUN	S2707890G	GPC	drive CLASSIC	SKR6877Y	SKR6877Y	21/04/2018	20/04/2019

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	05/12/2018 11:15
Date Of Accident	04/12/2018 18:00
Exact Location Of Accident	BT BATOK EAST AVE 6 SLIP RD TO BT BATOK AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4838Z
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	NUR LATIFAH BINTE YAHYA
NRIC No	S7935296I
Date Of Birth	18/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2009
Driving Experience	9 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84810075
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 195A PUNGGOL ROAD #06-500
Postcode	821195
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20181204/2177

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	SKR6877Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG JUN
NRIC/Passport Number	S2707890G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT LH

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NUR LATIFAH BINTE YAHYA

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHA4838Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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. 193003821R

Policyholder's Signature
Date & Time:

x 
Driver's Signature
(if driver is not the policyholder)
Date & Time: 05-12-2018


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

1045m

GIA/AVC SketchPlanForm_V3





SINGAPORE
POLICE FORCE



T/20181204/2177

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20181204/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2018 22:44		Vide Report No.:		Station Diary No.: 158	
Informant's Particulars					
Name of Informant: NUR LATIFAH BINTE YAHYA			Address: APT BLK 195A PUNGGOL ROAD #06-500 SINGAPORE 821195		
ID Type / ID No.: NRIC NO / S79352961			Contact No.: Home/Office: Mobile: 84810075		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 18/11/1979	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2018 18:00	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 6 BUKIT BATOK EAST AVE 6 TOWARDS BUKIT BATOK AVE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4838Z	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SKR6877Y	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Black	Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20181204/2177

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20181204/2177

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NUR LATIFAH BINTE YAHYA	ID No.	S7935296I
Related Vehicle	SHA4838Z (Car)	Contact No.	84810075
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ZHANG JUN	ID No.	S2707890G
Related Vehicle	SKR6877Y (Car)	Contact No.	96188981
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/12/2018 at about 1800hrs, I was driving along Bukit Batok East Avenue 6 and was waiting at the filter lane to turn left and was stationary when all of a sudden this black Toyota Camry hit me on the rear of my vehicle. The bumper of my car was scratched and dented as a result. I suffered from neck pain and back pain and a bit of numbness on my right arm. No one was conveyed to the hospital but I went to Mount Alvernia Hospital and I got 5 days of MC. I have a front in-car camera.





SINGAPORE
POLICE FORCE



T/20181204/2177

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

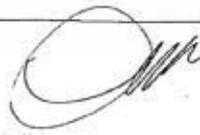
Report No: T/20181204/2177

CONTINUATION OF REPORT

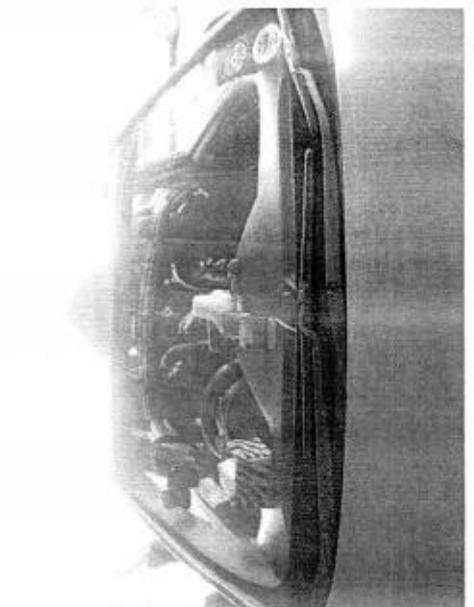
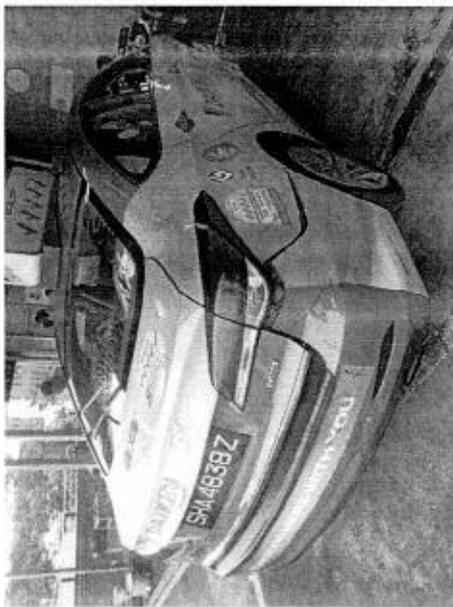
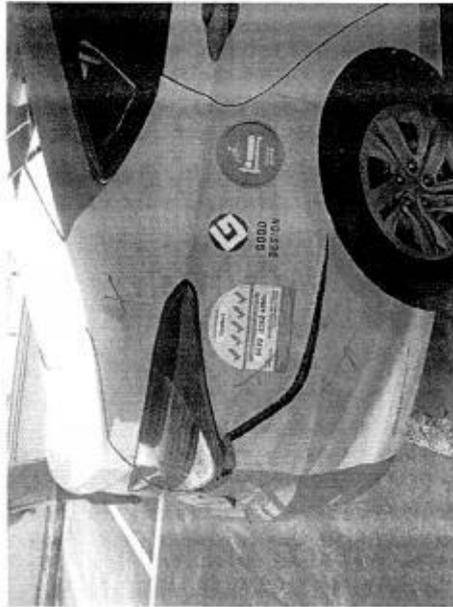
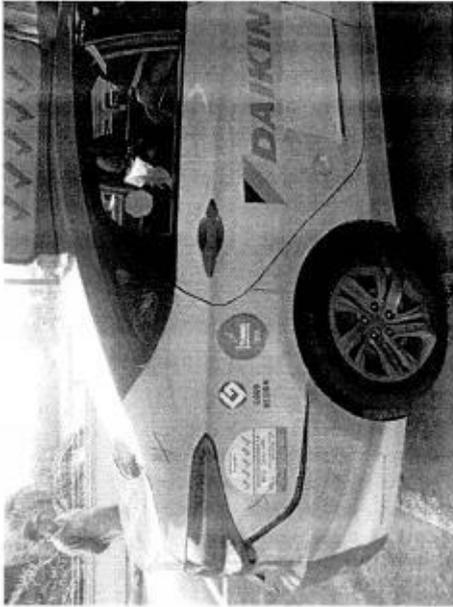
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHUA KUN ER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2018 22:44
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4838Z

DATE 5/12/2018 10:36

NTU

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Reformed</i>			\$ 553.00
	Rear Bumper Reinforcement <i>Re</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>na</i>			\$ 22.00
	Rear Bumper Bracket <i>X</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>Re</i>			\$ 103.50
	Rear Bumper Under Cover <i>cut</i>			\$ 228.00
	Rear Bumper Reflector Lamp (RH) <i>X</i>			\$ 30.60
	Rear Panel <i>X</i>			\$ 526.70
	Rear Panel Garnish <i>X</i>			\$ 57.70
	Rear Panel Lower Panel <i>X</i>			\$ 89.40
	Exhaust Pipe Insulator <i>X</i>			\$ 58.55
	Exhaust Silencer <i>X</i>			\$ 967.70
	Exhaust Pipe Hanger <i>X</i>			\$ 58.55
	Rear Fender (RH) <i>X</i>			\$ 2,171.40
	Rear Fender Inner Lining (RH) <i>X</i>			\$ 169.30
	Rear Windscreen Moulding <i>X</i>			\$ 28.30
	SUB TOTAL			\$ 5,724.90
	LESS 20%			\$ 1,144.98
	DISCOUNTED TOTAL			\$ 4,579.92
	Rear Bumper Reverse Sensor <i>shrub</i>			\$ 135.70 Nett
	Rear Bumper Rubber Mat <i>na</i>			\$ 50.00 Nett
	Rear Bumper Advertisement Logo <i>na</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>na</i>		\$ 100.00	\$ 200.00 Nett
				\$ 435.70
	Labour Charge			
	Panel Beating			\$ 800.00 <i>400</i>
	Spray Painting Charge			\$ 900.00 <i>400</i>
	Wiring Charge			\$ 30.00 <i>X na</i>
	Tuff Kote			\$ 50.00 <i>X na</i>
	Remove/Refix Cushion & Upholstery Rear <i>4/3</i>			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass <i>After</i>			\$ 120.00 <i>X na</i>
	Remove/Refix Reverse Sensor <i>Re</i>			\$ 80.00 <i>30</i>
	Remove/Refix Exhaust Pipe <i>plb</i>			\$ 150.00 <i>X na</i>
	TOTAL LABOUR			\$ 2,280.00
	ESTIMATE TOTAL			\$ 7,295.62

shrub

LKK Auto Centre

the Repair of the

- To resurvey
- To display
- To provide
- To provide
- No illegal
- Sup: insert
- is subject to

Acknowledged by Repairer

Signature:

Date:

Ka he 10/6/18

11/5/12/18 1246L

3 Days

4/3

After Re + plb

400

800.00

900.00

30.00

50.00

150.00

120.00

80.00

150.00

X na

X na

50

X na

30

X na

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.

A member of COMFORTDELGRO

Date/Time: 05.12.2018 11:56 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305247267

TOMER
 COMFORT TRANSPORTATION PTE LTD
 MS 7010045
 TOMER NO. 383 SIN MING DRIVE
 RESS Singapore SINGAPORE 575717
 65508755 (O)

REGN NO.: SHA4838Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 04.12.2018 21:30
YR OF MANU 14.08.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU056141	COMPLETION DATE/TIME:

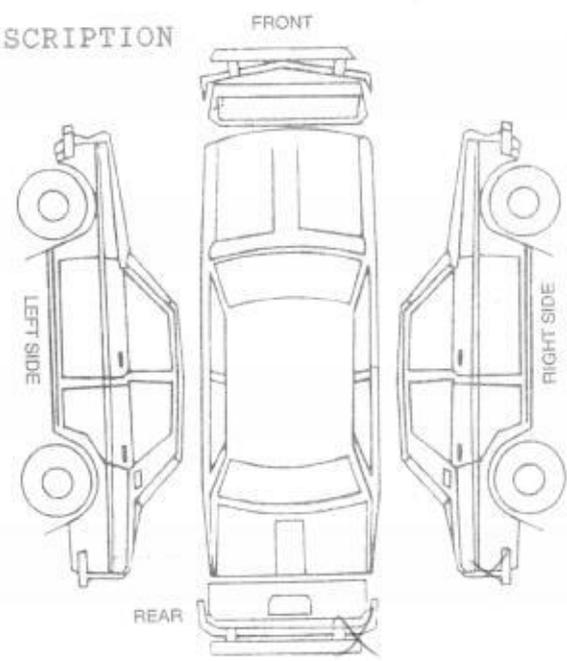
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 04.12.2018
 NATURE: 3P 04.12.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4838Z
 License No.: JU NTUC

Vehicle No.: SHA4838Z

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305247267

Date : 06/12/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA4838Z

Date of Accident : 04/12/18

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

1. The repair job shall bill to: NTUC --- SKR6877Y
###

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) N _____

Total for Lumpsum repair cost after Less: 20% \$1,550.00

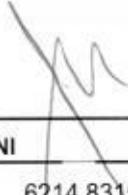
Final Lumpsum Repair cost _____

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 :  _____

Signature :  _____

Name : JUMANI

Name : Kalvin

Tel : 6214 8315

Date : 6/12/18

Fax : 65468156

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/INC18021937/K1vbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 13-12-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKR 6877Y	Veh. Inspected	SHA 4838Z
Policy No.	5079495761-02	Coverage (\$)	0.00
Claim No.	MT/1022627-002	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.	2014
Chassis No.	KMHLB41UMEU056141	Colour	BLUE
Odometer	685624	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	04/12/2018	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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 Working Days**



National Assessment Centre Services

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4838Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	30.60	-
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
1	EXHAUST PIPE INSULATOR	SERVICEABLE	58.55	-
1	EXHAUST SILENCER	SERVICEABLE	967.70	-
1	EXHAUST PIPE HANGER	SERVICEABLE	58.55	-
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	-
	LESS 20% DISCOUNT		-1,144.98	-160.60
			4,579.92	642.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			435.70	435.70

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL,REAR PANEL LOWER PANEL AND REAR FENDER (RH).		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
	REMOVE/REFIX EXHAUST PIPE.	NOT NECESSARY	150.00	-
			2,280.00	880.00
	GRAND TOTAL		7,295.62	1,958.10
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,550.00

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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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