

Inspector: Kalvin

REF:

NS/INC19000002/K19b02

# ASSIGNMENT

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

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

DD/TP IWS/TP RES/OD RES/EVA/INV/MV

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

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

at \_\_\_\_\_

Insured: FBH 5360L

Policy No: 5 100728233 150518-140519

Claims No: MT/1025992-002

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: \_\_\_\_\_ 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 75232 - NS/CTI 8016136 / K19b02 DOF: 010918 INC
	FBH 5360L - X 4s.
4/1/19	Send 4s \$750 / 3 days
04/01/19	Confirmed 4s \$750/- @ 3 days with kalvin.
	(\$1,035.68 Red - 58%)
	RECEIVED 07 JAN 2019

Date/Time, File Pass to?

07/01/19

(1) Typist

Date/Time, File Return to?

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

Report Format:

Lump Sum / 1.8.1.3 750/- 4s

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Insp (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

160

Veh No: SHA 75232 Yr Reg: 14 May 2015

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

Truck / Trailer or

Make: Huawei 240 S.C. 168

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

Sp. Reading: 68 4774 T/Radio: Insured / Std / Nil / NA

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

C/No: KMH LB X14MF4069059

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

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

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

TOYO/YOKO or Haruk

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

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

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

D.O.A. 28/2/19 D.O.I. 31/2/18

Survey held at CDGE (Loyang)

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

N/S Rear.

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

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## 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 type="radio"/>	5100728233		FU YIU WING	S8971960G	GMC	Third Party	FBH5360L	FBH5360L	15/05/2018	14/05/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/1017945-002	SMRT BUSES LTD	SMB 1449T	SIQ 9012Z	30/10/2018	\$ 976.00	\$ 450.00
2	MT/1025511-002	CITYCAB PTE LTD	SHA 9574B	SJD 3483E	27/12/2018	\$ 14,135.90	TOTAL LOSS
3	MT/1025992-002	COMFORT TRANSPORTATION PTE LTD	SHA 7523L	FBH 5360L	28/12/2018	\$ 1,785.68	\$ 750.00
4	MT/1025605-002	COMFORT TRANSPORTATION PTE LTD	SHD 4757H	GBG 9028B	28/12/2018	\$ 1,570.00	\$ 950.00

Claim received from LKK Auto

## 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	29/12/2018 10:38
Date Of Accident	28/12/2018 17:00
Exact Location Of Accident	PIE > TUAS AFTER THE ENTRANCE OF PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7523L
<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	KOH THIAM SENG JAMES
NRIC No	S1791060D
Date Of Birth	19/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/06/1993
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94592997
Fax Number	
Contact Number	
Email Address	JAMES88KOH@GMAIL.COM

Address	230 PASIR RIS STREET 21 #11-50
Postcode	S510230
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?	YES
Foreign Vehicle Registration Number	WJB1382 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	10
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS SEE ATTACHED AND REFER POLICE REPORT : T/20181228/2142.

#### 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	FBH5360L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC8848K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO CONTACT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLQ4063K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO CONTACT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SHB7822T

Vehicle Make/Model/Colour

TRANSCAB TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SKM4848X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SKA8827T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SHB1884D
Vehicle Make/Model/Colour	SMRT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number	SLH1072B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 9

Vehicle Registration Number	WJB1382
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	



**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.

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

Policyholder's Signature  
Date & Time:

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

Olivia Wendv

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

29 DEC 2018

SKETCH PLAN

A = SHA 75236

B = FBH 53606  
(MOTOR CYCLE)

C = SLC 8848K } NO COLLISION

D = SUP 4063K } WITH TAXI

E = SHB 7822T

F = SKM 4848X

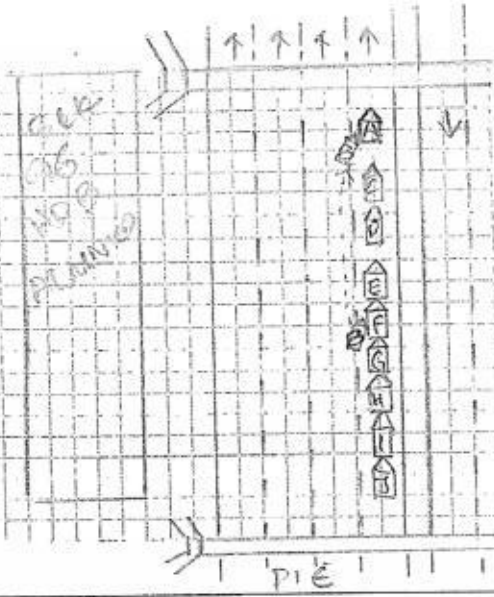
G = SKA 8827T

H = SHB 1884D

I = BLH 1072B

J = WJB 1382

CHAIN  
COLLISION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per police Report @

T/2018 1228 / 2142

DECLARATION

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

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

Olivia Wendy

Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20181228/2142

1 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20181228/2142

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/12/2018 19:29		Vide Report No.: G/20181228/0145		Station Diary No.: 77	
<b>Informant's Particulars</b>					
Name of Informant: KOH THIAM SENG			Address: APT BLK 230 PASIR RIS STREET 21 #11-50 SINGAPORE 510230		
ID Type / ID No.: NRIC NO / S1791060D			Contact No.: Home/Office:		Mobile: 94592997
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 19/06/1967	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

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/12/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Toward Tuas after the entrance of Paya Lebar Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

\* SLQ 4063K (WVC)

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH5360L	Motorcycle				Slightly Damaged	0
SHA7523L	Car				Slightly Damaged	0
(H) SHB1884D	Car	F1R SART (toyota)			No Damage	0
(E) SHB7822T	Car	R Transcabs (donaut)			No Damage	0
(G) SKA8827T	Car	F1R (merc)			No Damage	0

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999



T/20181228/2142

2 of 3

Report No. T/20181228/2142

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM4848X	Car	F12 R (BMW)			No Damage	0
SLC8848K	Car	Jaguar			No Damage	0
SLH1072B	Car	F12 R (Jaguar)			No Damage	0
WJB1382	Car	Proton			No Damage	0

**Brief Details.**

On 28/12/18 at about 1700hrs, I was driving my taxi bearing registration plate 'SHA7523L'. I was at lane 1 traveling along PIE toward Tuas after the entrance of Paya Lebar Road. At the point of time the traffic was very heavy. Suddenly I felt someone hit onto my rear left side vehicle. I immediately slow down and came to a stop. When my vehicle at stop, I saw a motorcycle without rider bearing registration plate of 'FBH5360L' skid diagonally from my left side of the vehicle to the front of my vehicle.

I do not know what happen as such I came out from my vehicle and saw the rider with his helmet on the center divider. One of the BMW driver told me that the motorcycle hit onto his vehicle and subsequently hit onto my vehicle.

Traffic police and ambulance were at scene and the motorcycle rider 'FBH5360L' was conveyed to hospital by ambulance. I was issue by an acknowledgement slip by the traffic police for one Samsung micro SD card (64GB).

There are a few scratchers and a small dent on my left rear side of my vehicle. There was front in-car camera inside my vehicle.

There are total of 9 vehicles including my vehicle and the motorcycle was at the location when the incident took place (SLC8848K, SHB7822T, SKM4848X, SKA8827T, SHB1884D, SLH1072B and WJB1382).



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999



T/20181228/2142

3 of 3

Report No. T/20181228/2142

## 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:

A /

Sgt 2 CAI JINQUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/12/2018 19:29

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Classification Of Case:

Authentication Stamp

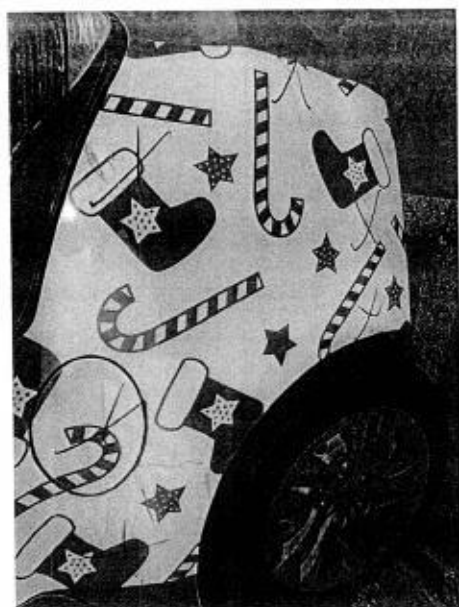
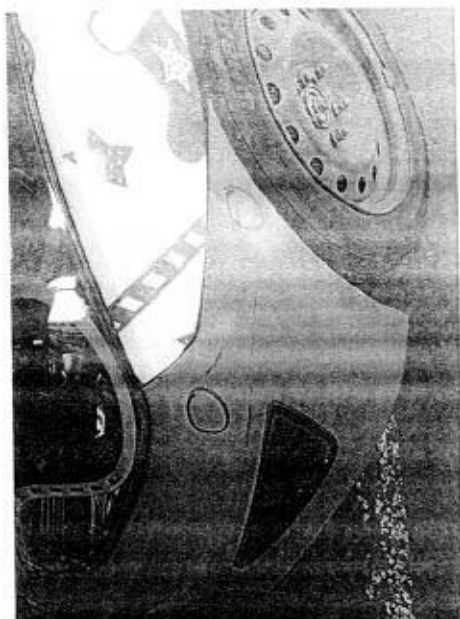
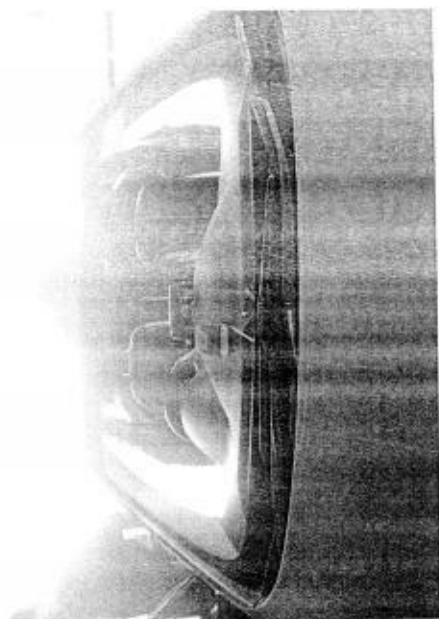
NP168

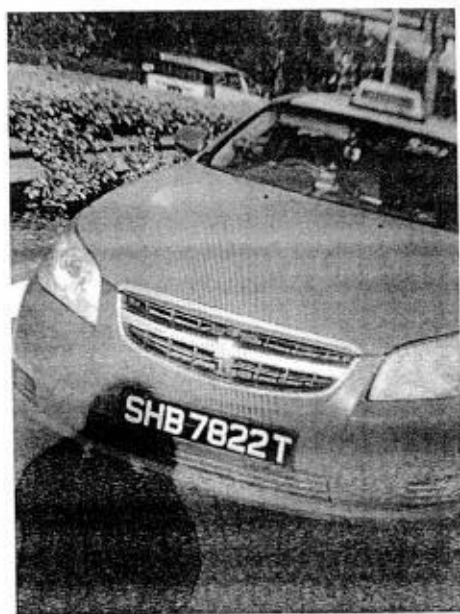
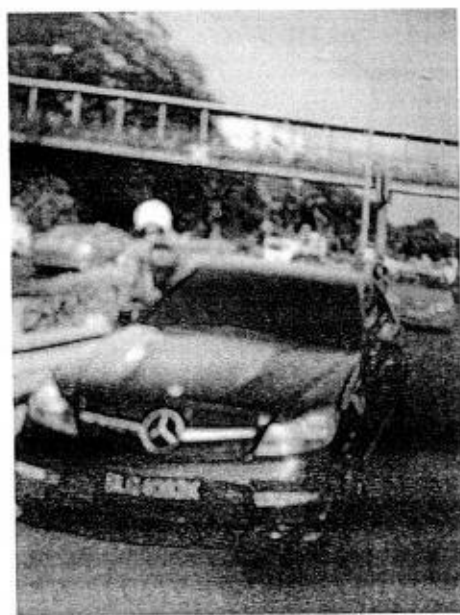


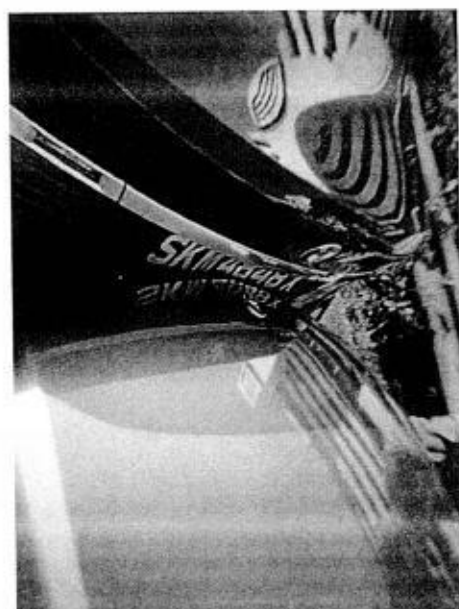
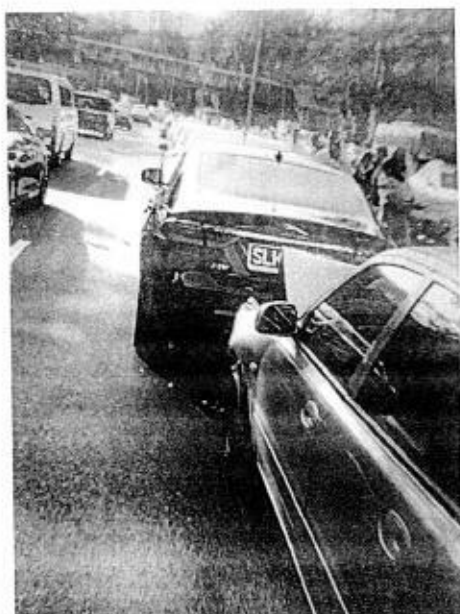
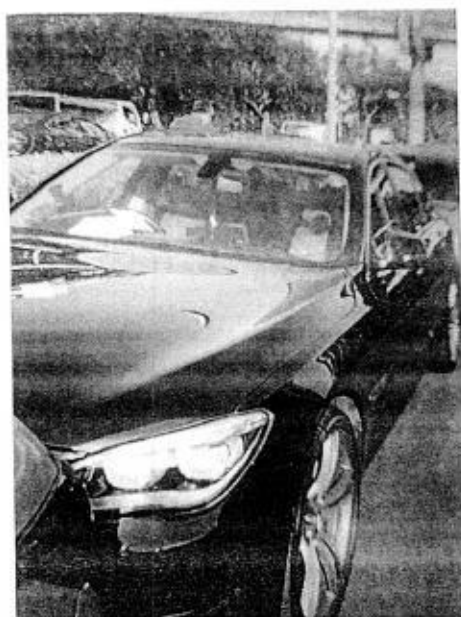
Signature:

Singapore Police Force











# COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

NTUC

VEHICLE NO : SHA 7523L

DATE 31/12/2018 9:31

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X 1 pc</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs <i>X 10</i>			\$ 22.00	
	Rear Wheel Hub Cap, LH <i>1 pc</i>			\$ 107.10	
	<i>Rear Fender (LH) X 1 pc</i>				
	<b>SUB TOTAL</b>			<b>\$ 682.10</b>	
	<b>LESS 20%</b>			<b>\$ 136.42</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 545.68</b>	
	Rear Bumper Rubber Mat <i>X 1 pc</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>1 pc</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>2 pc</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 300.00</b>	
	<b>Labour Charge</b>			<b>200</b>	
	Panel Beating			\$ 400.00	
	Spray Painting Charge			<del>\$ 300.00</del> <i>400</i>	
	Wiring Charge			\$ 30.00	<i>X 1</i>
	Tuff Kote			\$ 50.00	<i>X 1</i>
	Remove/Refix Reverse Sensor			\$ 80.00	<i>X 1</i>
	Rear Wheel Alignment			\$ 80.00	<i>X 1</i>
	<b>TOTAL LABOUR</b>			<b>\$ 940.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,785.68</b>	<i>1985.68</i>

Larry Ng

*Ka/wh 100%*  
*31/12/18 1025h*  
*3 Rps.*  
*4/1*  
*After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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.

A member of COMFORTDELGRO

Date/Time: 29.12.2018 11:08

Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305255364

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
STOMER NO. 383 SIN MING DRIVE  
DRESS: Singapore SINGAPORE 575717  
65508755 (O)

SCOUNT CARD NO.

REGN NO.:

SHA7523L

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

28.12.2018 21:05

YR OF MANU.

14.05.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU069059

COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 28.12.2018

NATURE: 3P 28.12.2018 ( C )

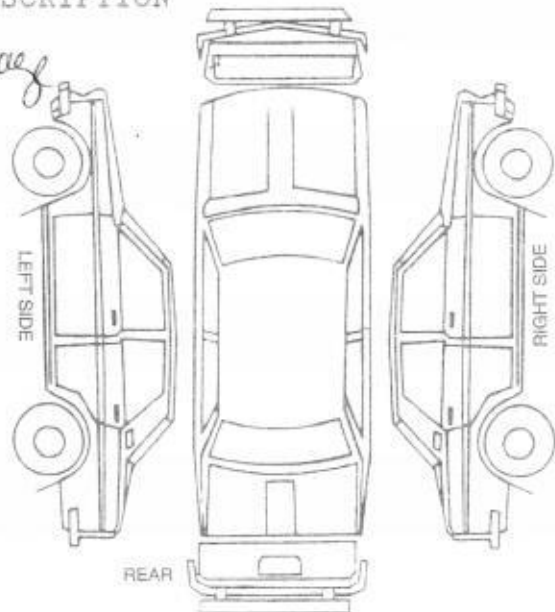
S/NO

LABOR CODE

DESCRIPTION

FRONT

NTMC - Left Rear Damage  
LKK/Kohli -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7523L LARRY

Vehicle No.: SHA7523L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No . 305255364  
Date : 3. Jan. 2019

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :

Vehicle Reg No. : SHA7523L Date of Accident: 28. Dec. 2018

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


1. The repair job shall bill to: NTUC FBH5360L
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 \$750.00


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 :   
Name : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kahr  
Date : 4/1/19

### 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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19000002/K1sbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 08-01-2019

189556



Code: INC4

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

Insured Veh.	FBH 5360L	Veh. Inspected	SHA 7523L
Policy No.	5100728233	Coverage (\$)	0.00
Claim No.	MT/1025992-002	Excess (\$)	0.00
Assign From		Assign Date	31/12/2018

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069059	Colour	BLUE
Odometer	684774	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	28/12/2018	Inspection Date	31/12/2018
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:	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

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



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7523L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
1	REAR WHEEL HUB CAP, LH	GRAZED	107.10	107.10
1	REAR FENDER (LH)(NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-136.42	-21.42
			545.68	85.68
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	250.00
<b><u>LABOUR</u></b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR FENDER (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,140.00	600.00
<b>GRAND TOTAL</b>			<b>1,985.68</b>	<b>935.68</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>750.00</b>

Report Ref No. NS/INC19000002/K1sbn2

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

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.