

Bureau: Kelvin

REF:

NS/INC18022404 / Klsb32

# ASSIGNMENT

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

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

OD/TP/WS/TPRES/ODRES/EVA/INV/MV

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

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

at \_\_\_\_\_

Insured: YP 1158S

Policy No: \_\_\_\_\_

Claims No: MT/1023028 - 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 2765C Yr Regn: 3' A3, 2012

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

Truck / Trailer or

Make: Hyundai cc 1991

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

Sp. Reading: 238709 T/Radio: Insured / Std / Nil / NA

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

C/No: KM HET41VMCA 21485

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: 215/60R16

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

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

TOYO / YOKO or Harakoshi

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

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

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

D.O.A: 7/12/10 D.O.I: 11/12/10

Survey held at C D G E (Loyang)

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

o/s Body

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

Date / Time Action / Instruction

SHC2765C-NS/INC10009597/Fri DUA: 14/5/2010 Inc

YP 1158S - x 41

19/12/10 Estimated 4545400/ 7 days

19/12/10 Confirmed 45 \$ 5,400/- @ 7 days with Kelvin.

(\$4,564.20 net - 46%)

RECEIVED 20 DEC 2010

Date/Time, File Pass to?

20/12/10

1) Typist

Date/Time, File Return to?

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

Report Format:

Lump Sum / I.B.I: \$ 5,400/- 45

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

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	SIN 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

12/10/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP1158S	07 Dec 2018 / 20:40:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous

OK

SHC2765C

A member of COMFORTDELGRO

Date/Time: 10.12.2018 17:26 Page : 1

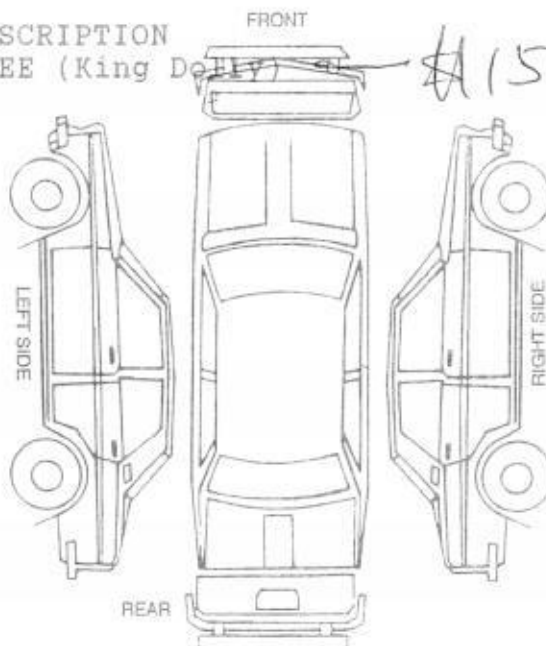
Team: ARC Repair TP(CLS0)1	<b>JOB CARD</b>	Sales Order: 3880899	JC NO.: 305249531
STOMER	REGN NO.: SHC2765C	MILEAGE	
MS: COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
STOMER NO. 7010045	MODEL: SONATA	E.....1/2.....F	
RESS: 383 SIN MING DRIVE	YR OF MANU. 31.08.2012	DATE/TIME IN 07.12.2018 20:40	
Singapore SINGAPORE 575717	CHASSIS CODE RMHET41VMCA829495	TARGET DATE	
65508755 (O)		COMPLETION DATE/TIME:	
(P)			
COUNT CARD NO.			

### JOB DESCRIPTION

Accident Date: 07.12.2018  
 NATURE: 3P 07.12.2018

S/NO LABOR CODE  
 000010 23-01

DESCRIPTION FRONT  
 TOWING FEE (King Dolly) \$150



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2765C

LKE

Vehicle No.: SHC2765C

Signature of Service Advisor

Signature/Date

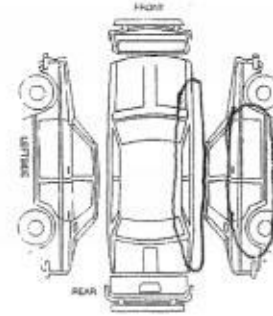
Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition								
1. Date: <u>7.12.18</u> Time Received: <u>2140</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)						
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr Choo</u> Contact No. : <u>81124513</u> Vehicle No. : <u>SHC 2765C</u> Make / Model / Colour : <u>SONATA</u> Email : _____		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up						
7. Location: <u>20 JUN Raja Ulang</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery						
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loring <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: _____		6. Parts Replaced/Remarks: _____ _____ _____						
10. Odometer Reading : _____ Fuel Level : <table border="1" style="display: inline-table;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table>		F	1/4	1/2	3/4	E	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	
F	1/4	1/2	3/4	E				
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 #: Cracked X: Dented /: Scratched O: Missing _____ Signature of Customer						
<b>Job Attended</b> 12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>LIM</u> Vehicle No. : <u>GY9893R</u> Time Dispatch : _____ Time of Arrival : _____ Time Completed : _____								
<b>Cash Invoice Details (if applicable)</b> 13. Cash Invoice No. : _____								
<b>Customer Acknowledgement</b> a. 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. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.								
<u>7.12.18</u> Date		<u>2200</u> Time						
_____ Signature of Customer								
<b>14. WORKSHOP</b> _____ Name of Attending Staff/Guard								
_____ Date & Time of Arrival								
_____ Signature of Attending Staff/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	10/12/2018 08:36
Date Of Accident	07/12/2018 20:40
Exact Location Of Accident	SLIP RD TWDS JLN DATOH FROM PIE TWDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2765C
<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
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	SONATA
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
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHOO LIAN SOON
NRIC No	S0285756A
Date Of Birth	19/07/1945
Occupation	OUTDOOR
Date Of Driving Pass	29/12/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81124513
Fax Number	
Contact Number	
Email Address	DAVIDCHOO15@GMAIL.COM

Address	BLK 124 BEDOK RESERVOIR ROAD #10-1105
Postcode	470124
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	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

PLS REFER TO ATTACHED

#### 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	YP1158S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RETINAM S/O SOMU
NRIC/Passport Number	S7129490J
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	LEFT FRT

No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)

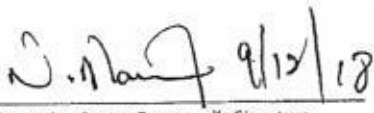
I understand, acknowledge, agree and consent that:

- (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. 199203321R

Policyholder's Signature  
Date & Time:

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

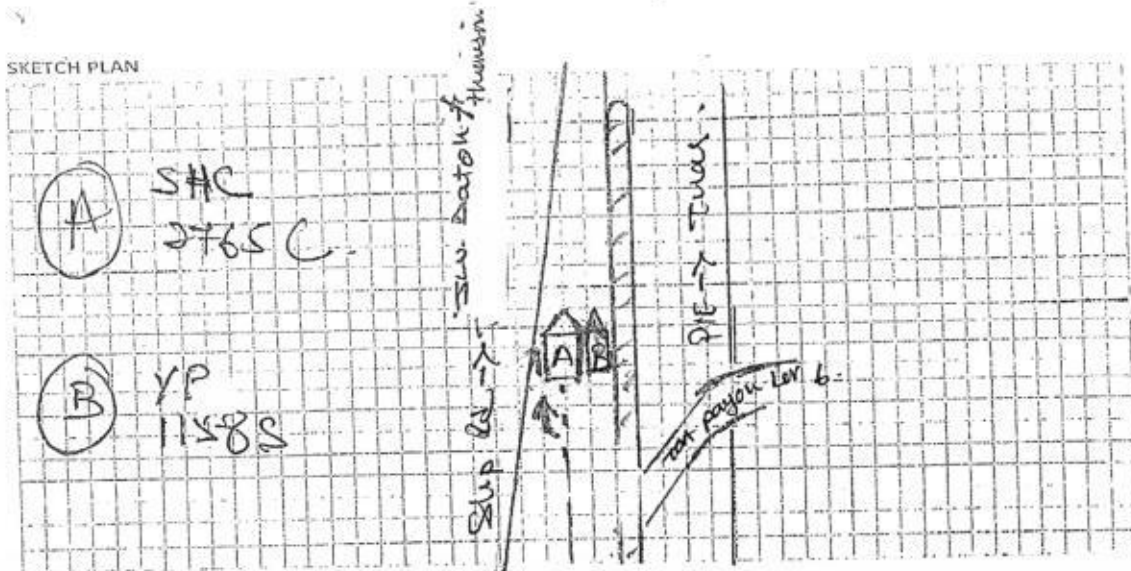
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/MAC SketchPlanForm\_V3



# Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7 Dec 2018 VEH A was driving  
along the above location straight.  
the two lane slip rd at one point  
became a merging lane & VEH A was  
in front after the merging above.  
Suddenly VEH B came through VEH A  
and hit the whole right side  
at the point of accident VEH A carry  
a female passenger who was OK.

## DECLARATION

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

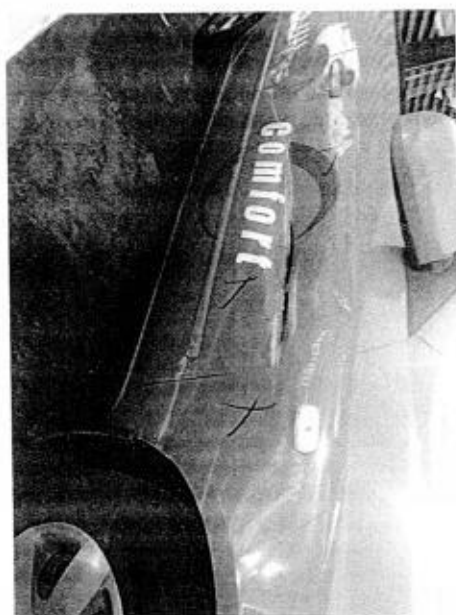
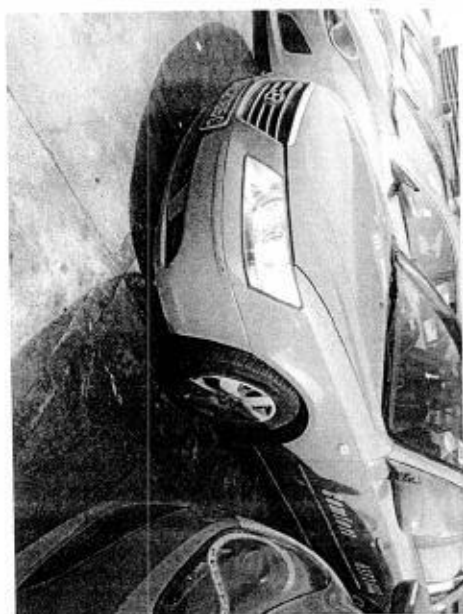
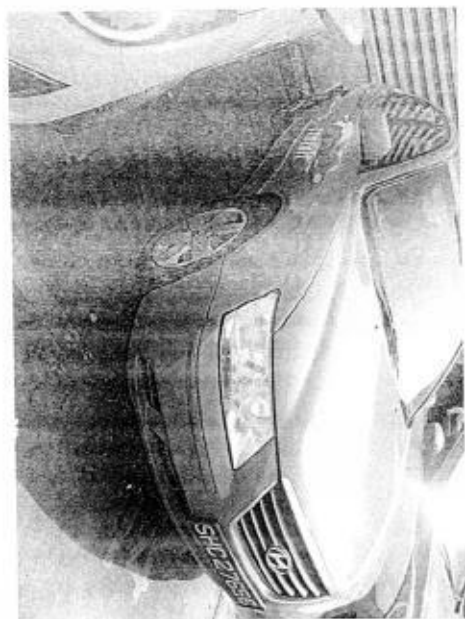
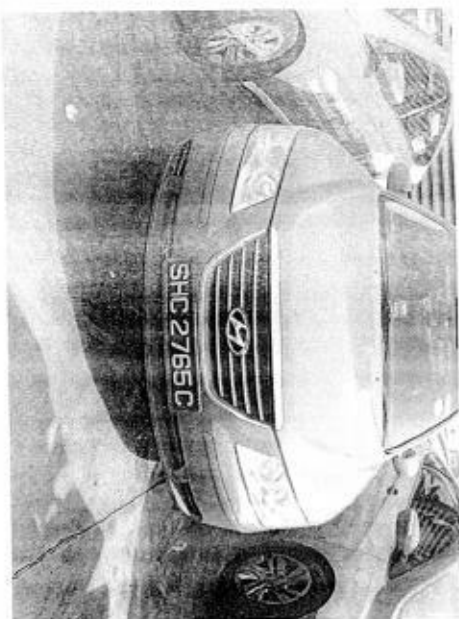
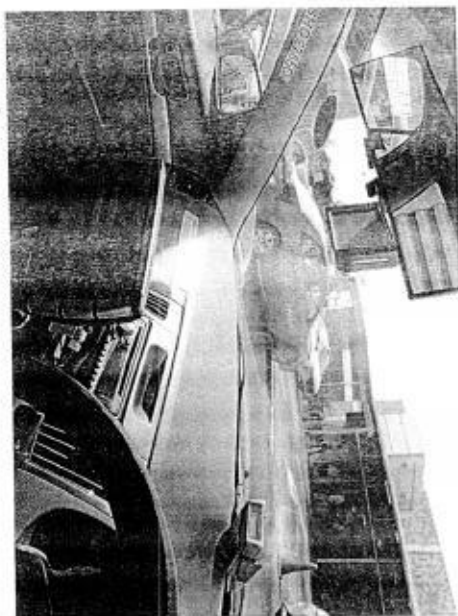
COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199203921R

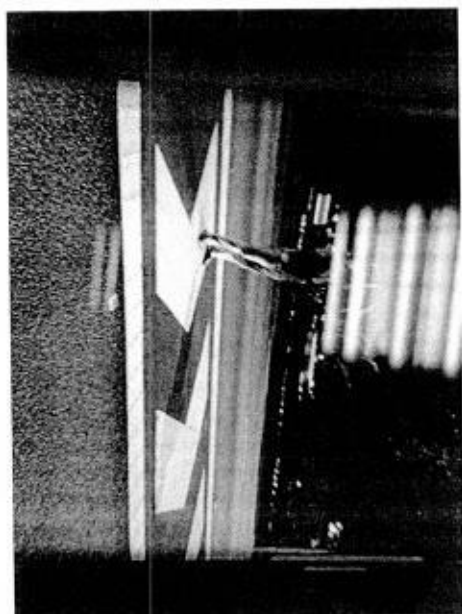
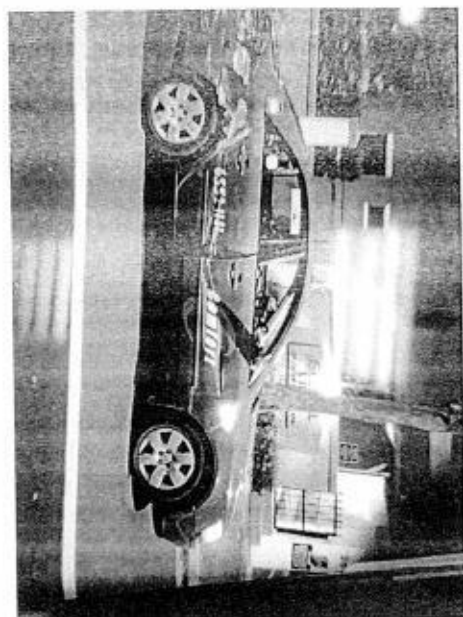
Policyholder's Signature  
Date & Time:

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

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

GIA/IMC SketchPlanForm\_V3







## COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHC 2765C

DATE 10/12/2018 17:10

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>cr</i>			\$ 578.40
	Rear Bumper Clip — <i>cr</i>			\$ 22.00
	Rear Fender (RH) — <i>bumble</i>			\$ 1,935.90
	Rear Fender Inner Panel (RH) <i>x repair</i>			\$ 1,255.00
	Rear Fender Inner Lining (RH) — <i>tr</i>			\$ 74.10
	Rear Tray Lugg Side (RH) <i>x repair</i>			\$ 37.40
	Rear Fender Air-Duct — <i>cr</i>			\$ 49.40
	Rear Fender Mudflap (RH) — <i>cr</i>			\$ 15.50
	Rear Windscreen Moulding — <i>cr</i>			\$ 60.00
	Rear Door (RH) — <i>cr</i>			\$ 1,294.70
	Rear Door Outer Handle (RH) <i>x repair</i>			\$ 39.60
	Rear Door Protector (RH) <i>x repair</i>			\$ 54.50
	Front Door (RH) — <i>cr</i>			\$ 1,344.50
	Front Door Protector (RH) <i>x repair</i>			\$ 74.90
	Rear Wheel Hup-Cap (RH) — <i>bumble</i>			\$ 145.00
	Front Fender (RH) <i>x repair</i>			\$ 593.10
	Front Fender Shield (RH) <i>x cr</i>			\$ 86.00
	Rear (RH) Tail lamp — <i>cr</i>			\$ 344
	<b>SUB TOTAL</b>			\$ 7,660.00
	<b>LESS 20%</b>			\$ 1,532.00
	<b>DISCOUNTED TOTAL</b>			\$ 6,128.00
	Rear Bumper Rubber Mat — <i>cr</i>			\$ 50.00
	Rear Fender Comfort Sticker (RH) — <i>cr</i>			\$ 30.00
	Rear Windscreen Sealant — <i>cr</i>			\$ 46.00
	Rear Door Tel No. Sticker (RH) — <i>cr</i>			\$ 10.00
	Front Door Coloured Comfort Logo (RH) — <i>cr</i>			\$ 75.00
	<b>Acknowledged by Repairer</b>			\$ 211.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,200.00
	Spray Painting Charge			\$ 1,800.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Towing Charge-King Dolly			\$ 150.00
	Rear Wheel Alignment			\$ 120.00
	<b>TOTAL LABOUR</b>			\$ 3,350.00
	<b>ESTIMATE TOTAL</b>			\$ 9,689.00

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 305249531

Date : 19/12/18

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No: SHC2765C CTPL

07.12.18

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

1. The repair job shall bill to: NTUC --- YP1158S

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%

\$5,400.00

**Final Lumpsum Repair cost**

**\$5,400.00**

3. Estimated normal period for repairs: 7 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 :

Date :

## 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/INC18022404/K1sbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 31-12-2018  
189556



Code: INC4

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

Insured Veh.	YP 1158S	Veh. Inspected	SHC 2765C
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1023028-002	Excess (\$)	0.00
Assign From		Assign Date	11/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA829495	Colour	BLUE
Odometer	238709	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60R16	HANKOOK	7 mm
L/H Front Tyre	215/60R16	HANKOOK	7 mm
R/H Rear Tyre	215/60R16	HANKOOK	7 mm
L/H Rear Tyre	215/60R16	HANKOOK	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	07/12/2018	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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	7 Working Days
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**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 2765C**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	CRACKED	578.40	578.40
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR FENDER (RH)	BUCKLED	1,935.90	1,935.90
1	REAR FENDER INNER PANEL (RH)	TO REPAIR SEE LABOUR	1,255.00	-
1	REAR FENDER INNER LINING (RH)	TORN	74.10	74.10
1	REAR TRAY LUGG SIDE (RH)	TO REPAIR SEE LABOUR	37.40	-
1	REAR FENDER AIR-DUCT	CRACKED	49.40	49.40
1	REAR FENDER MUDFLAP (RH)	CUT	15.50	15.50
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	REAR DOOR (RH)	CUT	1,294.70	1,294.70
1	REAR DOOR OUTER HANDLE (RH)	TO REPAIR SEE LABOUR	39.60	-
1	REAR DOOR PROTECTOR (RH)	TO REPAIR SEE LABOUR	54.50	-
1	FRONT DOOR (RH)	CUT	1,344.50	1,344.50
1	FRONT DOOR PROTECTOR (RH)	TO REPAIR SEE LABOUR	74.90	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	145.00	145.00
1	FRONT FENDER (RH)	TO REPAIR SEE LABOUR	593.10	-
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	86.00	-
1	REAR (RH) TAILLAMP	CRACKED	344.00	344.00
	LESS 20% DISCOUNT		-1,600.80	-1,172.70
			6,403.20	4,690.80
<b><u>NETT ITEMS</u></b>				
1	REAR FENDER COMFORT STICKER (RH) (N)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (N)	NECESSARY	46.00	46.00
1	REAR DOOR TEL NO. STICKER (RH) (N)	NECESSARY	10.00	10.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (N)	NECESSARY	75.00	75.00

Report Ref No. NS/INC18022404/K1sbs2





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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-	-16.10
			161.00	144.90
	<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 FENDER INNER PANEL (RH), REAR TRAY LUGG SIDE (RH), REAR DOOR OUTER HANDLE (RH), REAR DOOR PROTECTOR (RH), FRONT DOOR PROTECTOR (RH) AND FRONT FENDER (RH).		1,200.00	800.00
	SPRAY PAINTING CHARGE.		1,800.00	1,000.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE - KING DOLLY.		150.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			3,350.00	1,840.00
<b>GRAND TOTAL</b>			<b>9,964.20</b>	<b>6,725.70</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>5,400.00</b>

Report Ref No. NS/INC18022404/K1sbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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