4		ASSIG	NMENŢ	chi.	. 4	
From:	Date:		Veh No:	SH 8548	Yr Regn:	May 2016
A -				.Cycle / Bys / Van / l	orry   Tab   Prime k	fover/
OD TENSITE RESIDE	RESTEVATINVIMV		Truck / T	raller or	50.	
o Insped Vehicle No:			Make:	Hom Joi	I 80 0.0	1685
et Workshop m/s			Colour	Blue	A/G: Insu <b>©</b>	4H1H16181
211 040 1		1.7.	Sp.Reading	407581	T/Radio: Insu <b>e</b>	d/Sid/NI/NA
insured: S))8434			Eng/No: -	•		
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	1031629 -002			od   F &   Poor   Bui		
Sum In sU≥d:	Excess:			6 / Jammed / Leake		
(Client's Record)			Brake: Inord	AT Jammed I Leake	ed / Burnt or	
Make of Veh:		10	Modi: Nil /	S/Rim 1-STD ARim	or	
					or/60116	,
(Policy Condition)				Ri	5	
Remark: The veh had com		N/S O/S	BS / DUN / EX	(NOVA 1, GY / FS / LIZ	ZA ( MIC / OHTSU / F	PIR I-SUMI I
repair at the time	of inspection.		TOYOTYOK		Lappon	- vermil
Gal. or Market Value:			Front	1 10-	1	
IDAC Accident Rport:	Consistent?: Ye	s or No	R/Bal.	3	Rear R/Bal.	۵
GIA / PR Seen:	Consistent? : Ye		L/Bal.	T inn	L/Bal.	7
Est. Repairs:	days Res.: Ye			12/19		1/2/19
Lum Sum:	% 3 Val.: Ye				DGET	/
		3 01 HO	Survey held a		-/ 1	coyang 1
CA / REV / REP. /	24 HRS	War War To Property		ages:Frt / Rear / (	Is From	Rooftop or
Dale:Pe	rson Contacted;	Vehicle: IN / OUT		/ Chassis frame / I		olod due 12
	/ Instruction		- The 0/C	i unassistrame i	oon a structure alle	cied ans (0 collis)
3118	SA85-NA 1 FC	I I SCIA 76 70	101 D	0A:26/8/10	IN	
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)	: Final Report	Res	urvey No. of Trip:	Survey ree.	160
DateTime, File Return to?				Transportation;	
11/2 - typist		Add Fee:	; Site Insp (\$	)s+Rss(	
. 01			: Interview (\$.	) Pholos	
Report Format:	TP		Tech Invs (5	) Others	
Lump Sum (1.84; (\$	2750=		Neskend (S	1	
		le le			The

TP Claims against NTUC Income: Follow-Through Survey

# 21/2/2019

S/NO	5/NO Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No. Income Vehicle No.	Income Vehicle No.	D.0.A	Estimate	Tentative repair cost
1	MT/1030932-002	COMFORT TRANSPORTATION PTE LTD	SHC 1958U	SLL 8181C	4/2/2019	\$8,566.83	\$2,244.29
2	MT/1031940-002	COMFORT TRANSPORTATION PTE LTD	SHA 3694C	SJL 3650Y	5/2/2019	\$1,785.68	\$900.00
3	MT/1033052-001	COMFORT TRANSPORTATION PTE LTD	SHA 3749D	GBH 6126R	15/2/2019	\$850.00	\$350.00
4	MT/1033055-001	COMFORT TRANSPORTATION PTE LTD	SHD 3199A	SLF 3432T	14/2/2019	\$2,399.06	\$1,200.00
2	MT/1031629-002	COMFORT TRANSPORTATION PTE LTD	SH 8548S	SJJ 8434H	12/2/2019	\$6,822.16	\$2,750.00
9	MT/1031383-002	COMFORT TRANSPORTATION PTE LTD	SHD 3198C	SJU 9736Y	9/2/2019	\$1,829.12	\$550.00
7	MT/1032845-002	COMFORT TRANSPORTATION PTE LTD	SHD 4145Z	SMA 1458Y	18/2/2019	\$2,574.90	\$1,000.00
8	MT/1033061-001	COMFORT TRANSPORTATION PTE LTD	SH 9493J	SJS 8276A	15/2/2019	\$5,712.08	\$2,750.00

Claim received from LKK Auto

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

· Change Language

· Change Password

Log Out

My Desktop Notice of Loss **Policy Query** 

Policy No.

Vehicle No.(For Motor) SJJ8434H Date of Accident

Certificate Number

drivo CLASSIC

12/02/2019 07:58

Search

Policy No. Select

5104587381

Certificate Number

Policyholder Name SATWANT SINGH S/O KUNDAN SINGH

Policyholder NRIC

S1684061J

Product Cover Type

Vehicle

Insured Object

Commence Date Expiry Date

SJJ8434H SJJ8434H 11/10/2018 10/10/2019

Continue

GPC

### 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 witholding 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	12/02/2019 10:44
Date Of Accident	12/02/2019 00:05
Exact Location Of Accident	CHOA CHU KANG EAST FLYOVER T > CHOA CHU CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8548S
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	140
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	WEE BOOI HENG
NRIC No	S1434648A
Date Of Birth	27/08/1960
Occupation	OUTDOOR

28/09/1978 Date Of Driving Pass

40 YEARS AND 4 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-96436341

Fax Number

Contact Number

**EMail Address** WEEJOHN49@YAHOO.COM.SG Address

BLK 106C PUNGGOL FIELD

Postcode

#04-514 823106

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)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190212/2009 \* TYPE OF ACCIDENT :- HEAD TO SIDE

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

SJJ8434H

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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 .:

GIARMC SketchPlanForm\_V3

5...

## Sketch Plan Pg. 2

Joseph Church	
	From KAE
ACCIDENT	
8 13	1 20
Kefor to Pal	ice
Procyd	
cepart 1.	
T/20190312/208	9
e true in every respect.	221-1
	Refer to Pal  Report  T/20190312/208

Sixtrac specifiching from 73

Page 5 of 22





Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

	1 of 3
Report N	o. T/20190212/2009

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: Station Diary No.: 12/02/2019 03:06 J/20190212/0001 12 Informant's Particulars Name of Informant: Address: WEE BOOI HENG APT BLK 106C PUNGGOL FIELD #04-514 SINGAPORE 823106 ID Type / ID No.: Contact No .: NRIC NO / S1434648A Home/Office: Mobile: 96436341 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 58 27/08/1960 Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: SELF EMPLOYED Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/02/2019 00:05	Type of Location. Flyover
KRANJI EXPI CHOA CHU K		KANG DR. CHOA		
Clear		Road Surface: Dry		Road Speed Limit:
				Fraffic Volume:
Type of Collision:  Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8548S	Car				Slightly Damaged	1
SJJ8434H	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20190212/2009

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20190212/2009

## CONTINUATION OF REPORT

Driver		SERVINO LONGERAL I	Les Colons	oloueta.	
Name	WEE BOOI HENG		ID No	),	S1434648A
Related Vehicle	SH8548S (Car)			act No.	96436341
Hospital/Clinic	NIL		Class Drivin Licene Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days granted Medical Leave NIL Degree		Degree of			
Passenger				AUG 8 (1911 A)	SOULING TO THE TANK
Name	MICHELLE		ID No		
Related. Vehicle	SH8548S (Car)	Contact No.		90256693	
Hospital/Clinic	NIL			of g ee & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave   NIL	Degree of	Injury		

## Brief Details.

On 12/02/2019 at about 0001hrs, I was driving my vehicle bearing vehicle no. SH8548S a blue comfort delgro taxi along KJE towards Choa Chu Kang flyover. On my vehicle, there was another passenger by the name of Michelle. I then stopped by the traffic light waiting for it to turn green. I was in the middle lane at the point of time. When the traffic light turned green in my favour, I proceeded on, turning right onto Choa Chu Kang flyover and was also changing to the third lane in the midst during the turning. Suddenly, a vehicle bearing SJJ8434H appeared out of no where on the third lane. I tried to stop but could not stop in time. Thus, the other vehicle collided onto my vehicle. As a result of the collision, my vehicle suffered damages on the front left portion.

After the collision, we alighted from the vehicle to make a cursory check of the vehicle. The other driver then insisted me to pay for the damages on his vehicle which I declined. I then called for the police as I think I was not at fault. The other driver then insisted that he is busy and then drove off without waiting for the arrival of the police.

He only left me his contact number 98534113.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190212/2009

CONTINUATION OF REPORT

Ske	tob	D	-
OKE	LGH		an

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 <u>report number</u> as reference.

Signature Of Officer Record F / Sgt 2 LOUIS SEAH ZHENG	//	Signature Of Informant:		
Signature Of Interpreter:  Not applicable		Date/Time: 12/02/2019 03:06		
Officer In Charge Of Case: TP / GIT /		Classification Of Case:		
Insp TAN CHIN YONG Contact No.: 65476178		SN 035		
Authentication Stamp NP168		Police Force		

CASH SALES/INVOICE

No:0002248

# James Towing Services

Blk 288 Yishun Ave 6 #07-50 Singapore 760288 James Low IIP: 9015 7488 • 9811 9966

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日期 |2/1

實號 Messre:	COM FOR DELGRID	Date: 7	Date:   7 F
車號 Vehicle No:	SH 8548S	型点 HYUNDSI 78X	78%)
From: 704	53	到	
時間(日夜) Time (dav/night)	0.200cm	03	
其他 Other	Burgent	11	
現金 CASH\$		大票	
		CHECHE	

NOTES: Vehicle is towed at owner's risk. The company accepts no responsibility for demage or other misdemeanor to your vehicle whilst being jowed. 注意:本公司對所拖之車輛,在進行中如有任何損失或破壞,一概由車主自行負責。

Received by 收貨人

Issued by 經手人

## OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Marnine = 65 5383 6280 Facsimire = 65 6780 9769

Date/Time: 12.02.2019 14:11

Page: 1

Team: OMER

MER NO.

ARC Repair TP(CLSO)1

JOB CARD

Sales Order: JC NO. 305267946

(R)

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

UNT CARD NO.

REGN NO	SH 8548S	MILEAGE
MAKE:	HYUNDAI	FUEL E1/2
MODEL	I- <b>4</b> 0	DATE/TIME IN 12.02.2019 00:05
YR OF M	26.05.2016	TARGET DATE
CHASSIS	CODE KMHT.R411IMGI108989	COMPLETION DATE/TIME:

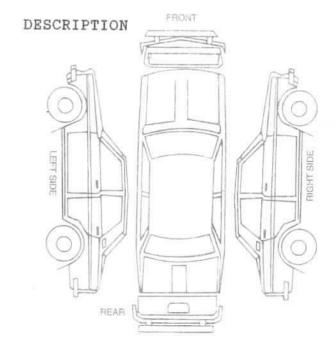
JOB DESCRIPTION

Accident Date: 12.02.2019

NATURE: 3P 12.02.19/C

S/NO

LABOR CODE



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

dgement Slip

SH 8548S

LIMTS

Exit Pass

Vehicle No.:

SH 8548S

ervice Advisor

Signature/Date

Name of Service Advisor

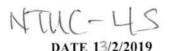
Date

To be kept by Security Guard

ned to Service Reception upon collection

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*







VEHICLE NO	): SH 8548S	DATE	13/2/2019	~	
MAKE	:		LKK-	Valvin	^
MODEL	: HYUNDAI i40		L. F.	+ act viv	(1)
Qty	Parts Description/ Labour	Type	Unit Price	Amour	
	Bonnet Hinge (LH/RH) × 544		\$ 41.00	1 3	2.00
	Bonnet Absorber, LH × /*			1 5	3.10
	Radiator Grille X			\$ 1,110	
	Front Bumper Cover			\$ 1,052	
	Front Bumper Sponge				0.20
	Front Bumper Reinforcement			\$ 402	2.10
	Front Bumper Grille (LH) X 5			\$ 93	3.60
	Front Bumper Grille Airduct (LH)			\$ 26	5.20
	Front Bumper Bracket Top (LH) 🞾 ~			\$ 22	2.40
	Front Bumper Bracket (LH)			\$ 24	1.60
	Headlamp Support Panel Assy			\$ 907	7.40
	Headlamp (LH)			\$ 1,388	3.00
	Front Fender (LH)			\$ 566	5.30
	Front Fender Shield (LH)			\$ 175	5.90
	Frt Wheel Hub Cab,LH			\$ 107	7.10
	SUB TOTAL			\$ 6,115	5.20
	LESS 20%			\$ 1,223	3.04
	DISCOUNTED TOTAL			\$ 4,892	2.16
	Front Fender Advertisement Logo (LH)				0.00 Nett
	Labour Charge			La	20
	Panel Beating	onsultants h	nence notify owing:	\$ 1,000	0.00
				\$ 500	×00
	• To resulve	and nart	a) during resurre		20
	Tuff Kote *To display	s are subject t	c confirmation a "Without Prejudice" basis	11	200 20
	* Third pall	The stands	Vie allowed	1	2.00 ST.X4
	Frt Wheel Alignment	entary item(s)	is allowed must be resurveyed and val from insurance Company	\$ 80	100 12 3
	[5 200]		1	100	
	TOTAL LABOUR	edged by Repa	iler	\$ 1,830	0.00
	Signatur	e:		0 (02)	116
	TOTAL ILABOUR  Acknowle  Signature  FOTAL  Signature  FOTAL  13/2/19 1130 L.  This is an initial estimate based on a visual inspection of the be prepared after the vehicle is surveyed by a motor Surveyed.	en are	Lot-	2750	2.10
	12 11000 120	r /			
	This is an initial estimate based on a visual inspection of the	e above ve	chicle. The final repair	•	
	be prepared after the vehicle is surveyed by a motor Survey	yor appoint	ted by the insurance co	mpany.	

## COMFORTDELGRO ENGINEERING

305267946 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 15/02/19 FINALIZATION FORM Fax: LKK KALVIN ANG Attn : SH 8548S Date of Accident : 12-Feb-19 Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SJJ8434H The repair job shall bill to: NTUC The finalized amount shall be: 2. Spare Parts after List discount (a) (b) Labour Charges Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) \$2,750.00 Total for Lumpsum repair cost after Less: 20% \$2,750.00 Final Lumpsum Repair cost Estimated normal period for repairs: 3 working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days 5. Thank you for your assistance. We confirm the estimates and finalized amount Signature Signature: **KALVIN** LIMTS Name Name 62148398 Date Tel 65468156 Fax For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No YES Rental Rate P/Day 2. Loss of Income Paid NO 3. Survey Fees 4. LTA Search Fee \$7.49 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





NTU	C INCOME INSUR	RANCE CO-OPERATIVE LTD	Ref:	NS/INC1900282	26/K1vd3e2
		D UNION HOUSESINGAPORE	Date:	22-02-2019	
			Code:	INC4	
1.		Policy Particulars	:- THIR	D PARTY CLAIM	Francisco de la companya del companya de la companya del companya de la companya
	Insured Veh.	SJJ 8434H	Veh. I	nspected	SH 8548S
	Policy No.	5104587381	Cover	age (\$)	0.00
	Claim No.	MT/1031629-002	Exces	s (\$)	0.00
	Assign From		Assig	n Date	13/02/2019
2.		Vehicle Parti	culars &	& Condition	APPLACE PROPERTY
	Make & Model	HYUNDAI 140	c.c		1685
	Engine No.	HIDDEN	Year o	of Reg.	2016
	Chassis No.	KMHLB41UMGU089894	Colou	r	BLUE
	Odometer	407581	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	FAIR			
3.	CONTRACTOR IN COME	Condit	ions of	Tyres	DESCRIPTION OF THE PARTY OF THE
		Size	Make		Balance
	R/H Front Tyre	205/60 R16	CAMP	EON	7 mm
	L/H Front Tyre	205/60 R16	CAMP	EON	7 mm
	R/H Rear Tyre	205/60 R16	CAMP	EON	7 mm
	L/H Rear Tyre	205/60 R16	CAMP	EON	7 mm
4.		Descripti	on of D	amages	
		STAINED DAMAGES AT THE N/S	S FRON	PORTION.	
5.	DAMAGES SEE D	Genera	l Inform	nation	
J.	Accident Date	12/02/2019	_	ction Date	13/02/2019
_	Survey held at	COMFORTDELGRO ENGINEE			1, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20
	ourvey nead at	59 LOYANG DRIVE SINGAPORE 508969			
5a.	And the parties of	R	emarks	<b>被告报</b>	
	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WI" CE TO YOUR INSTRUCTIONS, V	THOUT F	REJUDICE" BASIS	S. D REPAIRS.
5b.		Estimate	Days o	f Repair	
	transition of the second secon				

ESTIMATED NORMAL PERIOD FOR REPAIR:

3 Working Days



## **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8548S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
2	BONNET HINGE (LH/RH) @\$41.00	SERVICEABLE	82.00	
1	BONNET ABSORBER, LH	SERVICEABLE	58.10	
1	RADIATOR GRILLE	SERVICEABLE	1,110.10	9
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE	SERVICEABLE	99.20	0+
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	402.10	
1	FRONT BUMPER GRILLE (LH)	SERVICEABLE	93.60	
1	FRONT BUMPER GRILLE AIRDUCT (LH)	SERVICEABLE	26.20	9-
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	22
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	907.40	1.0
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	0-
1	FRT WHEEL HUB CAB, LH	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-1,223.04	-627.64
			4,892.16	2,510.56
	SPECIAL NETT ITEMS			
1	FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
	LABOUR			
	PANEL BEATING.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
7	WIRING.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	
	VEH TOW-IN. (NPA)		-	-
			1,830.00	840.00

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GRAND TOTAL	6,822.16	3,450.56	
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)		2,750.00	

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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