

Form 31

Surveyor: Kelvin

REF: NS/INC18023211/Klgbn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

at _____

Insured: SHD 3790Z

Policy No: 5068045737-04 09-10-2018

Claims No: MT/1075290-002

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 Report Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Surv: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 6502M Yr Regn: 10 Sep 2014

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

Truck / Trailer or

Make: Hyundai 240 cc 168r

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

Sp. Reading: 559206 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: 1CM HLB41UMEN 059658

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperable / Jammed / Leaked / Burnt or

Brake: Inoperable / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: 7

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

TOYO / YOKO or Wulff

Front Rear

R/Bal: 3 mm R/Bal: 3 mm

L/Bal: 3 mm L/Bal: 3 mm

D.O.A. 25/12/8 D.O.I. 27/12/8

Survey held at C D G E (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHD 6502M - 003 / III / 5012273 / Kwab DUA: 03072018 INC
	SHD 3790Z - 003 / IV / 5012273 / TITd3 DUA: 25122018 LIS
29/12/8	Change 45% 1600 / 20g. (Red 6546.93, 25%)

RECEIVED 02 JAN 2019

Date/Time, File Pass to?

☐ : Prel. Report

1101/1, 1101/2

☐ : Final Report

Date/Time, File Return to?

21

Report Format:

1. utap 5011 / 161: (3)

7P

1600

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

160

eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim

My Desktop

Notice of Loss

Change Language

Change Password

Log Out

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5068045737-04		PRIME CAR RENTAL & TAXI SERVICES PTE. LTD.	199606293Z	GFT	Third Party, Fire & Theft	SHD2790Z	SHD2790Z	09/10/2018	

Continue

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1024648-002	CITYCAB PTE LTD	SHB 3100U	SLV 4930G	20/12/2018
2	MT/1025117-002	COMFORT TRANSPORTATION PTE LTD	SHB 6671T	GBC 1458S	21/12/2018
3	MT/1025334-002	COMFORT TRANSPORTATION PTE LTD	SHA 4979A	SGD 198J	26/12/2018
4	MT/1025873-001	COMFORT TRANSPORTATION PTE LTD	SHD 6949H	SKZ 3566Y	24/12/2018
5	MT/1025217-002	COMFORT TRANSPORTATION PTE LTD	SHA 1073H	SJE 5047M	25/12/2018
6	MT/1024874-002	COMFORT TRANSPORTATION PTE LTD	SH 8203L	SLR 5726U	21/12/2018
7	MT/1025317-002	COMFORT TRANSPORTATION PTE LTD	SH 7573A	SKF 8716D	25/12/2018
8	MT/1025290-002	COMFORT TRANSPORTATION PTE LTD	SHD 6502M	SHD 2790Z	25/12/2018

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	26/12/2018 15:39
Date Of Accident	25/12/2018 10:20
Exact Location Of Accident	AIRPORT BOULEVARD T3 TAXI QUEUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6502M
Insured/Policyholder	
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	RAZALI B RADI
NRIC No	S1483079J
Date Of Birth	28/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1990
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91449665
Fax Number	
Contact Number	
Email Address	ASRIDA18@YAHOO.COM.SG

Address	BLK 462 TAMPINES STREET 44 #07-58
Postcode	520462
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	CHAIN 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	3
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)	1

Details of Police Action

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

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181226/2029

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	SHD2790Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR CHAN
NRIC/Passport Number	
Contact Number	91094435
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD7129B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SH8776A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAZALI BIN RADI
Approximate Age	57
Injuries Sustain	PAIN TO NECK AND BACK. ON 3 DAYS MC.
Injured person in which vehicle?	SHD6502M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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.

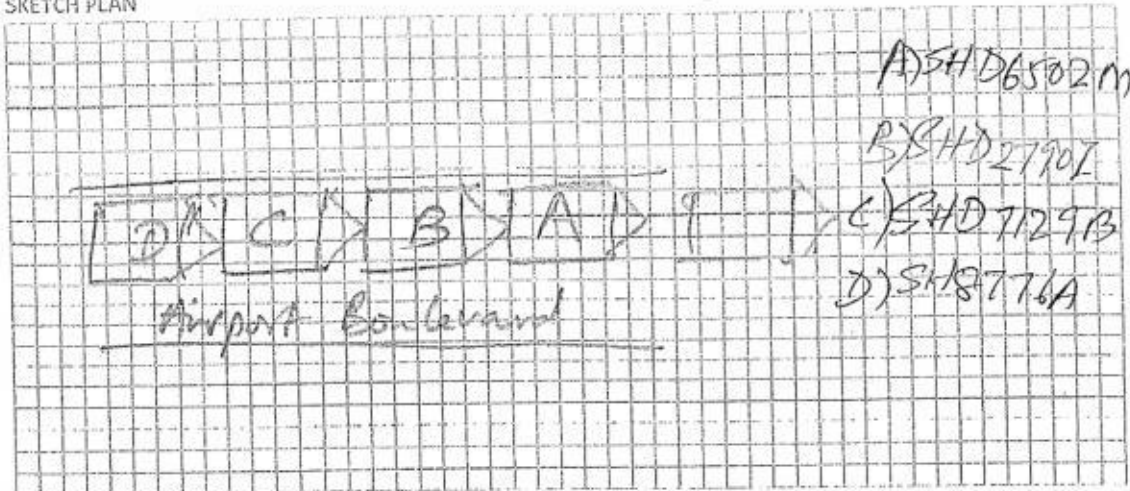
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/12/18 at about 1020 - - - - -
 Refer Police Report - T/2018/226/2029

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199703921R

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/20181226/2029

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181226/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2018 11:12		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: RAZALI BIN RADI		Address: APT BLK 462 TAMPINES STREET 44 #07-58 SINGAPORE 520462			
ID Type / ID No.: NRIC NO / S1483079J		Contact No.: Home/Office:		Mobile: 91449665	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 57	Date of Birth: 28/05/1961	Type of Informant: Driver		
Race: Javanese		Language: English		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 25/12/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Changi Airport Terminal 3 Taxi Queue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8776A	TAXI	HYUNDAI	i40	Blue	Seriously Damaged	1
SHD2790Z	TAXI			Brown	Seriously Damaged	0
SHD6502M	TAXI	HYUNDAI	i40	Blue	Slightly Damaged	0
SHD7129B	TAXI	HYUNDAI	i40	Blue	Seriously Damaged	0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20181226/2029

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181226/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MR CHAN	ID No.	NIL
Related Vehicle	SHD2790Z (TAXI)	Contact No.	91094435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RAZALI BIN RADI	ID No.	S1483079J
Related Vehicle	SHD6502M (TAXI)	Contact No.	91449665
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/12/2018	Date Discharge	26/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 25/12/2018 at about 1020hrs, I was driving my taxi Reg no: SHD6502M queuing at the taxi queue to, Changi Airport Terminal 3 along Airport Boulevard when suddenly I felt a hard impact from the rear and a loud bang. My taxi move forward due to the impact but fortunately it did not hit the taxi in front of me. I then went out to check and realised that there is 3 other vehicles in volve in the accident.

The taxi behind me is a PRIME Taxi Reg no: SHD2790Z had hit my taxi after a Comfort Taxi Reg no: SHD7129B had hit its rear. Both taxis were seriously damaged. The last vehicle is another Comfort Taxi Reg no: SH8776A had slight damages but I do not know how it was involve in the accident. The taxi Reg no: SHD7129B also had hit onto the big round mirror along the road. I then left the scene after taking down the name of the driver that hit me and went for home.

On 26/12/2018 after sending my taxi to the workshop, I went for medical treatment after feeling pain on the lower back and neck. I was given 3 days medical leave by the doctor.



SINGAPORE
POLICE FORCE



T/20181226/2029

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181226/2029

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 /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/12/2018 11:12

Officer In Charge Of Case:

TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Classification Of Case:

Authentication Stamp
NP168



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 26.12.2018

Time: 17:35:07

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305254385
 REGN NO : SHD6502M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 10.09.2014
 DATE/TIME IN : 26.12.2018 12:05
 ACCIDENT DATE : 25.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	—	Rebored
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	—	ed
0003 04-01-0103-0852-G	REAR BUMPER REFLECTOR RH	1	32.00	20.00	25.60	—	Xsu
0004 04-01-0103-0851-G	REAR BUMPER REFLECTOR LH	1	32.00	20.00	25.60	—	cut
0005 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	—	mc
0006 04-01-0103-0743-G	REAR BUMPER STAY RH	1	80.30	20.00	64.24	—	Paint
0007 04-01-0103-0742-G	REAR BUMPER STAY LH	1	80.30	20.00	64.24	—	Paint
0008 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	—	slab
0009 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	100	50.00	—	mc

SUB-TOTAL : 994.21

JOB NATURE

0000 20-05	Rear Fender Adv.Sticker RH/LH	200.00	—	mc
0001 20-05	Rear Bumper Adv.Sticker	50.00	—	mc

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-45

Date: 26.12.2018

Time: 17:35:07

Page: 2

IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305254385
 REGN NO : SHD6502M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 10.09.2014
 DATE/TIME IN : 26.12.2018 12:05
 ACCIDENT DATE : 25.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 L PANEL BEATING

~~240.00~~ 200

0003 23-502 SPRAYPAINT ON AFFECTED AREA

200.00

0004 L R/I REVERSE SENSOR

~~120.00~~ 30

SUB-TOTAL : 810.00

TOTAL : 1,804.21

Lmfs

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Kahar 10/11/18

27/12/18 12:40

20/1

4/1

After Repair photo



2146.93

COMFORT DELGRO ENGINEERING

VEHICLE : SHD6502M TYPE OF CLAIM : TP
 MODEL : I-40 SURVEY BY : LKK-KALVIN
 JOB NO : 305254385 DATE : 27.12.18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR BUMPER REINFORCEMENT	1	428.40	/ Cra
	* Last Entry *			
	CROSSED ITEMS - REPLACED			
1	REAR BUMPER STAY RH	1	80.30	But
2	REAR BUMPER STAY LH	1	80.30	But
	* Last Entry *			

OMFORTDELGRO
ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579731
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508999 24 Serangoon Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Bungei Kadu Way Singapore 729791
45 Pandan Road Singapore 608285 501 Yishun Industrial Park A Singapore 768732
308 Ubi 2 Road Singapore 540189

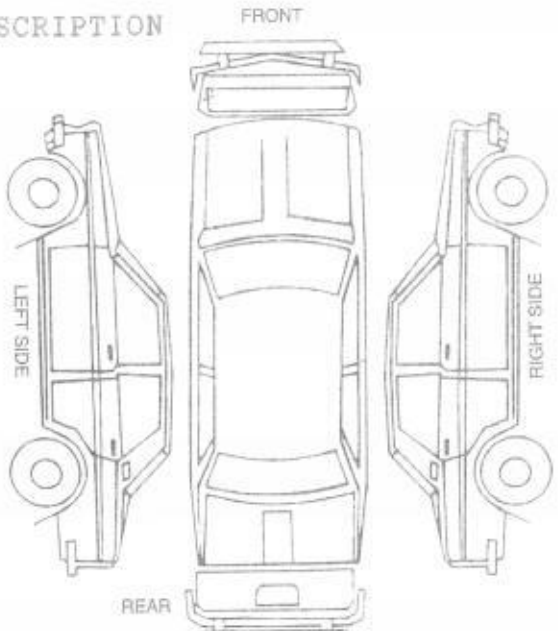
Date/Time: 26.12.2018 17:17 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305254385

OMER	REGN NO.: SHD6502M	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045		E.....1/2.....F
OMER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 26.12.2018 12:05
ESS Singapore SINGAPORE 575717	YR OF MANU 10.09.2014	TARGET DATE
65508755 (P) (O)	CHASSIS CODE KMLB41UMEU059654	COMPLETION DATE/TIME
UNT CARD NO.		

Accident Date: 25.12.2018
NATURE: 3P 25.12.18

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

KED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
Acknowledgement Slip		Exit Pass	
No.: SHD6502M	LIMITS	Vehicle No.: SHD6502M	
Signature/Date _____		Name of Service Advisor _____	Date _____
turned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305254385
Date : 28/12/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN ANG
Vehicle Reg No. : SHD6502M

Fax :

Date of Accident : 25-Dec-18

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


1. The repair job shall bill to: NTUC --- **PRIMECAB SHD2790Z**
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% **\$1,600.00**
Final Lumpsum Repair cost **\$1,600.00**


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 T S
Tel : 62148398
Fax : 65468156

Signature 
Name : KALVIN
Date : 29/12/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	*****			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:




National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18023211/K1qbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 04-01-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 2790Z	Veh. Inspected	SHD 6502M	
Policy No.	5068045737-04	Coverage (\$)	0.00	
Claim No.	MT/1025290-002	Excess (\$)	0.00	
Assign From		Assign Date	27/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU059654	Colour	BLUE	
Odometer	559206	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/12/2018	Inspection Date	27/12/2018	
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:		2 Working Days		



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6502M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR RH	SERVICEABLE	32.00	-
1	REAR BUMPER REFLECTOR LH	CUT	32.00	32.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER STAY RH	BENT	80.30	80.30
1	REAR BUMPER STAY LH	BENT	80.30	80.30
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
	LESS 20% DISCOUNT		-291.20	-284.80
			1,164.80	1,139.20
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-13.57	-13.57
			122.13	122.13
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADV STICKER RH/LH (SN)	NECESSARY	200.00	200.00
1	REAR BUMPER ADV STICKER (SN)	NECESSARY	50.00	50.00
			300.00	300.00
<u>LABOUR</u>				
	PANEL BEATING.		240.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		200.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			560.00	430.00
GRAND TOTAL			2,146.93	1,991.33
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,600.00

Report Ref No. NS/INC18023211/K1qbn2

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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