

Surveyor: Kavin

REF: NS 1INC 19006118 / K14d302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SMA 80639

Policy No. 5085210201-02 (21/10/18-

Claims No. MP/1039076-002

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

	<u>SH 29524 - C6/11/17D/6106 / VUN392</u>	<u>D.O.A. 17/07/17</u>	<u>INC</u>
	<u>SMA 80639 - X</u>		<u>PR</u>
<u>10/4/19</u>	<u>Chased P/P \$1903.43 / 3 Pys. (had 6606.52, 24%)</u>		

RECEIVED 11 APR 2019

10/4/2019

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

11/4/19 hurry ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: 78

Lump Sum / L.B.I.: 1903.43

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: 160

Transportation: _____

____ S + RS ____ SI

Photos

Others

TOTAL

160

Veh No: SH 29524 Yr Regn: 5TY, 2018

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

Truck / Trailer or

Make: Hyundai - 2012 c.c. 1580

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

Sp. Reading: 138170 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMH 851CVJ 4103386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Baranti

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 5/4/19 D.O.I. 5/4/19

Survey held at CDHE (Loyang)

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

Rear o/s

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

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1009730-002	SMRT BUSES LTD	TIB 1167D	SMD 965R	30/08/2018	14:40	\$ 2,175.15	\$ 1,300.00
2	MT/1039076-002	COMFORT TRANSPORTATION PTE LTD	SH 2952Y	SMA 8063G	05/04/2019	6:05	\$ 2,509.95	\$ 1,903.43
3	MT/1020164-002	SMRT TAXIS PTE LTD	SHB 5296A	FBL 4379U	17/11/2018	8:20	\$ 7,771.00	\$ 2,743.60
4	MT/1039477-002	COMFORT TRANSPORTATION PTE LTD	SH 7734C	SJD 5733X	05/04/2019	14:25	\$ 1,986.98	\$ 550.00
5								

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"/>	5085210201-02		INDEX CREDIT PTE LTD	199905600E	GFT	drivo CLASSIC	SMA8063G	SMA8063G	21/10/2018	

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	05/04/2019 09:43
Date Of Accident	05/04/2019 06:05
Exact Location Of Accident	PIE TOWARDS AIRPORT BEFORE EXIT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH2952Y
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	IONIQ HYBRID
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TOH BEE SENG
NRIC No	S1494892I
Date Of Birth	23/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92714033
Fax Number	
Contact Number	
EMail Address	TOHBEESENG2312@YAHOO.COM.SG

Address	BLK 672 WOODLANDS DRIVE 71 #08-69
Postcode	730672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER ATTACHED

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	SMA8063G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage FRONT AND REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC6948R
Vehicle Make/Model/Colour TRANSCAB
Details Of Properties
Vehicle Category TAXI
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT AND REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLZ4172G
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH BEE SENG
Approximate Age
Injuries Sustain GIDDY
Injured person in which vehicle? SH2952Y
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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

5 APR 2019

SKETCH PLAN

AIRPORT

A = SA 29524	EXIT				
B = SMA 80636	1				
(TCH/THA)					
C = SHC 6748R					
(CIA) SILVERCAB					
D = SL241726					
(TCH/THA)					

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIE

Statement as per attached.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 05 APR 2019
NRIC/FIN No.:

Describe Circumstances of the Accident.
On the 05/04/2019 @ about 06:05hrs, I was driving along PIE towards Airport before Exit 1.
As I was driving along PIE the front vehicle stopped so I slowly stop my taxi. Then suddenly
there's an impact from behind my taxi and found out vehicle SMA8063G had collided onto
my right rear portion of my taxi.
There's another vehicle SHC6948R (Trans Cab) and SLZ4172G involved in this chain collision.
02 male passenger on board my taxi.
I felt giddy after the impact and will consult doctor later.

Declaration

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

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

Policyholder's Signature/Date &
Time

Driver's Signature(If driver is not the policyholder)/Date
& Time

Olive Theodor

Witnessed by Reporting
Centre Personnel

05 APR 2019

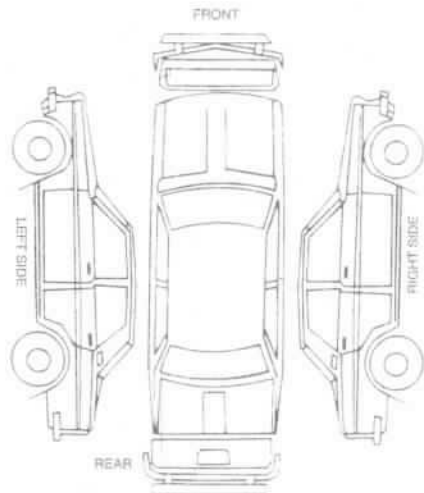
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305284528

DMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 2952Y	MILEAGE
S	7010045	MAKE : HYUNDAI	FUEL
DMER NO.	383 SIN MING DRIVE	MODEL IONIQ(G2)	DATE/TIME IN 05.04.2019 08:35
ESS	Singapore SINGAPORE 575717	YR OF MANU. 05.07.2018	TARGET DATE
(R)	65508755	CHASSIS CODE KMHCH851CVJU103386	COMPLETION DATE/TIME:
(P)	(O)		
UNIT CARD NO.			

Accident Date: 05.04.2019
NATURE: 3P 05.04.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



LED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Signature Slip	Exit Pass
o.: SH 2952Y	Vehicle No.: SH 2952Y
LIMITS	
Service Advisor	Name of Service Advisor
Signature/Date	Date
Forward to Service Department upon collection	

REPAIR ESTIMATE*

VEHICLE NO : SH 2952Y

DATE 5/4/2019

MAKE :

LKK - Kalvin

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Emblem -Hybrid — ne			\$ 24.30
	Emblem -Ioniq — ne			\$ 31.30
	Emblem -Blue Drive (LH/RH) x su		\$ 26.60	\$ 53.20
	Rear Bumper — Detail			\$ 459.40
	Rear Bumper Centre Moulding Assy — cm			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy x rep			\$ 47.50
	Rear Bumper Side Bracket (LH/RH) x su		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips — ne			\$ 22.00
	Boot lid x rep			
	SUB TOTAL			\$ 1,155.15
	LESS 20%			\$ 231.03
	DISCOUNTED TOTAL			\$ 924.12
	Boot Lid Comfort Logo Sticker — ne		-10'6	\$ 30.00
	Rear Bumper Rubber Mat — ne			\$ 50.00
				\$ 80.00
	Labour Charge			300
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 30.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,200.00
	ESTIMATE TOTAL			\$ 2,204.12
	Kalin 16/6/19 5/4/19 1250Ln 3 hr, Pip Before Paint photo			3976.02

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305284528
Date : 09/04/19

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

FINALIZATION FORM

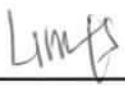
To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SH 2952Y Date of Accident : 05-Apr-19

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

1. The repair job shall bill to: NTUC --- SMA8063G
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,173.43
(b) Labour Charges	\$730.00
Total for Part-By-Part Repair Cost	\$1,903.43
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 10/4/19

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORT DELGRO ENGINEERING

VEHICLE : SH 2952Y TYPE OF CLAIM : TP

MODEL : IONIQ SURVEY BY : LKK-KALVIN

JOB NO : 305284528 DATE : 05/04/19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	REAR LICENCE PLATE <i>-10%</i>	1	25.00	nett <i>/ car</i>
2	REVERSE SENSOR <i>-6%</i>	1	135.70	nett <i>/ status</i>
3	REAR BUMPER FOGLAMP	1	201.50	<i>/ car</i>
* Last Entry *				

22.50
122.13

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305284528
 REGN NO : SH 2952Y
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 05.07.2018
 DATE/TIME IN : 05.04.2019 08:35
 ACCIDENT DATE : 05.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2270-G	BOOTLID EMBLEM-HYBRID	1	24.30	20.00	19.44
0002	04-01-0104-2271-G	BOOTLID EMBLEM-IONIQ	1	31.30	20.00	25.04
0003	28-01-0103-0005-A	BOOTLID COMFORTDELGRO	1	20.00	10.00	18.00
0004	28-01-0103-0006-A	BOOTLID 65521111	1	10.00	10.00	9.00
0005	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52
0006	04-01-0104-2533-G	RR BUMPER CENTRE MOULDING	1	451.25	20.00	361.00
0007	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0008	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00
0009	FNPS	NO PLATE(S)**	1 N	25.00	10.00	22.50
0010	09-01-9999-0068-A	REVERSE SENSOR**	1	135.70	10.00	122.13
0011	04-01-0104-2370-G	REAR BUMPER FOGLAMP**	1	201.50	20.00	161.20

SUB-TOTAL : 1,173.43

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.04.2019

Time: 08:35:17

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305284528
REGN NO : SH 2952Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 05.07.2018
DATE/TIME IN : 05.04.2019 08:35
ACCIDENT DATE : 05.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB	PANEL BEATING	300.00				
0001 SP	SPRAYPAINT CHARGE	400.00				
0002 L	R/I REVERSE SENSOR	30.00				
SUB-TOTAL :						730.00

TOTAL : 1,903.43


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO



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/INC19006118/K1qd3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 12-04-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SMA 8063G	Veh. Inspected	SH 2952Y	
Policy No.	5085210201-02	Coverage (\$)	0.00	
Claim No.	MT/1039076-002	Excess (\$)	0.00	
Assign From		Assign Date	05/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHC851CVJ U103386	Colour	BLUE	
Odometer	138170	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	DAVANTI	8 mm	
L/H Front Tyre	195/65 R15	DAVANTI	8 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	05/04/2019	Inspection Date	05/04/2019	
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 2952Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	EMBLEM-HYBRID	NECESSARY	24.30	24.30
1	EMBLEM-IONIQ	NECESSARY	31.30	31.30
2	EMBLEM-BLUE DRIVE (LH/RH) @\$26.60	SERVICEABLE	53.20	-
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	TO REPAIR SEE LABOUR	47.50	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
1	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER FOGLAMP	CRACKED	201.50	201.50
1	BOOTLID (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-271.33	-237.95
			1,085.32	951.80
<u>NETT ITEMS</u>				
1	REAR LICENCE PLATE (N)	CRACKED	25.00	25.00
1	REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	BOOT LID COMFORT LOGO STICKER (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT		-	-19.07
			190.70	171.63
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER CENTRE MOULDING ASSY AND BOOTLID.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-

Report Ref No. NS/INC19006118/K1qd3e2



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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,200.00	730.00
GRAND TOTAL			2,526.02	1,903.43
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,903.43

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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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