

12/1/19

Surveyor:

NA2

REF:

NS/ZNC18022981/Ngber

# 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: STB 7181G  
 Policy No. 5103235119 210818 - 220519  
 Claims No. MT/1074650-072  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

X	X
N/S	O/S
X	X

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repairs: 3 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: SHD 3102D Yr Regn: 16 JUN 2016  
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HYUNDAI 140 c.c. 1,685  
 Colour: BLUE A/C: Insur. d / Std / NI / NA  
 Sp. Reading: 421,833 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHLB41UMG4091462  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modl: NI / S/Rim / STD / R/Rim  
 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 Rear R/Bal. 6 mm  
 L/Bal. 6 mm L/Bal. 6 mm  
 D.O.A. 17/12/18 D.O.I. 21/12/18  
 Survey held at COGE LOYANG  
 Des. of Damages: Frt / Rear / O/S / NI / UIC / Rooftop or  
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>SHD 3102D - (C4/T1600836/Tp3g)</u>
	<u>STB 7181G - X</u>
<u>09/1/19</u>	<u>NA2 Analised US \$2450, 3 days. (Red \$1851.92, 43%)</u>

RECEIVED 10 JAN 2019

Date/Time, File Pass to? ☐ : Prelim Report  
☐ : Final Report  
 1) 10/1/19  
 Date/Time, File Return to? \_\_\_\_\_

Report Format: 7P  
 Lump Sum / I.B.I. (\$) 2450

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Invs (\$) ☐ : Weekend (\$) ☐ : Survey Fee: 160  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 TOTAL 160

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate
1	MT/1018818-003	SMRT TAXIS PTE LTD	SHB 996X	GQ 8343K	05/11/2018	\$ 13,972.60
2	MT/1024768-002	CITYCAB PTE LTD	SHA 9592Z	SKA 5169D	19/12/2018	\$ 2,273.54
3	MT/1024650-002	COMFORT TRANSPORTATION PTE LTD	SHD 3102D	SIQ 7181G	19/12/2018	\$ 4,301.92
4	MT/1025318-002	COMFORT TRANSPORTATION PTE LTD	SH 8356D	SMC 3831D	26/12/2018	\$ 1,868.80
5	MT/1025432-002	COMFORT TRANSPORTATION PTE LTD	SHA 3267C	SGU 5180L	26/12/2018	\$ 6,430.12
6	MT/1027231-001	COMFORT TRANSPORTATION PTE LTD	SHC 8082A	SIN 5816M	21/12/2018	\$ 4,226.00
7	MT/1011204-002	SMRT TAXIS PTE LTD	SHB 360E	PC 5013A	11/09/2018	\$ 9,044.20

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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## 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"/>	5103235119		KH LEASING PTE. LTD.	201611813C	GPC	Third Party	SJQ7181G	SJQ7181G	21/08/2018	22/05/2019

## 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 16:19
Date Of Accident	19/12/2018 18:45
Exact Location Of Accident	IRAWADDY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3102D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	FOO KOK ENG
NRIC No	S0899444G
Date Of Birth	16/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94379911
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 52 STRATHMORE AVENUE #33-243
Postcode	141052
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181220/2038

#### 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	SJQ7181G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage RIGHT CENTRE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	FOO KOK ENG
Approximate Age	67
Injuries Sustain	PAIN TO NECK AND BACK. ON 6 DAYS MC.
Injured person in which vehicle?	SHD3102D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# IMPORTANT NOTICE

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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.
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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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

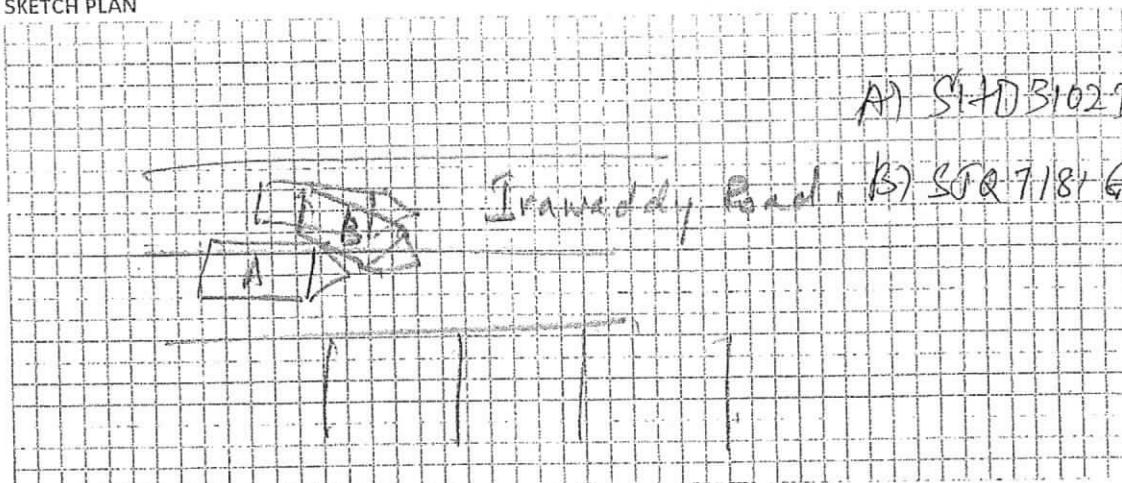
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/IMC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/18 at about 1845hrs while I Veh A just overtook Veh B who was travelling on the lane of the two lared driveway, Veh B suddenly made a right turn to enter a unit on the right side.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199303821R

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.:





SINGAPORE  
POLICE FORCE



T/20181220/2038

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20181220/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 11:58	Vide Report No.:	Station Diary No.: 59
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## Informant's Particulars

Name of Informant: FOO KOK ENG			Address: APT BLK 52 STRATHMORE AVENUE #33-243 SINGAPORE 141052	
ID Type / ID No.: NRIC NO / S0899444G			Contact No.: Home/Office:	Mobile: 94379911
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 16/08/1951	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD				
Exact Location: Irrawaddy Road towards Balestier Road Nearby: Lamp post 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3102D	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJQ7181G	Car	HYUNDAI	HD AVANTE 1.6 A	Black		1



**SINGAPORE  
POLICE FORCE**



T/20181220/2038

3 of 3

Report No. T/20181220/2038

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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:  
E /  
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

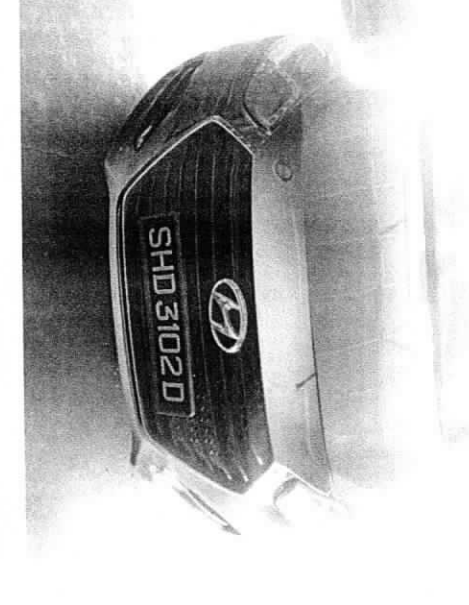
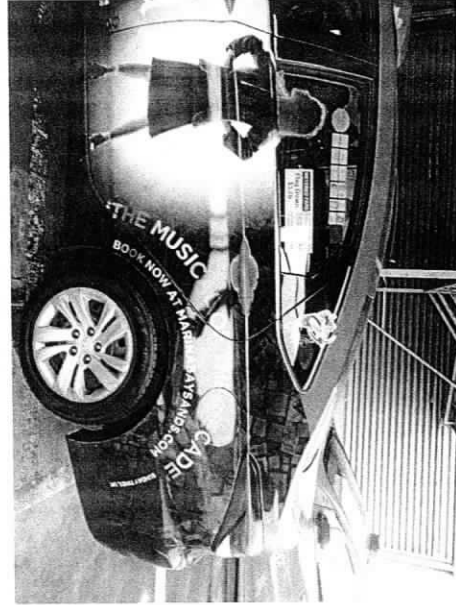
Date/Time:  
20/12/2018 11:58

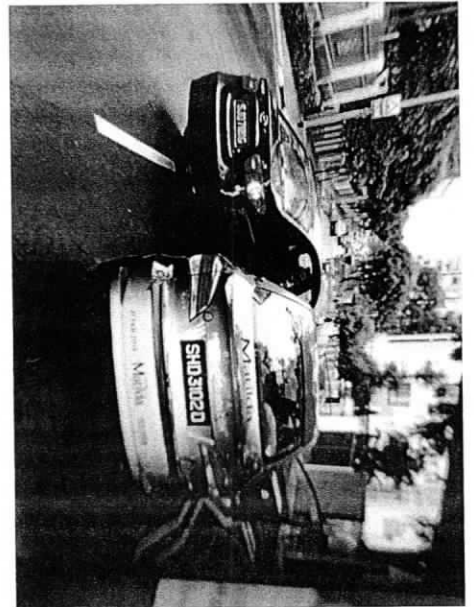
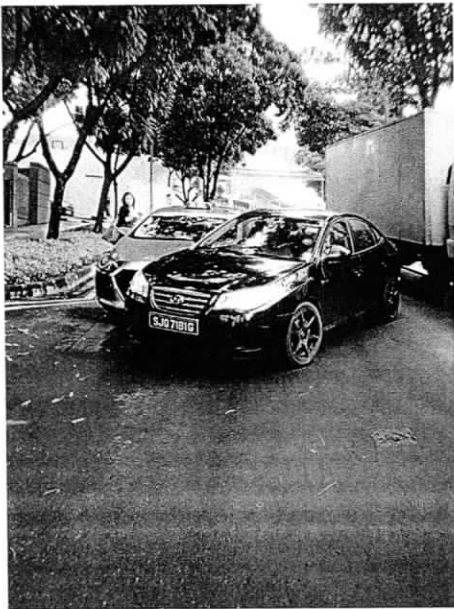
Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204

Classification Of Case:

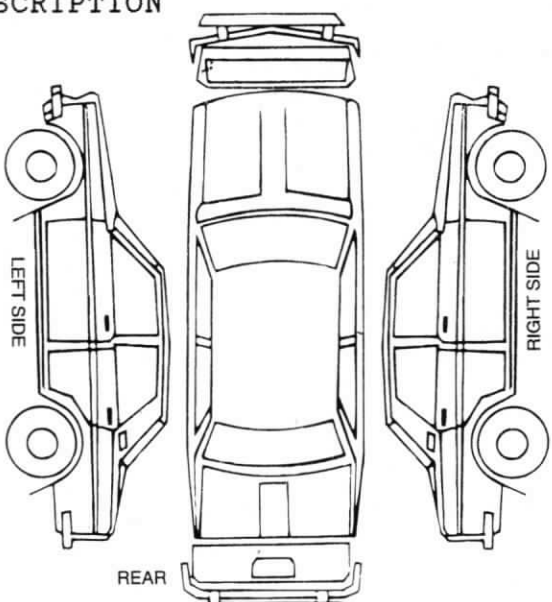
Authentication Stamp  
NP168

SIGNATURE





Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3883893	JC NO.: 305253054
STOMER	REGN NO.: SHD3102D	MILEAGE	
COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL	
7010045	MODEL I-40	E.....1/2.....F	
STOMER NO. 383 SIN MING DRIVE	YR OF MANU 16.06.2016	DATE/TIME IN 19.12.2018 18:45	
DRESS Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMGU091462	COMPLETION DATE/TIME:	
65508755 (R) (P)			
COUNT CARD NO.			

Accident Date: 19.12.2018		JOB DESCRIPTION		NTUC	
NATURE: 3P 19.12.18/B					
S/NO	LABOR CODE	DESCRIPTION	FRONT	LEFT SIDE	RIGHT SIDE
Towing - Normal					

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
B:		Vehicle No.: SHD3102D	
O.:			
File No.: SHD3102D		FZ (NTUC)	
Signature/Date		Name of Service Advisor	
Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	



## REPAIR ESTIMATE\*

DATE 21/12/2018 10:32

MAKE :

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Grille (LH)			\$ 41.60
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH)			\$ 1,388.00
	Front Fender (LH)			\$ 566.30
	Front Fender Shield (LH)			\$ 175.90
	Front Fender Retainer			\$ 24.60
	Frt Wheel Hub Cap,LH			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 3,802.40</b>
	<b>LESS 20%</b>			<b>\$ 760.48</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,041.92</b>
	Front Fender Advertisement Logo (LH)			\$ 100.00
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring			\$ 30.00
	Tuff Kote			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,160.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 4,301.92</b>
	NAZ LKIC			
	21/12/18			
	PIP			
	3 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.



## JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

### Job Requisition

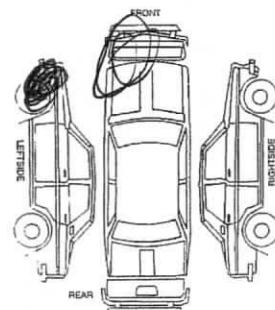
1. Date: <u>19/12/18</u> Time Received: <u>1855</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Food Lohc Rm4</u> Contact No. <u>84379911</u> Vehicle No. <u>SHD: 31022</u> Make / Model / Colour: <u>1.4</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>16 Shan RD</u>	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
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai 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: _____	

10. Odometer Reading : _____ 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

12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING
Name of Driver : _____
Vehicle No. : <u>YN 3901K</u>
Time Dispatch : <u>1855</u>
Time of Arrival : <u>1915</u>
Time Completed : <u>2000</u>



# : Cracked X : Dented  
/ : Scratched O : Missing

Signature of Customer

### Cash Invoice Details (if applicable)

13. Cash Invoice No. : \_\_\_\_\_

### Customer Acknowledgement

- 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™.

19/12/18

Date

1915

Time

Signature of Customer

### 14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

Our Job Ref No : 305253054  
Date : 30.12.2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHD3102D

Date of Accident : 19.12.2018

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

1. The repair job shall bill to: NTUC --- SJQ7181G

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges \$0.00

Total for Part-By-Part Repair Cost \$0.00

(c.) Lumpsum Repair (if applicable) \$2,450.00

Total for Lumpsum repair cost after Less: 20% \$2,350.00

Final Lumpsum Repair cost \$2,350.00


\$2,450.00

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 : 

Signature : 

Name : FAUZY BIN MOKHTAR

Name : NAZ LKK

Tel : 62148319

Date : 9/1/19

Fax : 65468156

### 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:

Finalized  
- Naz






**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/INC18022981/Nqbe2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 11-01-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJQ 7181G	Veh. Inspected	SHD 3102D
Policy No.	5103235119	Coverage (\$)	0.00
Claim No.	MT/1024650-002	Excess (\$)	0.00
Assign From		Assign Date	21/12/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU091462	Colour	BLUE
Odometer	421833	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	CST	6 mm
L/H Front Tyre	205/60 R16	CST	6 mm
R/H Rear Tyre	205/60 R16	CST	6 mm
L/H Rear Tyre	205/60 R16	CST	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	19/12/2018	Inspection Date	21/12/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3102D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	DEFORMED	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	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DEFORMED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRT WHEEL HUB CAP, LH	SCRATCHED	107.10	107.10
	LESS 20% DISCOUNT		-760.48	-521.18
			3,041.92	2,084.72
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		400.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING.		30.00	30.00
	TUFF KOTE.		50.00	40.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,160.00	870.00
	<b>GRAND TOTAL</b>		<b>4,301.92</b>	<b>3,054.72</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,450.00</b>

Report Ref No. NS/INC18022981/Nqbe2

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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