

NS/NCI9002431/Nvd302

INSURANCE

REF:

Surveyor:

NA 2

INC.

CCE

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: 8LP3509DPolicy No. 5091118941-01 (1/6/18-31/5/19)Claims No. MT 1030831-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

X		
X	N/S	O/S
X		

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

CIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHZ 8368B Yr Regn: 20 AUG 201Type: M.Car / M.Cycle / BUS / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Tractor or _____

Make: HYUNDAI 140 c.c. 1685Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 543, 523 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH L841UMGH077100Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 205/60R16R: 11

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

TOYO / YOKO or WESTLAKE

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 5 mmL/Bal. 6 mm L/Bal. 5 mmD.O.A. 6/2/19 U.O.I. 7/2/19Survey held at CDGE COYANG

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

N/S

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

Date / Time

Action / Instruction

SHCR368B-X

INC 1/5
T26/2/19 FINALIZED LUMP SUM REPAIR \$1,250.00 / 3 DAYS
(Red 605, 33%)

RECEIVED 27 FEB 2019

Date/Time, File Pass to?

☐ : Prelim Report☐ : Final Report

1)

Date/Time, File Return to?

2) 27/2 - typist

Report Format:

TP

Lump Sum / I.B.I: (\$ 1250)Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____) S + RS \$1☐ : Interview (\$ _____) Photos☐ : Tech. Invo (\$ _____) Others☐ : Weekend (\$ _____)

TOTAL

160
160

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Wednesday, 27 February 2019 1:21 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

'With effect from 1 Mar 2019, we will be discontinuing mailbox, mtreg@income.com.sg. Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Wednesday, 27 February 2019 10:34 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1031296-004	COMFORT TRANSPORTATION PTE LTD	SHB 4268M	FBB 5784D
2	MT/1033875-001	COMFORT TRANSPORTATION PTE LTD	SHA 4179S	FBB 5300S
3	MT/1030831-002	COMFORT TRANSPORTATION PTE LTD	SHC 8368B	SLP 3509D

D.O.A	Time of Accident	Estimate	Tentative repair cost
-------	------------------	----------	-----------------------

4/2/2019	11:30	\$4,408.92	\$2,650.00
7/2/2019	13:55	\$2,228.24	\$900.00
6/2/2019	20:30	\$1,855.00	\$1,250.00

Claim received from LKK Auto

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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 checked="" type="radio"/>	5091118941-01		MOH SWEE ONG	S7525468G	GPC	drivo CLASSIC	SLP3509D	SLP3509D	01/06/2018	31/05/2019

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3821R
Vehicle Details	
Vehicle No.:	SHC8368B
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Feb 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDFU538548
Chassis No.:	KMHLB41UMGU077100
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,480.00
Original Registration Date:	20 Aug 2015
First Registration Date:	20 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$20,672.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2023
PARF Rebate Amount:	\$15,504.00
Intended COE Rebate Details	
COE Expiry Date:	19 Aug 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,236.00
COE Rebate Amount:	\$28,375.00
Total Rebate Amount:	\$43,879.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 12 Feb 2019

OK

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 11:01
Date Of Accident	06/02/2019 20:30
Exact Location Of Accident	BEDOK RESERVOIR RD TOWARDS KAKI BUKIT AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8368B
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TAN LOON KANG
NRIC No	S0213677E
Date Of Birth	26/09/1953
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1977
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870408
Fax Number	
Contact Number	
Email Address	RICHARDLKTAN@HOTMAIL.COM

Address	BLK 319A ANCHORVALE DRIVE #09-72
Postcode	541319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / 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	SLP3509D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOH SWEE ONG (MAO RUIHUANG)
NRIC/Passport Number	S7525468G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

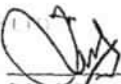
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

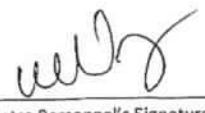
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "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. 193303321R

Policyholder's Signature
Date & Time:

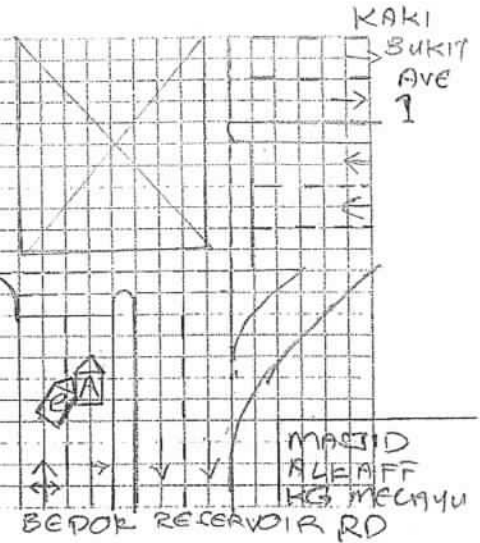

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Olivia Wendu


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 07 FEB 2019

SKETCH PLAN

A = SHC 8368 B
B = SKP 3509 D
(NANDA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 07 FEB 2019

Describe Circumstances of the Accident.
On the 06/02/2019 @ about 20:30hrs, I was driving along Bedok Reservoir Rd towards Kaki
Bukit Ave 1 direction. I drive slowly when the traffic light turn green then vehicle SLP3509D
driving from the left lane grazed onto my left side portion of my taxi.
No passenger on board my taxi and no injury reported at the point of accident.

Declaration

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

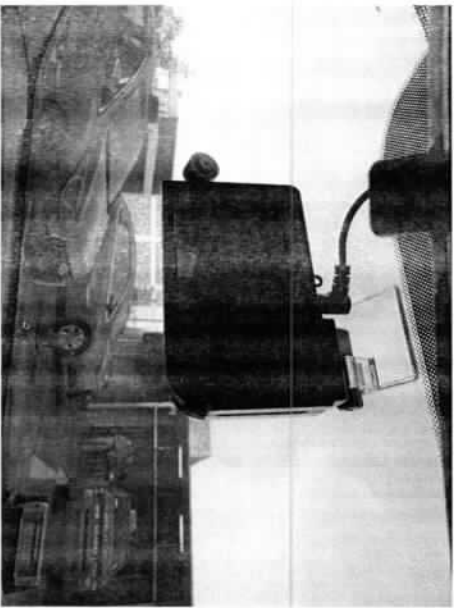
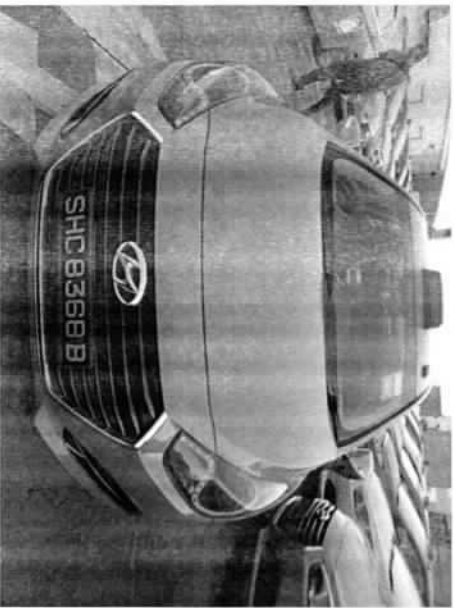
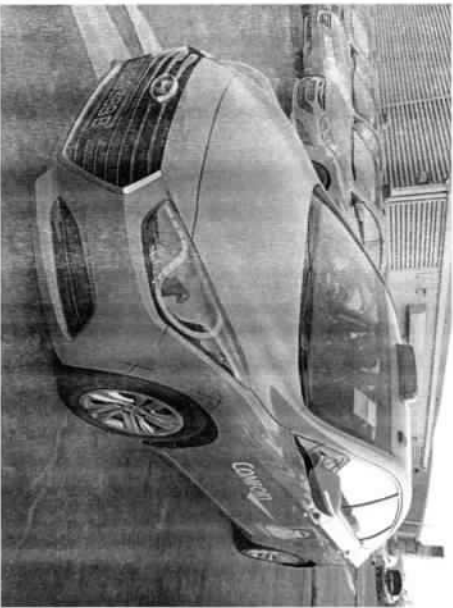
COMFORT TRANSPORTATION PTE LTD
CO REG NO 193203821R

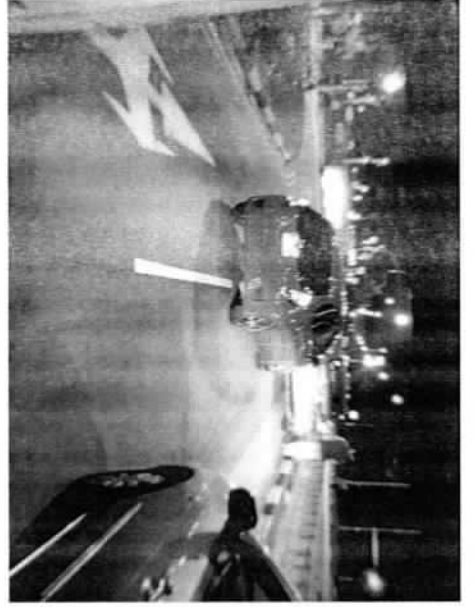
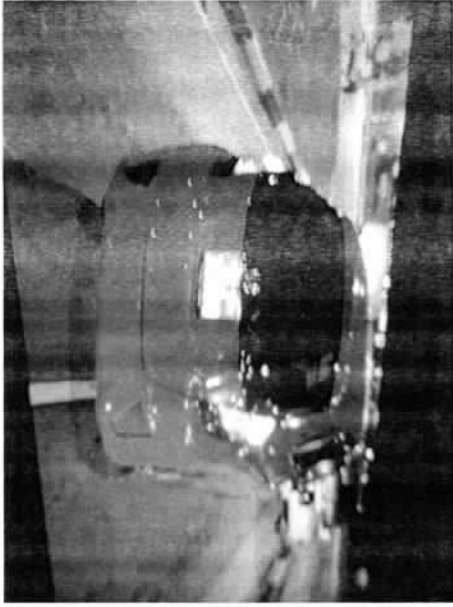
Policyholder's Signature/Date &
Time

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

Olivia Wong
Witnessed by Reporting
Centre Personnel

07 FEB 2019





Date/Time: 07.02.2019 11:35

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305266275

MEMBER NO. 7010045
SS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)
UNT CARD NO.

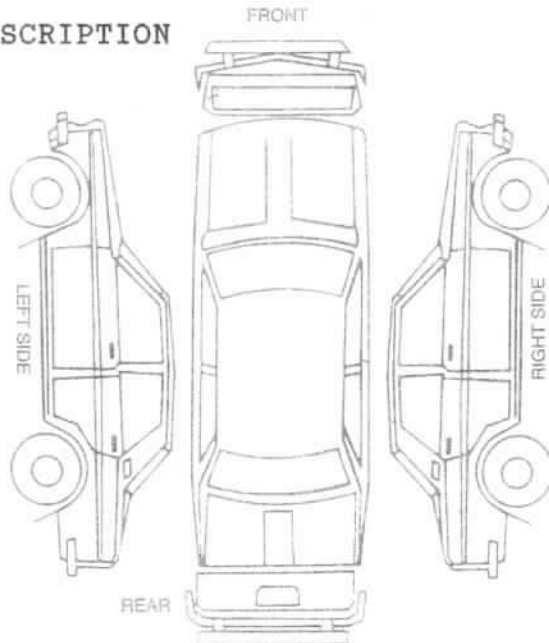
REGN NO.: SHC8368B	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.02.2019 08:20
YR OF MANU. 20.08.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU077100	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 06.02.2019
NATURE: 3P 06.02.2019/B-

S/NO LABOR CODE

DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature Slip

Exit Pass

Vehicle No.: SHC8368B

LKE

Vehicle No.:

SHC8368B

Service Advisor

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 : SHC 8368B

DATE 7/2/2019 11:30

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00
	Front Door Coloured Comfort Logo (RH)			\$ 75.00
				\$ 155.00
	Labour Charge			
	Panel Beating-Repair Frt Fender			\$ 400.00
	Spray Painting Charge			\$ 1,250.00
	Tuff Kote			\$ 50.00
	TOTAL LABOUR			\$ 1,700.00
	ESTIMATE TOTAL			\$ 1,855.00

12/2/19

NAZ LKK
712119 1645

L/S

3 DAY

3 DAY

AFTER REPAIR PHOTOS

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305266275
Date : 25.02.2019

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

FINALIZATION FORM

To : LKK
Attn : NAZ

Fax :

Vehicle Reg No. : SHC8368B Date of Accident : 06.02.2019

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


1. The repair job shall bill to: NTUC --- SLF3509D
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | \$1,250.00 |
| Final Lumpsum Repair cost | \$1,250.00 |


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 : LIM KWOK ENG
Tel : 62148355
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 26/2/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8368B

DATE 7/2/2019 11:30

MAKE :

MODEL : HYUNDAI i40

RKK/

Like

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door Comfortdelgro & Apps Sticker (RH)			\$ 80.00	Nett / N/C
	Front Door Coloured Comfort Logo (RH)		155 -10%	\$ 75.00	Nett / N/C
			139.50	\$ 155.00	
	Labour Charge		1,450		
	Panel Beating-Repair Frt Fender			\$ 400.00	✓
	Spray Painting Charge		1,589.50	\$ 1,250.00	1,000
	Tuff Kote		-20%	\$ 50.00	✓
	TOTAL LABOUR		1,271.60	\$ 1,700.00	
	ESTIMATE TOTAL			\$ 1,855.00	
<p>NAZ LKK</p> <p>712119 1645</p> <p>L/S \$1,250</p> <p>3 DAY</p> <p>3 DAY</p> <p>AFTER REPAIR PHOTOS</p>					
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:					

Veron Chen (LKKAUTO)

From: Naz (LKKAUTO)
Sent: Tuesday, 26 February 2019 4:20 PM
To: Fauzy Bin Mokhtar
Cc: Lim Kwok Eng; Veron Chen (LKKAUTO); SUR
Subject: Re: SHC 8368B FINALIZATION
Attachments: FINALIZED.pdf

Dear Mr Fauzy,

Finalized Lump Sum Repair \$1,250 / 3 Days subject to insurance approval.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Monday, 25 February 2019 7:02 PM
To: Naz (LKKAUTO)
Cc: Lim Kwok Eng
Subject: SHC8368B - FINALIZE TOTAL 2 VEHICLE

Hi Naz,

Attached is the Finalize for your confirmation..

1) SHC8368B - After paint photo taken by NAZ.

2) SHA4179S - After paint photo taken by NAZ.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd

Off:62148319 / Fax:65468156


**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/INC19002431/Nvd3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 01-03-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 3509D	Veh. Inspected	SHC 8368B
Policy No.	5091118941-01	Coverage (\$)	0.00
Claim No.	MT/1030831-002	Excess (\$)	0.00
Assign From		Assign Date	07/02/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU077100	Colour	BLUE
Odometer	543523	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	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/02/2019	Inspection Date	07/02/2019
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:		3 Working Days	



National Assessment Centre Services

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

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8368B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (N)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-15.50
			155.00	139.50
	LABOUR			
	PANEL BEATING - REPAIR FRT FENDER.		400.00	400.00
	SPRAY PAINTING CHARGE.		1,250.00	1,000.00
	TUFF KOTE.		50.00	50.00
			1,700.00	1,450.00
	GRAND TOTAL		1,855.00	1,589.50
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,250.00

Report Ref No. NS/INC19002431/Nvd3e2

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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