

REF: NS/INC/18022881/Nqd352  
INC

Surveyor: NA2

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SKA 5169D  
 Policy No. 5077991993-02 (8/3/18 - 7/3/2019)  
 Claims No. MT/1024768-02  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHA 9592Z Yr Regn: 11 JAN 2017  
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HYUNDAI 190 c.c. 1685  
 Colour: YELLOW A/C: Insured / Std / NI / NA  
 Sp. Reading: 357,897 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB41UMH4098315  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/60 R16  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or CST  
 Front R/Bal. 6 mm L/Bal. 6 mm  
 Rear R/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 19/12/18 D.O.I. 20/12/18  
 Survey held at CDGE LOYANG  
 Des. of Damages: Frt / Rear / OIS / N/S / UIC / Rooftop or \_\_\_\_\_  
 The UIC / Chassis frame / Body Structure affected due to collision

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  

N/S	O/S

 Bal. or Market Value: \_\_\_\_\_  
 IUAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 CIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS \_\_\_\_\_  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHA 9592Z - NA/INC/17005347/KA DOA: 13/3/2017 INC PIP
	SKA 5169D - NS/INC/13010693/H/19/13 DOA: 11/6/2013
	Officer Naz finalised final fig \$1072.13, 2 days Cred \$1201.41, 53%

RECEIVED 10 JAN 2019

Date/Time, File Pass to?  : Preli Report  
 1) refi transfer  : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: TP  
 Lump Sum / I.B.I. (\$) 1072.13  
 Days Of Repair: 2  
 Resurvey No. of Trip: \_\_\_\_\_ Survey Fee: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_) Transportation: \_\_\_\_\_  
 : Interview (\$ \_\_\_\_\_) Photos \_\_\_\_\_  
 : Tech. Insp (\$ \_\_\_\_\_) others \_\_\_\_\_  
 : Weekend (\$ \_\_\_\_\_) TOTAL \_\_\_\_\_

s/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	<b>MT/1018818-003</b>	SMRT TAXIS PTE LTD	SHB 996X	GQ 8343K	05/11/2018	\$ 13,972.60
2	<b>MT/1024768-002</b>	CITYCAB PTE LTD	SHA 9597Z	SKA 5169D	19/12/2018	\$ 2,273.54
3	<b>MT/1024650-002</b>	COMFORT TRANSPORTATION PTE LTD	SHD 3102D	SIQ 7181G	19/12/2018	\$ 4,301.92
4	<b>MT/1025318-002</b>	COMFORT TRANSPORTATION PTE LTD	SH 8356D	SMC 3831D	26/12/2018	\$ 1,868.80
5	<b>MT/1025432-002</b>	COMFORT TRANSPORTATION PTE LTD	SHA 3267C	SGU 5180L	26/12/2018	\$ 6,430.12
6	<b>MT/1027231-001</b>	COMFORT TRANSPORTATION PTE LTD	SHC 8082A	SIN 5816M	21/12/2018	\$ 4,226.00
7	<b>MT/1011204-002</b>	SMRT TAXIS PTE LTD	SHB 360E	PC 5013A	11/09/2018	\$ 9,044.20

[My Desktop](#)  
[Notice of Loss](#)

### Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/12/2018 08:15"/>
Vehicle No.(For Motor)	<input type="text" value="SKA5169D"/>	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"/>	5077991993-02		JAIME NG	S7439570H	GPC	drivo CLASSIC	SKA5169D	SKA5169D	08/03/2018	07/03/2019

## 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	20/12/2018 10:17
Date Of Accident	19/12/2018 21:40
Exact Location Of Accident	WOODLANDS AVE 2 TOWARDS WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA9592Z
<b>Insured/Policyholder</b>	
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	PEH KANG GUAN
NRIC No	S1439719A
Date Of Birth	24/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221954
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 297B COMPASSVALE STREET #06-08  
 Postcode 542297  
 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 ON COLLISION  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 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) 3  
 Passenger 1  
 NAME: : -  
 GENDER: : MALE  
 Passenger 2  
 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 / Type Of Accident : HEAD TO SIDE

**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 SKA5169D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver VARDICE LOH  
 NRIC/Passport Number S7121296C  
 Contact Number 91873039  
 Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT DOOR

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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.
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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)

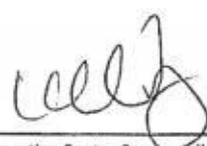
I understand, acknowledge, agree and consent that:

- (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.

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

Policyholder's Signature  
Date & Time:

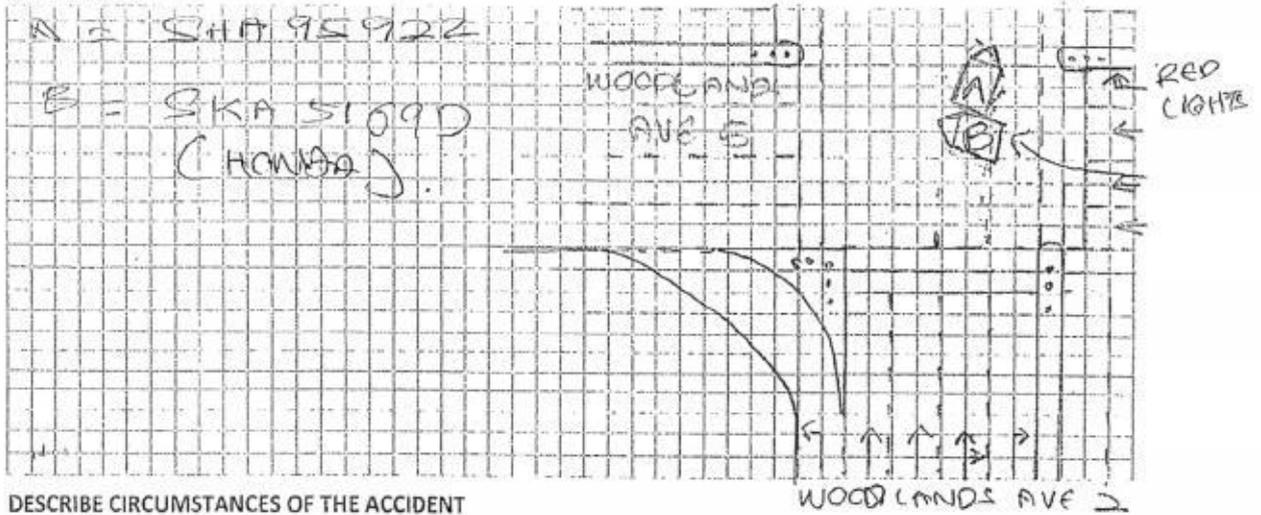
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: 20 DEC 2018  
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 20 DEC 2018

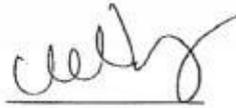
Sketch Plan Pg. 3

Describe Circumstances of the Accident.
On 19/12/2018 @ about 21:40hrs, I was driving along Woodlands Ave 2 towards Woodlands
Ave 5 direction.
As I reached the X-junction, the traffic light was green in my favor so I waited and checked
the incoming vehicle from the opposite side. Then suddenly there's an impact from behind
my taxi.
I stepped out to checked the damages and found out vehicle SKA5169D was driving out from
Woodlands Ave 5 when the traffic light was red.
As a result the vehicle SKA5169D right front door collided onto my rear right portion of
my taxi.
01 male & 01 female passenger on board my taxi. No injury reported at the point accident.

Declaration

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

CITYCAB PTE LTD  
CO. REG. NO. 199502839G

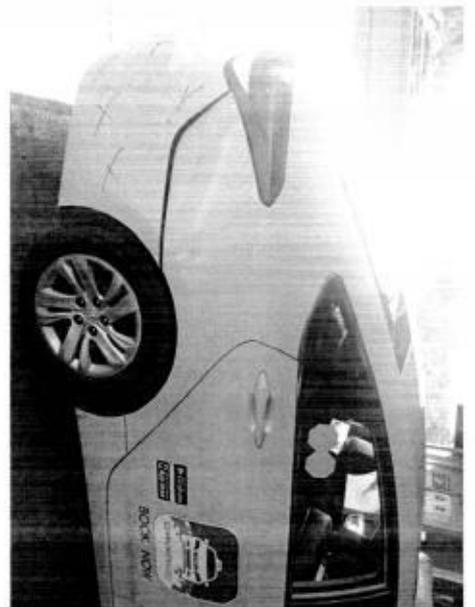
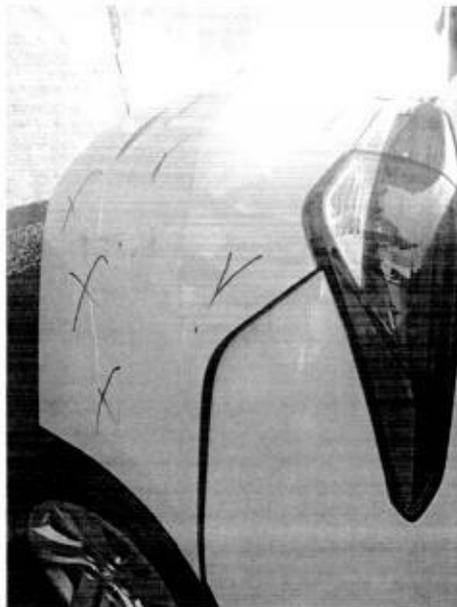
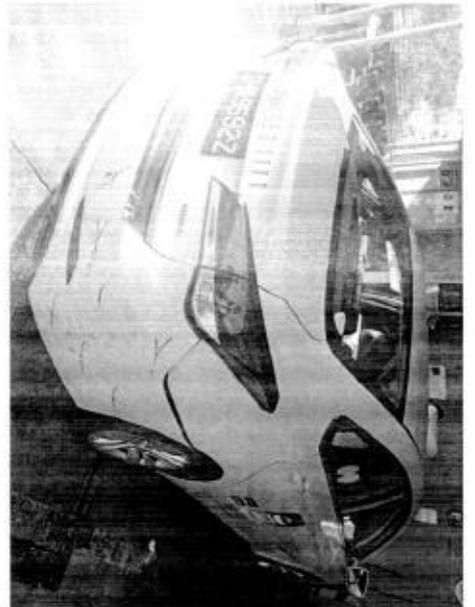



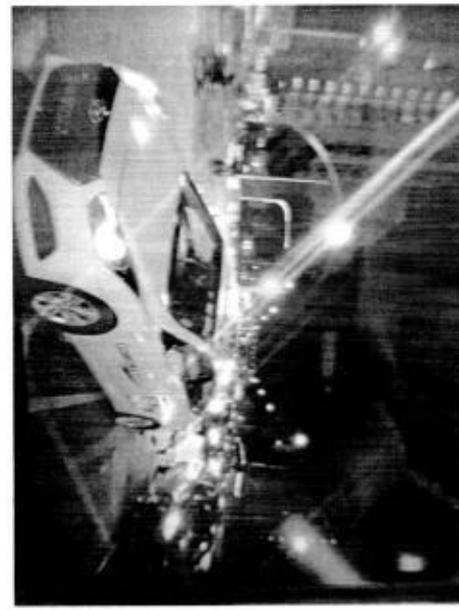
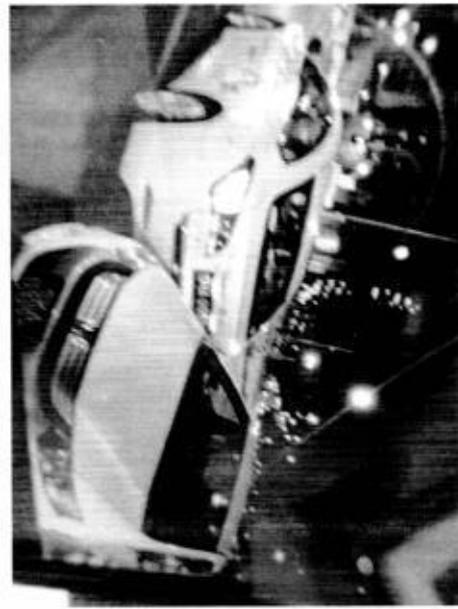
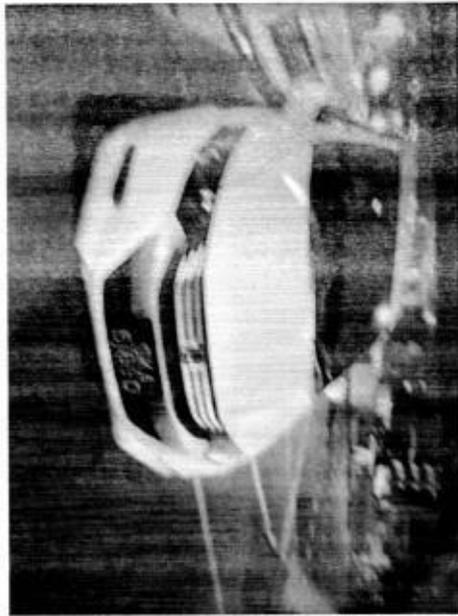
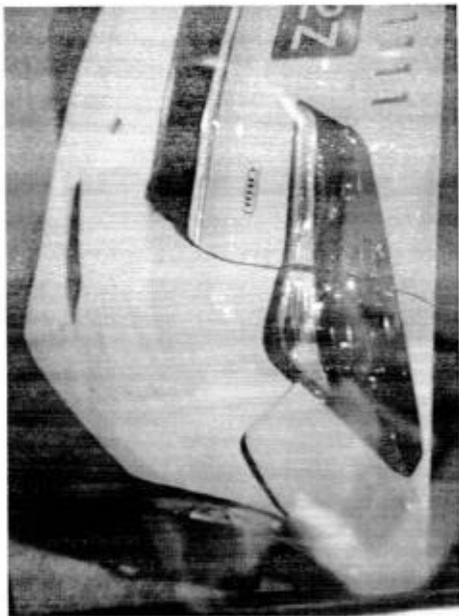
\_\_\_\_\_  
Policyholder's Signature/Date &  
Time

\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)/Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting  
Centre Personnel

20 DEC 2018





**Workshops**

69 Loyang Drive Singapore 508909      24 Serangoon Loop Singapore 750156  
 383 Sin Ming Drive Singapore 575717      7 Sungei Kadut Way Singapore 728721  
 45 Pandan Road Singapore 619286      501 Yishun Industrial Park A Singapore 768732  
 320 Upper Road 3 Singapore 16800

member of COMFORTDELGRO

Date/Time: 20.12.2018 11:47 Page : 1

Team: ARC Repair TP(CFS0)1

### JOB CARD

Sales Order:

JC NO.: 305252688

TOMER  
 AS CITYCAB PTE LTD  
 TOMER NO. 7010070  
 PRESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65551188 (O)  
 (P)  
 COUNT CARD NO.

REGN NO.: SHA9592Z	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 20.12.2018 09:00
YR OF MANU 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098315	COMPLETION DATE/TIME:

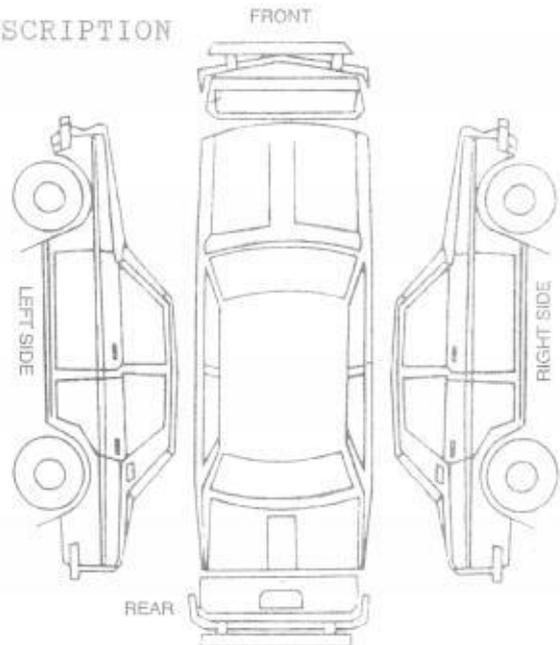
NTUC

JOB DESCRIPTION

Accident Date: 19.12.2018  
 NATURE: 3P 19.12.2018

S/NO                      LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHA9592Z                      LKE

Vehicle No.: SHA9592Z

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE\*

CCPL

ply P

VEHICLE NO : SHA 9592Z

DATE 20/12/2018 11:40

MAKE :

Like

NTUC

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	Rear Bumper Reflector Lamp (RH)			\$ 30.60
	<b>SUB TOTAL</b>			<b>\$ 1,597.30</b>
	<b>LESS 20%</b>			<b>\$ 319.46</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,277.84</b>
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Reverse Sensor			\$ 135.70
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 810.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,273.54</b>

CRK  
? X SVC  
? X SVC  
NEC  
? X SVC  
? X SVC  
? X SVC  
? X SVC

Nett TN  
Nett BT  
Start (Dm)

200  
200  
20  
20

*[Signature]*  
21/12/18

NAZ LKK  
20/12/18  
PIP

2 DAYS

CHECK ITEMS PHOTOS  
BEFORE PAINT PHOTOS

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

Acknowledged by Repairer  
Signature:  
Date:

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

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

Our Job Ref No : 305252688  
Date : 22/12/18

## FINALIZATION FORM

To : LKK  
Attn : Mr NAZ  
Vehicle Reg No. : SHA9592Z CCPL

Fax :

19.12.18

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

1. The repair job shall bill to: NTUC --- SKA5169D
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$632.13</u>
(b) Labour Charges	<u>\$440.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$1,072.13</u></b>
(c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: <u>20%</u>	<u>                    </u>
<b>Final Lumpsum Repair cost</b>	<u>                    </u>

3. Estimated normal period for repairs: 2 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 : NAZ LKK  
Date : 21/12/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm
1. Rental Rate P/Day		YES	<p style="font-size: 1.5em; margin: 0;">SC</p> <p style="font-size: 1.5em; margin: 0;">- Finalized.</p> <p style="font-size: 1.5em; margin: 0;">- Naz.</p>
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:

\_\_\_\_\_

\_\_\_\_\_

REPAIR ESTIMATE\*

CCPL

like/Na3

ply P

VEHICLE NO : SHA 9592Z

DATE 20/12/2018 11:40

MAKE :

like

NTUC

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
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	LESS 20%			\$ 319.46
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				\$ 185.70
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	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 2,273.54

ERK  
?XSL  
?XSL  
NEC  
?XSL  
?XSL  
?XSL  
?XSL

10%  
Nett / TV  
Nett / BS

200  
200  
20  
20

NA2 LKK  
20/12/18 @ 1630  
PIP  
2 DAYS  
CHECK ITEMS PHOTOS  
BEFORE PAINT PHOTOS

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.

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305252688  
 REGN NO : SHA9592Z  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 11.01.2017  
 DATE/TIME IN : 20.12.2018 09:00  
 ACCIDENT DATE : 19.12.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13

SUB-TOTAL : 632.13

## JOB NATURE

0000	L	PANEL BEATING				200.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA				200.00
0002	17-01	CHECK ALL LIGHTING				20.00
0003	L	RENEW/REFIX REVERSE SENSOR				20.00

SUB-TOTAL : 440.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 21.12.2018

REPAIR ESTIMATE

Time: 10:35:51

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305252688  
REGN NO : SHA9592Z  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 20.12.2018 09:00  
ACCIDENT DATE : 19.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,072.13

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



**National Assessment Centre Services**

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

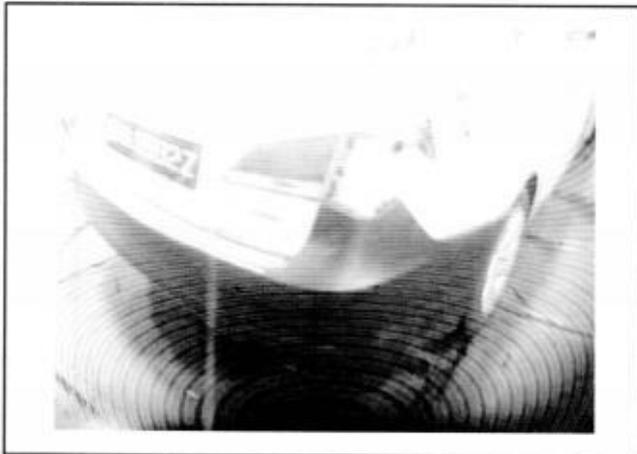
TEL: 6841 0055 FAX: 6841 6315

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

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**PHOTOGRAPHS FOR VEHICLE NO. SHA 9592Z**

**RE-INSPECTION**





# 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/INC18022881/Nqd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 11-01-2019  
189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKA 5169D	Veh. Inspected	SHA 9592Z
Policy No.	5077991993-02	Coverage (\$)	0.00
Claim No.	MT/1024768-002	Excess (\$)	0.00
Assign From		Assign Date	20/12/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098315	Colour	YELLOW
Odometer	357897	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	CST	6 mm
L/H Front Tyre	205/60R16	CST	6 mm
R/H Rear Tyre	205/60R16	CST	6 mm
L/H Rear Tyre	205/60R16	CST	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.  
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	19/12/2018	Inspection Date	20/12/2018
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:	<b>2 Working Days</b>
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# National Assessment Centre Services

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

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Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9592Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	CRACKED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	30.60	-
	LESS 20% DISCOUNT		-319.46	-115.00
			1,277.84	460.00
<b><u>NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (N)	BENT	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	TORN	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	20.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	20.00
			-	-
			-	-
			-	-
			810.00	440.00
<b>GRAND TOTAL</b>			<b>2,273.54</b>	<b>1,072.13</b>

Report Ref No. NS/INC18022881/Nqd3s2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,072.13
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Report Ref No. NS/INC18022881/Nqd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor



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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