

Surveyor: Kelvin

REF: NS/INC18021940/KITBER

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop n/s _____
 of _____
 Insured: GBH 7474D
 Policy No: 5102627499 19092018
 Claims No: MT/1023217-001
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 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

N/S	O/S

Veh No: SH 8330C Yr Regn: 10 Mar 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 c.c. 1600
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 286028 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UAG4085511
 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 / Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS / PIR / SUMI /
 TOYO / YOKO or Wang Lee
 Front R/Bal. 7 mm Rear R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 4/12/18 D.O.I. 5/12/18
 Survey held at C D G E (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SH 8330C - CS / ALH09024512 / Tingke2</u> <u>DA: 29/10/09</u> <u>INC.</u>
	<u>GBH 7474D - X</u> <u>4E</u>
<u>10/12/18</u>	<u>Checked 4/5 \$3700 / 3 Pys. (Red: 2295.36 : 38%)</u>

RECEIVED 12 DEC 2018

Date/Time, File Pass lo? : Preli. Report
 : Final Report
 1) DR Typist
 Date/Time, File Return lo?
 2) _____
 Report Format: TP
 Lump Sum / I.B.I: (\$) 3700

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	<u>160</u>
Transportation:	
_____ S + RS. \$	
Photos	
Others	
TOTAL	<u>160</u>

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="GBH7474D"/>	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 checked="" type="radio"/>	5102627499		ECHAN STUDIO	53243454D	GFT	Comprehensive	GBH7474D	GBH7474D	19/09/2018	

Continue

TP Claims against NTUC Income: Follow-Through Survey

Date : 10/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1022385-002	COMFORT TRASPORATION PTE LTD	SH 9198L	SLV 53P	1/12/2018	4:00	\$ 7,646.76
2	MT/1021903-002	COMFORT TRASPORATION PTE LTD	SHD 6999M	GBG 5450R	29/11/2018	9:05	\$ 10,450.46
3	MT/1022781-002	COMFORT TRASPORATION PTE LTD	SHC 425Y	SKU 1146R	5/12/2018	19:15	\$ 1,703.44
4	MT/1023217-001	COMFORT TRASPORATION PTE LTD	SH 8330C	GBH 7474D	4/12/2018	18:25	\$ 5,995.36
5	MT/1022166-002	COMFORT TRASPORATION PTE LTD	SHC 2722B	SJR 3837U	1/12/2018	14:40	\$ 3,436.52
6	MT/1022821-002	COMFORT TRASPORATION PTE LTD	SHA 964T	SFZ 9845L	06/12/2018	12:20	\$ 3,115.23

member of COMFORTDELGRO

Date/Time: 05.12.2018 15:28 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305247621

JMER 3 COMFORT TRANSPORTATION PTE LTD 7010045 JMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (O) (P) UNT CARD NO.	REGN NO.: SH 8330C	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 05.12.2018 13:10
	YR OF MANU 10.03.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU085511	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 04.12.2018
NATURE: 3P 04.12.18

S/NO	LABOR CODE	DESCRIPTION

REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Confirmation Slip
 Vehicle No.: SH 8330C LIMITS

 Service Advisor Signature/Date
 Returned to Service Reception upon collection

Exit Pass
 Vehicle No.: SH 8330C

 Name of Service Advisor Date
 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	05/12/2018 14:49
Date Of Accident	04/12/2018 18:25
Exact Location Of Accident	SCOTTS RD TWDS PATERSON ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8330C
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	LEE KOK HOONG
NRIC No	S1741994C
Date Of Birth	14/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1986
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98771218
Fax Number	
Contact Number	
EMail Address	LKHOONG66@YAHOO.COM

Address	BLK 418 CHOA CHU KANG AVENUE 4 #09-304
Postcode	680418
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	CLEAR
Road Surface	DRY

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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20181205/2039

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	GBH7474D
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY KIM POH
NRIC/Passport Number	S7309360J
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE KOK HOONG
Approximate Age	
Injuries Sustain	LOWER SHOULDER AND NECK
Injured person in which vehicle?	SH8330C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 199309821R

Policyholder's Signature
Date & Time:


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

5/12/18
Jackson Ho (何)
G30
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

See the attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer : Police Report attach T/20181205/2039

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.:

5/12/18
Jackson Heng
CSO
Jackson



**SINGAPORE
POLICE FORCE**



T/20181205/2039

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20181205/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2018 12:24	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: LEE KOK HOONG		Address: APT BLK 418 CHOA CHU KANG AVENUE 4 #09-304 SINGAPORE 680418	
ID Type / ID No.: NRIC NO / S1741994C		Contact No.: Home/Office: Mobile: 98771218	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 14/03/1966	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/12/2018 18:25	Type of Location: Straight Road
Location: Along Road 1 SCOTTS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		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
GBH7474D	Van					0
SHB8330C	TAXI				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181205/2039

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20181205/2039

CONTINUATION OF REPORT

Driver			
Name	TAY KIM POH		ID No. S7309360J
Related Vehicle	GBH7474D (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE KOK HOONG		ID No. S1741994C
Related Vehicle	SHB8330C (TAXI)		Contact No. 98771218
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 4/12/2018 at about 1825 hrs, I was driving taxi along Scotts Road with one passenger on board. I was driving straight along lane 2. While driving, vehicle (GBH7474D) did not notice my taxi and cut into my lane from lane one and collided with the right rear portion of my taxi causing damages. Nobody was conveyed to the hospital. No traffic police came.

On 5/12/2018, I felt discomfort and went to seek medical treatment and was given 3 days of MC.



SINGAPORE
POLICE FORCE



T/20181205/2039

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

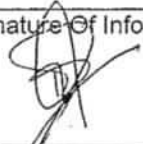
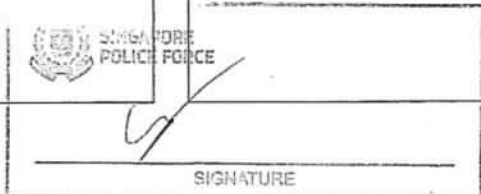
3 of 3
Report No. T/20181205/2039

CONTINUATION OF REPORT

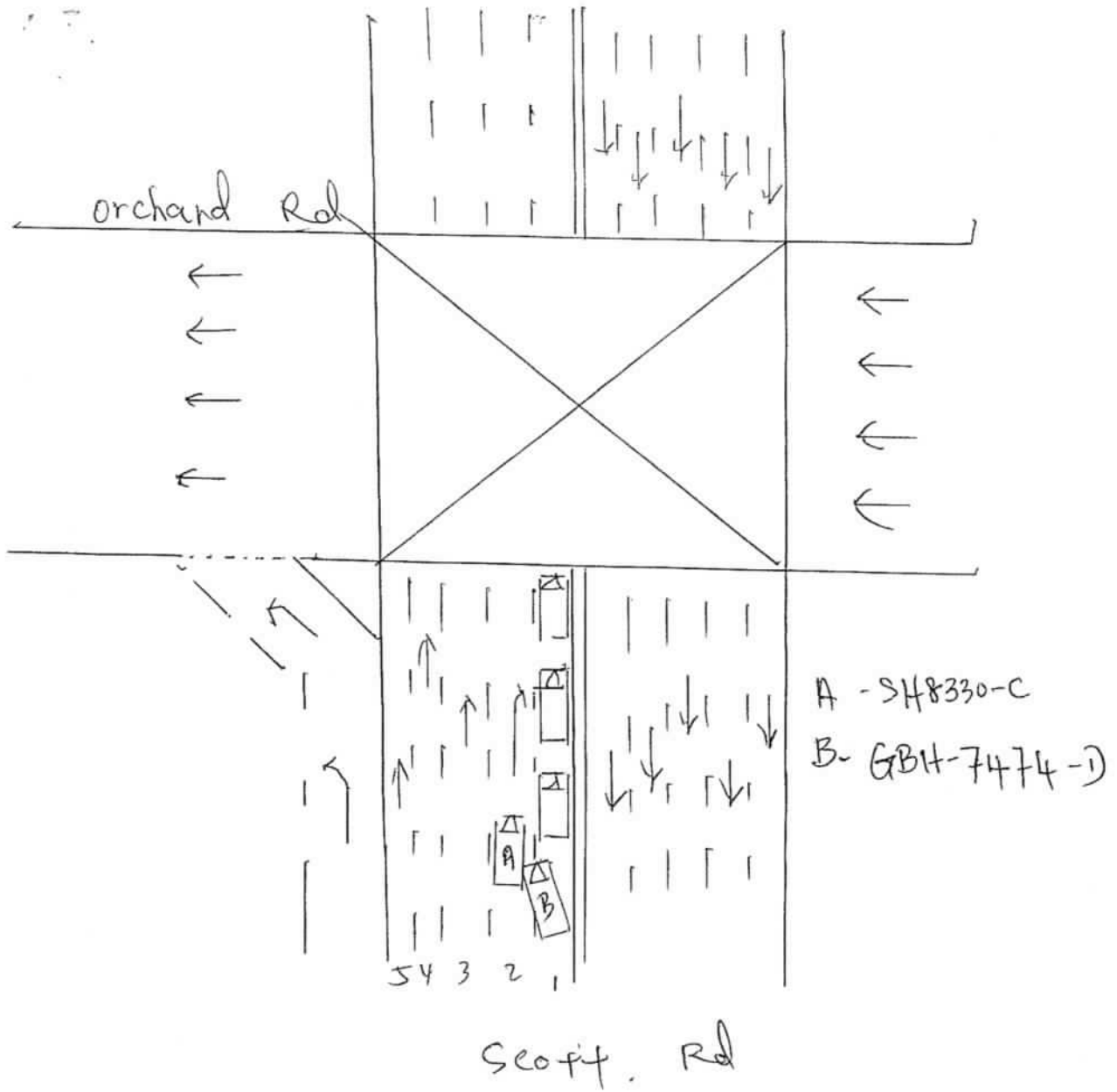
Sketch Plan

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 / Staff Sgt WONG JIANYONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2018 12:24
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE

Sketch Plan Pg. 6



Lee Kok Hong
SH41994/C
HP: 98771218

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

NTUC - 45

JS

VEHICLE NO : SH 8330C

DATE 5/12/2018

MAKE :

LKK - Kalvin

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Tail Lamp (RH) <i>grated</i>			\$ 697.80
	Rear Fender (RH) <i>Bumper</i>			\$ 2,171.40
	Rear Fender Inner Lining (RH) <i>X sm</i>			\$ 169.30
	Rear Windscreen Moulding <i>me</i>			\$ 28.30
	Rear Tyre Rim (RH) <i>X sm</i>			\$ 325.30
	Rear Wheel Hup-Cap (RH) <i>X sm</i>			\$ 107.10
	<i>Rear Door (RH) X repair</i>			
	SUB TOTAL			\$ 4,074.20
	LESS 20%			\$ 814.84
	DISCOUNTED TOTAL			\$ 3,259.36
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00 Nett
	Rear Bumper Rubber Mat <i>X an</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>	\$	100.00	\$ 200.00 Nett
	Rear Windscreen Sealant <i>me</i>			\$ 46.00 Nett
	Rear Door Advertisement Logo (RH) <i>me</i>			\$ 100.00 Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>me</i>			\$ 80.00 Nett
				\$ 526.00
	Labour Charge			
	Panel Beating <i>3 Days</i>			\$ 800.00 <i>600</i>
	Spray Painting Charge <i>4/5</i>			\$ 900.00 <i>600</i>
	Wiring Charge <i>At the Repair shop</i>			\$ 30.00 <i>20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>100</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X an</i>
	Rear Wheel Alignment			\$ 80.00 <i>X an</i>
	TOTAL LABOUR			\$ 2,210.00
	ESTIMATE TOTAL			\$ 5,995.36

Kalvin LKK
5/12/18 1600hrs.

I, the undersigned, do hereby
 acknowledge and certify that I am the
 the Repairer of the following:
 • 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

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 : 305247621
Date : 08/12/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG

Fax :


Vehicle Reg No. : SH 8330C Date of Accident : 04-Dec-18


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

1. The repair job shall bill to: NTUC --- GBH7474D
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: <u>20%</u>	<u>\$3,700.00</u>
Final Lumpsum Repair cost	<u>\$3,700.00</u>
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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature 
Name : KALVIN
Date : 10/12/18

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		NO		
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/INC18021940/K1tbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 27-12-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 7474D	Veh. Inspected	SH 8330C
Policy No.	5102627499	Coverage (\$)	0.00
Claim No.	MT/1023217-001	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.	2016
Chassis No.	KMHLB41UMGU085511	Colour	BLUE
Odometer	286028	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 O/S REAR 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

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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8330C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP (RH)	GRAZED	697.80	697.80
1	REAR FENDER (RH)	BUCKLED	2,171.40	2,171.40
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
1	REAR TYRE RIM (RH)	SERVICEABLE	325.30	-
1	REAR WHEEL HUP-CAP (RH)	SERVICEABLE	107.10	-
1	REAR DOOR (RH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-814.84	-694.50
			3,259.36	2,778.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR DOOR ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			526.00	476.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR DOOR (RH).		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-

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National Assessment Centre Services

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



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			2,210.00	1,390.00
GRAND TOTAL			5,995.36	4,644.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,700.00

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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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