

NS/INC19062436/MH0357

128-1-10

REF:

INC

LIKE

Surveyor:

NA2

## 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: FBE 305R

Policy No. 5103634443 (8/1/18-7/1/19)

Claims No. MT/1032442-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAC Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

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

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN/OUT

Date: Person Contacted:

Veh No:

SHD 4414Y

Yr Regn: 26 JUL 2012

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

Truck / Tractor or

Make:

HYUNDAI SONATA

C.C. 1991

Colour:

BLUE

A/C: Insured / Std / NI / NA

Sp. Reading:

726 125

T/Radiop: Insured / Std / NI / NA

Eng/No:

C/No:

KMHE141VMCA827947

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60 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.

512119

D.O.A.

712119

Survey held at

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

O/S REAR

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

INC 4/5

Date / Time

Action / Instruction

SHD 4414Y-X

FBE 305R-X

Lump Sum \$1,600- Cred: 659.86 (29%)

RECEIVED 08 MAR 2019

Date/Time, File Pass to?

☐: Prelim Report☒: Final Report

1) 8/3 Typist

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / I.B.I: (\$ 1600-)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech. Insp (\$☐: Weekend (\$

S + RS \$1

Photos

Others

TOTAL

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Friday, 8 March 2019 5:00 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

**Samsia**  
Senior Admin Assistant,  
Motor Insurance  
[www.income.com.sg](http://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](http://Income.com.sg/careers)

**in** with you

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Friday, 8 March 2019 1:42 PM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 8/3/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1032442-002	COMFORT DELGRO	SHD 4414Y	FBF 305R	5/2/2019	20:45	2,259.36	1600.00

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

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

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

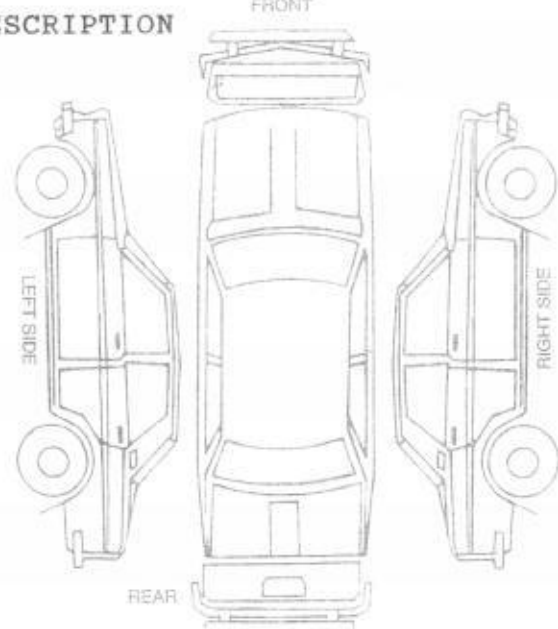
Policy No.  Date of Accident   
Vehicle No.(For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5103634443		LIU BOWEN	G2499055P	GMC	Third Party	FBF305R	FBF305R	08/09/2018	07/09/2019

Team: ARC Repair TP(CLSO)1		JOB CARD	Sales Order:	JC NO.: 305266341
CUSTOMER		REGN NO.: SHD4414Y		MILEAGE
/MS COMFORT TRANSPORTATION PTE LTD		MAKE : HYUNDAI		FUEL
CUSTOMER NO. 7010045		MODEL SONATA		DATE/TIME IN 07.02.2019 08:20
ADDRESS 383 SIN MING DRIVE		YR OF MANU 26.07.2012		TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE KMHET41VMCA827947		COMPLETION DATE/TIME
65508755				
(P)				
(P)				
COUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 05.02.2019  
NATURE: 3P 05.02.2019/B-

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD4414Y LKE		Vehicle No.: SHD4414Y	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

## 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 10:47
Date Of Accident	05/02/2019 20:45
Exact Location Of Accident	CTE SLIP RD TO BRADDLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4414Y
<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	SONATA-2.0 (A)

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	MD NIZAM BIN MASKOR
NRIC No	S7034989B
Date Of Birth	10/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1995
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84375963
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 573A WOODLANDS DRIVE 16 #07-636
Postcode	731573
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190206/2012

#### 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	FBF305R
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GZ7354M

Vehicle Make/Model/Colour

LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CHING ZHI HAO EUGENE

NRIC/Passport Number

S8817438J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

UNKNOWN(RIDER)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

FBF305R

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

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.

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

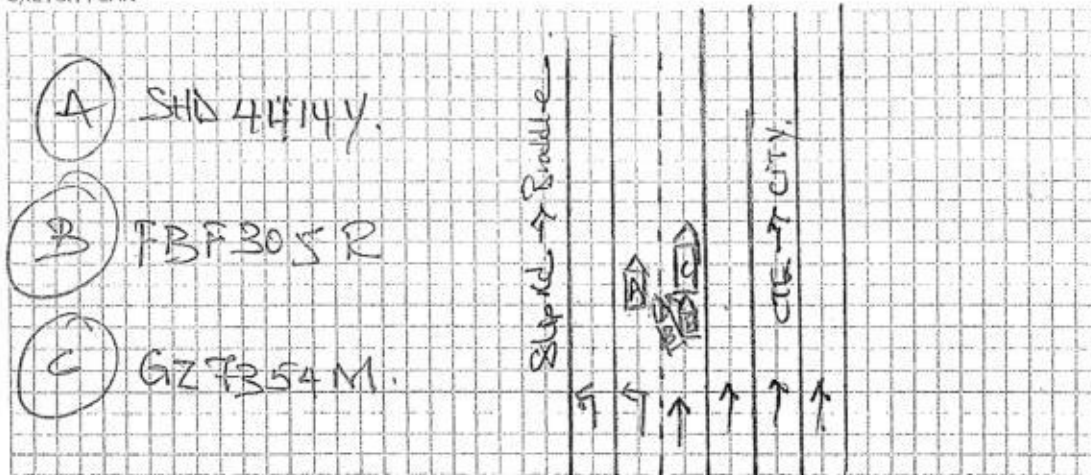
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police  
Report - T/20190206/2012.

DECLARATION

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

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

S. Man 7/2/19  
Reporting Centre Personnel's Signature  
Name:



**SINGAPORE  
POLICE FORCE**



T/20190206/2012

1 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20190206/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2019 09:47		Vide Report No.: E/20190205/0145		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: MD NIZAM BIN MASKOR			Address: APT BLK 573A WOODLANDS DRIVE 16 #07-636 SINGAPORE 731573		
ID Type / ID No.: NRIC NO / S7034989B			Contact No.: Home/Office: Mobile: 84375963		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 10/10/1970	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2019 20:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE before Braddell Road Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF305R	Motorcycle				Seriously Damaged	0
GZ7354M	Lorry	NISSAN		Silver	Slightly Damaged	1
SHD4414Y	Taxi	HYUNDAI			Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20190206/2012

2 of 3

Report No. T/20190206/2012

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHING ZHI-HAO EUGENE	ID No.	S8817438J
Related Vehicle	GZ7354M (Lorry)	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
<b>Driver</b>			
Name	MD NIZAM BIN MASKOR	ID No.	S7034989B
Related Vehicle	SHD4414Y (Taxi)	Contact No.	84375963
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/02/2019 at about 2045hrs, I was driving along CTE in Lane 5 nearing Braddell exit when I heard a loud crashing sound on the right rear side of my vehicle (SHD4414Y). I checked my rear view mirror and saw that a motorcycle (FBF305R) had knocked onto my vehicle after he was involved in an accident with a lorry (GZ7354M) in Lane 4. I believe that he bounced onto my vehicle due to the impact from the accident with the lorry. I stopped my vehicle and checked on him. He was still conscious. The ambulance and police came soon after. the rider was conveyed by the ambulance. No one else was injured. the police gave me a report number E/20190205/0145 and took my SD card. The IO incharge is Khairil, 65476131.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20190206/2012

3 of 3

Report No. T/20190206/2012

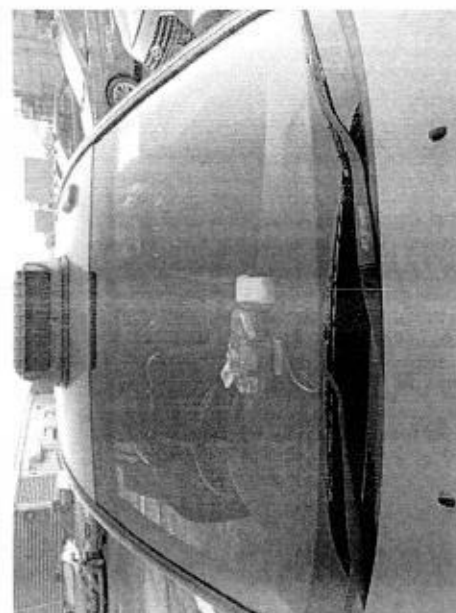
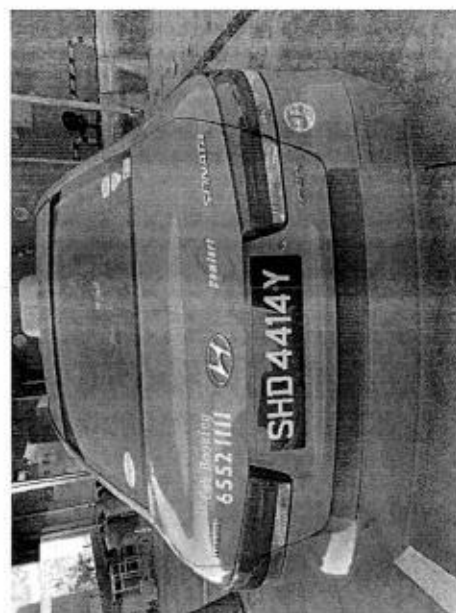
CONTINUATION OF REPORT

**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 / Staff Sgt NUR SAKINAH BINTE ABRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2019 09:47
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168 SINGAPORE POLICE FORCE	



# COMFORTDELGRO ENGINEERING PTE LTD

VEHICLE NO : SHD 4414Y

DATE 7/2/2019 14:49

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH)			\$ 1,294.70
	Rear Door Protector(RH)			\$ 54.50
	<b>SUB TOTAL</b>			<b>\$ 1,349.20</b>
	<b>LESS 20%</b>			<b>\$ 269.84</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,079.36</b>
	Rear Door Tel No. Sticker (RH)			\$ 10.00
	<b>Labour Charge</b>			
	Panel Beating-Repair Fender			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Tuff Kote			\$ 50.00
	Transfer of Door			\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 1,170.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,259.36</b>
<p>NAZ LKK 7/2/19 1620 2/3 2 DAYS AFTER REPAIR (HOTO)</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"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <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.				

Our Job Ref No : 305266341  
Date : 25.02.2019

COMFORTDELGRO  
ENGINEERING

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

FINALIZATION FORM

To : LKK  
Attn : NAZ  
Vehicle Reg No : SHD4414Y

Fax :  
Date of Accident : 05.02.2019

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


1. The repair job shall bill to: NTUC --- FBF 305R
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% | \$1,600.00 |
| Final Lumpsum Repair cost                     | \$1,600.00 |


3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : LIM KWOK ENG  
Tel : 62148355  
Fax : 65468156

Signature :   
Name : NAZ LKK  
Date : 8/3/19

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

VEHICLE NO : SHD 4414Y

DATE 7/2/2019 14:49

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH)			\$ 1,294.70
	Rear Door Protector(RH)			\$ 54.50
			1,349.20	\$ 1,349.20
			-20%	\$ 269.84
	SUB TOTAL			\$ 1,079.36
	LESS 20%			
	DISCOUNTED TOTAL		1,079.36	\$ 1,079.36
			10	
			-10%	
			9	
	Rear Door Tel No. Sticker (RH)			\$ 10.00
	Labour Charge			\$ 400.00
	Panel Beating-Repair Fender		890	\$ 600.00
	Spray Painting Charge			\$ 50.00
	Tuff Kote		1,978.36	\$ 120.00
	Transfer of Door		-20%	
			1,582.68	\$ 1,170.00
	TOTAL LABOUR			\$ 1,170.00
	ESTIMATE TOTAL			\$ 2,259.36
	NAZ LKK			
	7/2/19 1620			
	213 \$1,600			
	2 DAYS			
	AFTER REPAIR (HOTO)			

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.





## 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/INC19002436/Ntd3s2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 12-03-2019	
			Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	FBF 305R	Veh. Inspected	SHD 4414Y	
Policy No.	5103634443	Coverage (\$)	0.00	
Claim No.	MT/1032442-002	Excess (\$)	0.00	
Assign From		Assign Date	07/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KMHET41VMCA827947	Colour	BLUE	
Odometer	726125	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	HANKOOK	6 mm	
L/H Front Tyre	215/60R16	HANKOOK	6 mm	
R/H Rear Tyre	215/60R16	HANKOOK	5 mm	
L/H Rear Tyre	215/60R16	HANKOOK	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/02/2019	Inspection Date	07/02/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. SHD 4414Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR DOOR (RH)	DEFORMED	1,294.70	1,294.70
1	REAR DOOR PROTECTOR (RH)	SCRATCHED	54.50	54.50
	LESS 20% DISCOUNT		-269.84	-269.84
			1,079.36	1,079.36
<b>SPECIAL NETT ITEMS</b>				
1	REAR DOOR TEL NO. STICKER (SN)	NECESSARY	10.00	10.00
			10.00	10.00
<b>LABOUR</b>				
	PANEL BEATING - REPAIR FENDER.		400.00	400.00
	SPRAY PAINTING.		600.00	400.00
	TUFF KOTE.		50.00	40.00
	TRANSFER OF DOOR.		120.00	50.00
			1,170.00	890.00
<b>GRAND TOTAL</b>			<b>2,259.36</b>	<b>1,979.36</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,600.00</b>

Report Ref No. NS/INC19002436/Ntd3s2

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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