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GIA / PR Seen:	Consistent? : Yes or No	L/Bal.	min test	L/Bal. 6	mm
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	FP		Text to 1	F-65	

# Veron Chen (LKKAuto)

From:

MTCL@income.com.sq

Sent:

Monday, 11 March 2019 1:20 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



From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

Sent: Monday, 11 March 2019 9:42 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
1	MT/1034052-002	COMFORT TRANSPORTATION PTE LTD	SHD 6529L	WC 2878H
2	MT/1025893-002	SMRT BUSES LTD	SG 5428E	SGJ 8745X
3	MT/1029500-002	SMRT BUSES LTD	SMB 1579B	GT 6107Z

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/2/2019	16:20	\$9,905.30	\$4,750.00
31/12/2018	17:15	\$962.00	\$527.00
25/1/2019	8:25	\$1,878.00	\$1,050.00

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.

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Password Log Out → Change Language My Desktop **Policy Query** Notice of Loss 27/02/2019 09:14 Date of Accident Policy No. Vehicle No.(For Motor) Certificate Number WC2878H Search Certificate Number Insured Object Policyholder Name Policyholder NRIC Commence Date Select Policy No. Product Cover Type Expiry Date LIM KHENG KEAT GCV Third Party WC2878H WC2878H 01/07/2018 07/05/2019 O 5100289893 S8385717Z

Continue

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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.	70 N N N N N N N N N N N N N N N N N N N
表示的 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	ACCIDENT STATEMENT
Date Of Report	28/02/2019 14:31
Date Of Accident	27/02/2019 16:20
Exact Location Of Accident	SENGKANG EAST RD TWDS PUNGGOL WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD6529L
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	TAN SOO CHIEW
NRIC No	S1503864J
Date Of Birth	02/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1983
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81618685
Fax Number	

NOEMAIL

Address

BLK 446 PASIR RIS DRIVE 6

#06-108

Postcode

510446

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

YES

NO

Was any body injured in the Accident?

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)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

2 -

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190228/2045

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

WC2878H

Vehicle Make/Model/Colour

MOVER

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LIM KHENG KEAT

NRIC/Passport Number

S8385717Z

Contact Number

93693978

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

TAN SOO CHIEW

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHD6529L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Sketch Plan Pg. 1

#### 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.
- 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>.
- 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:
  - (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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Loke Wei Yieng

GIARNAC SketchPlanform\_V3

1

POLICE REPORT ATTRUMED.  Ton 60238 2045	13-10 G S A .					
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	ECLARATION					
FCLARATION		are true in every re	espect.		1	
ECLARATION  We declare the foregoing particulars are true in every respect.	CO. REG. NO. 199303821R	5	5		A	
We declare the foregoing particulars are true in every respect.	olicyholder's Signature	Driver's Signature		Reporting Contro	e Personnel's Signature	
We declare the foregoing particulars are true in every respect.	ate & Time:	(If driver is not the		Name:	- I	. 1

Contracts interacted a tra





1 1 1

1 of 3

Report No. T/20190228/2045

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Vide Report No.:	Station Diary No.
22	0.4

28/02/2019 12:32 61 Informant's Particulars Name of Informant: Address: TAN SOO CHIEW APT BLK 446 PASIR RIS DRIVE 6 #06-108 SINGAPORE 510446 ID Type / ID No.: Contact No.: NRIC NO / S1503864J Home/Office: Mobile: 81618685 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: 57 02/04/1961 Male Driver Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Taxi driver Class: 3,4 Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2019 16:20	Type of Location: Straight Road
Location: Along Road 1 SENGKANG PUNGGOL W		Road 2	/	o alo elemanativo delle esi Portuge Value
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD6529L	Car				Slightly- Damaged	4
WC2878H	Truck					0

	in the calculation
Details of Person Involved	
Any Pedestrian Involved: No	the second
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

:16.

#### Sketch Plan Pg. 4





12019022012045

Police Station Of Origin.

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Report No. T/20190228/2045

2 of 3

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver						
Name	TAN SOO CHIEW			ID No.		S1503864J
Related Vehicle	SHD6529L (Car)	r) Contac		ict No.	81618685	
Hospital/Clinic	NOVENA MEDICAL CENT CLINIC	TER FAM	1ILY	Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	28/02/2019 Date Disc			harge	28/02	2/2019
No. of Days gran	ted Medical Leave 07		Degree of Injury   Slight			
Driver						
Name -	LIM KHENG KEAT		2520	ID No		S8385717Z
Related Vehicle	-WC2878H (Truck)		Contact No.		98699378	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	narge	NIL	
No. of Days grant	ted Medical Leave NIL		Degree of	Injury	NIL	

#### Brief Details.

On 27/02/2019 at around 1619hrs, I was driving my taxi (SHD6529L) along Sengkang East Road towards Punggol Way. I was driving in the middle lane of the 3 lanes road. I had 4 passengers during that point in time. While driving and approaching the traffic light, I slowed down and eventually came to a stop. It was drizzling on that particular day.

While waiting and stationary, I suddenly felt a bump from the rear of my vehicle. A vehicle (WC2878H) had collided into the rear of my vehicle. There were damages to both vehicles. No traffic police or ambulance attended to the scene. No one was injured during that point of time. I felt pain on my neck and back on the next day and went to Novena Medical Center to have myself checked for any injuries. I was given 7 days of medical certificate for my injuries.

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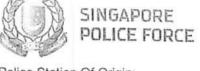
CONTINUATION OF REPORT





3 of 3

Report No. T/20190228/2045



Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

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 G / Staff Sgt MOHAMAD ADHA BIN MO	DHAMAD,	ant.
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2019 12:32	
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMAR SITA BLATE BOHAR Contact No.: 620 620 65 FORCE	Classification Of Case:	
Authentication Stamp NP168 SIGNATURE		

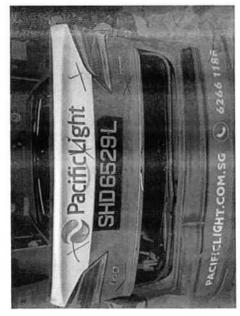


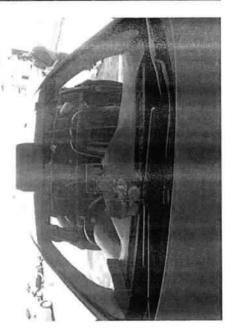












# COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO: SHD 6529L

LKKKalvin 48um

L.K	DATE DATE	28/2/2019 15:41		NTUC	
CONTRACTOR OF THE CONTRACTOR O	10-0	227 00029 0 00	90	01	

MODEL	: HYUNDAI i40		NZ	U
Qty	Parts Description/ Labour Type Unit Price		Amount	1
,	Boot Lid / Perf	\$	2,174.90	1
	Boot Lid Lock Upper - 3	\$	102.60	
	Boot Lid Lock Lower X ran	\$	31.70	
	Boot Lid 'H' Emblem	\$	28.70	
	Boot Lid CRDI Plate	\$	27.90	
	Boot Lid Lamp (RH)	\$	565.60	
	Bootlid Moulding	\$	85.00	
	Bootlid i40 Emblem	\$	27.90	
	Bootlid Lower Garnish	\$	227.90	
	Rear Bumper	\$	553.00	
	Rear Bumper Reinforcement 🗡 🖛	\$	428.40	
	Rear Bumper Reinforcement Bracket (LH/RH) \$ 80.30	\$	160.60	
	Rear Bumper Clip 10 pcs	\$	22.00	
	Rear Bumper Bracket X 35.60	\$	71.20	
	Rear Bumper Sponge	\$	103.50	
	Rear Bumper Under Cover	\$	228.00	
	Tail Lamp (RH)	\$	697.80	
	Rear Panel	\$	526.70	
	Rear Panel Garnish	\$	57.70	
	Rear Panel Lower Panel	\$	89.40	
	Rear Fender (RH)	\$	2,171.40	
	Rear Fender Inner Lining (RH)	\$	169.30	
	Rear Windscreen Moulding 🗴 🔼	\$	28.30	
	SUB TOTAL	\$	8,579.50	
	LESS 20%	\$	1,715.90	
	DISCOUNTED TOTAL	\$	6,863.60	
	Boot Lid Comfort Logo & Tel No. Sticker	0	20.00	
	KK VIIIO CONSULATION OF THE PROPERTY OF THE PR	\$	30.00	200
	Program Power Program Company of the	\$	100.00	
	a To Mishia Daniageu paring samura	\$		Net
	Rear Rumper Advertisement Logo Third part survey is an Without Frejudice basis	1	50.00	
	Mo-ilegal medification(s is allowed.)	\$		Net
	Rear Fender Advertisement Logo (LH/RH) Rear Windscreen Sealant X Supplementary item(s) if us be resurveyed \$100.00 is subject to final approval from insurance Company	\$	46.00	Net
	Acknowledged by Repairer	3	40.00	Nei
	Signature	\$	611.70	
	Labour Charge	-	600	
	Panel Beating	\$	800.00	
	Spray Painting Charge	\$	1,200.00	80
	Wiring Charge	\$	30.00	20
	Tuff Kote // /	\$	50,00	20
	Remove/Refix Cushion & Upholstery Rear	\$	150,00	50
	Remove/Refix Rear Windscreen Glass 49	\$	120.00	×
	Remove/Refix Reverse Sensor	\$	80.00	30
	TOTAL LABOUR	\$	2,430.00	
	ESTIMATE TOTAL	\$	9,905.30	

# OMFORTDELGRO ENGINEERING

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 28.02.2019 15:34

Page : 1

JOB CARD ARC Repair TP(CLSO)1 Team: Sales Order: JO NO.: 305273366 OMER REGN NO. MILEAGE SHD6529L COMFORT TRANSPORTATION PTE LTD FUEL MAKE: 7010045 HYUNDAI OMER NO. E.....1/2.... 383 SIN MING DRIVE DATE/TIME IN 28.02.2019 13:10 MODEL Singapore SINGAPORE 575717 I - 4065508755 (R) YR OF MANL TARGET DATE 04.11.2014 CHASSIS CO COMPLETION DATE/TIME: KMHLB41UMEU059827 DUNT CARD NO. JOB DESCRIPTION Accident Date: 27.02.2019 NATURE: 3P 27.02.2019 LABOR CODE DESCRIPTION KED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE

ledgement Slip

SHD6529L

LKE Kal VII

Exit Pass

Vehicle No.:

SHD6529L

f Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Jo	b Ref	No	305273	366			Comfort	ColGra Engineering Pte I td
Date :		08.03	08.03.19			ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156		
NAL	IZATI	ON FO	RM				F 8X. 004	0 0130
0	: _		LK	<			Fax:	
ttn	: M	r	KALVI	N ANG				
ehic	le Reg	No.	SHD6529L	CTPL			_	27.02.19
ne s	urvey a	and esti	mates of the repai	rs of the above-me	entioned	vehicle are	e as follows:-	
			b shall bill to:		NTUC			WC2878H
2.	The finalized amount shall be:							
	(a)		Parts after List dis	scount				
	(b)	- 0	r Charges					
	(0)		for Part-By-Part	Repair Cost			10	
	(c.)	Total	sum Repair (if app for Lumpsum repa Lumpsum Repai	ir cost after Less:		20%		\$4,750.00 <b>\$4,750.00</b>
	We s	shall tre		ount as Correct	4 and Con	firmed if	there is no rep confirm the es	oly from you within
	Sign	ature :	LIM KWOK ENG	A		Sig	nature :	Kaluh
	Tel	:	62148316			Da	te :	11/3/19
or	Fax Officia	I Use (	65468156 Only		_			
		Item		Amount	A	ocument attached es or No	Confirm By (Signature)	Remarks
. F	Rental I	Rate P/	Day			YES		
2. L	oss of	Income	Paid			NO		
3, 5	Survey	Fees						
5. N	/ledica	r, if app	on behalf	\$7.49				
	narks:						1	



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19004049/K1vd3e2



INTO	IC INCOME INSUR	RANCE CO-OPERATIVE LTD	Rei.	NS/INC 1900404	49/K (Vd3e2			
		.D UNION HOUSESINGAPORE	Date:	13-03-2019				
			Code:	INC4				
1.	Policy Particulars :- THIRD PARTY CLAIM							
	Insured Veh.	WC 2878H	Veh. li	nspected	SHD 6529L			
	Policy No.	5100289893	Coverage (\$)		0.00			
	Claim No.	MT/1034052-002	Exces	s (\$)	0.00			
	Assign From Assign Date			01/03/2019				
2.		Vehicle Parti	culars 8	Condition	HAT BUILDING			
	Make & Model	HYUNDAI 140	c.c		1685			
	Engine No.	HIDDEN	Year o	of Reg.	2014			
	Chassis No.	KMHLB41UMEU059827	Colour Steering		BLUE IN ORDER			
	Odometer	732807						
	Brakes	IN ORDER	Modifi	cation	STANDARD ALLOY RIM			
	General	FAIR						
3.		Condit	ions of	Tyres				
		Size	Make		Balance			
	R/H Front Tyre	205/60 R16	HANKO	OOK	6 mm			
	L/H Front Tyre	205/60 R16	HANKO	ООК	6 mm			
	R/H Rear Tyre	205/60 R16	HANKO	ок	6 mm			
	L/H Rear Tyre	205/60 R16	HANKO	ООК	6 mm			
4.		Description of Damages						
	THE VEHICLE SU	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.						
	DAMAGES SEE D	ETAILS.						
5.		General Information						
	Accident Date	27/02/2019	Inspec	tion Date	01/03/2019			
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD  59 LOYANG DRIVE SINGAPORE 508969							
5a.		R	emarks		· 中国			
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W						
5b.		Estimate	Days of	Repair				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		4 Working Days				



# **National Assessment Centre Services**

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

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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6529L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BOOT LID	DENTED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	JAMMED	102.60	102.60
1	BOOT LID LOCK LOWER	TO REPAIR SEE LABOUR	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOT LID LAMP (RH)	SERVICEABLE	565.60	-
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID 140 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	CRACKED	227.90	227.90
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	TAIL LAMP (RH)	CRACKED	697.80	697.80
1	REAR PANEL	DENTED	526.70	526.70
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	DENTED	89.40	89.40
1	REAR FENDER (RH)	TO REPAIR SEE LABOUR	2,171.40	-
1	REAR FENDER INNER LINING (RH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.30	(-
	LESS 20% DISCOUNT		-1,715.90	-969.90
			6,863.60	3,879.60
	SPECIAL NETT ITEMS			
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

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80.00

2,430.00

9,905.30

30.00

1,520.00

5,965.30

**Estimate By** Our Adjusted Qty Condition **Description of Parts** Workshop (\$) (\$) 135.70 135.70 REAR BUMPER REVERSE SENSOR (SN) SHORTED 50.00 REAR BUMPER RUBBER MAT (SN) NECESSARY 50.00 50.00 REAR BUMPER ADVERTISEMENT LOGO (SN) **NECESSARY** 50.00 2 REAR FENDER ADVERTISEMENT LOGO (LH/RH) NECESSARY 200.00 200.00 @\$100.00(SN) 1 REAR WINDSCREEN SEALANT (SN) NOT NECESSARY 46.00 611.70 565.70 LABOUR PANEL BEATING, INCLUSIVE OF THE REPAIR OF BOOT 800.00 600.00 LID LOCK LOWER AND REAR FENDER (RH). SPRAY PAINTING CHARGE. 800.00 1,200.00 WIRING CHARGE. 30.00 20.00 TUFF KOTE. 50.00 20.00 REMOVE / REFIX CUSHION & UPHOLSTERY REAR. 150.00 50.00 REMOVE / REFIX REAR WINDSCREEN GLASS. NOT NECESSARY 120.00

RECOMMENDED COST OF LUMP SUM REPAIRS		4,750.00
(TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)	CU SCHOOL STATE	

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

REMOVE / REFIX REVERSE SENSOR.

**GRAND TOTAL** 

K.K.LAU CPT(RET)

Time of I(IIII)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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