

Surveyor: Kalvin

REF:

NS / INC 18022311 / K11b02

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SMA 7034Y
 Policy No. 5101709487 260618-140919
 Claims No. MT/1023223-002
 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
 Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 7921K Yr Regn: Feb 2015
 Type: M. Car / M. Cycle / Bus / Van / Lorry / ☒ Prime Mover /
 Truck / Trailer or
 Make: Hyundai Z40 A/C: 1.685
 Colour: Yellow A/C: Insured / Std / HI / NA
 Sp. Reading: 659675 T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: 1CMHUB414M.F406603P
 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 Alloy or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wellfa
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 10/12/18 D.O.I. 11/12/18
 Survey held at CDGE (Loyang)
 Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or
N/S Front.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 7921K - (3/FCL) 70.15069 / Aqbe2 DA: 010320H Inv
	SMA 7034Y - x 42
17/12/18	Estimated 4583350 / 3 Pys. (Red: 2368.15; 41%)
	RECEIVED 19 DEC 2018

Date/Time, File Pass to?

☐ : Prel. Report

1) 19/12/18

☒ : Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.L: \$

TP

33507

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

160

ILN

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"/>	5101725487		GOH HAN TEE	S0534694J	GPC	drivo PREMIUM	SMA7034Y	SMA7034Y	26/06/2018	14/09/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
2	MT/1024271-001	COMFORT TRANSPORTATION PTE LTD	SHA 4323S	GBB 3629H	13/12/2018	17:00	\$ 1,093.68
	MT/1023223-002	CITYCAB PTE LTD	SHC 7921K	SMA 7034Y	10/12/2018	7:15	\$ 5,247.52
	MT/1011801-002	SMRT TAXIS PTE LTD	SHB 2P	GBG 9592M	17/09/2018	9:30	\$ 7,490.70
	MT/1021180-002	SMRT TAXIS PTE LTD	SHB 992G	SKT 6768T	23/11/2018	10:45	\$ 17,609.60

Team: ARC Repair TP(CFS0)1 JOB CARD Sales Order: 3880999 JC NO.: 305249681

MER CITYCAB PTE LTD 7010070 MER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO.: SHC7921K	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 10.12.2018 07:15
	YR OF MANU 05.02.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMFU066038	COMPLETION DATE/TIME:

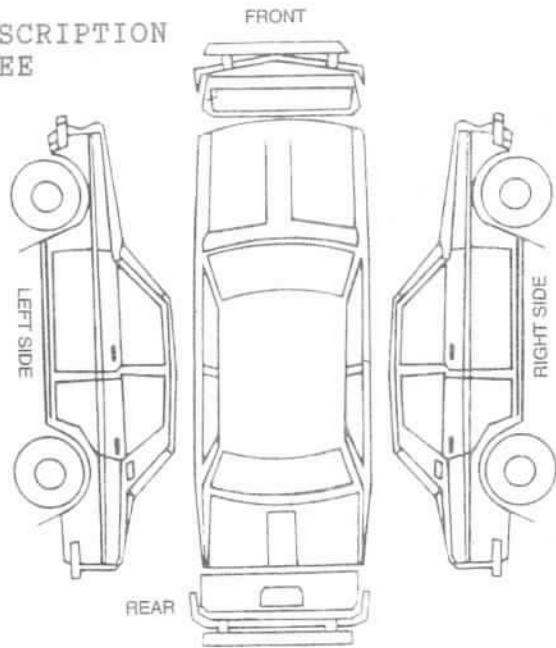
UNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.12.2018
NATURE: 3P 10.12.2018

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE



BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip
No.: SHC7921K LKE
Signature/Date
Name of Service Advisor
Returned to Service Reception upon collection

Exit Pass
Vehicle No.: SHC7921K
Date
To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition Date: <u>10/12/18</u> Time Received: <u>0940AM</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>KOH</u> Contact No.: <u>9682592</u> Vehicle No.: <u>SHC 7921K</u> Make / Model / Colour: <u>H/140</u> Email: _____		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

Location: <u>Hougang RD</u> Preferred Workshop: <input type="checkbox"/> Braddell <input type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
--	---

0. Odometer Reading: <u>659675</u> Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
--	--	--

Job Attended

2. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>STEVEN</u> Vehicle No.: <u>SHC 7921K</u> Time Dispatch: <u>0940AM</u> Time of Arrival: <u>1025AM</u> Time Completed: _____	Signature of Customer: _____
--	------------------------------

Cash Invoice Details (if applicable)

13. Cash Invoice No.: _____

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

10/12/18
Date

1025AM
Time

[Signature]
Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

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	10/12/2018 16:55
Date Of Accident	10/12/2018 07:15
Exact Location Of Accident	ALONG SINARAN DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7921K
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KOH KAH HWA
NRIC No	S1439125H
Date Of Birth	15/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1981
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96820592
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	56 #12-3587 GEYLANG BAHRU
Postcode	330056
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	SIDE SWIPE
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

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	SMA7034Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HAN TEE
NRIC/Passport Number	S0534694J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RHT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH KAH HWA

Approximate Age

58

Injuries Sustain

GIDDY

Injured person in which vehicle?

SHC7921K

Were seat belts worn?

YES

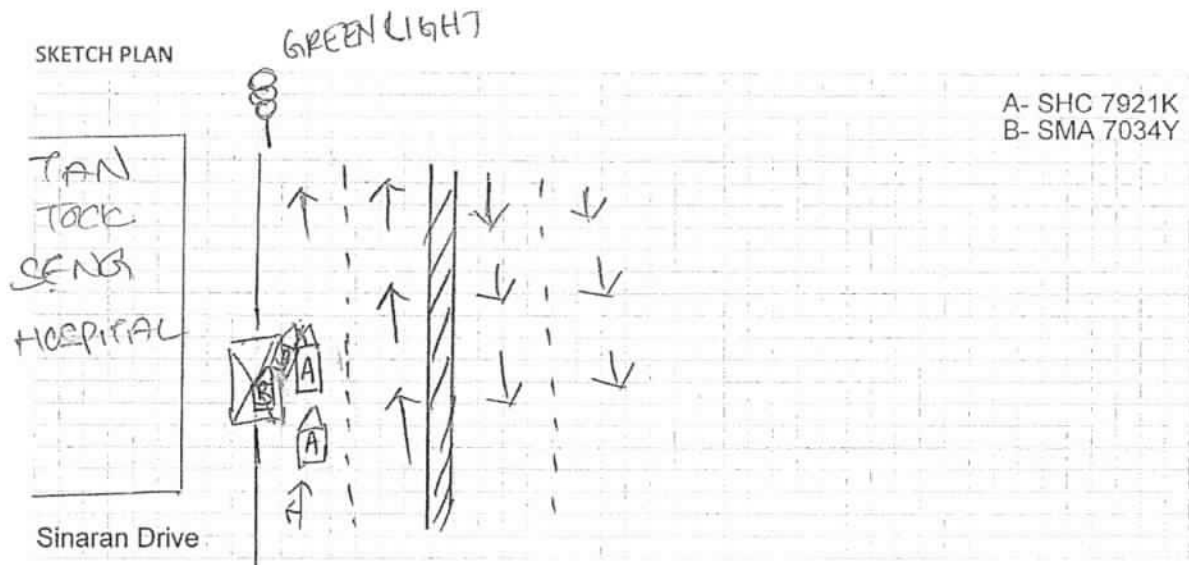
Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10.12.18 @ 0715HRS I was travelling along Sinaran Drive with 2 male and 1 female passenger onboard.
As the traffic light was green I proceeded straight and suddenly Veh (B) dashed out from my left and hit onto my Veh (A) front left portion.
As it took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
After the accident I felt giddy and will consult a doctor later on.
Veh (B) SMA 7034Y Goh Han Tee S0534694J

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10.12.18 @ 1300HRS

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

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

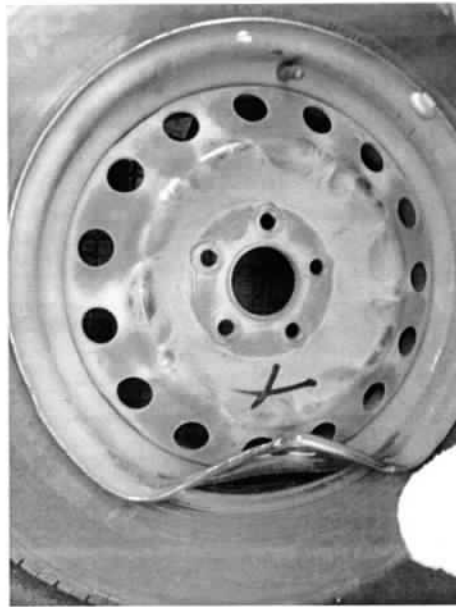
Policyholder's Signature
Date & Time:

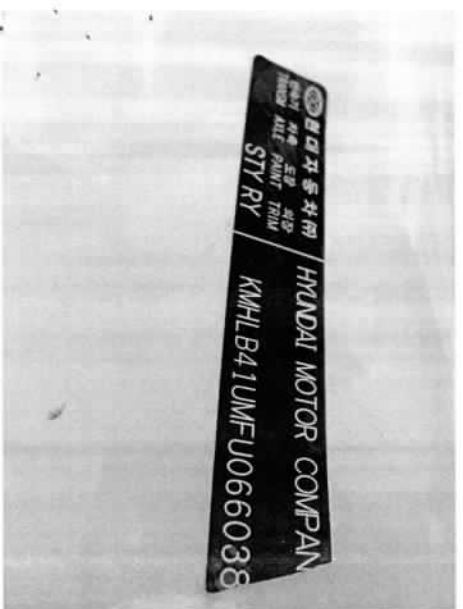
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/4C SketchPlanForm_V3

4 - f
6 - 8







CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7921K

DATE 11/12/2018 11:00

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>in</i>			\$ 544.50
	Front Bumper Grille (LH) <i>X su</i>			\$ 41.60
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	Front Door Mirror Assy (LH) <i>X repair</i>			\$ 670.00
	Front Wheel Rim (LH) <i>1 set</i>			\$ 325.30
	Front Wheel Hub Cap (LH) <i>1 in</i>			\$ 107.10
	SUB TOTAL			\$ 1,735.50
	LESS 20%			\$ 347.10
	DISCOUNTED TOTAL			\$ 1,388.40
	Front Number Plate <i>X su</i>			\$ 25.00 Nett
	Front Fender Advertisement Logo (LH) <i>1 in</i>			\$ 100.00 Nett
				\$ 125.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300</i>
	Spray Painting Charge-Fender/Bumper			\$ 600.00 <i>450</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	Towing Fees			\$ 60.00 <i>X N.A</i>
	FRT Wheel Alignment			\$ 80.00 <i>60</i>
	TOTAL LABOUR			\$ 1,190.00
	ESTIMATE TOTAL			\$ 2,703.40
	<i>Kalin (Utk)</i> <i>11/12/18 1135hrs.</i> <i>3 hrs</i> <i>4/5</i> <i>After Repair photo</i>			<i>5247.52</i>

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- 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

Authorised by Repairer

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.

S/No	DESCRIPTION	QTY	ESTIMATE	REMARKS
1.	Frt Fender Lh	1	\$566.30	/ Bent
2.	Frt Fender Shield Lh	1	\$169.80	- gm
3.	Frt Knuckle Arm Lh	1	\$582.95	/ Bent
4.	Frt Wheel Hub Assy Lh	1	\$176.50	/ Bent
5.	Frt Lower Arm Lh	1	\$715.10	} \$2,785.15 / Bent
6.	Frt Tie Rod End Assy Lh	1	\$69.50	/ Bent
7.	Frt Inner Ball-Joint Assy Lh	1	\$87.70	/ Bent
8.	Frt Shock Absorber Assy Lh	1	\$342.20	/ Bent
9.	Frt Shock Absorber Mounting Lh	1	\$75.10	/ me
10.	Frt Tyre Lh less 40%	1	\$129.60	Nett #216-40% = \$129.60 / parked
	Labour			
1.	Remove/Refix Frt wheel Suspension Lh	1	\$100	/
	TOTAL:		\$0.00	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249681

Date : 16/12/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SHC7921K CCPL

10.12.18

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

1. The repair job shall bill to: NTUC --- SMA7034Y
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: 20%
Final Lumpsum Repair cost \$3350.00

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kahr

Date : 17/12/18

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/INC18022311/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.	SMA 7034Y	Veh. Inspected	SHC 7921K	
Policy No.	5101725487	Coverage (\$)	0.00	
Claim No.	MT/1023223-002	Excess (\$)	0.00	
Assign From		Assign Date	11/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU066038	Colour	YELLOW	
Odometer	659675	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/12/2018	Inspection Date	11/12/2018	
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. SHC 7921K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	FRONT DOOR MIRROR ASSY (LH)	TO REPAIR SEE LABOUR	670.00	-
1	FRONT WHEEL RIM (LH)	BENT	325.30	325.30
1	FRONT WHEEL HUB CAP (LH)	CRACKED	107.10	107.10
1	FRT FENDER LH	DENTED	566.30	566.30
1	FRT FENDER SHIELD LH	TORN	169.80	169.80
1	FRT KNUCKLE ARM LH	BENT	582.95	582.95
1	FRT WHEEL HUB ASSY LH	BENT	176.50	176.50
1	FRT LOWER ARM LH	BENT	715.10	715.10
1	FRT TIE ROD END ASSY LH	BENT	69.50	69.50
1	FRT INNER BALL JOINT ASSY LH	BENT	87.70	87.70
1	FRT SHOCK ABSORBER ASSY LH	BENT	342.20	342.20
1	FRT SHOCK ABSORBER MOUNTING LH	NECESSARY	75.10	75.10
	LESS 20% DISCOUNT		-904.13	-752.41
			3,616.52	3,009.64
	<u>SPECIAL NETT ITEMS</u>			
1	FRT TYRE LH (SN) (60%)	PUNCTURE	216.00	129.60
1	FRONT NUMBER PLATE (SN)	SERVICEABLE	25.00	-
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			341.00	229.60
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT DOOR MIRROR ASSY (LH).		400.00	300.00
	SPRAY PAINTING CHARGE-FENDER / BUMPER.		600.00	450.00
	TUFF KOTE.		50.00	30.00
	TOWING FEES.		60.00	-

Report Ref No. NS/INC18022311/K1tbe2



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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	FRT WHEEL ALIGNMENT.		80.00	60.00
	REMOVE / REFIX FRT WHEEL SUSPENSION LH.		100.00	100.00
			1,290.00	940.00
GRAND TOTAL			5,247.52	4,179.24
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,350.00

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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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