

Surveyor: Kelvin

REF: NS/INC19066473/K1vd3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/NS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: FBK 5413C

Policy No. 5098449896 (21/04/2018 - 14/04/2019)

Claims No. MT/1039980-002

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: _____ 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: SH 73496 Yr Regn: 13 Lu, 217

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

Truck / Trailer or

Make: Hyundai Z4 c.c. 1685

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

Sp. Reading: 235/95 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH4098584

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: 205/60R16

R: _____

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

TOYO / YOKO or Parant

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 10/4/19 D.O.I. 10/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/Top or

Rear n/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 73496 - CC3/AIG.17002998/H1mb292 DOA-13/21/2017 IM
	FBK 5413C - X IP
15/4/19	Label P/P \$ 3244.44 / 34. (Red 2443.60, 43M)

RECEIVED 16 APR 2019

Date/Time, File Pass to: ☐ : Prel. Report1) ☐ : Final Report

Date/Time, File Return to:

2) 16/4 - typist

Report Format: TP

Lump Sum / T.B.I. / P/P \$ 3244.44

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

10/04/2019 15:06

Vehicle No.(For Motor)

FBK5413C

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"/>	5098449896		LIEW YAW MIN	58138717F	GMC	Third Party, Fire & Theft	FBK5413C	FBK5413C	27/02/2018	14/04/2019

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 16 April 2019 12:03 PM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR CLAIM NUMBER

Hi

Claim created.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estima
1	MT/1040142-002	CITYCAB PTE LTD	SHC 828T	SKJ 5891D	11/4/2019	5:10	\$6,032.

With Regards

Junainah
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: Tuesday, 16 April 2019 11:48 AM
To: MTCL@income.com.sg
Subject: RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Insured vehicle SKJ 5891D

Best Regards,

Veron Chen | Case Handler
LKK Auto Consultants Pte Ltd

From: MTCL@income.com.sg <mtcl@income.com.sg>

Sent: Tuesday, 16 April 2019 11:40 AM

To: Veron Chen (LKKAuto) <veronchen@lkkauto.com>

Subject: RE: REQUEST FOR CLAIM NUMBER

Hi,

Claims created.

For no 1, please confirm our insured vehicle no.

With Regards

Junainah

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: Tuesday, 16 April 2019 9:26 AM

To: MTCL@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		CITYCAB PTE LTD	SHC 828T	GBD 1707T
2	MT/1039810-002	COMFORT TRANSPORTATION P L	SHC 1109D	SGD 8045P
3	MT/1039980-002	COMFORT TRANSPORTATION P L	SH 7349G	FBK 5413C

D.O.A	Time of Accident	Estimate	Tentative repair cost
11/4/2019	5:10	\$6,032.00	\$2,500.00
10/4/2019	10:30	\$2,937.68	\$1,900.00
10/4/2019	9:00	\$5,688.04	\$3,244.44

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.

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.

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	10/04/2019 14:03
Date Of Accident	10/04/2019 09:00
Exact Location Of Accident	ALONG LENTOR AVE TWDS AMK AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7349G
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LIM CHIN AIK
NRIC No	S1169860C
Date Of Birth	03/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1974
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90036673
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 60 SENGKANG SQUARE #13-21
Postcode	544700
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ANG MO KIO NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190410/2051

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK5413C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN
Approximate Age	
Injuries Sustain	HAND INJURED
Injured person in which vehicle?	FBK5413C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.
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.
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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. 199703821R

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.:

Loke Vwai Yeng

10/4/19

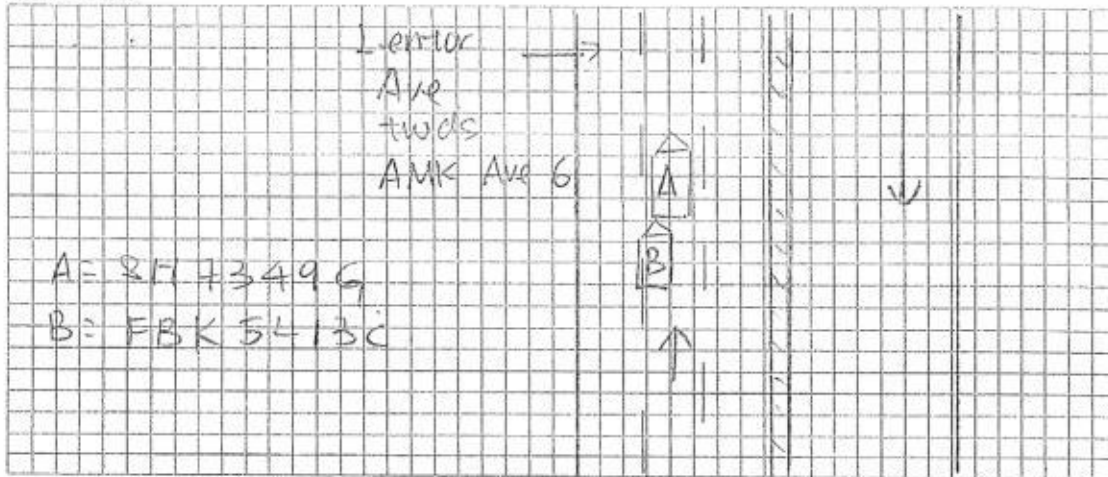
GIARMC SketchPlanForm_V3

1



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/ 2019 0410 / 2051

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203821R

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.:

Loke Wei Yang

10/4/19



**SINGAPORE
POLICE FORCE**



T/20190410/2051

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3

Report No: T/20190410/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 11:05		Vide Report No.: F/20190410/0049		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: LIM CHIN AIK			Address: 60 SENGKANG SQUARE #13-21 SINGAPORE 544700		
ID Type / ID No.: NRIC NO / S1169860C			Contact No.: Home/Office: Mobile: 90036673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 30/06/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE towards Ang Mo Kio Ave 6				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: motorcycle against car				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK5413C	Motorcycle	HONDA	NC750XA			0
SH7349G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR			0



**SINGAPORE
POLICE FORCE**



T/20190410/2051

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20190410/2051

CONTINUATION OF REPORT

Brief Details.

On 10.04.2019 @ 0900hrs, I was travelling along Lentor Ave towards Ang Mo Kio Ave 6. I had stopped my vehicle due to traffic congestion. About 10 to 15 secs later, there is a impact from the rear of my vehicle. Upon checking, I found one motorcycle hit onto the rear of my vehicle. The motorcyclist was injured and ambulance was called. Traffic Police was also at scene. The motorcyclist was then conveyed to hospital.



**SINGAPORE
POLICE FORCE**



T/20190410/2051

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

3 of 3

Report No: T/20190410/2051

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:
F /
Sr Staff Sgt LOH ZHIMING

Signature Of Informant:

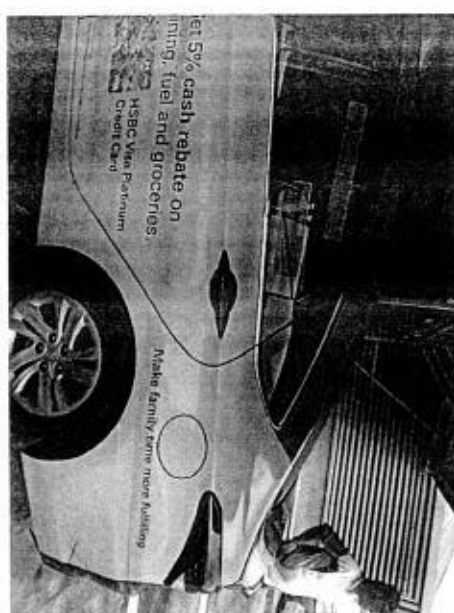
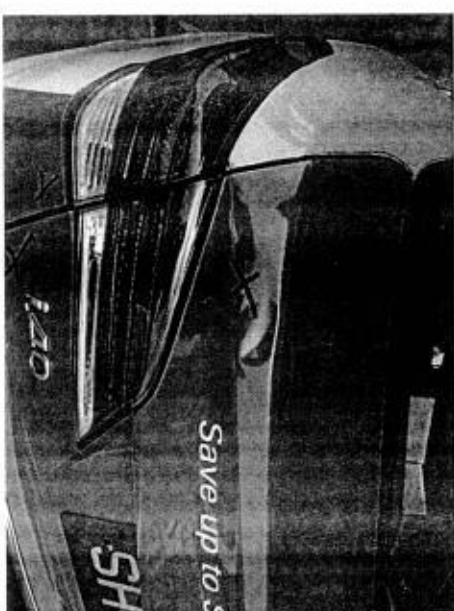
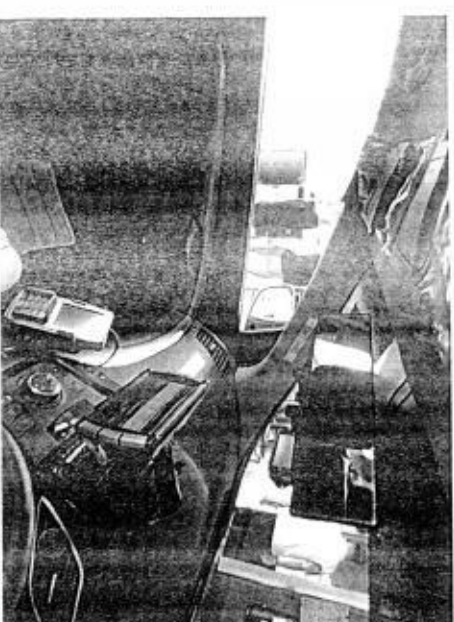
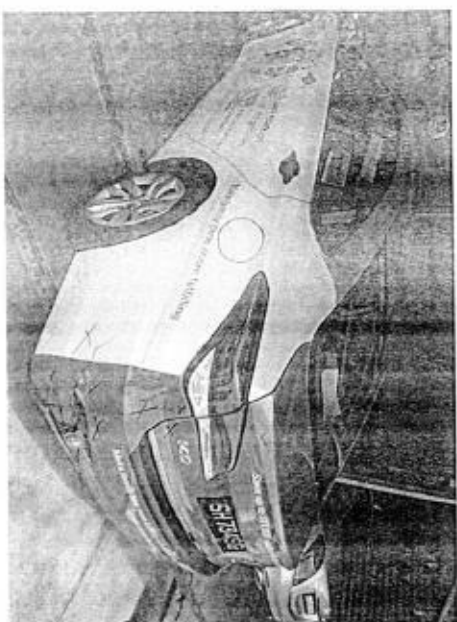
Signature Of Interpreter:
Not applicable

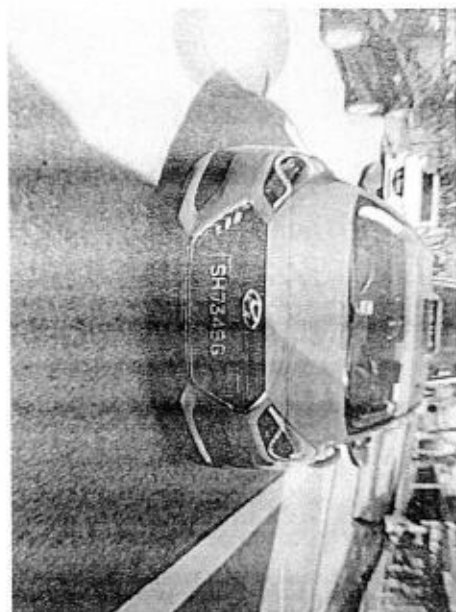
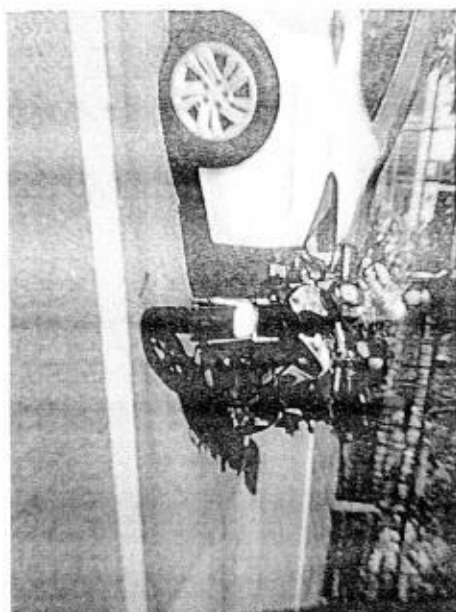
Date/Time:
10/04/2019 11:05

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Classification Of Case:

Authentication Stamp
NP168





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7349G

DATE 10/4/2019 11:42

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>x repair</i>			\$ 2,174.90
	Rear Bumper <i>Rebel</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>re</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) <i>con</i>			\$ 30.60
	Exhaust Pipe Insulator, LH <i>re</i>			\$ 58.55
	Exhaust Silencer, LH <i>re</i>			\$ 967.70
	Exhaust Pipe Hanger, LH <i>x repair</i>			\$ 58.55
	Exhaust Pipe Centre <i>re</i>			\$ 730.10
	<i>Rear Bumper under cover - cut</i>			\$ 228
	<i>Rear Rods symbol - re</i>			
	SUB TOTAL		\$ 279.90	\$ 4,595.40
	LESS 20%			\$ 919.08
	DISCOUNTED TOTAL			\$ 3,676.32
	Boot Lid Advertisement Logo <i>re</i>			\$ 100.00
	Rear Bumper Rubber Mat <i>re</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>re</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>re</i>		\$ 100.00	\$ 200.00
	<i>condemned struts - re</i>		-108 \$ 30	\$ 400.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Remove/Refix Exhaust Pipe			\$ 200.00
	TOTAL LABOUR		5691.04	\$ 1,380.00
	ESTIMATE TOTAL		5686.04	\$ 5,456.32
<p><i>Kalin 16/04</i></p> <p><i>10/4/19 1600h</i></p> <p><i>3 Days</i></p> <p><i>P/P</i></p> <p><i>Before Paint photo</i></p>				
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.				

NTUC-JM

P/P

Nett

Nett

Nett

Nett

23

Kos

20

X 2

X 2

50

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

JOB NO : 305286219
 REGN NO : SH 7349G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 13.12.2017
 DATE/TIME IN : 10.04.2019 11:35
 ACCIDENT DATE : 10.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002	04-01-0103-0851-G	I40VC REFLECTOR/REFLEX AS	1	30.60	20.00	24.48
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0005	02-01-0103-0053-G	I40VC MUFFLER ASSY-LH	1	967.70	20.00	774.16
0006	02-01-0103-0086-G	I40VC PIPE-EXHAUST FR	1	730.10	20.00	584.08
0007	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0008	04-01-0103-0800-G	I40VC SYMBOL MARK-TRUNK L	1	27.90	20.00	22.32
0009	28-01-0103-0005-A	(I40/SONATA)REAR BOOT LOG	1 N	15.00	10.00	13.50
0010	28-01-0103-0006-A	(I40/SONATA)REAR BOOT TEL	1 N	15.00	10.00	13.50

SUB-TOTAL : 2,124.44

JOB NATURE

0000 PB	PANEL BEATING	300.00
---------	---------------	--------

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

JOB NO : 305286219
REGN NO : SH 7349G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 13.12.2017
DATE/TIME IN : 10.04.2019 11:35
ACCIDENT DATE : 10.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0001 SP	SPRAYPAINT CHARGE				400.00		
0002 17-01	CHECK ALL LIGHTING				20.00		
0003 20-05	RENEW ADVERTISMENT STICKER-				350.00		
0004 20-06	RENEW EXHAUST PIPE ASSY				50.00		
SUB-TOTAL					:		1,120.00
TOTAL					:		3,244.44

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

SUPPLEMENTARY OF PARTS AND LABOUR COSTS			
DESCRIPTION	QTY	ESTIMATE	REMARKS
REAR BUMPER UNER COVER.	1	\$228.00	cut
CHECK ITEM			
LABOUR			
TOTAL:		\$228.00	JUMANI

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305286219

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

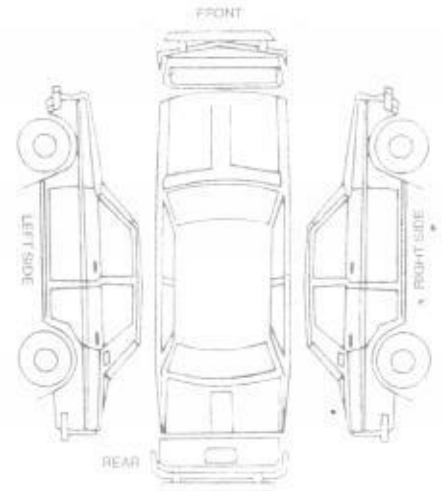
UNIT CARD NO.

REGN NO. SH 7349G	MILEAGE
MAKE : HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.04.2019 11:35
YR OF MANU 13.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098584	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 10.04.2019
NATURE: 3P 10.04.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No.: SH 7349G JU NTUC LKK

Vehicle No.: SH 7349G

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 305286219

Date : 51/04/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH 7349G

Date of Accident : 10/04/19

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

1. The repair job shall bill to: NTUC --- FBK5413C
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$2,124.44

(b) Labour Charges ### \$1,120.00

Total for Part-By-Part Repair Cost \$3,244.44

(c.) Lumpsum Repair (if applicable) N

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 15/4/19

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		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/INC19006478/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 24-04-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 5413C	Veh. Inspected	SH 7349G
Policy No.	5098449896	Coverage (\$)	0.00
Claim No.	MT/1039980-002	Excess (\$)	0.00
Assign From		Assign Date	10/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU098584	Colour	BLUE
Odometer	235195	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	DAVANTI	6 mm
L/H Front Tyre	205/60 R16	DAVANTI	6 mm
R/H Rear Tyre	205/60 R16	DAVANTI	6 mm
L/H Rear Tyre	205/60 R16	DAVANTI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	10/04/2019	Inspection Date	10/04/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**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. SH 7349G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	TO REPAIR SEE LABOUR	2,174.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	CRACKED	30.60	30.60
1	EXHAUST PIPE INSULATOR,LH	SERVICEABLE	58.55	-
1	EXHAUST SILENCER,LH	BENT	967.70	967.70
1	EXHAUST PIPE HANGER,LH	TO REPAIR SEE LABOUR	58.55	-
1	EXHAUST PIPE CENTRE	BENT	730.10	730.10
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BOOTLID SYMBOL	NECESSARY	27.90	27.90
	LESS 20% DISCOUNT		-970.26	-511.86
			3,881.04	2,047.44
<u>NETT ITEMS</u>				
1	COMFORT STICKER (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT		-	-3.00
			30.00	27.00
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID ADVERTISEMENT LOGO (SN)	NECESSARY	100.00	100.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			400.00	400.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOT LID AND EXHAUST PIPE HANGER,LH.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00

Report Ref No. NS/INC19006478/K1vd3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
	REMOVE/REFIX EXHAUST PIPE.		200.00	50.00
			1,380.00	770.00
GRAND TOTAL			5,691.04	3,244.44
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,244.44

Report Ref No. NS/INC19006478/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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