

Surveyor: Kalvin

REF:

NS/INC18022648/Klgbsz

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop mls _____

at _____

Insured: GBE 7717U

Policy No. 5088 349227 -01 180318 - 170319

Claims No. MT/1074171-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 9227D Yr Regn: 2 Apr 2016

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

Truck / Trailer or

Make: Hyundai C.C. 1.685

Colour: Yellow A/C: Ins / Sid / NI / NA

Sp. Reading: 309034 T/Radio: Ins / Sid / NI / NA

Eng/No: _____

C/No: Km HLBXumh 40888.8

Gen. Cond: Good / 6 / Poor / Burnt

Steering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / 6 / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STD / 6 / RIm or

Tyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Hak

Front: _____ Rear: _____

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

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

D.O.A. 14/12/8 D.O.I. 17/12/8

Survey held at C DGE (Loyang)

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

N/S Rear / Front m/s

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

Date / Time Action / Instruction

SHA 9227D - CS/QW07009055/Rcp1 DA: 17042009 INC

GBE 7717U - NA/INC18022622/24 DA: 14122018 45

24/12/8 Chas 45 \$6400 / 4 Pp. (Red 54046.56, 39%)

RECEIVED 26 DEC 2018.

Date/Time, File Pass to? ☐ : Prell. Report

17/12/12 trans ☐ : Final Report

Date/Time, File Return to?

2)

Report Format: 7P

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

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

____ S + RS. ____ \$1

Photos

Others

TOTAL

Income: Follow-Through Survey

Date: 26/12/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1023223-002	CITYCAB PTE LTD	SHC 7921K	SMA 7034Y	10/12/2018	\$ 2,703.40
2	MT/1024005-002	COMFORT TRANSPORTATION PTE LTD	SH 7897R	SFU 8029J	16/12/2018	\$ 9,646.26
3	MT/1024171-002	CITYCAB PTE LTD	SHA 9227D	GBE 7717U	14/12/2018	\$ 10,051.12
4	MT/1011897-002	SMRT TAXIS PTE LTD	SHB 1861U	SIK 5027P	17/9/2018	\$ 3,729.10
5	MT/1024163-002	CITYCAB PTE LTD	SHA 8047M	YP 8151P	15/12/2018	\$ 2,094.23

eBaoTech

GeneralClaim

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="14/12/2018 11:09"/>
Vehicle No.(For Motor)	<input type="text" value="GBE7717U"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5088349227-01		T&L RENOVATION WORK	533141678	GCV	Comprehensive	GBE7717U	GBE7717U	18/03/2018	17/03/2019

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	15/12/2018 11:47
Date Of Accident	14/12/2018 22:20
Exact Location Of Accident	GUILLEMARD ROAD > GUILLEMARD CRES JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9227D
Insured/Policyholder	
Name Of Registered Owner	CITYCAB 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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAY TIAN AUN
NRIC No	S1650642G
Date Of Birth	02/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/11/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91125945
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 105 ALJUNIED CRESCENT #06-235
 Postcode S380105
 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) 4

Passenger 1
 NAME: : -
 GENDER: : FEMALE
 Passenger 2
 NAME: : -
 GENDER: : FEMALE
 Passenger 3
 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 GEYLANG NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS SEE ATTACHED AND REFER POLICE REPORT : T/20181215/2018.

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 GBE7717U
 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN CHIAN MENG
NRIC/Passport Number	S7587313A
Contact Number	97998752
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRONT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAXI PAX
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA9227D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

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. 15 DEC 2018



**SINGAPORE
POLICE FORCE**

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



T/20181215/2018

1 of 3

Report No. T/20181215/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
15/12/2018 08:44

Vide Report No.:
G/20181214/0219

Station Diary No.:
24

Informant's Particulars

Name of Informant:
TAY TIAN AUN

Address:
APT BLK 105 ALJUNIED CRESCENT #06-235 SINGAPORE
380105

ID Type / ID No.:
NRIC NO / S1650642G

Contact No.:
Home/Office: Mobile: 91125945

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 54 02/11/1964

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: Injury
Attended by Police

Drink Drive:
No

Date/Time of Accident:
14/12/2018 22:20

Type of Location:
Straight Road

Location:
Along Road 1
GUILLEMARD ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7717U	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver	Slightly Damaged	3
SHA9227D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	3

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20181215/2018

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

2 of 3

Report No. T/20181215/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	TAY TIAN AUN	ID No.	S1650642G
Related Vehicle	SHA9227D (Car)	Contact No.	91125945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/12/2018 at about 2220hrs, I was travelling along guillemard road turning to guillemard crescent. I was making my turn into guillemard crescent when a lorry(GBE7717U) who was travelling on guillemard road (opposite direction) hit me on my left rear side of my vehicle. As a result, my vehicle's left rear bumper side was dented and my front bumper also suffers from scratches as it hit the curb. One of my passenger called for traffic police and soon the ambulance arrived with them. I only know one of my passenger(the maid) might had a sprain on her neck. However, I saw the three passenger went up into the ambulance thus I am not sure of their condition. The other driver and his passengers were fine. I have an in-car camera in my vehicle and the traffic police who attended already took it.



SINGAPORE
POLICE FORCE



T/20181215/2018

3 of 3

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



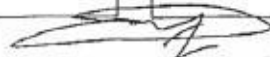
Report No. T/20181215/2018

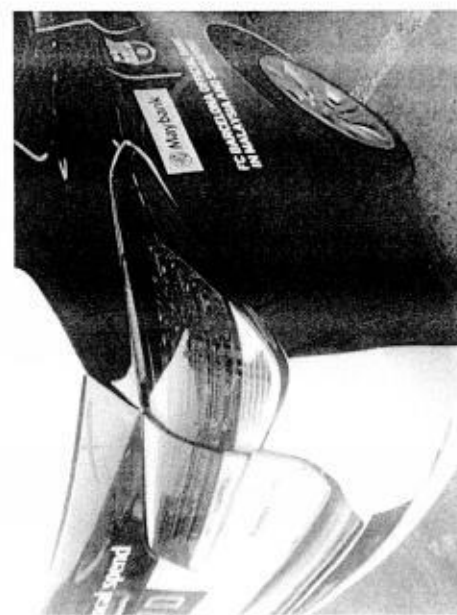
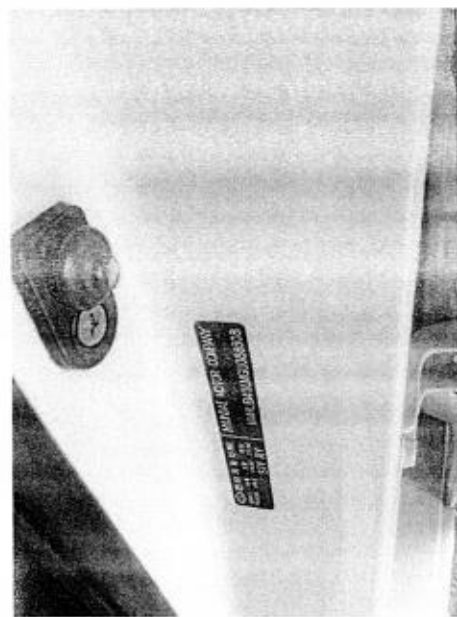
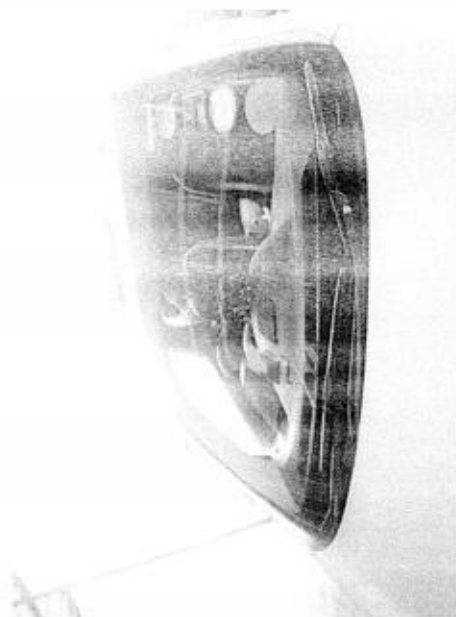
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: G / Sgt 3 CHEW HUI YU 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2018 08:44
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 SIGNATURE



A member of COMFORTDELGRO

Date/Time: 17.12.2018 09:40

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305251385

STOMER

W/MS CITYCAB PTE LTD
STOMER NO. 7010070
DRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (R) (O)
(P)

SCOUNT CARD NO.

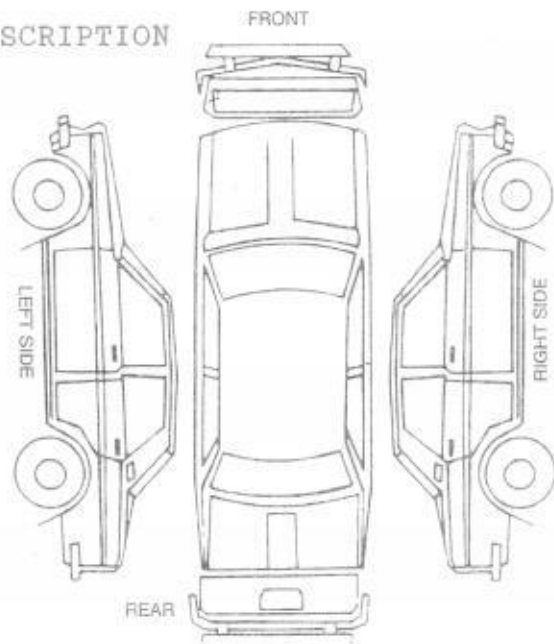
REGN NO.: SHA9227D	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 14.12.2018 22:20
YR OF MANU 21.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU088803	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.12.2018
NATURE: 3P 14.12.2018 -C

S/NO LABOR CODE

DESCRIPTION



IECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

e;
lo.;
le No.: SHA9227D CHIANG

Vehicle No.: SHA9227D

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9227D

DATE 17/12/2018 9:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Def</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>X</i>			\$ 102.60
	Boot Lid Lock Lower <i>X</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>me</i>			\$ 28.70
	Boot Lid CRDI Plate <i>me</i>			\$ 27.90
	Tail Lamp (LH) <i>me</i>			\$ 565.60
	Bootlid Moulding <i>X</i>			\$ 85.00
	Bootlid i40 Emblem <i>me</i>			\$ 27.90
	Bootlid Lower Garnish <i>me</i>			\$ 227.90
	Rear Bumper <i>Def</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00
	Tail Lamp Panel Top (LH) <i>Def</i>			\$ 545.90
	Rear Fender (LH) <i>Def</i>			\$ 2,171.40
	Rear Fender Inner Panel (LH) <i>X repair</i>			\$ 1,310.60
	Rear Fender Inner Lining (LH) <i>me</i>			\$ 169.30
	Front Bumper Cover <i>X repair</i>			\$ 544.50
	Bootlid Lang (RH) <i>me</i>			\$ 556.60
	Rear Fender (RH) <i>X repair</i>			
	SUB TOTAL			\$ 8,588.90
	LESS 20%			\$ 1,717.78
	DISCOUNTED TOTAL			\$ 6,871.12
	Boot Lid Comfort Logo & Tel No. Sticker <i>me</i>			\$ 30.00
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>			\$ 200.00
				\$ 330.00
	Labour Charge			
	Panel Beating <i>4 hrs</i>			\$ 1,200.00 ⁸⁰⁰
	Spray Painting Charge <i>4/5</i>			\$ 1,200.00 ¹⁰⁰⁰
	Wiring Charge <i>After Repair</i>			\$ 50.00 ²⁰
	Tuff Kote			\$ 50.00 ²⁰
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00 ⁵⁰
	Remove/Refix Rear Windscreen Glass			\$ 120.00 ¹⁰⁰
	Remove/Refix Reverse Sensor			\$ 80.00 ³⁰
	TOTAL LABOUR			\$ 2,850.00
	ESTIMATE TOTAL			\$ 10,051.12

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.

10496.56

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305251385

Date : 22/12/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9227D

14/12/2018

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

1. The repair job shall bill to: NTUC GBE7717U

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:

Final Lumpsum Repair cost

\$6,400.00

3. Estimated normal period for repairs: 4 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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 24/12/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18022648/K1qbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 02-01-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 7717U	Veh. Inspected	SHA 9227D
Policy No.	5088349227-01	Coverage (\$)	0.00
Claim No.	MT/1024171-002	Excess (\$)	0.00
Assign From		Assign Date	17/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU088808	Colour	YELLOW
Odometer	309034	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION AND FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	14/12/2018	Inspection Date	17/12/2018
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:	4 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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9227D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	BENT	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	TAIL LAMP (LH)	CRACKED	565.60	565.60
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	CRACKED	227.90	227.90
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	TAIL LAMP PANEL (LH)	BENT	545.90	545.90
1	REAR FENDER (LH)	BUCKLED	2,171.40	2,171.40
1	REAR FENDER INNER PANEL (LH)	TO REPAIR SEE LABOUR	1,310.60	-
1	REAR FENDER INNER LINGING (LH)	TORN	169.30	169.30
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	544.50	-
1	REAR FENDER (RH) (NPA)	TO REPAIR SEE LABOUR	-	-
1	BOOTLID LAMP (RH)	CRACKED	556.80	556.80
	LESS 20% DISCOUNT		-1,829.14	-1,414.26
			7,316.56	5,657.04
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
			330.00	330.00

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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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR FENDER INNER PANEL (LH), FRONT BUMPER COVER AND REAR FENDER (RH).		1,200.00	800.00
	SPRAY PAINTING CHARGE.		1,200.00	1,000.00
	WIRING CHARGE.		50.00	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.		80.00	30.00
			2,850.00	2,020.00
	GRAND TOTAL		10,496.56	8,007.04
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			6,400.00

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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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