

Surveyor: Kamin

REF:

NS/INC19002819/Klqdzor

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJN5582L

Policy No: 5098430404 (26/2/18-11/2/19)

Claims No: M7/1031392-002

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

Lum Sum: _____ % Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SHD 3176R

Yr Regn:

824, 2016

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

Truck / Trailer or

Make:

Hyundai Ix

1685

Colour

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

429929

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB814144091887

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

205/60R16

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

TOYO / YOKO or

Campion

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

2/2/19

D.O.I.

13/2/19

Survey held at

CDGE (Loyang)

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

Rear

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

| Date / Time | Action / Instruction |
|-------------|--|
| 14/2/19 | Check 45 \$ 750 / 2 days. (Red B1399.06, 65%) INC |
| | SHD 3176R - CC3 / 2CR18013148 / Klwg3q2 DOA: 20/2/18 |
| | SJN5582L - X |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 20 FEB 2019

Date/Time, File Pass to?

☐

: Prell. Report

1) 21/2/19

☐

: Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Lump Sum / LSP: (\$

750

Days Of Repair: 2

Resurvey No. of Trip: 1

And Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

160

(160)

TP Claims against NTUC Income: Follow-Through Survey

Date : 15/2/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1 | MT/1031392-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3176R | SIN 5582L | 02/02/2019 | 13:05 | \$ 2,149.06 |

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Dashboard](#)[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="checkbox"/> | 5098430404 | | OPTIMAL SERVICES | 53306988B | GPC | drivo CLASSIC | SJN5582L | SJN5582L | 26/02/2018 | 19/02/2019 |

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 | 04/02/2019 10:33 |
| Date Of Accident | 02/02/2019 13:05 |
| Exact Location Of Accident | TAMPINES CONCOURSE >TAMPINES CENTRAL 7 |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SHD3176R |
| 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 | SETOH KAM SENG |
| NRIC No | S0167087E |
| Date Of Birth | 13/11/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/04/1977 |
| Driving Experience | 41 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97461690 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 838 TAMPINES STREET 82 #13-79 |
| Postcode | 520838 |
| 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 TO REAR |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : FEMALE |

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

REFER ATTACHED

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 | SJN5582L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ATIF SHARJEEL |
| NRIC/Passport Number | S7969073B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SETOH KAM SENG

Approximate Age

Injuries Sustain

BACK, NECK AND SHOULDER

Injured person in which vehicle?

SHD3176R

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.

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

Police Report Attached
T/20190202/2152

DECLARATION

I/We declare the foregoing particulars to be true and correct 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)

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20190202/2152

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 4

Report No. T/20190202/2152

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made: 02/02/2019 19:10 | | Vide Report No.: | | Station Diary No.: 26 |
| Informant's Particulars | | | | |
| Name of Informant: SETOH KAM SENG | | Address: APT BLK 838 TAMPINES STREET 82 #13-79 SINGAPORE 520838 | | |
| ID Type / ID No.: NRIC NO / S0167087E | | Contact No.: Home/Office: Mobile: 97461690 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 13/11/1953 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------------|--------------------|--|----------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 02/02/2019 13:05 | Type of Location: FILTER LANE |
| Location: Along Road 1 TAMPINES CONCOURSE | | | | |
| ALONG FILTER LANE FROM TAMPINES CONCOURSE TOWARDS TAMPINES CENTRAL 7 | | | | |
| 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: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|---|--------|---------------------|-----------------|
| SHD3176R | TAXI | HYUNDAI | I40 1.7 CRDI F/L AT ABS AIRBAG 4DR | Blue | Slightly Damaged | 1 |
| SJN5582L | Car | TOYOTA | PICNIC AUTO W/O ROOF RACK | Silver | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20190202/2152

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 4

Report No. T/20190202/2152

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| SHD3176R | FIRST CAPITAL INSURANCE LIMITED | D-18088936MFSH | 01/01/2018 | 31/12/2020 |

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | SETOH KAM SENG | ID No. | S0167087E |
| Related Vehicle | SHD3176R (TAXI) | Contact No. | 97461690 |
| Hospital/Clinic | NEPTUNE HEALTHCARE MEDICAL & SURGERY | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 02/02/2019 | Date Discharge | 02/02/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | ATIF SHARJEEL | ID No. | S7969073B |
| Related Vehicle | NIL | Contact No. | 87773748 |
| 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 02/02/2019, at about 1305hrs, I was driving my vehicle along Tampines Concourse. As I approached the junction of Tampines Central 7 and Tampines Concourse, I took the filter to turn into Tampines Central 7. As I approached the filter lane, I slowed down and came to a complete stop to look for oncoming vehicles coming from Tampines Central 7. When I came to a complete stop, suddenly a vehicle from the rear collided with my vehicle. I made a check on my passenger and she informed that her face had hit on the back of the front passenger seat. I then alighted my vehicle. I then exchanged particulars with the other party and took a few pictures of the accident. We then drove off from the place.

There was no one else involved in the accident. There was no government property damaged. My vehicle has an in car camera that was able to record on what happened. There was no ambulance or Traffic Police as there was no immediate medical attention required.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20190202/2152

3 of 4

Report No. T/20190202/2152

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20190202/2152

4 of 4

Report No. T/20190202/2152

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 3 KHAIRUL HAZWAN BIN AZMI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT / SINGAPORE
SS / 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

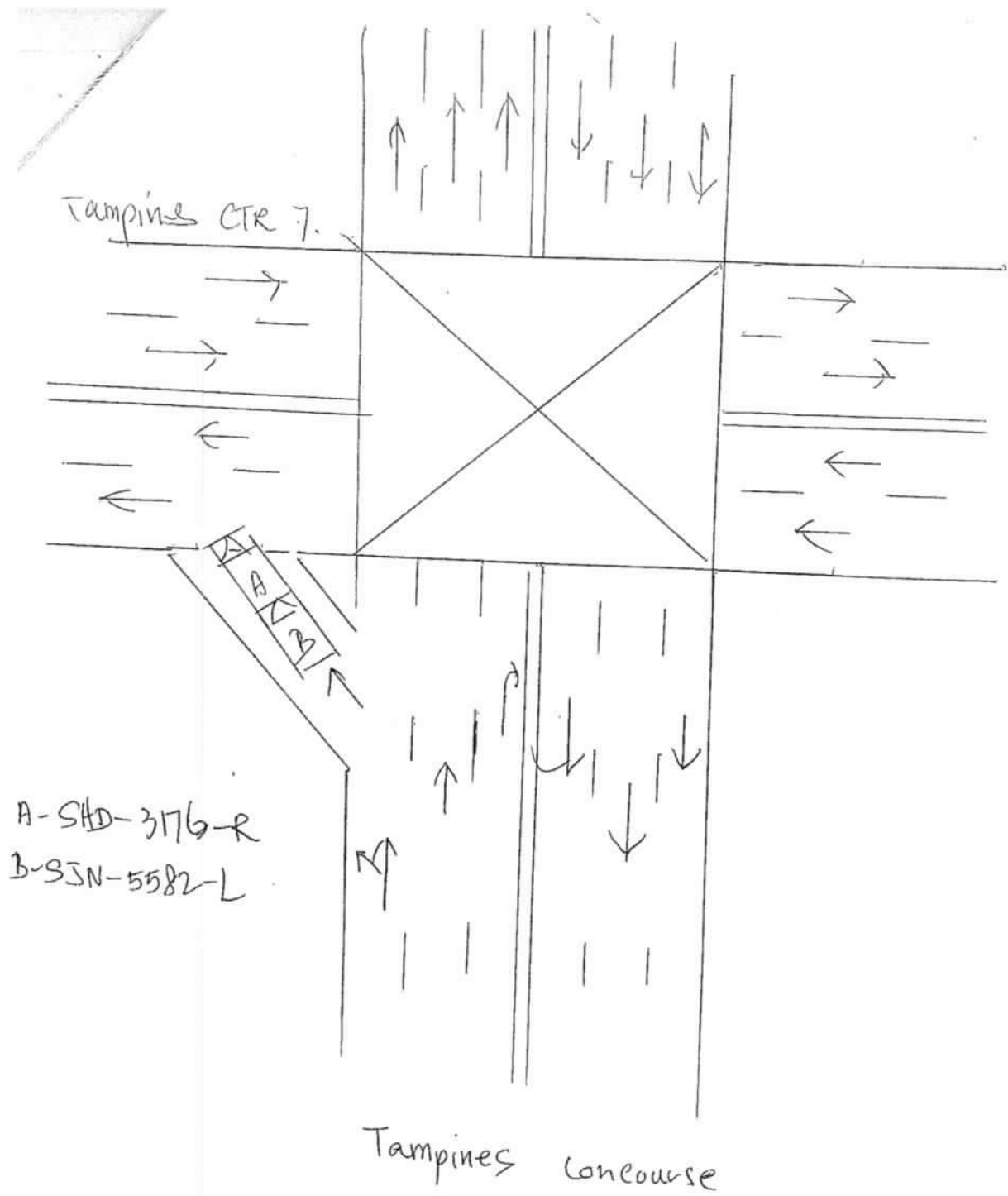
Authentication Stamp
NP168

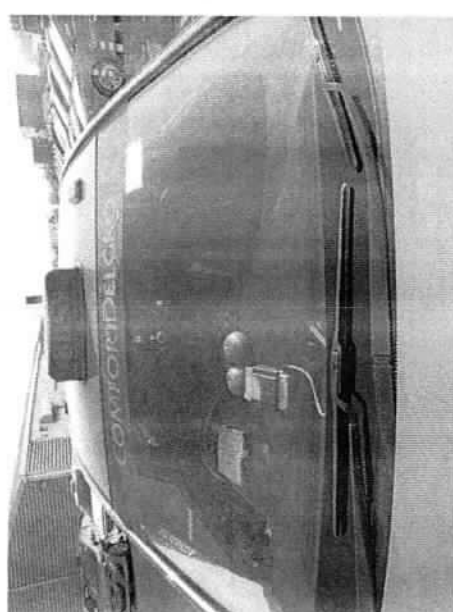
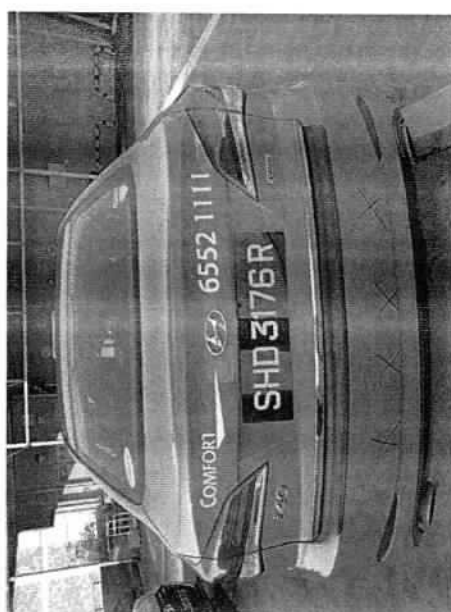
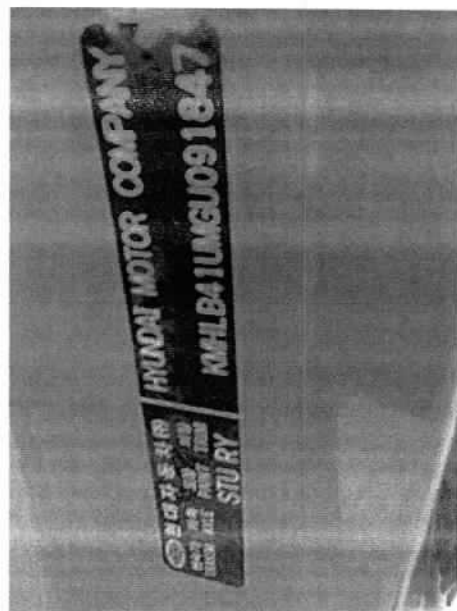
Signature Of Informant:

Date/Time:
02/02/2019 19:10

Classification Of Case:

Sketch Plan Pg. 7





Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305267677

MEMBER NO. 7010045
COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

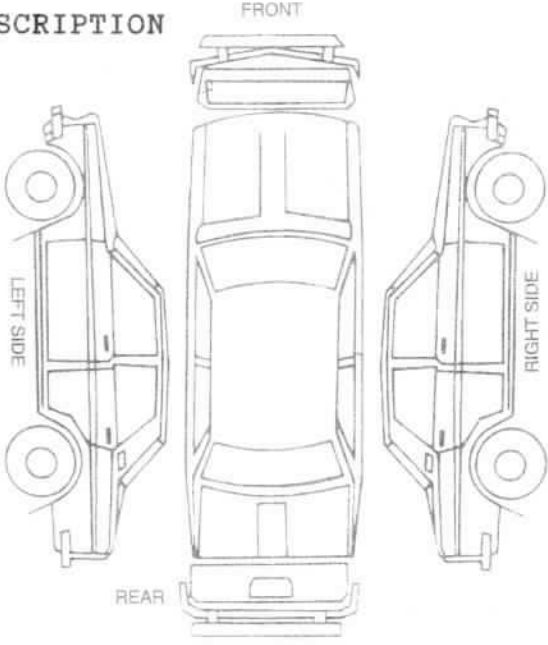
| | |
|--------------------------------|-------------------------------|
| REGN NO.: SHD3176R | MILEAGE |
| MAKE: HYUNDAI | FUEL E.....1/2.....F |
| MODEL I-40 | DATE/TIME IN 12.02.2019 09:30 |
| YR OF MANU 08.07.2016 | TARGET DATE |
| CHASSIS CODE KMHLB41UMGU091847 | COMPLETION DATE/TIME: |

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 02.02.2019
NATURE: 3P 02.02.19

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Vehicle No.: SHD3176R JU NTUC LKK

Vehicle No.: SHD3176R

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTUC-TH
- 18000

DATE 12/2/2019 10:42

MODEL : HYUNDAI i40

| Qty | Parts Description / Labour | Type | Unit Price | Amount |
|-----|---|------|------------|-------------|
| | Rear Bumper | | | \$ 553.00 |
| | Rear Bumper Reinforcement | | | \$ 428.40 |
| | Rear Bumper Reinforcement Bracket (LH/RH) | | \$ 80.30 | \$ 160.60 |
| | Rear Bumper Clip 10 pcs | | | \$ 22.00 |
| | Rear Bumper Bracket | | \$ 35.60 | \$ 71.20 |
| | Rear Bumper Sponge | | | \$ 103.50 |
| | Rear Bumper Under Cover | | | \$ 228.00 |
| | SUB TOTAL | | | \$ 1,566.70 |
| | LESS 20% | | | \$ 313.34 |
| | DISCOUNTED TOTAL | | | \$ 1,253.36 |
| | Rear Bumper Rubber Mat | | | \$ 50.00 |
| | Rear Bumper Reverse Sensor | | | \$ 135.70 |
| | | | | \$ 185.70 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 |
| | Spray Painting Charge | | | \$ 250.00 |
| | Wiring Charge | | | \$ 30.00 |
| | Remove/Refix Reverse Sensor | | | \$ 80.00 |
| | TOTAL LABOUR | | | \$ 710.00 |
| | ESTIMATE TOTAL | | | \$ 2,149.06 |
| | Kelvin / UG4 N 13/2/19 1110 hrs 2 Days 4/5 After Repair p 4/5 | | | |
| | LKK Auto Consultants hence notify the Repainer of the following: • To resurvey before/after spray painting • To display damaged parts during resurvey • Parts prices are to be agreed upon • Third party survey is to be done by LKK • No other work to be done after survey • Signatures of both parties to be obtained is subject to final bill. | | | |
| | Acknowledged by _____ 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.

Our Job Ref No 305267677
Date : 14/02/2019

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHD3176R

Fax :

Date of Accident : 02/02/19

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

- The repair job shall bill to: NTUC --- SJN5582L
- The finalized amount shall be:
(a) Spare Parts after List discount
(b) Labour Charges ###
Total for Part-By-Part Repair Cost
(c) Lumpsum Repair (if applicable) N
Total for Lumpsum repair cost after Less: 20% \$750.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Kalvin
Date : 14/2/19

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/INC19002819/K1qd3e2 | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 20-02-2019 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJN 5582L | Veh. Inspected | SHD 3176R |
| Policy No. | 5098430404 | Coverage (\$) | 0.00 |
| Claim No. | MT/1031392-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 13/02/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 |
| Engine No. | HIDDEN | Year of Reg. | 2016 |
| Chassis No. | KMHLB41UMGU091847 | Colour | BLUE |
| Odometer | 429929 | 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 | CAMPEON | 7 mm |
| L/H Front Tyre | 205/60 R16 | CAMPEON | 7 mm |
| R/H Rear Tyre | 205/60 R16 | CAMPEON | 7 mm |
| L/H Rear Tyre | 205/60 R16 | CAMPEON | 7 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 02/02/2019 | Inspection Date | 13/02/2019 |
| 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 3176R

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | REAR BUMPER | DEFORMED | 553.00 | 553.00 |
| 1 | REAR BUMPER REINFORCEMENT | SERVICEABLE | 428.40 | - |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30 | SERVICEABLE | 160.60 | - |
| 10 | REAR BUMPER CLIP | NECESSARY | 22.00 | 22.00 |
| 2 | REAR BUMPER BRACKET @ \$35.60 | SERVICEABLE | 71.20 | - |
| 1 | REAR BUMPER SPONGE | SERVICEABLE | 103.50 | - |
| 1 | REAR BUMPER UNDER COVER | SERVICEABLE | 228.00 | - |
| | LESS 20% DISCOUNT | | -313.34 | -115.00 |
| | | | 1,253.36 | 460.00 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SERVICEABLE | 135.70 | - |
| | | | 185.70 | 50.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 350.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 250.00 | 200.00 |
| | WIRING CHARGE. | NOT NECESSARY | 30.00 | - |
| | REMOVE / REFIX REVERSE SENSOR. | | 80.00 | 30.00 |
| | | | 710.00 | 430.00 |
| GRAND TOTAL | | | 2,149.06 | 940.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 750.00 |

Report Ref No. NS/INC19002819/K1qd3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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