

Surveyor: Kalvin

REF: NS/INC18022116/K1td352

# ASSIGNMENT

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

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

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

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

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

Insured: \_\_\_\_\_

Policy No. 510436047A

Claims No. MT/10 23043-002

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 8080 E Yr Regn: 28 May 2015

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

Truck / Trailer or

Make: Mercedes Benz E24 c.c. 2403

Colour: White A/C: Installed / Std / NI / NA

Sp. Reading: 611192 T/Radio: Installed / Std / NI / NA

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

C/No: WD D2120012B1685

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rrim or

Tyre Size: F: 225/55R16

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / CH/SU / PIR / SUMI /

TOYO / YOKO or Went to

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

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

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

D.O.A. 5/14/18 D.O.I. 7/14/18

Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHC 8080E - CS/FCI18006003/Kabn2 DOA: 11/3/18 INR
	RIN 7699X - X 42
19/12/18	Chnd c/s \$ 6400 / 5 hp. CRed: 43661, 410%

Date/Time, File Pass to?

☐ : Prel. Report

1) 2012 Typist

☒ : Final Report

Date/Time, File Return to?

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

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: TP

Lump Sum / I.B.I: (\$) 6400/-

TP Claims against NTUC Income: Follow-Through Survey

20.12.2018

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1023742-002	COMFORT TRANSPORTATION PTE LTD	SHA 5947K	CB 5118R	12/12/2018	15:30	\$3,089.20	\$2,800.08
2	MT/1023784-002	COMFORT TRANSPORTATION PTE LTD	SHA 7209U	PC 1427R	12/12/2018	06:00	\$1,740.88	\$400.00
3	MT/1023043-002	COMFORT TRANSPORTATION PTE LTD	SHC 8080E	SJN 7699X	5/12/2018	15:40	\$10,766.00	\$6,400.00
4	MT/1024548-001	COMFORT TRANSPORTATION PTE LTD	SHA 7923R	SGR 9161G	11/12/2018	14:55	\$1,505.00	\$1,000.00
5	MT/1023028-002	COMFORT TRANSPORTATION PTE LTD	SHC 2765C	YP 1158S	7/12/2018	20:40	\$9,964.20	\$5,400.00
6	MT/1024551-001	COMFORT TRANSPORTATION PTE LTD	SH 6206S	SJT 4065M	15/12/2018	10:05	\$2,044.23	\$860.95
7	MT/1024552-001	COMFORT TRANSPORTATION PTE LTD	SHC 2967L	SJZ 8581G	14/12/2018	9:30	\$1,580.32	\$900.00
8	MT/1023443-002	COMFORT TRANSPORTATION PTE LTD	SHD 7164Z	SLK 9402P	11/12/2018	8:30	\$1,903.36	\$850.00
9	MT/1021314-002	SMRT TAXIS PTE LTD	SHB 1764S	SHD 1031M	26/11/2018	5:50	\$2,982.26	\$1,050.00

Claim received from LKK

My Desktop

Notice of Loss

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="05/12/2018 12:43"/>
Vehicle No.(For Motor)	<input type="text" value="SJN7699X"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104360479		UGK RENTAL & TRANSPORT SERVICE PTE. LTD.	201804020D	GFT	Third Party, Fire & Theft	SJN7699X	SJN7699X	02/10/2018	

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JG NO.: 305248340

STOMER

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

(F) (O)  
(P)

SCOUNT CARD NO.

REGN NO.: SHC8080E

MILEAGE

MAKE: MERCEDES BENZ

FUEL

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

MODEL E220CDI (E6)

DATE/TIME IN 05.12.2018 15:40

YR OF MANU 28.05.2015

TARGET DATE

CHASSIS CODE WDD2120012B168650

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 05.12.2018

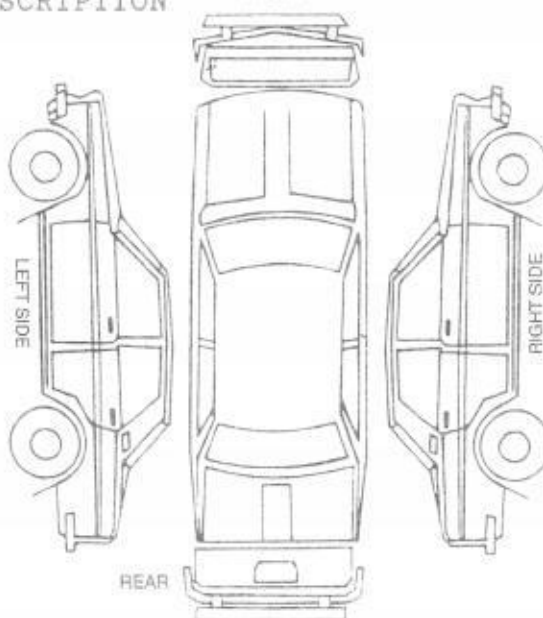
NATURE: 3P 05.12.2018

S/NO LABOR CODE

NTMC - Rear Damage  
LKK/Kalmi -

DESCRIPTION

FRONT



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

Vehicle No.: SHC8080E LARRY

Vehicle No.: SHC8080E

Larry Ng

Signature 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	07/12/2018 08:08
Date Of Accident	05/12/2018 15:40
Exact Location Of Accident	CENTRAL BLVD X-JUNCTION MARINA WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8080E
<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	MERCEDES-BENZ
Model	MERC

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	MUHAMMAD SALEEM S/O M.H.P
NRIC No	S8623461J
Date Of Birth	24/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87486708
Fax Number	
Contact Number	
EMail Address	BOBOY_ACE86@HOTMAIL.SG

Address

761 #04-98 WOODLAND AVENUE 6

Postcode

730761

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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: : MALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TP HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

SEE POLICE REPORT.

### Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJN7699X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NI SHIJIE

NRIC/Passport Number

S9575691C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD SALEEM S/O M.H.P  
Approximate Age 32  
Injuries Sustain DIZZY  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name CHOI JOO SIK  
Approximate Age  
Injuries Sustain NOT SURE  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

# Sketch Plan Pg. 1

SKETCH PLAN

A- SHC 8080E  
B- SJN 7099X

Along Central Boulevard x Junction Marina Way

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report number T/20181206/2063.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

GO. REG. NO. 100303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 06 DEC 18 @ 1400HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: June Tan





**SINGAPORE  
POLICE FORCE**



T/20181206/2063

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181206/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/12/2018 12:38		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD SALEEM S/O MOHAMED HAROON RASHEED		Address: APT BLK 662 HOUGANG AVENUE 4 #05-405 SINGAPORE 530662	
ID Type / ID No.: NRIC NO / S8623461J		Contact No.:	Mobile: 87486708
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 24/07/1986	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/12/2018 15:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CENTRAL BOULEVARD MARINA WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8080E	Taxi					1
SJN7699X	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181206/2063

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181206/2063

## CONTINUATION OF REPORT

<b>Friend of Passenger</b>			
Name	JAY KIM	ID No.	NIL
Related Vehicle	SHC8080E (Taxi)	Contact No.	90187305
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
<b>Driver</b>			
Name	MUHAMMAD SALEEM S/O MOHAMED HAROON RASHEED	ID No.	S8623461J
Related Vehicle	SHC8080E (Taxi)	Contact No.	87466708
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	05/12/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Passenger</b>			
Name	CHOI JOO SIK	ID No.	NIL
Related Vehicle	SHC8080E (Taxi)	Contact No.	NIL
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	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
<b>Driver</b>			
Name	NI SHIJIE	ID No.	S9575691C
Related Vehicle	SJN7699X (Car)	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



SINGAPORE  
POLICE FORCE



T/20181206/2063

3 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181206/2063

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT. THERE WERE 2 CARS INFRONT OF ME. THE 1ST CAR WAS TURNING RIGHT, SO THE 2ND CAR SLOWED DOWN AND STOPPED AS HE WAS GOING STRAIGHT. SEEING THAT THE 2ND CAR STOPPED, I SLOWED DOWN AND STOPPED TOO. AFTER MY VEHICLE CAME TO A COMPLETE HALT FOR ABOUT 2 TO 3 SECONDS, I FELT AN IMPACT FROM THE REAR AND SAW THAT A CAR HAD COLLIDED ONTO MY REAR.

AFTER THE COLLISION, I WAS IN A DAZE AND AFTER ABOUT 5 MINUTES, I CAME OUT AND HELPED MY PASSENGER OUT OF THE CAR. WHILE MY PASSENGER CALLED THE AMBULANCE, I EXCHANGED PARTICULARS WITH THE OTHER DRIVER AND STARTED FEELING DIZZY. THE AMBULANCE CAME SHORTLY AFTER AND I WAS COVEYED BY THE AMBULANCE TO SGH WHILE MY PASSENGER WAS SENT TO MOUNT ELIZATBETH NOVENA.



**SINGAPORE  
POLICE FORCE**



T/20181206/2063

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Report No. T/20181206/2063

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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:

TP /

ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/12/2018 12:38

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

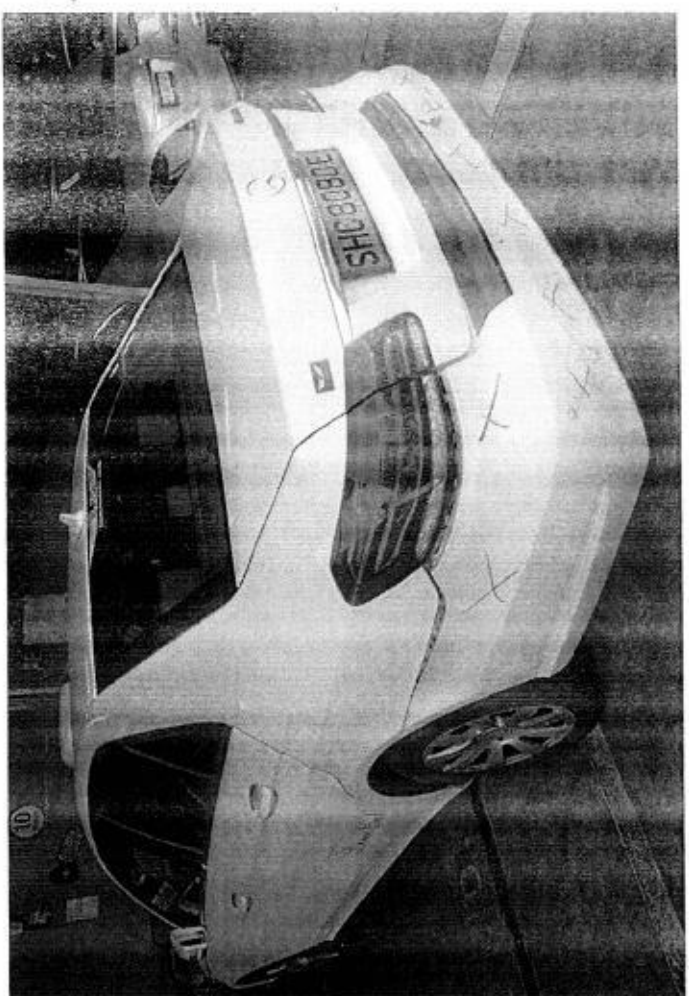
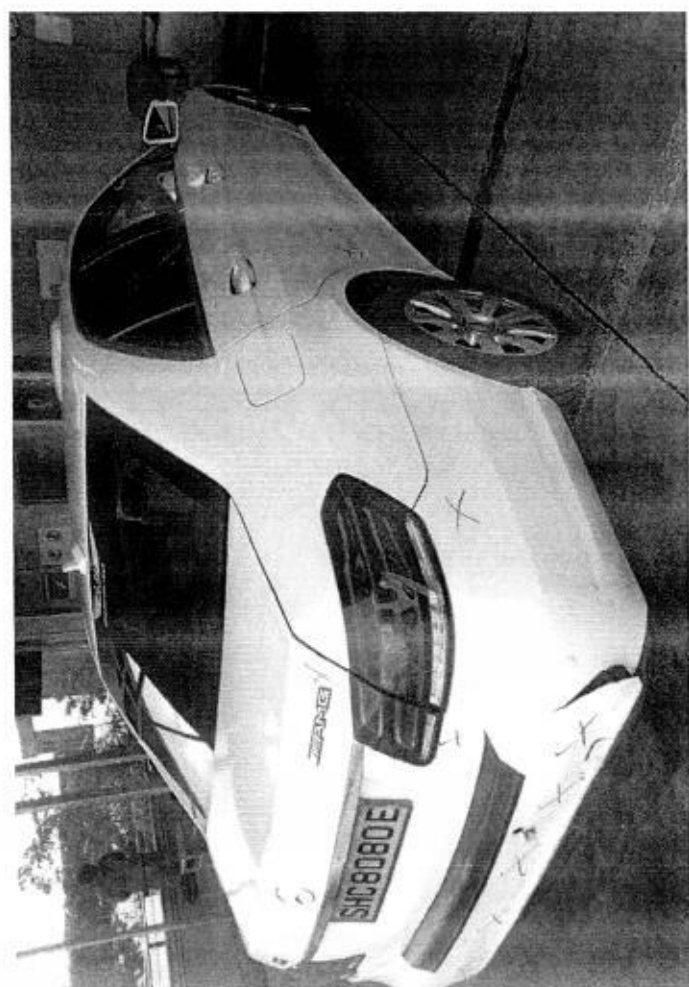
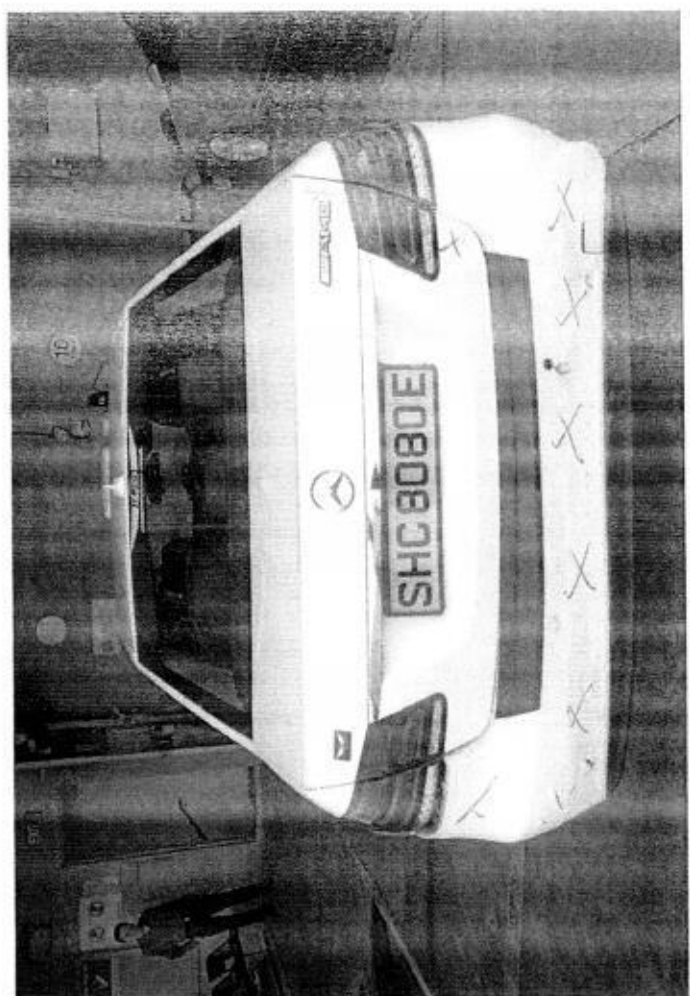
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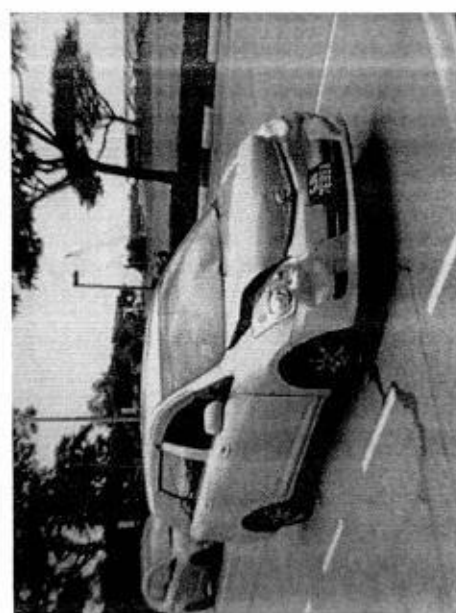
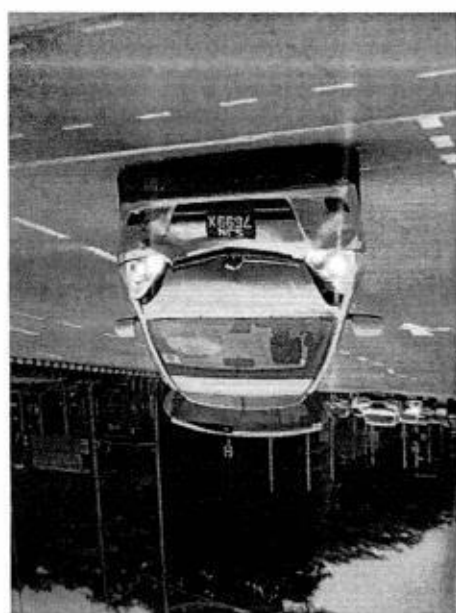
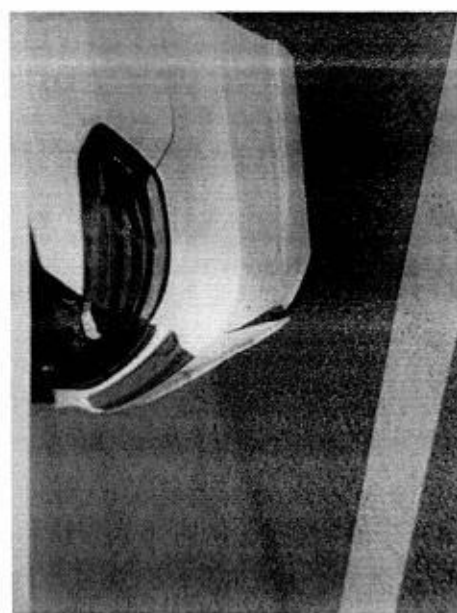
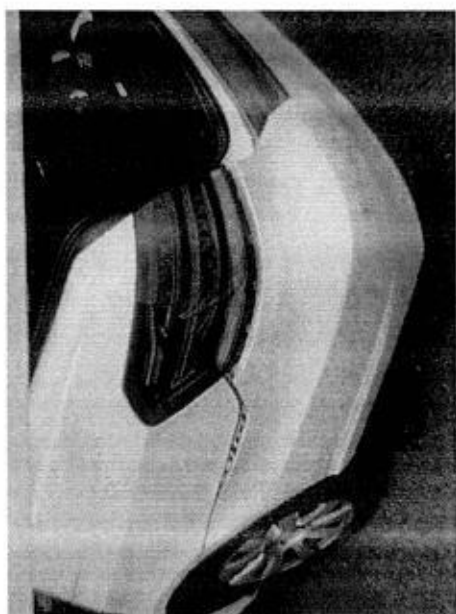
**SINGAPORE  
POLICE FORCE**

Authentication Stamp

NP168







## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8080E

DATE 7/12/2018 9:33

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Rebuilt</i>			\$ 1,510.00	
	Rear Bumper Reinforcement <i>Rebuilt</i>			\$ 1,150.00	
	Rear Bumper Bracket Lower (LH/RH) <i>con</i>		\$ 135.00	\$ 270.00	
	Rear Bumper Bracket Top (LH/RH) <i>Xsu</i>		\$ 125.00	\$ 250.00	
	Rear Bumper Retainer Mounting (LH/RH) <i>Xsu</i>		\$ 115.00	\$ 230.00	
	Rear Bumper Lower Cover <i>cut</i>			\$ 325.00	
	Rear Panel End <i>X repair</i>			\$ 1,380.00	
				\$	
	Rear Panel Inner Garnish Clip (10pcs) <i>2 m</i>			\$ 40.00	
	<i>Rebuilt kit X repair</i>				
	<b>SUB TOTAL</b>			<b>\$ 5,395.00</b>	<i>5135</i>
	<b>LESS 20%</b>			<b>\$ 1,079.00</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 4,316.00</b>	<i>4124</i>
	Rear Bumper Sensor <i>shaded</i>		<i>-102</i>	\$ 388.00	Nett
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00	Nett
				\$ 438.00	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>600</del> <i>400</i>	
	Spray Painting Charge			\$ <del>600.00</del> <i>400</i>	
	Wiring Charge			\$ <del>30.00</del> <i>Xm</i>	
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>40</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 1,150.00</b>	<i>1350</i>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,904.00</b>	<i>5912.50</i>
				<i>10,766</i>	
				<i>10574</i>	
<p>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.</p>					

Larry Ng

*Ko Lin 10/11/18**7/12/18**2+3 Rep**L/S**After Repair photo*

LKK Auto Consultancy's liability is limited to the Repairs of the following:

- To display damaged parts of the vehicle
- Parts prices are subject to confirmation
- No illegal modification is allowed
- Supplies and materials are subject to survey and approval by the insurance company

Acknowledged by Repairer

Signature:

Date:

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305248340

Date : 18. Dec. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8080E

Date of Accident: 5. Dec. 2018

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

1. The repair job shall bill to: NTUC SJN7699X

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: \$6400.00  
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 5 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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 19/12/18

### 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



# CHUNNI MOTOR WORK PTE LTD

Blk 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Auto point Singapore 568047

Tel: 6542 7162, 6542 5119 Fax: 6542 6039

Company Reg. No. 200923110D

GST Reg. No. 200923110D

## QUOTATION

COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

DATE : 17/12/2018

REF NO : 18/040-12

VEH NO : SHC 8080E  
MERC E220

### DESCRIPTION

### AMOUNT

#### LABOUR CHARGE

\$ 510.00

PERFORMING DIAGNOSTIC, CHECKING AND REPAIR  
WIRING FOR REAR RH SEAT BELT  
RESETING CRASH SIGNAL FOR COLLISION  
PREVENTION ASSIST CONTROL UNIT  
PERFORM PROGRAMMING AND ONLINE SCN  
CODING FOR FRONT RH SEAT BELT CONTROL UNIT

\$ 510.00

Add : 7% GST

\$ 35.70

TOTAL AMOUNT

\$ 545.70



[illegible]



# 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/INC18022116/K1td3s2			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 28-12-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJN 7699X	Veh. Inspected	SHC 8080E
Policy No.	5104360479	Coverage (\$)	0.00
Claim No.	MT/1023043-002	Excess (\$)	0.00
Assign From		Assign Date	07/12/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B168650	Colour	WHITE
Odometer	611192	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/55R16	WEST LAKE	7 mm
L/H Front Tyre	225/55R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	05/12/2018	Inspection Date	07/12/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8080E**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
2	REAR BUMPER BRACKET LOWER (LH/RH) @ \$135.00	CRACKED	270.00	270.00
2	REAR BUMPER BRACKET TOP (LH/RH) @ \$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER LOWER COVER	CUT	325.00	325.00
1	REAR PANEL END	TO REPAIR SEE LABOUR	1,380.00	-
10	REAR PANEL INNER GARNISH CLIP	NECESSARY	40.00	40.00
1	BOOT LID (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR PANEL TOP GARNISH	CRACKED	240.00	240.00
1	REAR SEAT BELT - LH	JAMMED	1,650.00	1,650.00
1	REAR SEAT BELT - RH	JAMMED	1,650.00	1,650.00
1	FRONT SEAT BELT - RH	JAMMED	1,650.00	1,650.00
	LESS 20% DISCOUNT		-2,069.00	-1,697.00
			8,276.00	6,788.00
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER SENSOR (N)	SHORTED	388.00	388.00
	LESS 10% DISCOUNT		-	-38.80
			388.00	349.20
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR PANEL END AND BOOT LID.		600.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	40.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	ONLINE MERC PROGRAMMING.		510.00	150.00
			1,860.00	990.00
	GRAND TOTAL		10,574.00	8,177.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				6,400.00

Report Ref No. NS/INC18022116/K1td3s2

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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