

NSLINC19002427 / Nap 352

Surveyor: NAZ REF: ENC Ju

## 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: SLJ 6381R  
 Policy No. \_\_\_\_\_  
 Claims No. MT/1032164-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_  
 (Policy Condition) 

3	X
N/S	O/S

  
 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 Secs: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 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: SH 9132B Yr Regn: 5 Aug 2014  
 Type: M.Car / M.Cycle / BUS / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: HYUNDAI IVO c.c. 1,685  
 Colour: BLUE A/C: Insured / Std / NI / NA  
 Sp. Reading: BOTT FLAT T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHL342U MEU056166  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modl: NI / S/Rim / STD / A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/60 R16  
 R: 11  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHSU / PIR / SUMI / TOYO / YOKO or MANROCK  

Front		Rear	
R/Bal. <u>5</u>	mm	R/Bal. <u>6</u>	mm
L/Bal. <u>5</u>	mm	L/Bal. <u>6</u>	mm
D.O.A. <u>2/2/19</u>		D.O.A. <u>8/2/19</u>	

 Survey held at EDGE LOYANG  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/tp or FRONT O/S  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SH 9132B - CC3 / III / 6017434 / 063 XX DUA: 11/9/2016
	SLJ 6381R - X
	<b>No policy found.</b>
<u>12/2/19</u>	<b>FINALIZED - LUMP SUM REPAIR \$2,950.00 / 4 DAYS</b> <b>Cred \$1645.80, 36%</b>
<b>RECEIVED 21 FEB 2019</b>	

Date/Time, File Pass to?  : Prel: Report  
 1) 2/2/19  : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_

Days Of Repair: 4  
 Resurvey No. of Trip: 1 Survey Fee: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_) S + RS \_\_\_\_\_  
 : Interview (\$ \_\_\_\_\_) Photos \_\_\_\_\_  
 : Tech. Invs (\$ \_\_\_\_\_) Others \_\_\_\_\_  
 : Weekend (\$ \_\_\_\_\_) TOTAL \_\_\_\_\_

Report Format: TP  
 Lump Sum / I.B.A.: (\$ 2950)

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

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLJ6381R	02 Feb 2019 / 14:00:00	Successful	N12	NTUC INCOME INS CO-OPLTD

Previous OK

SH91320

### 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 Authorized 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 16:20
Date Of Accident	02/02/2019 14:00
Exact Location Of Accident	SERANGOON RD T JUNCTION OF VEERSAMY RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9132B
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TAN BIAN HUAT
NRIC No	S0235909Z
Date Of Birth	09/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1986
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96967605
Fax Number	
Contact Number	
E-Mail Address	TANBIANHUAT8@GMAIL.COM

Address	BLK 42 STIRLING ROAD #01-498
Postcode	140042
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

**General Information of the Accident**

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : MALE

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	10 UBI AVENUE 3 - UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLS REFER TO POLICE REPORT : T/20190204/2027/ Type Of Accident : HEAD TO SIDE

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLJ6381R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL JAUHARI BIN ALY ERWANIS
NRIC/Passport Number	S9409031H
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN BIAN HUAT
Approximate Age	67
Injuries Sustain	PAIN TO NECK, ON 6 DAYS MC.
Injured person in which vehicle?	SH9132B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Sketch Plan Pg. 1

## SKETCH PLAN

### 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: 04.02.2019@1045HRS

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: June Tan  
NRIC/FIN No.:



Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20190204/2027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190204/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/02/2019 09:20		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN BIN HUAT			Address: APT BLK 42 STIRLING ROAD #01-498 SINGAPORE 140042		
ID Type / ID No.: NRIC NO / S0235909Z			Contact No.: Home/Office: Mobile: 96967605		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 09/11/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/02/2019 14:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 SERANGOON ROAD VEERASAMY ROAD			02 <i>[Signature]</i>	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9132B	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue		1
SLJ6381R	Car	HONDA	JAZZ 1.3L AT	Silver		0



SINGAPORE  
POLICE FORCE



T/20190204/2027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190204/2027

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BIN HUAT	ID No.	S0235909Z
Related Vehicle	SH9132B (Car)	Contact No.	96967605
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	06	Degree of injury	Slight
Witness			
Name	Passenger	ID No.	NIL
Related Vehicle	NIL	Contact No.	91436089
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 03/02/2019 AT 1400HRS,

I WAS DRIVING STRAIGHT ALONG SERANGOON ROAD IN MY TAXI SH9132B, ON THE EXTREME RIGHT LANE ON THE WAY TO SEND MY PASSENGER TO MUSTAFA CENTER. WHILE I WAS DRIVING PAST THE T-JUNCTION WITH VEERASAMY ROAD, A GRABCAR BY THE PLATENUMBER OF SLJ6381R, SUDDENLY DROVE OUT WITHOUT CHECKING AND I HAD NO TIME TO REACT, THUS, I COLLIDED ONTO THE FRONT LEFT BUMPER OF SLJ6381R.

AFTER THE COLLISION, SLJ6381R, MOVED HIS VEHICLE BEFORE THE POLICE AND AMBULANCE CAME. MY NECK WAS HURT DURING THE COLLISION SO I WAS CONVEYED TO TAN TOCK SENG HOSPITAL AND WAS DISCHARGED ON THE 4/2/2019 AND WAS GIVEN 6 DAYS OF MEDICAL LEAVE UNTIL 07/2/2019.

I HAVE THE FULL VIDEO FOOTAGE OF THE INCIDENT AND WILL PROVIDE IT TO IO IVAN HO.

Sketch Plan Pg. 5



SINGAPORE  
POLICE FORCE



T/20190204/2027

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190204/2027

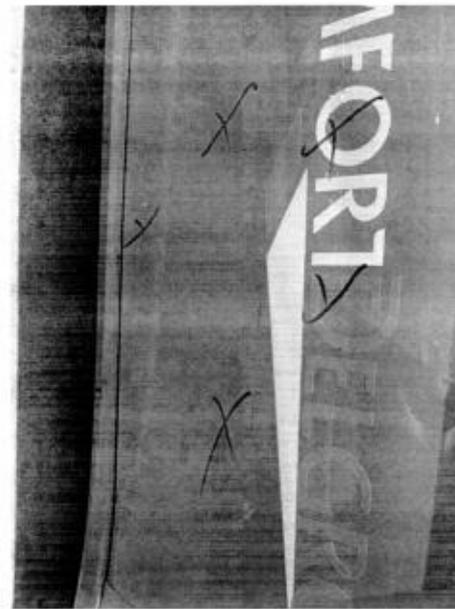
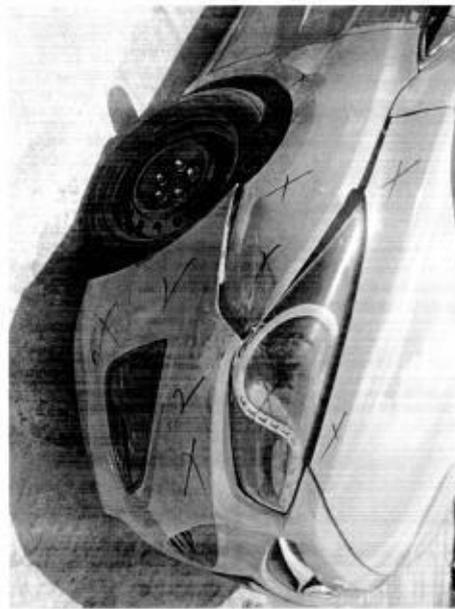
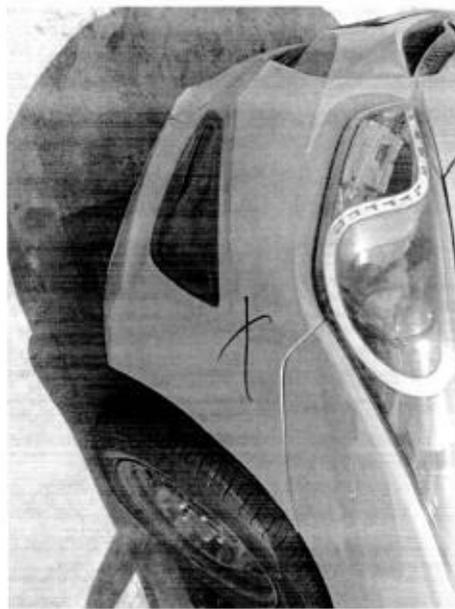
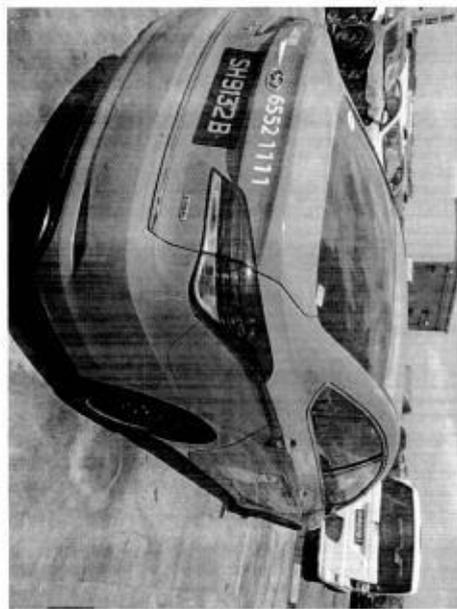
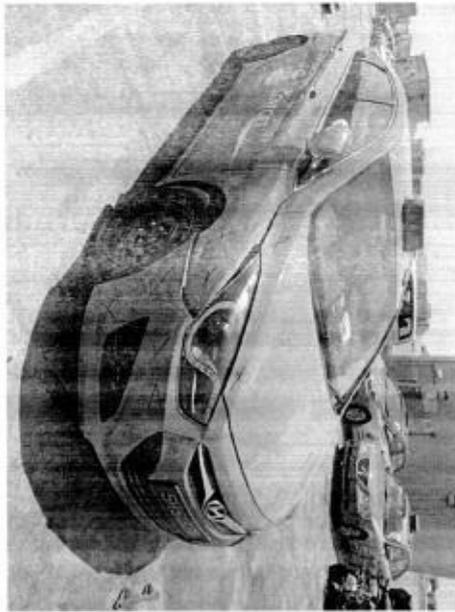
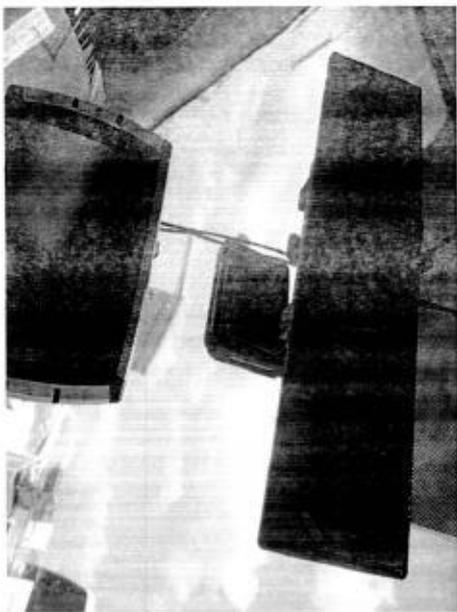
CONTINUATION OF REPORT

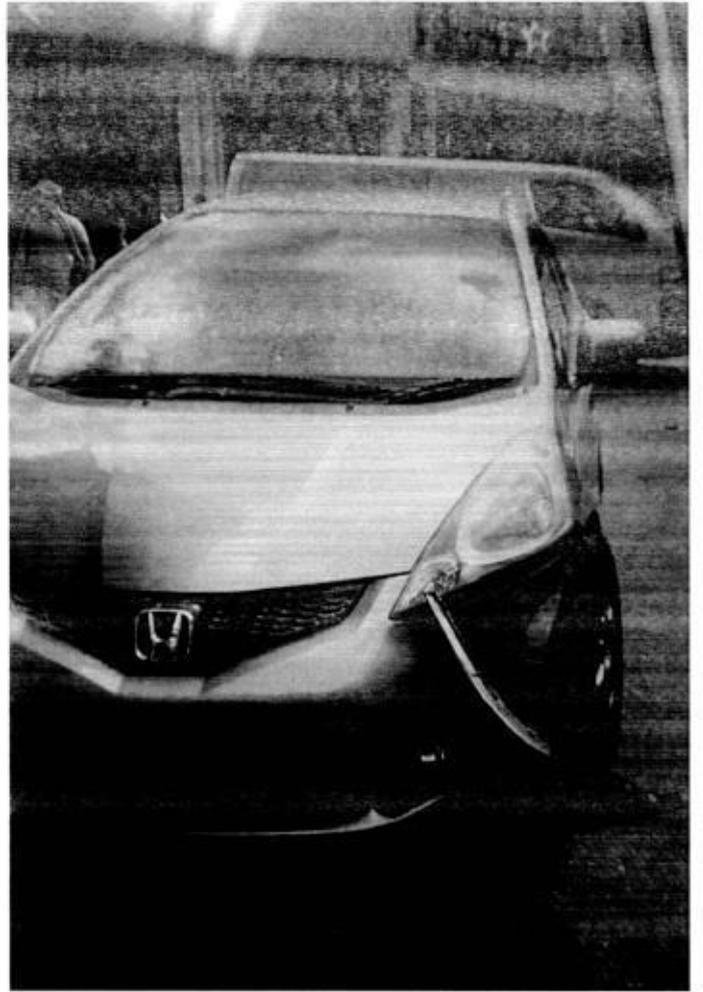
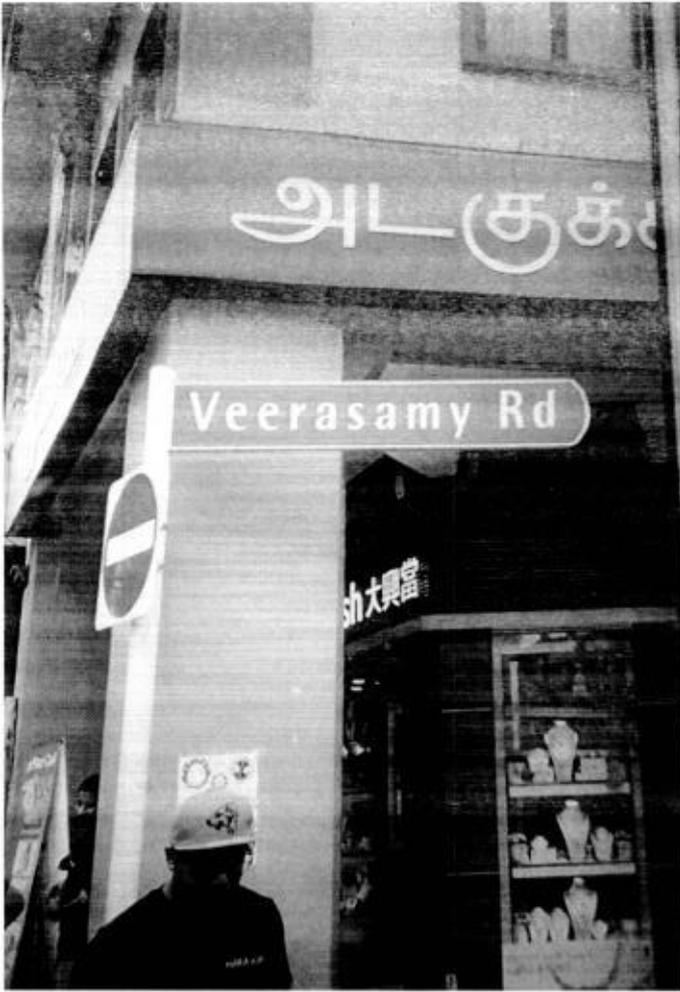
Sketch Plan

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: TP / ZENG ZI CONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 09:20
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE





member of COMFORTDELGRO

Date/Time: 07.02.2019 17:14 Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO.: 305266412

OMER  
 IS COMFORT TRANSPORTATION PTE LTD  
 OMER NO. 7010045  
 IESS 383 SIN MING DRIVE  
 Singapore SINGAPORE 575717  
 (R) 65508755 (O)  
 (P)

REGN NO.: <b>SH 9132B</b>	MILEAGE
MAKE : <b>HYUNDAI</b>	FUEL E.....1/2.....F
MODEL <b>I-40</b>	DATE/TIME IN <b>02.02.2019 14:00</b>
YR OF MANU. <b>05.08.2014</b>	TARGET DATE
CHASSIS CODE <b>KMHLB41UMEU056166</b>	COMPLETION DATE/TIME:

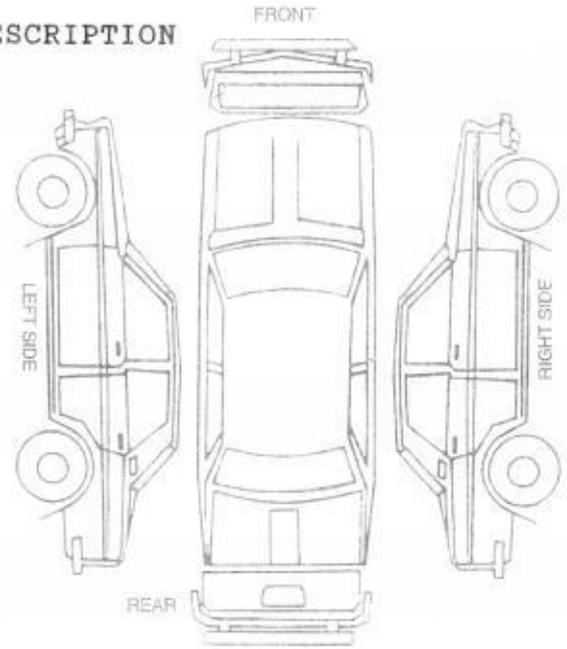
DUNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.02.2019  
 NATURE: 3P 02.02.19 -

S/NO LABOR CODE

DESCRIPTION



BOOKED & PASSED OUT BY: \_\_\_\_\_

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

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

acknowledgement Slip

Exit Pass

No.: **SH 9132B** **JU NTUC LKK**

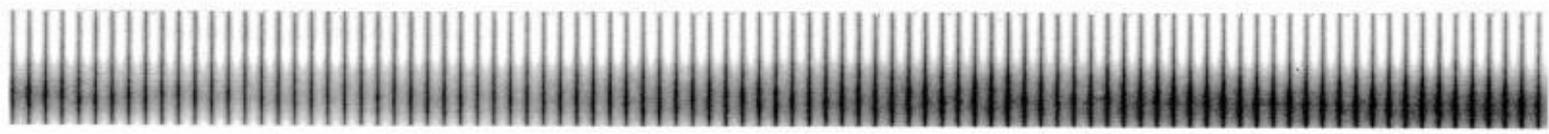
Vehicle No.: **SH 9132B**

\_\_\_\_\_  
 Signature/Date

\_\_\_\_\_  
 Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard



**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SH 9132B

DATE 8/2/2019 9:57

NTUC-Ju  
L8um

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (RH)			\$ 41.60
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Bracket (RH)			\$ 24.60
	Headlamp (RH)			\$ 1,388.00
	Front Fender (RH)			\$ 566.30
	Front Fender Shield (RH)			\$ 174.90
	Front Fender Retainer			\$ 24.60
	Front Wheel Rim (RH) - photo?			\$ 325.30
	<b>SUB TOTAL</b>		2824.10	\$ 3,613.50
	<b>LESS 20%</b>			\$ 722.70
	<b>DISCOUNTED TOTAL</b>		2259.28	\$ 2,890.80
	Front Door Comfort Logo (RH)		75	\$ 75.00
	<b>Labour Charge</b>			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 50.00
	FRT Wheel Alignment			\$ 80.00
	<b>TOTAL LABOUR</b>		1,340	\$ 1,630.00
	<b>ESTIMATE TOTAL</b>		3,674.28	\$ 4,595.80
			2,939.42	
			2,950	

CRK  
?XSVC  
?XSVC  
XNN  
?XSVC  
?XSVC  
CRK  
DEF  
?XSVC  
?XSVC  
DD  
Nett NEC

**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:

NAZ LKK  
8/2/19 1205  
LIS  
4 Days  
CHECK ITEMS PHOTOS  
AFTER REPAIR PHOTOS

*[Signature]*  
14/2/19

600  
/  
50  
/  
x  
60

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305266412  
Date : 12/02/19

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508959  
Fax: 6546 8156

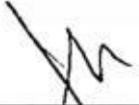
**FINALIZATION FORM**

To : LKK Fax : \_\_\_\_\_  
Attn : NAZ  
: SH 9132B Date of Accident : 02/02/19

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

1. The repair job shall bill to: NTUC --- SLJ6381R  
###
2. The finalized amount shall be:
 

(a) Spare Parts after List discount		
(b) Labour Charges	###	
<b>Total for Part-By-Part Repair Cost</b>		
		N
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u>\$2,950.00</u>
<b>Final Lumpsum Repair cost</b>		
3. Estimated normal period for repairs: 4 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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : NAZ LKK  
Date : 2012119

**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/INC19002427/Nqd3s2	
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.	SLJ 6381R	Veh. Inspected	SH 9132B
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1032164-002	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.	2014
Chassis No.	KMHLB41UMEU056166	Colour	BLUE
Odometer	-	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	6 mm
L/H Front Tyre	205/60R16	HANKOOK	6 mm
R/H Rear Tyre	205/60R16	HANKOOK	6 mm
L/H Rear Tyre	205/60R16	HANKOOK	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.
---

### 5. General Information

Accident Date	02/02/2019	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:	4 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 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9132B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	-
1	FRONT BUMPER GRILLE (RH)	NOT NECESSARY	41.60	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (RH)	DEFORMED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	174.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL RIM (RH)	DENTED	325.30	325.30
	LESS 20% DISCOUNT		-722.70	-564.82
			2,890.80	2,259.28
<b>SPECIAL NETT ITEMS</b>				
1	FRONT DOOR COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
			75.00	75.00
<b>LABOUR</b>				
	PANEL BEATING.		800.00	600.00
	SPRAY PAINTING CHARGE.		600.00	600.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.		50.00	50.00
	TOWING CHARGE.		50.00	-
	FRT WHEEL ALIGNMENT.		80.00	60.00
			-	-
			-	-
			-	-
			1,630.00	1,340.00
<b>GRAND TOTAL</b>			<b>4,595.80</b>	<b>3,674.28</b>

Report Ref No. NS/INC19002427/Nqd3s2

<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>			<b>2,950.00</b>
---	--	--	-----------------

Report Ref No. NS/INC19002427/Nqd3s2

**MUHAMMAD NAZRIL BIN ABDULLAH**

Automotive Assessor



**K.K.LAU CPT(RET)**

**BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE**

**REGD Auto Consultant-SAE, Licensed Appraiser**

**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.**