

Surveyor: Kalvin

REF:

NS/INC19003238/K1td3s2

# ASSIGNMENT

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

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

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

To Insured Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SLX 7907U

Policy No: 5099332685

Claims No: MT/1052006-002

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 |
|     |     |

Est. or Market Value: \_\_\_\_\_

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 7191A Yr Regn: 14Z4, 206

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

Truck / Trailer or

Make: Hyundai cc 1600

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

Sp. Reading: 396540 T/Radio: Insured / Std / Nil / NA

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

C/No: KMHLB414M59092409

Gen. Cond: Good / FA / Poor / Burnt

Steering: In order / 6 / Jammed / Leaked / Burnt or

Brake: In order / 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AIR or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hand Koo K

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

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

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

D.O.A. 17/4/19 D.O.I. 19/2/19

Survey field at C D G E (Loyang)

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

N/S P/W.

The UIC / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction                      |
|-------------|---|
|             | SHC 7191A - X                             |
|             | SLX 7907U - X                             |
| 21/2/19     | Catrad 45, 2800 / 3000. Cred. RTA 0%, 40% |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |
|             |   |

RECEIVED 22 FEB 2019

Date/Time, File Pass to?

24 Typist

Date/Time, File Return to?

3

Report Format

270

2800

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Transport (\$

Survey Fee:

Transportation:

5+RS \$

Photos

Others

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 22/02/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1    | MT/1032557-002   | COMFORT TRANSPORTATION PTE LTD  | SHD 7301U            | SMA 3716P          |
| 2    | MT/1032606-002   | CITYCAB PTE LTD                 | SHC 7191A            | SLX 7907U          |
| 3    | MT/1031391-002   | COMFORT TRANSPORTATION PTE LTD  | SHA 7443J            | SKV 6292M          |
| 4    | MT/1032506-002   | COMFORT TRANSPORTATION PTE LTD  | SHD 4485S            | SHC 6039P          |
| 5    | MT/1031608-002   | COMFORT TRANSPORTATION PTE LTD  | SHA 7156M            | GBF 1176P          |
| 6    | MT/1033223-001   | COMFORT TRANSPORTATION PTE LTD  | SH 8122L             | SLQ 2636X          |

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="checkbox"/> | 5099332685 |                    | CHOW CHOY FOON    | S0070454G         | GPC     | drive CLASSIC | SLX7907U    | SLX7907U       | 11/04/2018    | 10/04/2019  |

## ▼ Policy Information

|                             |   |                             |                  |                   |                  |
|-----------------------------|---|-----------------------------|------------------|-------------------|------------------|
| Policy No.                  | 5099332685  | Policyholder Name           | CHOW CHOY FOON   | Policyholder NRIC | S0070454G        |
| Certificate No.             |   |                             |                  |                   |                  |
| Address                     | BLK 846 #10-181 TAMPINES STREET 82 SINGAPORE 520846 |                             |                  |                   |                  |
| Product Name                | PRIVATE CAR INSURANCE                               | Plan                        |                  | Group Policy Flag | N                |
| Policy Issue Date           | 04/04/2018  | Effective Date              | 11/04/2018 00:00 | Expiry Date       | 10/04/2019 23:59 |
| Third Party Excess          | 0   | Own damage Excess           | 600              | Windscreen Excess | 100              |
| Additional Excess           | 0   | OS Premium                  | 0                |                   |                  |
| Outside Singapore OD Excess | 600   | Outside Singapore TP Excess | 0                |                   |                  |
| Agent                       | YONG LEE SENG MOTOR PTE LTI                         | Agent Tel.                  | 68440123         | GST Flag          | Y                |
| Co-insurance Flag           | No  |                             |                  |                   |                  |
| Open Policy Info            |   |                             |                  |                   |                  |
| Certificate Info            |   |                             |                  |                   |                  |

## ▼ Policyholder Mailing Address

|           |                 |                       |                    |           |                  |
|-----------|-----------------|-----------------------|--------------------|-----------|------------------|
| Address 1 | BLK 846 #10-181 | Address 2             | TAMPINES STREET 82 | Address 3 | SINGAPORE 520846 |
| Address 4 |                 | Address Type          | Singapore address  | Post Code | 520846           |
| Unit No.  |                 | Related Policy Number | 5099332685         |           |                  |

## ► Insured Object: SLX7907U

## ▼ Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|----------------------------|---|
| 1        | 11/04/2018 00:00    | Basic Information Endorsement | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that from 11 Apr 2018, the following policy details are amended as follows: VEHICLE REGISTRATION NUMBER: SLX7907U  |
| 2        | 11/04/2018 00:00    | POI Move                      | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 11 Apr 2018 TO 10 Apr 2019 |

Continue

Cancel

## 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             | 18/02/2019 13:28                    |
| Date Of Accident           | 17/02/2019 17:50                    |
| Exact Location Of Accident | CENTRAL BOULEVARD TWDS ROBINSON RD. |
| Country/State of Loss      | SINGAPORE                           |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC7191A                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | CITYCAB PTE LTD            |
| Co Reg No                   | 199502839G                 |
| 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-18088937MFSH                 |
| Cover Note Number         |                                |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | CHIA TECK LAI          |
| NRIC No              | S1660923D              |
| Date Of Birth        | 28/03/1964             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 24/02/1990             |
| Driving Experience   | 28 YEARS AND 11 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97474445   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | NOEMAIL                |

|   |                           |
|---|---------------------------|
| Address   | 207C 07-972 PUNGGOL PLACE |
| Postcode  | 823207                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | OTHER - TAXI DRIVER       |
| Vehicle Registration Number of Driver's Own Vehicle | -                         |
|   | -                         |
| Insurance Company of Driver's Own Vehicle           | -                         |
|   | -                         |
|   | -                         |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | WET        |

#### Other Information

|   |                |
|---|----------------|
| Was any foreign vehicle involved in this accident?  | NO             |
| Number of vehicles (including own vehicle) involved in the accident                         | 2              |
| Was any body injured in the Accident?   | NO             |
| Was any injured conveyed to hospital by ambulance?  | NO             |
| Was any other material or property damaged?   | YES            |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO             |
| Number of Passengers (Including Driver)   | 2              |
| Passenger 1   | NAME: : -      |
|   | GENDER: : MALE |

#### 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

SEE ATTACH.

#### 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

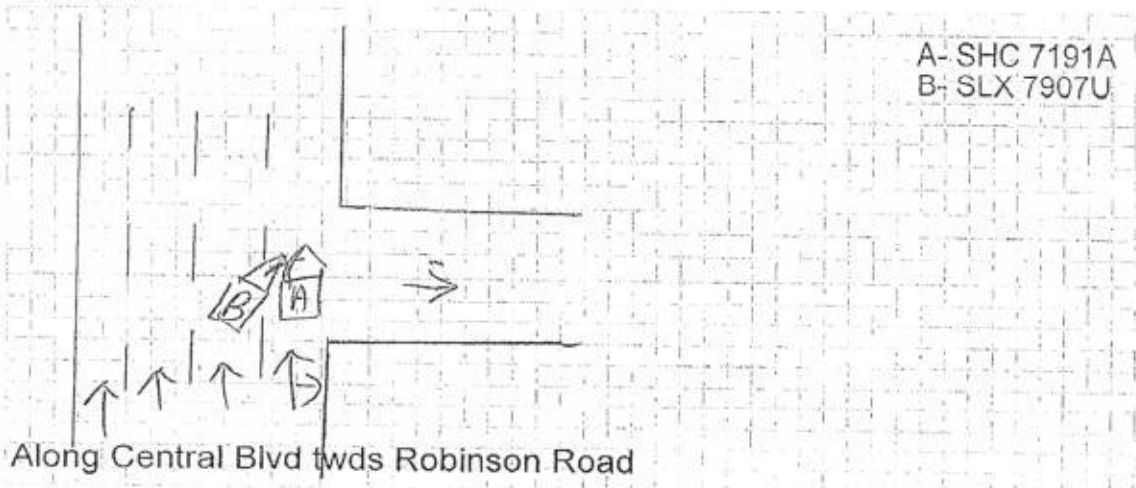
|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLX7907U    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |
| Nature Of Damage            | RHT FRT     |



No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17.02.2019 @ 1750HRS I was travelling along Central Blvd twds Robinson Road with one male passenger onboard.

As I was straight and suddenly veh(B) SLX 7907U dashed out from my left and hit onto my vehicle front left portion.

As the accident took place too fast I could not take evasive action to prevent the accident.

I have company video and photos at scene to support my claims .

No injury in this accident.

*Female.*  
Veh(B) SLX 7907U *Male* driver

## DECLARATION

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

CITYCAB PTE LTD  
REG NO. 199502839G

Policyholder's Signature

Date & Time:

*[Signature]*  
Driver's Signature

(If driver is not the policyholder)

*18/2/19*  
Jackson HCSO

*[Signature]*  
Reporting Centre Personnel's Signature



**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.

CITYCAB PTE LTD  
CO. REG. NO. 19950282000

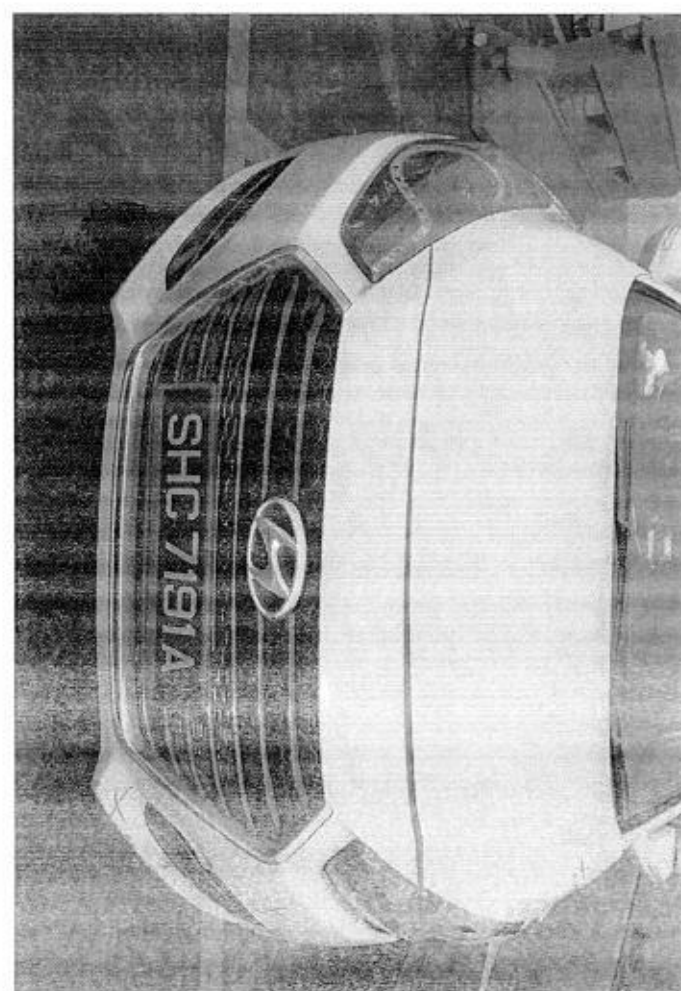
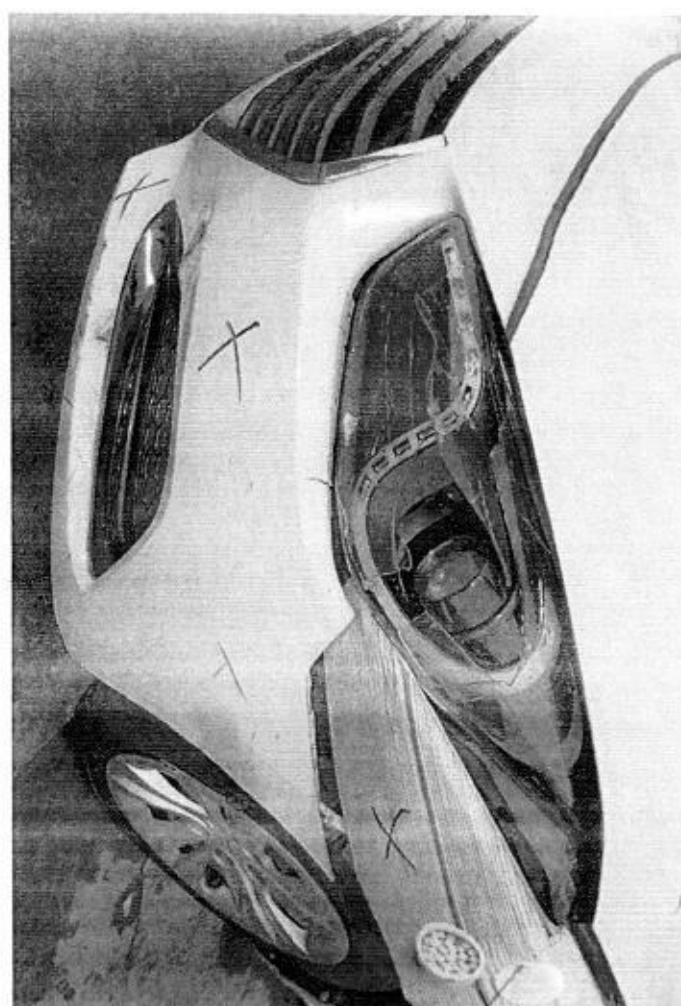
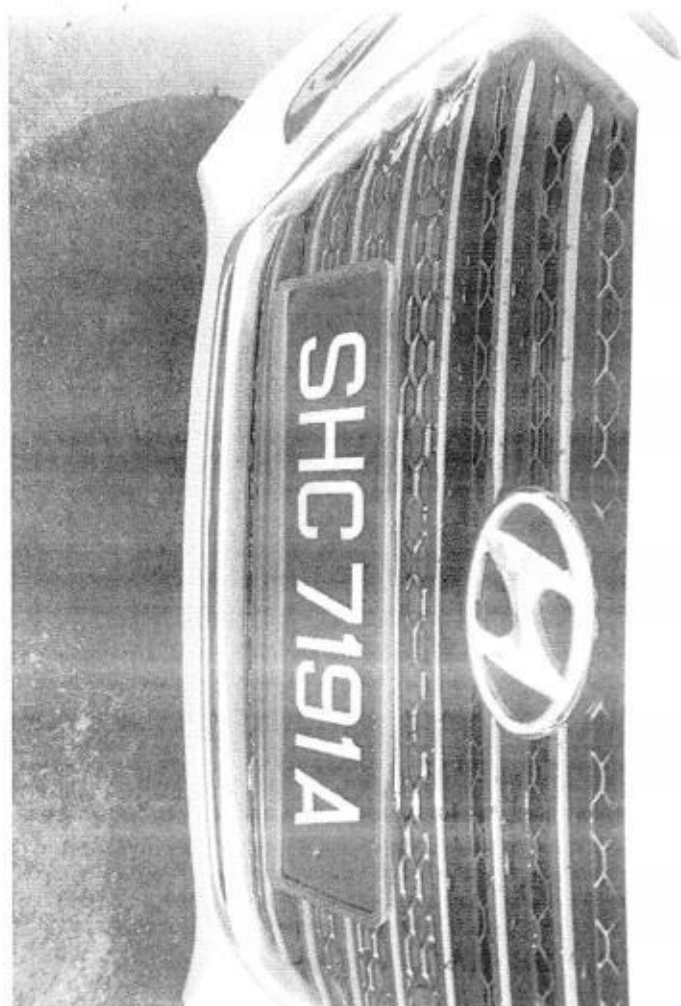
*[Signature]*

18/2/19  
Jackson Heng  
CSO

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.:





Date/Time: 18.02.2019 16:26

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305269746

STOMER CITYCAB PTE LTD  
VMS 7010070  
STOMER NO. 383 SIN MING DRIVE  
DRESS Singapore SINGAPORE 575717  
65551188

VARS

|                                |                               |
|--------------------------------|-------------------------------|
| REGN NO.: SHC7191A             | MILEAGE                       |
| MAKE: HYUNDAI                  | FUEL E.....1/2.....F          |
| MODEL I-40                     | DATE/TIME IN 17.02.2019 18:30 |
| YR OF MANU 14.07.2016          | TARGET DATE                   |
| CHASSIS CODE KMHLE41UMGU092409 | COMPLETION DATE/TIME:         |

SCOUNT CARD NO.

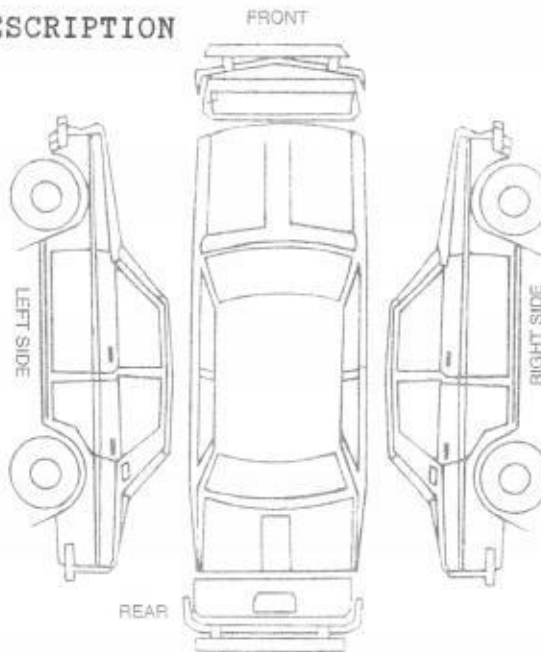
JOB DESCRIPTION

Accident Date: 17.02.2019

NATURE: 3P 17.02.2019

NO LABOR CODE  
NTUC - Left Front  
LKC/

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7191A LARRY

Vehicle No.: SHC7191A

Larry Ng

Signature/Date

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



| Qty | Parts Description/ Labour  | Type | Unit Price | Amount               |
|-----|--|------|------------|----------------------|
|     | Front Bumper Cover <i>Paint</i>  |      |            | \$ 544.50            |
|     | Front Bumper Sponge <i>X</i>   |      |            | \$ 99.20             |
|     | Front Bumper Reinforcement <i>X</i>  |      |            | \$ 402.10            |
|     | Front Bumper Grille (LH) <i>cut</i>  |      |            | \$ 41.60             |
|     | Front Bumper Bracket Top (LH) <i>cut</i>   |      |            | \$ 22.40             |
|     | Front Bumper Bracket (LH) <i>cut</i>   |      |            | \$ 24.60             |
|     | Headlamp (LH) <i>cut</i>   |      |            | \$ 1,388.00          |
|     | Front Fender (LH) <i>Paint</i>   |      |            | \$ 566.30            |
|     | Front Fender Shield (LH) <i>X</i>  |      |            | \$ 175.90            |
|     | Front Fender Retainer <i>X</i>   |      |            | \$ 24.60             |
|     | Frt Wheel Hub Cap, LH <i>change</i>  |      |            | \$ 107.10            |
|     | <i>Front Bumper X 1/2</i>  |      |            |                      |
|     | <b>SUB TOTAL</b>   |      |            | <b>\$ 3,396.30</b>   |
|     | <b>LESS 20%</b>  |      |            | <b>\$ 679.26</b>     |
|     | <b>DISCOUNTED TOTAL</b>  |      |            | <b>\$ 2,717.04</b>   |
|     |  |      |            |                      |
|     | Front Fender Advertisement Logo (LH) <i>X</i>  |      |            | \$ 100.00            |
|     |  |      |            | <b>\$ 100.00</b>     |
|     | <b>Labour Charge</b>   |      |            |                      |
|     | Panel Beating  |      |            | <del>\$ 800.00</del> |
|     | Spray Painting Charge  |      |            | <del>\$ 600.00</del> |
|     | Wiring   |      |            | <del>\$ 200.00</del> |
|     | Tuff Kote  |      |            | <del>\$ 200.00</del> |
|     | Frt Wheel Alignment  |      |            | <del>\$ 400.00</del> |
|     | <b>TOTAL LABOUR</b>  |      |            | <b>\$ 1,860.00</b>   |
|     | <b>ESTIMATE TOTAL</b>  |      |            | <b>\$ 4,677.04</b>   |
|     | <div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none"><li>• To display damage is correct during resurvey</li><li>• Parts and labour for the repair</li><li>• Parts and labour for the repair</li><li>• Parts and labour for the repair</li><li>• Parts and labour for the repair</li></ul><p>Acknowledged by Repairer</p><p>Signature: _____</p><p>Date: _____</p></div> |      |            |                      |
|     | <i>Ka li 10/11</i>   |      |            |                      |
|     | <i>19/2/19 1035h</i>   |      |            |                      |
|     | <i>3 Rep,</i>  |      |            |                      |
|     | <i>Ls</i>  |      |            |                      |
|     | <i>Attn Rep pht</i>  |      |            |                      |
|     | 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.   |      |            |                      |

Larry Ng

Nett

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305269746

Date : 21. Feb. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7191A

Date of Accident: 17. Feb. 2019

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

1. The repair job shall bill to: NTUC SLX7907U

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: **\$2,800.00**  
**Final Lumpsum Repair cost**

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Kalvin

Name : Kalvin

Date : 21/2/19

## 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                               |        |                             |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    |        |                             |                        |         |
| 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/INC19003238/K1td3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-02-2019



189556

Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SLX 7907U      | Veh. Inspected | SHC 7191A  |
| Policy No.   | 5099332685     | Coverage (\$)  | 0.00       |
| Claim No.    | MT/1032606-002 | Excess (\$)    | 0.00       |
| Assign From  |                | Assign Date    | 19/02/2019 |

### 2. Vehicle Particulars & Condition

|              |                   |              |                    |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40       | c.c          | 1685               |
| Engine No.   | HIDDEN            | Year of Reg. | 2016               |
| Chassis No.  | KMHLB41UMGU092409 | Colour       | YELLOW             |
| Odometer     | 396340            | Steering     | IN ORDER           |
| Brakes       | IN ORDER          | Modification | STANDARD ALLOY RIM |
| General      | FAIR              |              |                    |

### 3. Conditions of Tyres

|                | Size      | Make    | Balance |
|----------------|-----------|---------|---------|
| R/H Front Tyre | 205/60R16 | HANKOOK | 7 mm    |
| L/H Front Tyre | 205/60R16 | HANKOOK | 7 mm    |
| R/H Rear Tyre  | 205/60R16 | HANKOOK | 7 mm    |
| L/H Rear Tyre  | 205/60R16 | HANKOOK | 7 mm    |

### 4. Description of Damages

|   |
|---|
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. |
| DAMAGES SEE DETAILS.                                    |

### 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 17/02/2019   | Inspection Date | 19/02/2019 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

### 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

### 5b. Estimate Days of Repair

|                                     |                |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

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

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. SHC 7191A**

| Qty   | Description of Parts                                    | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|----------------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b>  |   |                      |                           |                   |
| 1   | FRONT BUMPER COVER                                      | DEFORMED             | 544.50                    | 544.50            |
| 1   | FRONT BUMPER SPONGE                                     | SERVICEABLE          | 99.20                     | -                 |
| 1   | FRONT BUMPER REINFORCEMENT                              | SERVICEABLE          | 402.10                    | -                 |
| 1   | FRONT BUMPER GRILLE (LH)                                | CUT                  | 41.60                     | 41.60             |
| 1   | FRONT BUMPER BRACKET TOP (LH)                           | CRACKED              | 22.40                     | 22.40             |
| 1   | FRONT BUMPER BRACKET (LH)                               | CRACKED              | 24.60                     | 24.60             |
| 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                    | -                 |
| 1   | FRONT FENDER RETAINER                                   | SERVICEABLE          | 24.60                     | -                 |
| 1   | FRT WHEEL HUB CAP, LH                                   | GRAZED               | 107.10                    | 107.10            |
| 1   | FRONT BONNET (NPA)                                      | TO REPAIR SEE LABOUR | -                         | -                 |
|   | LESS 20% DISCOUNT                                       |                      | -679.26                   | -538.90           |
|   |   |                      | 2,717.04                  | 2,155.60          |
| <b><u>SPECIAL NETT ITEMS</u></b>  |   |                      |                           |                   |
| 1   | FRONT FENDER ADVERTISEMENT LOGO (LH) (SN)               | NECESSARY            | 100.00                    | 100.00            |
|   |   |                      | 100.00                    | 100.00            |
| <b><u>LABOUR</u></b>  |   |                      |                           |                   |
|   | PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT BONNET. |                      | 800.00                    | 600.00            |
|   | SPRAY PAINTING CHARGE.                                  |                      | 900.00                    | 600.00            |
|   | WIRING.   |                      | 30.00                     | 20.00             |
|   | TUFF KOTE.  |                      | 50.00                     | 20.00             |
|   | FRT WHEEL ALIGNMENT.                                    | NOT NECESSARY        | 80.00                     | -                 |
|   |   |                      | 1,860.00                  | 1,240.00          |
| <b>GRAND TOTAL</b>  |   |                      | <b>4,677.04</b>           | <b>3,495.60</b>   |
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS<br/>(TO ITS PRE-ACCIDENT CONDITION)<br/>(CONFIRMED)</b> |   |                      |                           | <b>2,800.00</b>   |

Report Ref No. NS/INC19003238/K1td3s2



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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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