

Surveyor: Kelvin

REF:

NS/INC19003744/KIND3 n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/MS/TP/RES/OD/RES/EVA/INV/MVA

Insured Vehicle No: _____

at Workshop m/s _____

Insured: **GR6088E**

Policy No: **5088414087**

Claims No: **MT/1033653-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

NIS	O/S

Sal. 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: **SHA 3069H**

Yr Regn: **7 Ep 317**

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

Truck / Trailer or

Make: **Toyota Prius**

cc **1790**

Colour: **Blue**

A/C: Ins **0** / Std / HI / NA

Sp. Reading: **16291**

T/Radio: Ins **0** / Std / HI / NA

Eng/No: _____

C/No: **JTDKB3F4403562873**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inop / Jammed / Leaked / Burnt or

Brake: Inop / Jammed / Leaked / Burnt or

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

Tyre Size: **195/65 R15**

BS / DUN / EXHOVA / GY / FS / LIZA / MIC / OHSU / PIR / SUMI

TOYOTA YOKO or **Wentale**

Front

Rear

R/Bal: **6** mm

R/Bal: **6** mm

L/Bal: **6** mm

L/Bal: **6** mm

D.O.A. **25/2/19**

D.O.A. **27/2/19**

Survey held at **C D Gr E (Loyang)**

Des. of Damages: Frl / Rear / O/S / NIS / UIC / Roof/lop or

O/S Rear

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

Date / Time

Action / Instruction

SHA 3069H-CL3/EQ118017798/K18b392 DOA: 28/9/2018

Inc

GR6088E-X

P/P

1/3/19 Chd P/P \$800/3 Bz. (Red 1629.18, 6710)

RECEIVED 01 MAR 2019

Date/Time, File Pass lot

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return lot

1/3- typist

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

160

Add Fee:

Site Insp: **15**

man ip: **15**

Test: **15**

TP

P/P \$800/2

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 1 March 2019 2:12 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

All claims created

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, 1 March 2019 9:16 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No
1	MT/1031301-002	COMFORT TRANSPORTATION PTE LTD	SHD 3739S	PA 7310P
2	MT/1033653-002	COMFORT TRANSPORTATION PTE LTD	SHA 3069H	GR 6088E

D.O.A	Time of Accident	Estimate	Tentative repair cost
8/2/19	7:00	\$5,889.52	\$4,916.48
25/219	17:45	\$2,429.18	\$800.00

Claim received from LKK Auto

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC_PAYA_UBI_800601

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

Policy Query

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5088414087-01		SHENG WANG TRADING	52825408A	GFT	Third Party	GR6088E	GR6088E	09/03/2018	

▼ Policy Information

Policy No.	5088414087-01	Policyholder Name	SHENG WANG TRADING	Policyholder NRIC	52825408A
Certificate No.					
Address	36 TOH GUAN ROAD EAST #01-36 ENTERPRISE HUB SINGAPORE 608580				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	26/02/2018	Effective Date	09/03/2018 00:00	Expiry Date	08/03/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	RON NG AGENCY PTE. LTD.	Agent Tel.	64831776	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	36 TOH GUAN ROAD EAST	Address 2	#01-36 ENTERPRISE HUB	Address 3	SINGAPORE 608580
Address 4		Address Type	Singapore address	Post Code	608580
Unit No.		Related Policy Number	5088414087-02		

► Insured Object: GR6088E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	09/03/2018 00:00	Basic Information Endorsement	000001286763238	Endorsement Take Effective	amend memo Thank you for giving us the opportunity to serve you. We confirm that from 09/03/2018 to 08/03/2019, this policy is extended to cover the insured vehicle whilst being driven within the airside of Singapore Changi Airport. 1. YK4329Y The policy does not cover any loss or damage to aircraft and its passengers, including any and all forms of aviation liability.
2	09/03/2018 00:00	Basic Information Endorsement	000001286763229	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. GV7193G 09-05-2018 \$723.86 2. YK4329Y 09-05-2018 \$946.66 In view of this amendment, a refund of
3	30/05/2018 00:00	Basic Information Endorsement	000001286827663	Endorsement Take Effective	

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	26/02/2019 15:23
Date Of Accident	25/02/2019 17:45
Exact Location Of Accident	JURONG TOWN HALL TWDS JUR EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3069H
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	TOYOTA
Model	PRIUS HYBRID 4G
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	TAN CHOW TIAM
NRIC No	S1321823D
Date Of Birth	30/01/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97389744
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 167 PETIR ROAD #13-138
Postcode	670167
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190226/2074 * TYPE OF ACCIDENT :- HEAD TO SIDE

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	GR6088E
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANAGASABAI
NRIC/Passport Number	G8377411N

Contact Number	86736845
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN CHOW TIAM
Approximate Age	
Injuries Sustain	NECK AND BOTH HANDS
Injured person in which vehicle?	SHA3069H
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

SKETCH
Attach
By Hwey

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police
Report:
T/20190226/2074

DECLARATION

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

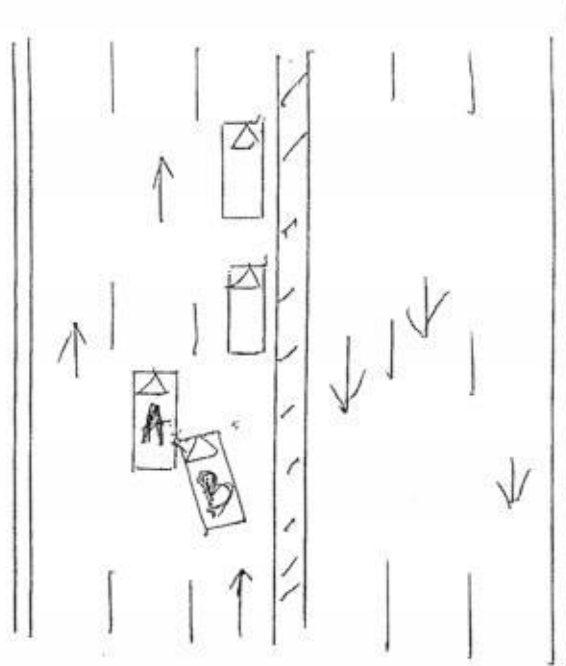
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821P

Policyholder's Signature
Date & Time

Driver's Signature

Reporting Centre Personnel's Signature

Surong Town Hall Road



A-SHA-3069-H

(B) GR-6088-E

en
26/2/19



**SINGAPORE
POLICE FORCE**



T/20190226/2074

1 of 3

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

Report No. T/20190226/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 12:54	Vide Report No.:	Station Diary No.: 19
--	------------------	--------------------------

Informant's Particulars

Name of Informant: TAN CHOW TIAM	Address: APT BLK 167 PETIR ROAD #13-138 SINGAPORE 670167		
ID Type / ID No.: NRIC NO / S1321823D	Contact No.: Home/Office: Mobile: 97389744		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 61	Date of Birth: 30/01/1958	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: 25/02/2019 17:45	Type of Location: Straight Road
Location: Along Road 1 JURONG TOWN HALL ROAD JURONG TOWN HALL ROAD TOWARDS BUKIT BATOK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GR6088E	TRUCK					0
SHA3069H	TAXI	TOYOTA		Blue	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190226/2074

2 of 3

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

Report No. T/20190226/2074

CONTINUATION OF REPORT

Driver			
Name	TAN CHOW TIAM		ID No. S1321823D
Related Vehicle	SHA3069H (TAXI)		Contact No. 97389744
Hospital/Clinic	ANSAR CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2019	Date Discharge	26/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Driver		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 25/02/2019 at about 1745hrs, I was driving in my taxi with a female passenger. I was driving along Jurong Town Hall Road. At that moment, I was on the center lane. While I was driving, I heard a loud crashing sound coming from the right rear of my taxi. When I came down to make a check, I saw a truck GR6088E front left part of the vehicle had hit onto the right rear of my taxi. My taxi had scratch marks and dented in at the part it was being hit. My passenger is not injured. I suffered pain at my neck area and both my hands. I had went for medical check up and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**

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



T/20190226/2074

3 of 3

Report No. T/20190226/2074

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 MUHAMMAD AZREEN BIN ALI

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

26/02/2019 12:54

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

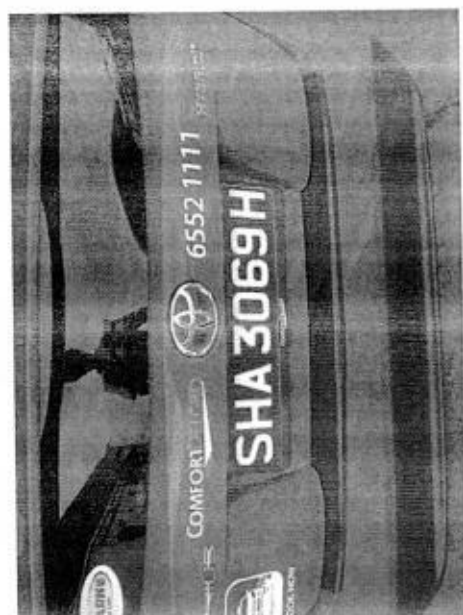
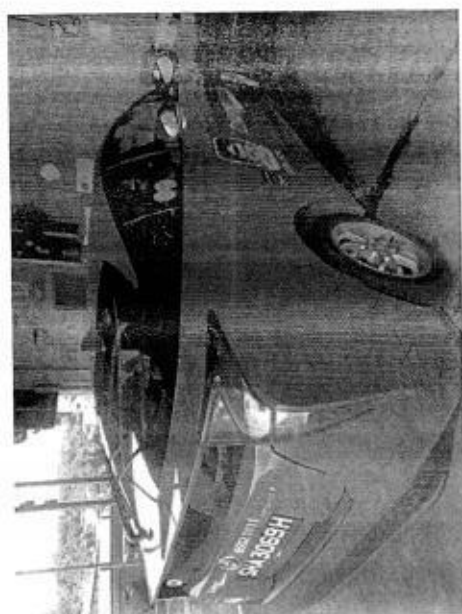
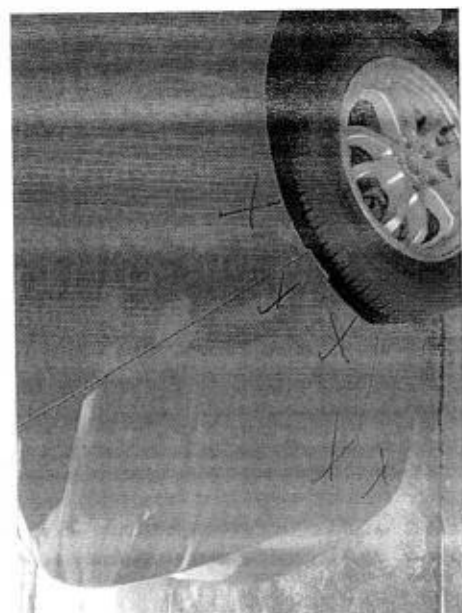
Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

[Signature]



P/P

26/2/2019 16:16

100

• •

400
Xan
Xan
Xan

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

Date/Time: 26.02.2019 15:45

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305272438

OMER:

IS: COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045

IESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (C)

(P)

JUNT CARD NO.

REGN NO.

SHA3069H

MILEAGE

MAKE:

TOYOTA

FUEL

E. 1/2 F.

MODEL

PRIUS HYBRID(G4) 26.02.2019 13:55

DATE/TIME IN

YR OF MANU

07.09.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU403563873

COMPLETION DATE/TIME

JOB DESCRIPTION

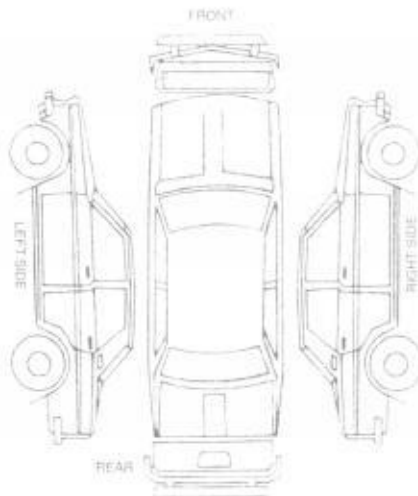
Accident Date: 25.02.2019

NATURE: 3P 25.02.19 -

S/NO

LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Handed Over Slip

Exit Pass

No.: SHA3069H

JU NTUC LKK

Vehicle No.:

SHA3069H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305272438
Date : 28/02/2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHA3069H

Fax :

Date of Accident : 25.02.19

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

1. The repair job shall bill to: NTUC --- GR6088E
###
2. The finalized amount shall be:


(a) Spare Parts after List discount			\$0.00
(b) Labour Charges	###		\$ 800.00
Total for Part-By-Part Repair Cost			\$ 800.00
NI			
(c) Lumpsum Repair (if applicable)			
Total for Lumpsum repair cost after Less: <u>20%</u>			
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 : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 1/3/19

For Official Use Only

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

Remarks:



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/INC19003744/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-03-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GR 6088E	Veh. Inspected	SHA 3069H
Policy No.	5088414087-01	Coverage (\$)	0.00
Claim No.	MT/1033653-002	Excess (\$)	0.00
Assign From		Assign Date	27/02/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU403563873	Colour	BLUE
Odometer	162091	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	25/02/2019	Inspection Date	27/02/2019
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:	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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3069H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR FENDER,RH	TO REPAIR SEE LABOUR	836.70	-
1	REAR FENDER SHIELD (RH)	SERVICEABLE	134.20	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	60.00	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-257.72	-
			773.18	-
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			96.00	-
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER,RH AND REAR BUMPER.		800.00	400.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,560.00	800.00
	GRAND TOTAL		2,429.18	800.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				800.00

Report Ref No. NS/INC19003744/K1vd3n2

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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