

NSI/INC19002423/Nqd302

10/10/19

REF:

INC

JU

Surveyor:

NAZ

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:

81P1342D

Policy No.

5103791247

(11/9/18 -

Claims No.

MT/030839-002

Sum Insured:

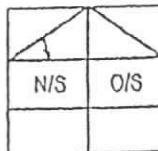
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IUAC Accident Report:

Consistent? : Yes or No

CIA / PR Sect:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHD 8576 E

Yr Regn: 15 SEP 2016

Type: M.Car / M.Cycle / BUS / Van / Lorry / (Taxi) Prime Mover /

Truck / Traller or

Make:

HYUNDAI 140

c.c. 1,685

Colour

YELLOW

A/C: Insured / Std / NI / NA

Sp. Reading

392,280

T/Radi: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB41M6U093752

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

205/60 R16

R:

11

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

TOYO / YOKO or

HANKOOK

Front

Rear

R/Bal.

6

mm

R/Bal.

5

mm

L/Bal.

6

mm

L/Bal.

5

mm

D.O.A.

6/2/19

D.O.A.

8/2/19

Survey held at

CO GE LOYAN 24

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

The U/C / Chassis frame / Body Structure affected due to collision

INC 1/5

Date / Time

Action / Instruction

SHD 8576 E - X53/FCT/802/052/Nche2

DOR: 20/11/2018

81P1342D - CS/TP/1006302/Kick3

DOR: 30/3/2011

20/2/19

FINALIZED. LUMP SUM REPAIR \$600.00 / 2 DAYS

(Check 4/2/19, 6/2/19)

RECEIVED 21 FEB 2019

Date/Time, File Pass to?



: Prelim Report

1) 21/2 1/2



: Final Report

Date/Time, File Return to?

2)

Report Format:

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

TP

600

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invo (\$



: Weekend (\$

S + RS - SI

Photos

Others

TOTAL

160

160

TP Claims against NTUC Income: Follow-Through Survey

Date : 21/02/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1030682-002	COMFORT TRANSPORTATION PTE LTD	SH 8212K	SMC 2979T
2	MT/1031839-002	COMFORT TRANSPORTATION PTE LTD	SHB 6696Y	YN 9370C
3	MT/1032164-002	COMFORT TRANSPORTATION PTE LTD	SH 9132B	SLJ 6381R
4	MT/1032479-002	COMFORT TRANSPORTATION PTE LTD	SHA 6621T	SJR 1796S
5	MT/1030839-002	CITYCAB PTE LTD	SHD 8576L	SJP 1342D
6	MT/1031880-003	COMFORT TRANSPORTATION PTE LTD	SHC 1136A	SKG 3866G
7	MT/1032396-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJA 1102J
8	MT/1032036-002	COMFORT TRANSPORTATION PTE LTD	SHD 4642E	SJT 387K

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"/>	5103791247		MCT AUTO	53386796K	GFT	Third Party	SJP1342D	SJP1342D	11/09/2018	

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	07/02/2019 16:27
Date Of Accident	06/02/2019 15:30
Exact Location Of Accident	PIE TWDS JUR B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD8576L
Insured/Policyholder	
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	M JAYASHRE
NRIC No	S1529229F
Date Of Birth	10/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92372955
Fax Number	
Contact Number	
EMail Address	MJAYASHRE@HOTMAIL.COM

Address	BLK 230B TAMPINES STREET 24 #06-33
Postcode	525230
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	4
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190207/2059

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	SJP1342D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IBRAHIM BIN NORDIN
NRIC/Passport Number	S7320890D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6087A
Vehicle Make/Model/Colour	PREMIER TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JOSEPH RICHARD LOURTHNATHAN
NRIC/Passport Number	S1788878A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGL2351C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALOYSIUS CHOW WAI HUN
NRIC/Passport Number	S9611448F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	M JAYASHRE
Approximate Age	
Injuries Sustain	RH SHOULDER
Injured person in which vehicle?	SHD8576L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

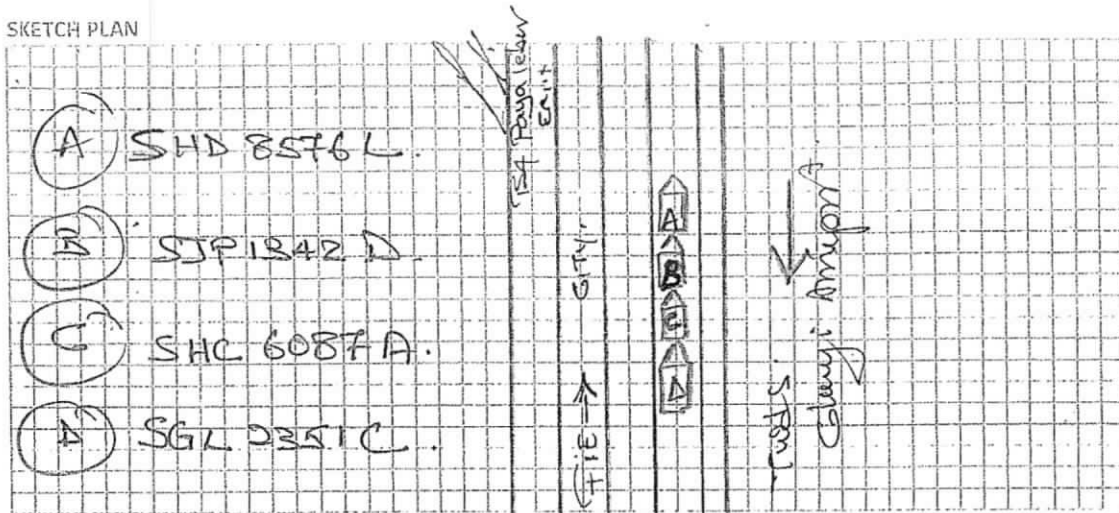
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.

Refer to Police Report.

T/20190207/2059.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

CITYCAB (Singapore) Pte. Ltd.

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

J. A. [Signature] 7/2/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190207/2059

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190207/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 13:10	Vide Report No.: G/20190206/0165	Station Diary No.: 102
--	-------------------------------------	---------------------------

Informant's Particulars			
Name of Informant: M JAYASHRE		Address: APT BLK 230B TAMPINES STREET 24 #06-33 SINGAPORE 525230	
ID Type / ID No.: NRIC NO / S1529229F		Contact No.: Home/Office: Mobile: 92372955	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 56	Date of Birth: 10/04/1962	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2019 15:30	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along KPE before Paya Lebar exit lamp post 437117				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL2351C	Car					0
SHC6087A	Car					0
SHD8576L	Car				Slightly Damaged	4
SJP1342D	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190207/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20190207/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALOYSIUS CHOW WAI HUN	ID No.	S9611448F
Related Vehicle	SGL2351C (Car)	Contact No.	NIL
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	JOSEPH RICHARD LOURTHNATHAN	ID No.	S1788878A
Related Vehicle	SHC6087A (Car)	Contact No.	NIL
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	M JAYASHRE	ID No.	S1529229F
Related Vehicle	SHD8576L (Car)	Contact No.	92372955
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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20190207/2059

3 of 4

Report No. T/20190207/2059

CONTINUATION OF REPORT

Driver			
Name	IBRAHIM BIN NORDIN	ID No.	S7320890D
Related Vehicle	SJP1342D (Car)	Contact No.	97473050
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

Brief Details.

On 06/02/19 at about 1430hrs, i was travelling from tampiness towards orchard along KPE, along KPE before Paya Lebar exit lamp post 437117, i was driving on the right most lane, with my vehicle bearing the registration number, SHD8576L with 4 other passenger.

Along the way I notice the front of car which I cannot remember the plate number but my in car camera may have recorded it, made an emergency brake so i slow down behind it and stopped behind it. Suddenly I felt an impact coming from the rear of my vehicle. I stepped out of my vehicle and found out that i was involved in a chain collision with other 3 vehicles.
The vehicles are as follows: SJP1342D (V2), SHC6087A (V3), SGL2351C(V3).

I then called for ambulance as one of my passengers was bleeding at the face area. Shortly the ambulance and the traffic police came. The traffic police took the memory card of my in-vehicle camera as evidence and gave me an incident number G/20190206/0165. I then exchanged particulars with the other drivers.

The damages to my vehicle is just some scratches at the rear portion of my vehicle. The paramedics made a checked on my passengers and they were okay and do not need any conveyance to hospital.

My passengers I believed had went to seek their own medical treatments. I am currently having pains in my right shoulder and I will seek my own medical treatment.



**SINGAPORE
POLICE FORCE**



T/20190207/2059

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4
Report No. T/20190207/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/02/2019 13:10

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD

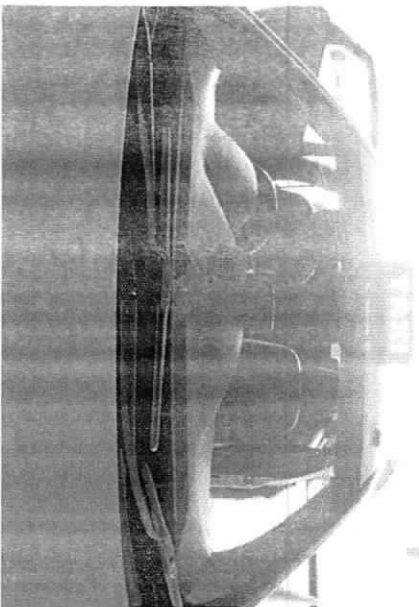
Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168





Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305266413

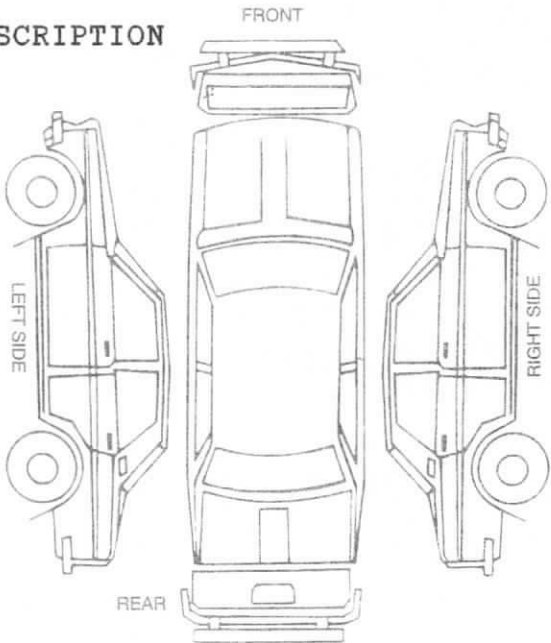
MEMBER NO. CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188
UNT CARD NO.

REGN NO.: SHD8576L	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.02.2019 17:15
YR OF MANU. 15.09.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU093752	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 06.02.2019
NATURE: 3P 06.02.19 -

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHD8576L JU NTUC LKK

Vehicle No.: SHD8576L

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD


REPAIR ESTIMATE*

VEHICLE NO : SHD 8576E

DATE 8/2/2019 10:10

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,570.00
<p>  NAZ LKK 8/2/19 1215 LIS 2 days AFTER REPAIR PHOTOS </p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p> </div>				
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.				

NAZ LKK

8/2/19

XR

XNN

Nett / NEI

Nett / NEI

Nett / NEI

200

200

XNN

30

COMFORTDELGRO ENGINEERING

Our Job Ref No 305266413
Date : 12/02/19

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

FINALIZATION FORM

To : LKK
Attn : NAZ
: SHD8576L

Fax :

Date of Accident : 06/02/19

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

1. The repair job shall bill to: NTUC --- SJP1342D
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges ### \$680.00
Total for Part-By-Part Repair Cost \$680.00
 - (c) Lumpsum Repair (if applicable) NI
Total for Lumpsum repair cost after Less: 20% \$600
Final Lumpsum Repair cost

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 : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 6546 8156

Signature : [Signature]
Name : NAZ LKK
Date : 20/2/19

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

Remarks:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19002423/Nqd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 21-02-2019	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 1342D	Veh. Inspected	SHD 8576L
Policy No.	5103791247	Coverage (\$)	0.00
Claim No.	MT/1030839-002	Excess (\$)	0.00
Assign From		Assign Date	08/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093752	Colour	YELLOW
Odometer	392280	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	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/02/2019	Inspection Date	08/02/2019
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 8576L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
10	REAR BUMPER CLIP	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-115.00	-
			460.00	-
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	FRONT FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
	GRAND TOTAL		1,570.00	730.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				600.00

Report Ref No. NS/INC19002423/Nqd3e2

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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