

Surveyor: Kelvin

REF: NS/INC 19006481/KIVD352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. 5087446647-02 (10/01/2019-)

Claims No. MT/1039937-002

Sum Insured: _____ Excess: _____
(Client's Record)

Make of Vch: _____

(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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 4199J Yr Regn: 20 Dec, 2017

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

Truck / Trailer or _____

Make: Hyundai Z 20 c.c. 1600

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

Sp. Reading: 14200 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMH 40414444099958

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / 6 / Jammed / Leaked / Burnt or

Brake: Inorder / 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 65 R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

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

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

D.O.A. 9/4/19 D.O.I. 10/4/19

Survey held at CDHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooflop or Rear

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

Date / Time	Action / Instruction
	SHA 4199J - CS/FCI/17005681 / Agh3e2 D.O.A - 20/07/2017 <u>INC</u>
	SJR 1495K - X <u>PIP</u>
<u>12/4/19</u>	<u>Insured PIP \$1537.73 / 25% (Red 825.52, 3590)</u>

RECEIVED 15 APR 2019

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) 1st - typist

Report Format: TP

Lump Sum / L.S.: \$1537.73

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ SI	_____
Photos	_____
Others	_____
TOTAL	_____

Veron Chen (LKKAuto)

From: MTCL@income.com.sg
Sent: Monday, 15 April 2019 10:24 AM
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: Friday, 12 April 2019 11:06 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	MT/1039671-002	COMFORT TRANSPORTATION P L	SHB 4084B	GV 1044T
2	MT/1039937-002	COMFORT TRANSPORTATION P L	SHA 4199J	SJR 1495K
3	MT/1039388-002	COMFORT TRANSPORTATION P L	SHC 8118G	SLW 1742Y

D.O.A	Time of Accident	Estimate	Tentative repair cost
8/4/18	15:40	\$3,430.32	\$2,300.00
9/4/19	17:05	\$2,363.25	\$1,537.73

8/4/19	13:40	\$2,019.17	\$1,000.00
--------	-------	------------	------------

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.

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="09/04/2019 15:06"/>
Vehicle No.(For Motor)	<input type="text" value="SJR1495K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5087446647-02		C H AUTOMOTIVE SERVICES	52857943J	GFT	Third Party	SJR1495K	SJR1495K	10/01/2019	

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 14:32
Date Of Accident	09/04/2019 17:05
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4199J
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	TAN HOY YEAN
NRIC No	S12189411
Date Of Birth	18/04/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1976
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81003774
Fax Number	
Contact Number	
Email Address	TANHOYYEAN@GMAIL.COM

Address: 149 08-188 PETIR ROAD
 Postcode: 670149
 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: RAINING
 Road Surface: WET

Other Information

Was any foreign vehicle involved in this accident?: NO
 Number of vehicles (including own vehicle) involved in the accident: 2
 Was any body injured in the Accident?: 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: : MALE

Details of Police Action

Was the accident reported to the police?: YES
 If Yes, Please state which Police Station: POLICE STATION NAME [OTHER] TAMPINES NPC
 Was notice of intended Prosecution given?: NO
 If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?: YES
 Was there any video captured by Car Camera?: YES
 Remarks/ Reasons: -
 Was there any audio recorded?: NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SJR1495K
 Vehicle Make/Model/Colour:
 Details Of Properties:
 Vehicle Category: PRIVATE CAR
 Name of Driver: PANG PEI YI GERALD
 NRIC/Passport Number: S9319951J
 Contact Number: 90996228
 Address:
 Postcode:
 Insurance Company Name:

Nature Of Damage

FRT

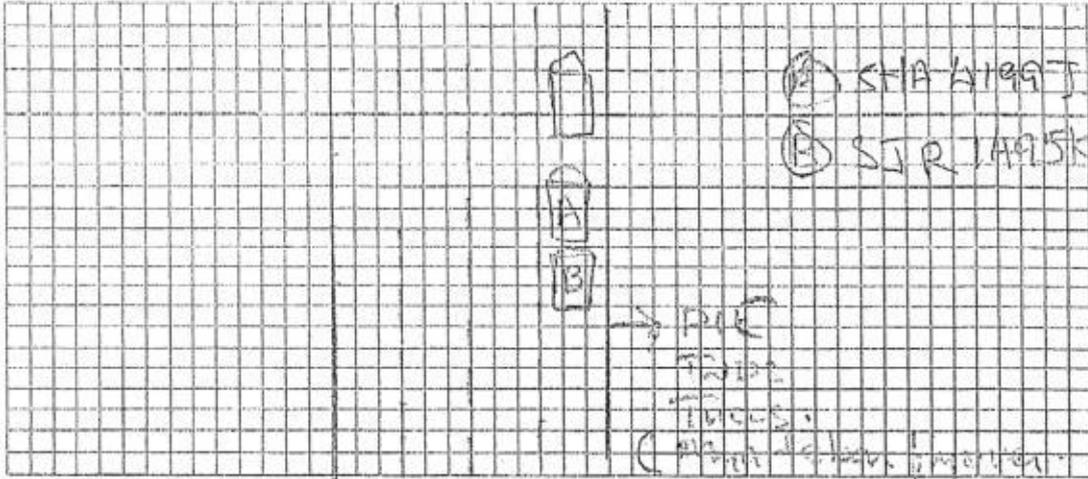
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN HOY YEAN
Approximate Age	63
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHA4199J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached

T/20190410/2085

DECLARATION

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

COMFORT TRANSPORTATION PTE. L.
CO. REG. NO. 19930021R

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)

10/4/19
Jackson H. ...
CSO
Reporting Centre Personnel's Signature
Name:

Sketch Plan Pg. 2



SINGAPORE
POLICE FORCE



T/20190410/2085

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190410/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 12:46	Vide Report No.:	Station Diary No.: 44
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: TAN HOY YEAN		Address: APT BLK 149 PETIR ROAD #08-188 SINGAPORE 670149	
ID Type / ID No.: NRIC NO / S12189411		Contact No.: Home/Office: Mobile: 81003774	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 18/04/1956	Type of Informant: Driver
Race: Chinese		Language: English	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 Others	Drink Drive: No	Date/Time of Accident: 09/04/2019 17:05	Type of Location: Bridge
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS AT THE PAYA LEBAR FLYOVER				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4199J	Car	HYUNDAI	i40	Blue	Slightly Damaged	1
SJR1495K	Car	HONDA		Black		0

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

Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20190410/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190410/2085

CONTINUATION OF REPORT

Driver			
Name	TAN HOY YEAN	ID No.	S1218941I
Related Vehicle	SHA4199J (Car)	Contact No.	81003774
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/04/2019	Date Discharge	10/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	PANG PEI YI, GERALD	ID No.	S9319951J
Related Vehicle	SJR1495K (Car)	Contact No.	90996228
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 9th April 2019 at about 5.05pm while I was driving my taxi with one passenger on the first lane along PIE towards Tuas. It was a heavy traffic. While on the Paya Lebar bridge the car in front of me braked and stopped. I did the same. While my car was stationary suddenly a car hit onto my rear part of my taxi. My taxi rear bumper suffered slight dents and scratches.

I wish to state that my taxi has an in-car camera. My passenger Wong, HP: 97640011 informed he was not injured. I was given 5 days MC due to neck, shoulder and right arm ache.



SINGAPORE
POLICE FORCE



T/20190410/2085

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3
Report No. T/20190410/2085

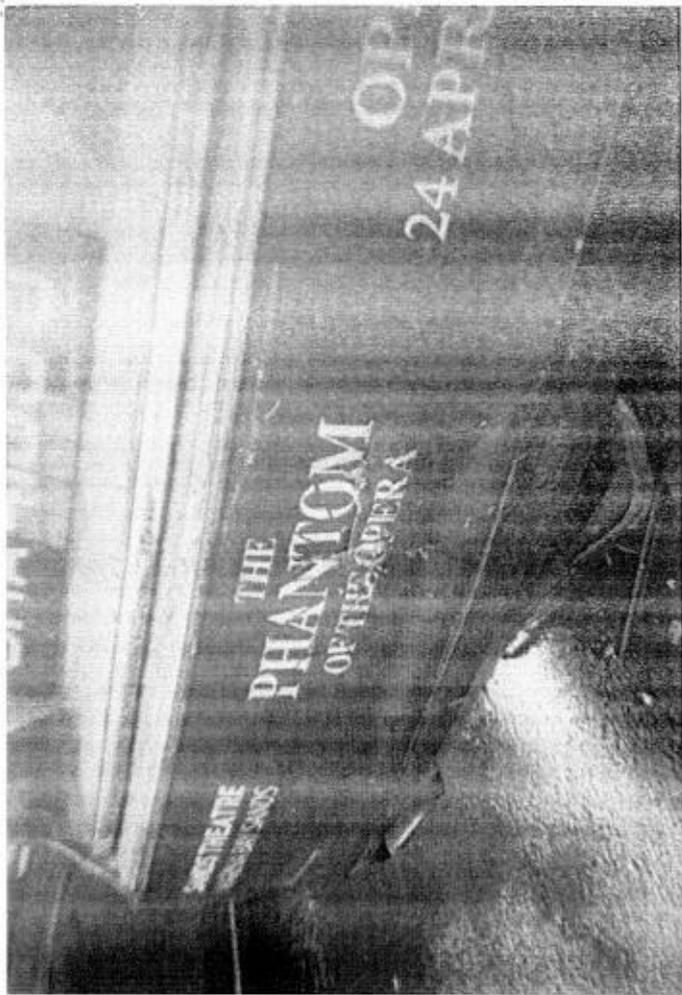
CONTINUATION OF REPORT

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 / Sgt 2 MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2019 12:46
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 	Classification Of Case: <div style="border: 1px solid black; width: 80px; height: 40px; margin: 5px auto;"></div>
Authentication Stamp	



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305286218

OMER

COMFORT TRANSPORTATION PTE LTD
 7010045
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

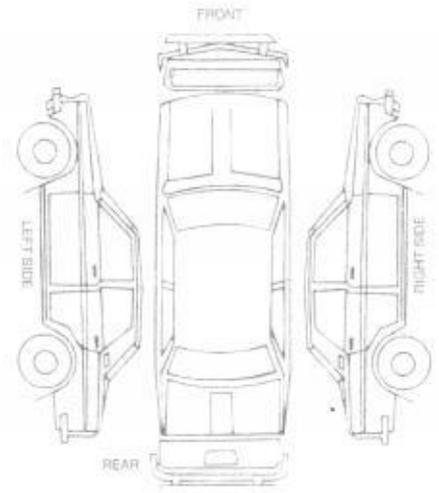
REGN NO.: SHA4199J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 10.04.2019 13:30
YR OF MANU 20.12.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU099958	COMPLETION DATE/TIME:

UNIT CARD NO.

JOB DESCRIPTION

Accident Date: 09.04.2019
 NATURE: 3P 09.04.19

S/NO LABOR CODE DESCRIPTION



WORKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in / Acknowledgement Slip

Exit Pass

No.: **SHA4199J** **JU NTUC LKK**

Vehicle No.: **SHA4199J**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

NTuc

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

JOB NO : 305286218
 REGN NO : SHA4199J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 20.12.2017
 DATE/TIME IN : 10.04.2019 13:30
 ACCIDENT DATE : 09.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	544.50	20.00	435.60	<i>- return</i>
0002	04-01-0103-0739-G	I40VC ABSORBER-RR BUMPER	1	103.50	20.00	82.80	<i>X su</i>
0003	04-01-0103-0740-G	I40VC BEAM-RR BUMPER#	1	428.40	20.00	342.72	<i>X su</i>
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	10.00	122.13	<i>- shift</i>
0005	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40	<i>- at</i>
0006	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00	50.00	<i>- su</i>
0007	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10-L	22.00	20.00	17.60	<i>- su</i>
SUB-TOTAL :							1,233.25

JOB NATURE

0000	PB	PANEL BEATING		400.00		200
0001	SP	SPRAYPAINT CHARGE		300.00		200
0002	17-01	CHECK ALL LIGHTING		50.00	X	0
0003	L	REMOVE/REFIX REVERSE SENSOR		80.00		30

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

JOB NO : 305286218
 REGN NO : SHA4199J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 20.12.2017
 DATE/TIME IN : 10.04.2019 13:30
 ACCIDENT DATE : 09.04.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 20-05 RENEW ADVERTISMENT STICKER-	300.00				
					SUB-TOTAL : 1,130.00
					TOTAL : 2,363.25

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Ka hui 10/4/19
10/4/19 1615 hrs.
2 Day,
PIP
Before paint photo

LKK Auto Consultants hereby notify the Repairer of the following:

- To survey before or after painting
- To display damaged parts before survey
- Part prices are subject to confirmation
- That part numbers are on a "no win no fee" basis
- No loss in compensation is allowed
- Survey may be subject to change and is subject to final approval from the insurance company

Acknowledged by Repairer:
 Signature:
 Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No 305286218
Date : 11/04/19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
: SHA4199J Date of Accident : 09/04/19

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

1. The repair job shall bill to: NTUC --- SJR1495K
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$807.73</u>	
(b) Labour Charges	###	<u>\$730.00</u>	
Total for Part-By-Part Repair Cost		<u>\$1,537.73</u>	
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: 2 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 : 12/4/19

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.04.2019

REPAIR ESTIMATE

Time: 17:56:30

Page: 1

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

JOB NO : 305286218
 REGN NO : SHA4199J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 20.12.2017
 DATE/TIME IN : 10.04.2019 13:30
 ACCIDENT DATE : 09.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	544.50	20.00	435.60
0002	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	2.00-	50.00
0005	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60

SUB-TOTAL : 807.73

JOB NATURE

0000	PB	PANEL BEATING				200.00
0001	SP	SPRAYPAINT CHARGE				200.00
0002	L	REMOVE/REFIX REVERSE SENSOR				30.00
0003	20-05	RENEW ADVERTISMENT STICKER-				300.00

SUB-TOTAL : 730.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.04.2019

REPAIR ESTIMATE

Time: 17:56:30

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 : 305286218
REGN NO : SHA4199J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 20.12.2017
DATE/TIME IN : 10.04.2019 13:30
ACCIDENT DATE : 09.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,537.73

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :



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/INC19006481/K1vd3s2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 06-05-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 1495K	Veh. Inspected	SHA 4199J
Policy No.	5087446647-02	Coverage (\$)	0.00
Claim No.	MT/1039937-002	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.	KMHLB41UMHU099958	Colour	BLUE
Odometer	142080	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	HANKOOK	6 mm
L/H Front Tyre	205/60R16	HANKOOK	6 mm
R/H Rear Tyre	205/60R16	HANKOOK	6 mm
L/H Rear Tyre	205/60R16	HANKOOK	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	09/04/2019	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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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 4199J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY - RR BUMPER	DEFORMED	544.50	544.50
1	I40VC ABSORBER - RR BUMPER	SERVICEABLE	103.50	-
1	I40VC BEAM - RR BUMPER	SERVICEABLE	428.40	-
1	I40 COVER - RR BUMPER LWR	CUT	228.00	228.00
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-265.28	-158.90
			1,061.12	635.60
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-13.57	-13.57
			122.13	122.13
SPECIAL NETT ITEMS				
1	I40 PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINT CHARGE.		300.00	200.00
	CHECK ALL LIGHTING.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
	RENEW ADVERTISEMENT STICKER.		300.00	300.00
			1,130.00	730.00
GRAND TOTAL			2,363.25	1,537.73
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,537.73

Report Ref No. NS/INC19006481/K1vd3s2

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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