

Surveyor: Kelvin

REF: NS/INC19002822/K19d35

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/INS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Worksite m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SKG3866G

Policy No: 5096712289 (16/12/17-28/2/19)

Claims No: MT/1031880-003

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. Repair: 4 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % J Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 1136A Yr Regn: 19 Apr 2012

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

Truck / Trailer or

Make: Hyundai Sonata cc 1994

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 68901 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

Chassis No: KMHET41VMCA822964

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor Car / Jammed / Leaked / Burnt or

Brake: Inor Car / Jammed / Leaked / Burnt or

Modi: Nil / SIRimi / STD Car / Rim or

Tyre Size: F: 215/60R16  
R: \_\_\_\_\_

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

TOYO / YOKO or Westlo

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 12/2/19 D.O.I: 13/2/19

Survey held at C D G E (Layang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Per A/S

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

Date / Time	Action / Instruction
	SHC1136A - CS/FCI 18002372/M1/bc2 DUA: 1/2/18 <u>IK</u>
20/2/19	SKG3866G - NA/A1019 002618/29 DUA: 12/2/19 <u>Checked 4554650/4R. (Per 64255.66, 48%)</u>
RECEIVED 21 FEB 2019	

Date/Time, File Pass to? : Prell. Report

2/2/19 : Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:	_____
Transportation:	_____
S + RS: \$	_____
Photos	_____
Others	_____

Add Fee: : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Insp (\$ \_\_\_\_\_)

: Wheel and (\$ \_\_\_\_\_)

Report Format: TP

Temp Sum: 4650

**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

My Desktop:  
Notice of Loss

### Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="12/02/2019 07:58"/>
Vehicle No.(For Motor)	<input type="text" value="SKG3866G"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096712289		LEE HOCK CHUAN	S2556373E	GPC	drive CLASSIC	SKG3866G	SKG3866G	16/12/2017	28/02/2019

## 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	13/02/2019 11:46
Date Of Accident	12/02/2019 17:15
Exact Location Of Accident	SENGKANG EAST RD B4 TPE ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1136A
<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	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	AHMAD MURAD B MUNAJAT
NRIC No	S1647854G
Date Of Birth	28/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	07/08/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96698784
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 95 BEDOK NORTH AVENUE 4  
#13-1401

Postcode 460095

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) 3

Passenger 1  
NAME: : -  
GENDER: : MALE

Passenger 2  
NAME: : -  
GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

REFER POLICE REPORT NO: T/20190212/2207

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKG3866G

Vehicle Make/Model/Colour VOLKSWAGEN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ALEX LEE MING JIE

NRIC/Passport Number S8936215F  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage OVERALL BODY WORK  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SGQ9708K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage REAR RH  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name ALEX LEE MING JIE  
Approximate Age  
Injuries Sustain UNSURE  
Injured person in which vehicle? SKG3866G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

# Sketch Plan Pg. 1

## IMPORTANT NOTICE

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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)

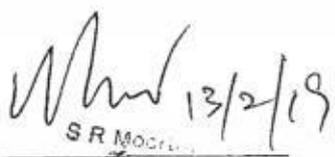
I understand, acknowledge, agree and consent that:

- (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 Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190212/2207

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)

Reporting Centre Personnel's Signature  
Name:

*[Signature]*  
CSO 13/2/19





**SINGAPORE  
POLICE FORCE**



T/20190212/2207

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 4

Report No. T/20190212/2207

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	AHMAD MURAD BIN MUNAJAT	ID No.	S1647854G
Related Vehicle	SHC1136A (Car)	Contact No.	96698784
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	ALEX LEE MING JIE	ID No.	S8936215F
Related Vehicle	SKG3866G (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	Unknown	ID No.	NIL
Related Vehicle	NIL	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

**Brief Details.**

On the 12/02/2019, at about 1715hrs, I was travelling along the second lane of the four-lane Sengkang East Road, intending to turn right into TPE when suddenly, I felt an impact on my rear. I turned behind and saw an overturned red Volkswagen, bearing reg no. SKG3866G. None of the pax onboard my vehicle required medical attention. I then got out of my vehicle and got to know that the said vehicle had earlier collided into another vehicle, a White Kia SGQ9708K, overturned, and collided into my vehicle thereafter. Ambulance and Traffic Police soon arrived and the driver of the Red Volkswagen was conveyed to hospital. I was then advised to lodge a police report regarding the accident.

Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**



T/20190212/2207

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 4

Report No. T/20190212/2207

CONTINUATION OF REPORT

I do have an in-car camera within my vehicle. TP has seized the memory card of the said in-car camera.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20190212/2207

4 of 4

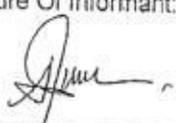
Report No. T/20190212/2207

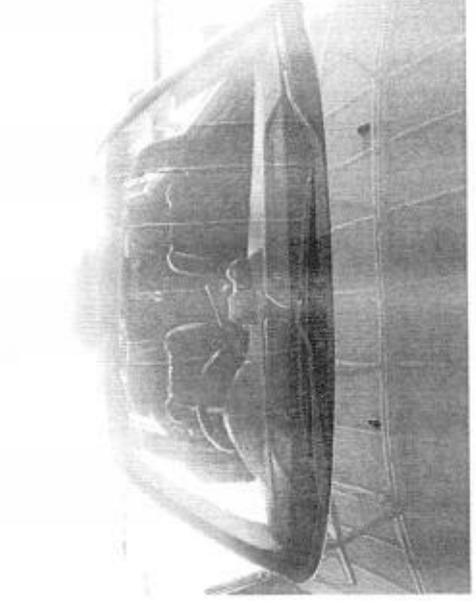
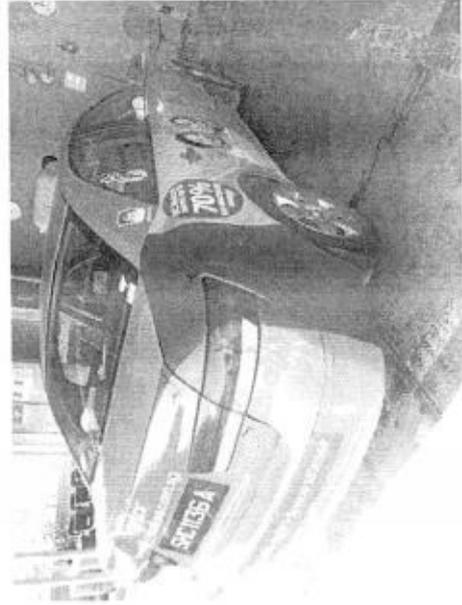
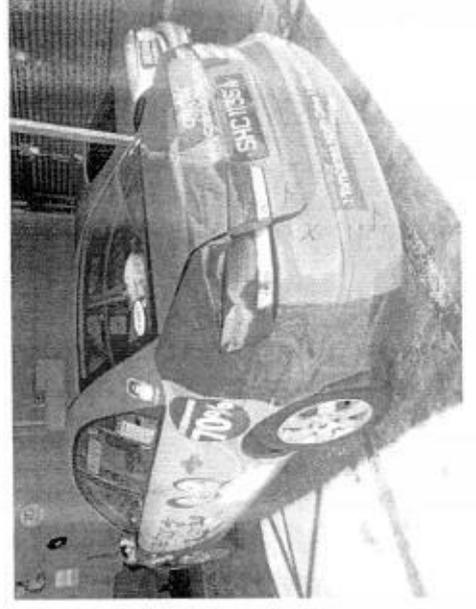
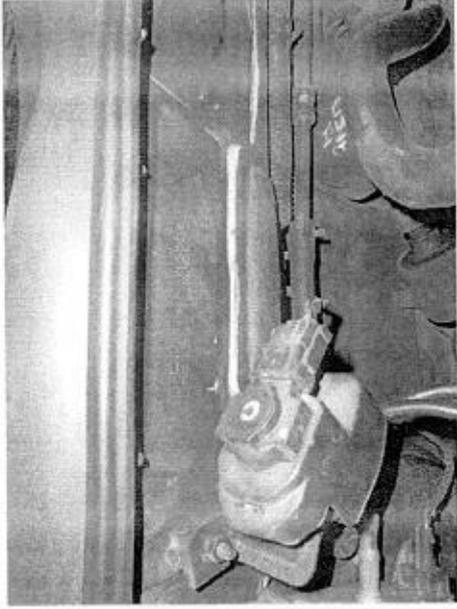
CONTINUATION OF REPORT

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.

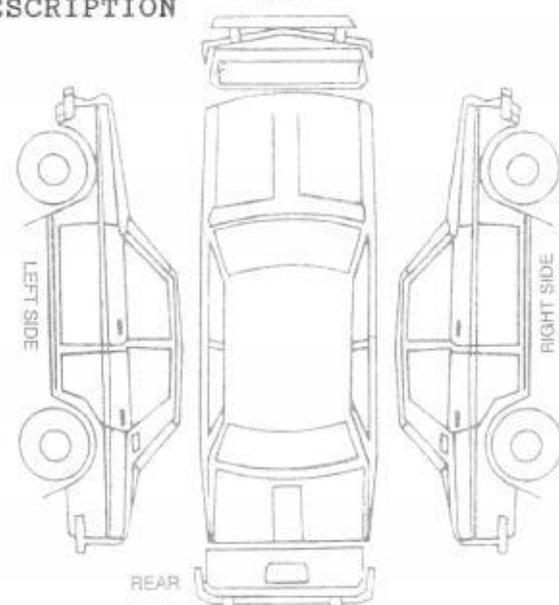
Signature Of Officer Recording The Report: G / Staff Sgt SHAWN YUEN CHI WENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2019 21:37
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:  
Authentication Stamp NP168	



<b>Team:</b> ARC Repair TP(CLSO)1	<b>JOB CARD</b>	<b>Sales Order:</b>	<b>JC NO.: 305268510</b>
<b>STOMER</b>	<b>REGN NO.:</b> SHC1136A	<b>MILEAGE</b>	
<b>VMS</b> COMFORT TRANSPORTATION PTE LTD	<b>MAKE:</b> HYUNDAI	<b>FUEL</b>	
<b>STOMER NO.</b> 7010045	<b>MODEL:</b> SONATA	E.....1/2.....F	
<b>DRESS</b> 383 SIN MING DRIVE	<b>YR OF MANU.</b> 19.04.2012	<b>DATE/TIME IN</b> 13.02.2019 10:20	
Singapore SINGAPORE 575717	<b>CHASSIS CODE</b> KMHET41VMCA822964	<b>TARGET DATE</b>	
65508755 (R) (O)		<b>COMPLETION DATE/TIME:</b>	
(F)			
<b>SCOUNT CARD NO.</b>			

JOB DESCRIPTION

**Accident Date:** 12.02.2019  
**NATURE:** 3P 12.02.2019

S/NO	LABOR CODE	DESCRIPTION	
		FRONT	
			
		REAR	
		LEFT SIDE	
		RIGHT SIDE	

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR CUSTOMER'S SIGNATURE

**Acknowledgement Slip**

Vehicle No.: **SHC1136A**      **CHIANG**

Name of Service Advisor: \_\_\_\_\_      Signature/Date: \_\_\_\_\_

To be returned to Service Reception upon collection.

**Exit Pass**

Vehicle No.: **SHC1136A**

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

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 1136A

DATE 13/2/2019 10:38

MAKE :

MODEL : HYUNDAI SONATA

*Quang*  
*afine*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid / <i>boot</i>			\$ 1,349.50
	Boot Lid Rubber X <i>me</i>			\$ 110.90
	Boot Lid Lock Upper X <i>me</i>			\$ 132.10
	Boot Lid Lock Lower X <i>me</i>			\$ 30.30
	Boot Lid Sonata Plate / <i>me</i>			\$ 43.60
	Boot Lid Hyundai Plate / <i>me</i>			\$ 24.20
	Boot Lid 'H' Emblem / <i>me</i>			\$ 26.10
	Boot Lid CRDI Plate / <i>me</i>			\$ 22.70
	Boot Lid Lamp (LH) / <i>me</i>			\$ 230.20
	Licence Lamp (LH) X <i>me</i>			\$ 32.50
	Boot Lid Trimboard X <i>me</i>			\$ 165.40
	Boot Lid Trimboard Clips (10pcs) X <i>me</i>			\$ 10.00
	Rear Bumper / <i>Revised</i>			\$ 578.40
	Rear Bumper Reinforcement X <i>me</i>			\$ 483.30
	Rear Bumper Clip / <i>me</i>			\$ 22.00
	Rear Bumper Sponge X <i>me</i>			\$ 137.40
	Rear Bumper Under Cover X <i>me</i>			\$ 185.80
	Rear Bumper Protector (LH) X <i>Revised</i>			\$ 38.00
	Tail Lamp (LH) / <i>me</i>			\$ 344.00
	Tail Lamp Quarter Panel (LH) / <i>boot</i>			\$ 93.80
	Rear Panel X <i>Revised</i>			\$ 391.80
	Rear Panel Garnish X <i>me</i>			\$ 95.80
	Rear Fender (LH) / <i>Revised</i>			\$ 1,935.90
	Rear Fender Inner Lining (LH) X <i>me</i>			\$ 74.10
	Rear Fender Trim Board (LH) X <i>me</i>			\$ 180.90
	Rear Windscreen Moulding / <i>me</i>			\$ 60.00
	<b>SUB TOTAL</b>			<b>\$ 6,798.70</b>
	<b>LESS 20%</b>			<b>\$ 1,359.74</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 5,438.96</b>
	Boot Lid Comfort Logo & Tel No. Sticker / <i>me</i>			\$ 30.00 <b>Nett</b>
	Boot Lid Advertisement Logo / <i>me</i>			\$ 100.00 <b>Nett</b>
	Rear No. Plate X <i>me</i>			\$ 25.00 <b>Nett</b>
	Rear Bumper Reverse Sensor X <i>me</i>			\$ 135.70 <b>Nett</b>
	Rear Bumper Advertisement Logo / <i>me</i>			\$ 50.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) / <i>me</i>		\$ 100.00	\$ 200.00 <b>Nett</b>
	Rear Fender Comfort Sticker (LH) / <i>me</i>			\$ 30.00 <b>Nett</b>
	Rear Windscreen Sealant / <i>me</i>			\$ 46.00 <b>Nett</b>
				<b>\$ 616.70</b>

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	<b>Labour Charge</b>			<u>800</u>
	Panel Beating			\$ <del>1,200.00</del>
	Spray Painting Charge			\$ <del>1,000.00</del> 600
	Wiring Charge			\$ <del>50.00</del> 20
	Tuff Kote			\$ <del>100.00</del> 50
	Remove/Refix Cushion & Upholstery Rear			\$ <del>150.00</del> 50
	Remove/Refix Rear Windscreen Glass			\$ <del>120.00</del> 100
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> X 4
	Remove/Refix Fuel Tank			\$ <del>150.00</del> X 4
	<b>TOTAL LABOUR</b>			\$ 2,850.00
	<b>ESTIMATE TOTAL</b>			\$ 8,905.66

Kalvin UCKY

13/2/19 1430hrs

4 days

4/5

After Repair photo

4680

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 items 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

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

Our Job Ref No : 305268510  
Date : 20/02/19

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHC1136A 12/02/19

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

1. The repair job shall bill to: NTUC SKG3866G

2. 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) \_\_\_\_\_  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$4650.00

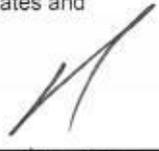
3. Estimated normal period for repairs: 4 working days.

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kalvin  
Date : 20/2/19

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_



# National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19002822/K1qd3s2	
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.	SKG 3866G	Veh. Inspected	SHC 1136A
Policy No.	5096712289	Coverage (\$)	0.00
Claim No.	MT/1031880-003	Excess (\$)	0.00
Assign From		Assign Date	13/02/2019

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA822964	Colour	BLUE
Odometer	68501	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60R16	WEST LAKE	7 mm
L/H Front Tyre	215/60R16	WEST LAKE	7 mm
R/H Rear Tyre	215/60R16	WEST LAKE	7 mm
L/H Rear Tyre	215/60R16	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSATINED DAMAGES AT THE REAR N/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	12/02/2019	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: **4 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1136A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BOOT LID	DENTED	1,349.50	1,349.50
1	BOOT LID RUBBER	SERVICEABLE	110.90	-
1	BOOT LID LOCK UPPER	SERVICEABLE	132.10	-
1	BOOT LID LOCK LOWER	SERVICEABLE	30.30	-
1	BOOT LID SONATA PLATE	NECESSARY	43.60	43.60
1	BOOT LID HYUNDAI PLATE	NECESSARY	24.20	24.20
1	BOOT LID 'H' EMBLEM	NECESSARY	26.10	26.10
1	BOOT LID CRDI PLATE	NECESSARY	22.70	22.70
1	BOOT LID LAMP (LH)	CRACKED	230.20	230.20
1	LICENCE LAMP (LH)	SERVICEABLE	32.50	-
1	BOOT LID TRIMBOARD	SERVICEABLE	165.40	-
10	BOOT LID TRIMBOARD CLIPS	NOT NECESSARY	10.00	-
1	REAR BUMPER	DEFORMED	578.40	578.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	483.30	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	SERVICEABLE	137.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	185.80	-
1	REAR BUMPER PROTECTOR (LH)	TO REPAIR SEE LABOUR	38.00	-
1	TAIL LAMP (LH)	CRACKED	344.00	344.00
1	TAIL LAMP QUARTER PANEL (LH)	BENT	93.80	93.80
1	REAR PANEL	TO REPAIR SEE LABOUR	391.80	-
1	REAR PANEL GARNISH	SERVICEABLE	95.80	-
1	REAR FENDER (LH)	BUCKLED	1,935.90	1,935.90
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	74.10	-
1	REAR FENDER TRIM BOARD (LH)	SERVICEABLE	180.90	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
	LESS 20% DISCOUNT		-1,359.74	-946.08
			<b>5,438.96</b>	<b>3,784.32</b>

Report Ref No. NS/INC19002822/K1qd3s2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>SPECIAL NETT ITEMS</u></b>				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	30.00
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR NO. PLATE (SN)	SERVICEABLE	25.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @ \$100.00 (SN)	NECESSARY	200.00	200.00
1	REAR FENDER COMFORT STICKER (LH) (SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			616.70	456.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER PROTECTOR (LH) AND REAR PANEL.		1,200.00	800.00
	SPRAY PAINTING CHARGE.		1,000.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		100.00	50.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REMOVE / REFIX FUEL TANK.	NOT NECESSARY	150.00	-
			2,850.00	1,620.00
<b>GRAND TOTAL</b>			<b>8,905.66</b>	<b>5,860.32</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>4,650.00</b>

Report Ref No. NS/INC19002822/K1qd3s2

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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