

Surveyor: KOLVIN

REF:

NS/INC19006722/ Klv0352

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ RES ☐ OD RES ☐ EVA ☐ INV ☐ MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SGR5464J
 Policy No. 5081725096-02 (10/8/18-9/8/19)
 Claims No MT/1040396-002
 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 Sunk: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN/OUT

Veh No: SH7087L Yr Regn: 26 May 2016
 Type: M. Car / M. Cycle / Bus / Van / Lorry / ☒ Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ix0 cc 1685
 Colour: Blue A/C: ☒ Insured / Std / Nil / NA
 Sp. Reading: 530941 T/Radio: ☒ Insured / Std / Nil / NA
 Eng/No: _____
 C/No: KMHLR41UMG408987H
 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 Hankook

Front	Rear
R/Bal. <u>7</u> mm	R/Bal. <u>7</u> mm
L/Bal. <u>7</u> mm	L/Bal. <u>7</u> mm
D.O.A. <u>14/4/19</u>	D.O.A. <u>15/4/19</u>

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	<u>SH7087L - X</u>
	<u>SGR5464J - NA/INC14011797/d2</u>
<u>26/4/19</u>	<u>Insured L/S \$7700/5 Dgs. (Red 5349.86, 41%)</u>

RECEIVED 23 APR 2019

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Clear

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Test (\$

Date/Time, File Return to?

26/4 - typist

TP

45 \$7700/2

TOTAL

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1027118-003	SMRT TAXIS	SHB 1991C	GBG 9343R
2	MT/1036966-002	SMRT TAXIS	SHC 4154C	FBL 3526T
3	MT/1034441-002	SMRT BUS	SG5757E	SJA 4511S
4	MT/1041502-002	COMFORT TRANSPORTATION PTE LTD	SHC 3387D	PA 786X
5	MT/1040396-002	COMFORT TRANSPORTATION PTE LTD	SH7087L	SGR 5464J
6	MT/1041321-002	COMFORT TRANSPORTATION PTE LTD	SHC 3540C	SLC 6469J
7	MT/1041433-002	COMFORT TRANSPORTATION PTE LTD	SHD 4981B	SJU 9496P
8	MT/1041156-002	COMFORT TRANSPORTATION PTE LTD	SHB 4050Z	SLU 2212P
9	MT/1041766-002	COMFORT TRANSPORTATION PTE LTD	SH 9151X	XE 499J
10	MT/1041821-002	COMFORT TRANSPORTATION PTE LTD	SHC 3607U	SLT 2910M

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

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/04/2019 07:47"/>
Vehicle No.(For Motor)	<input type="text" value="SGR5464J"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081725096-02		TAN KENG SOON (CHEN QINGSHUN)	S8220031B	GPC	Third Party	SGR5464J	SGR5464J	10/08/2018	09/08/2019

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	15/04/2019 07:34
Date Of Accident	14/04/2019 04:10
Exact Location Of Accident	BUANGKOK GREEN X YIO CHU KANG RD (LP2A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7087L
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	ONG BENG HWEE
NRIC No	S7530636I
Date Of Birth	13/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1995
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92707391
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	119 10-65 BUKIT MERAH VIEW
Postcode	152119
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?	NO
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]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SGR5464J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



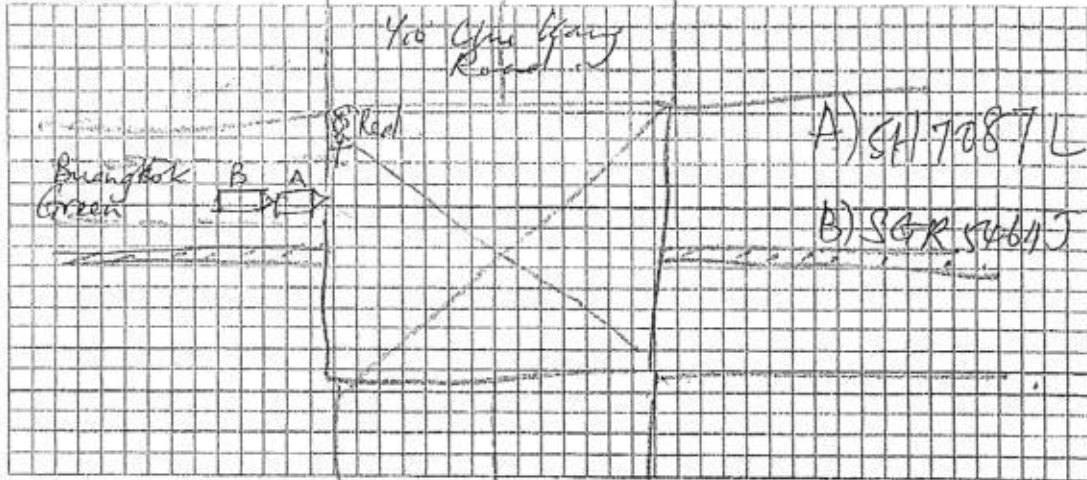
Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached.
 7/20190414/2014

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO. REG. NO. 100203221R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

S R Moolthy
CSO

Reporting Centre Personnel's Signature
 Name:

Sketch Plan Pg. 2



SINGAPORE
POLICE FORCE



T/20190414/2014

Police Station Of Origin:
Hougang N.P.C
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20190414/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 06:23		Vide Report No.: F/20190414/0056		Station Diary No.: 18
Informant's Particulars				
Name of Informant: ONG BENG HWEE		Address: APT BLK 119 BUKIT MERAH VIEW #10-65 SINGAPORE 152119		
ID Type / ID No.: NRIC NO / S75306361		Contact No.: Home/Office: Mobile: 92707391		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 13/10/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/04/2019 04:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUANGKOK GREEN YIO CHU KANG ROAD Lamp Post Number: 2A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
SGR5464J	Car				Seriously Damaged	0
SH7087L	Car				Seriously Damaged	1

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/20190414/2014

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190414/2014

CONTINUATION OF REPORT

Driver			
Name	ONG BENG HWEE		ID No. S75306361
Related Vehicle	SH7087L (Car)		Contact No. 92707391
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	TAN CHIK MUN		ID No. NIL
Related Vehicle	SH7087L (Car)		Contact No. 97983647
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	Slight

Brief Details.

On 14/04/2019 at about 0410hrs, I was travelling along Buangkok Green towards Ang Mo Kio direction, on lane 4 of a 5 lane road. As I approached the traffic light at the cross junction of Yio Chu Kang Road, I came to a complete stop as the light turn red.

Shortly about 10 seconds of my complete stop, I felt a great impact from my rear. I then came down and made a check and discovered the above mentioned vehicle had collided onto my vehicle. I made a check with my passenger and he informed that he does not need any immediate medical attention. I had also checked with the other driver and I observed that he seems unwell, as such, I called for the Police.

While waiting for the Police, I noticed the said driver was on the phone outside his vehicle and gradually, he walked away from the accident scene, leaving his vehicle behind. As such, upon Traffic Police arrival, I was informed to lodge this traffic accident report. I have taken photo of the accident, however did not managed to take the particulars of the other driver. There is a in-vehicle camera in my vehicle.



SINGAPORE
POLICE FORCE



T/20190414/2014

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20190414/2014

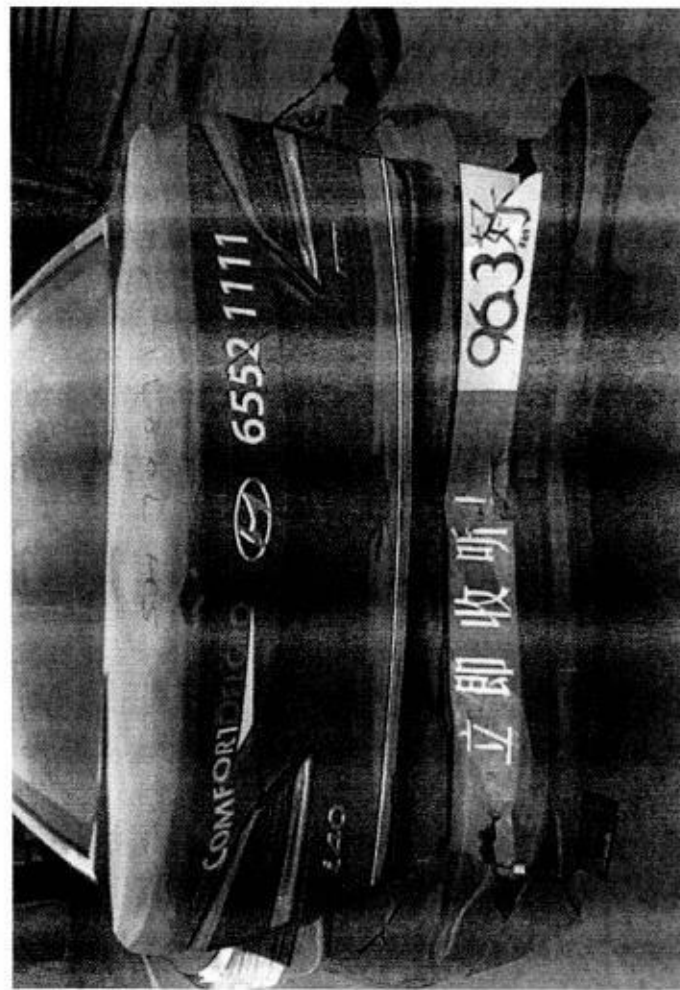
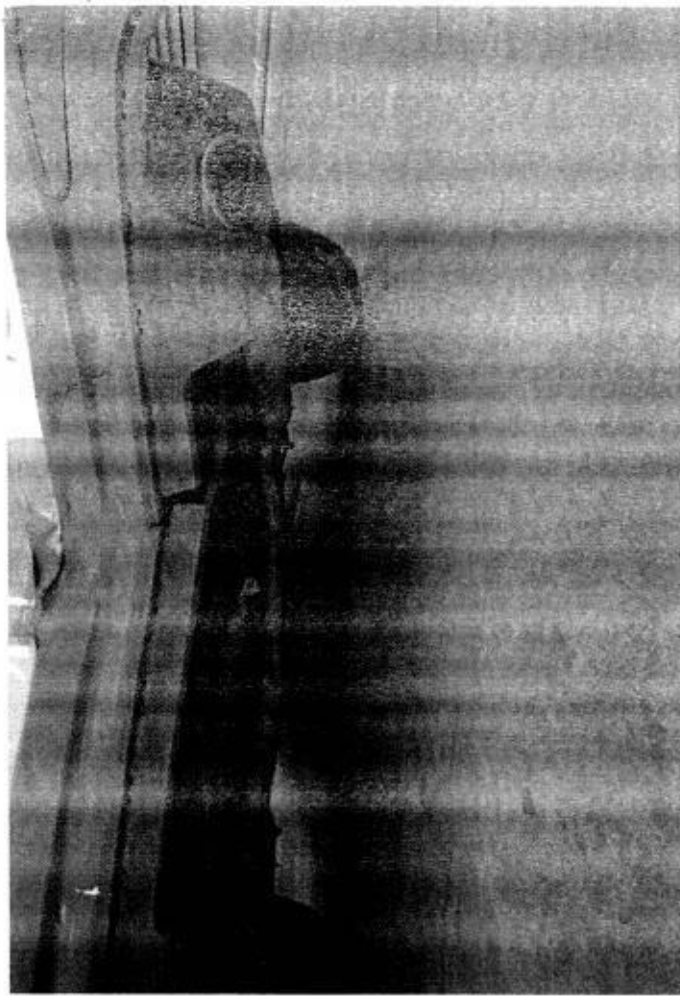
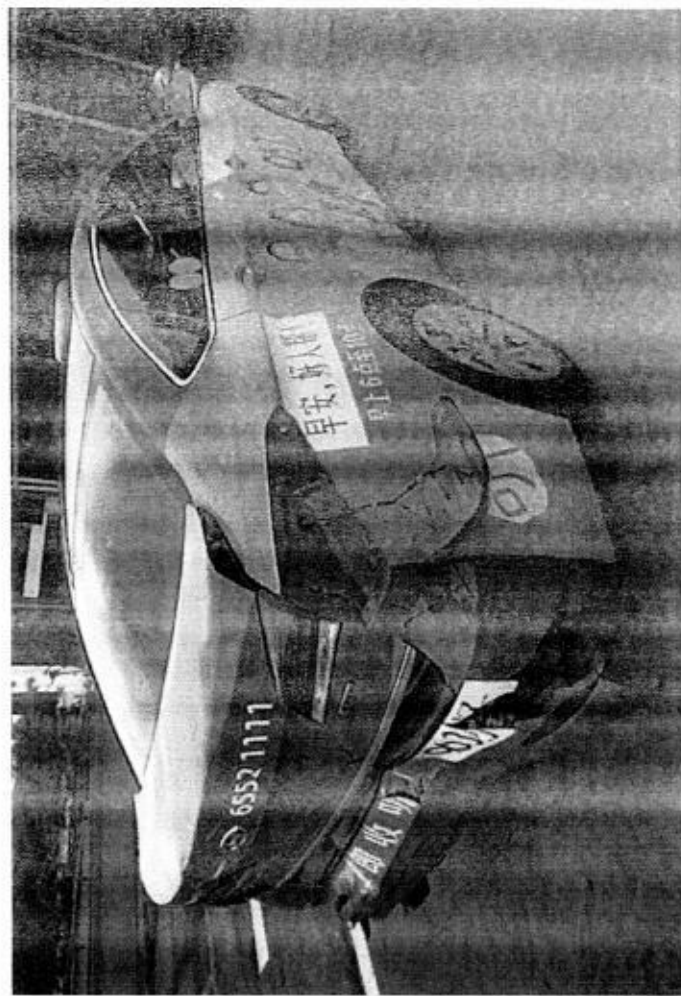
CONTINUATION OF REPORT

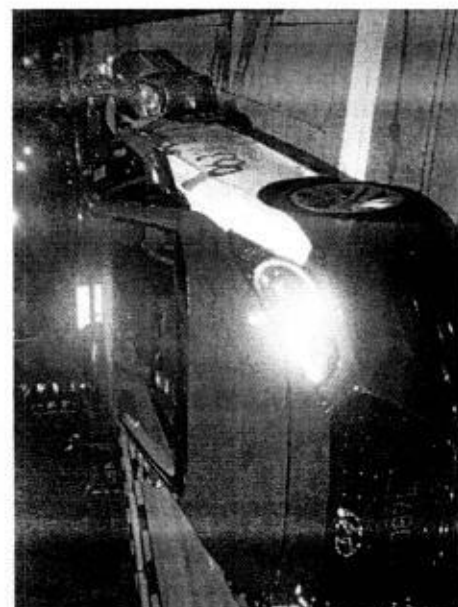
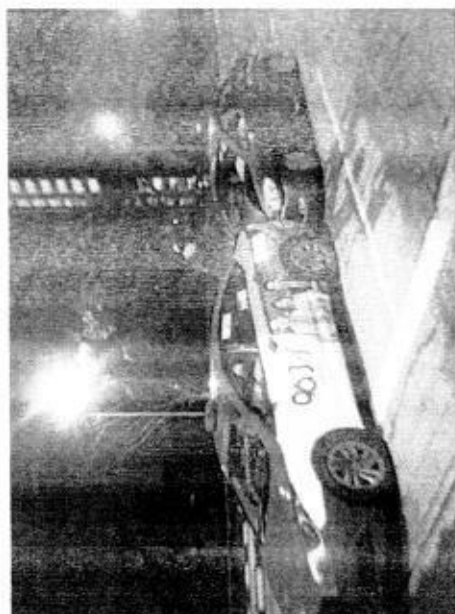
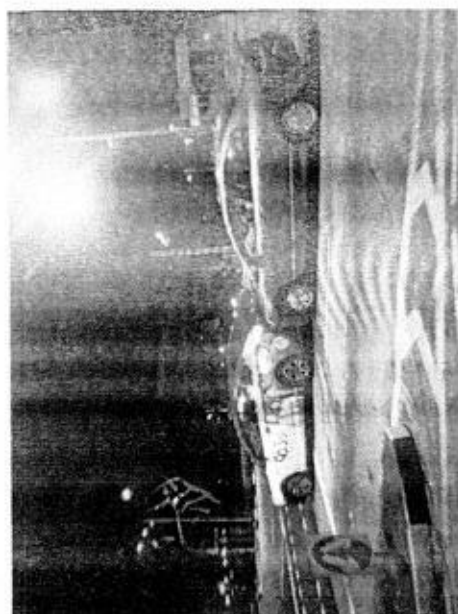
Sketch Plan

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 / Staff Sgt TAN YEOW CHONG	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2019 06:23
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp: NP168	Signature:





member of COMFORTDELGRO

Date/Time: 15.04.2019 08:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3914392

JC NO.: 305287034

OWNER	REGN NO. SH 7087L	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL
7010045		E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE	MODEL I-40	DATE/TIME IN 14.04.2019 06:35
TESS Singapore SINGAPORE 575717	YR OF MANU 26.05.2016	TARGET DATE
65508755 (R) (O)	CHASSIS CODE KMHLB41UMGU089871	COMPLETION DATE/TIME:
COUNT CARD NO.		

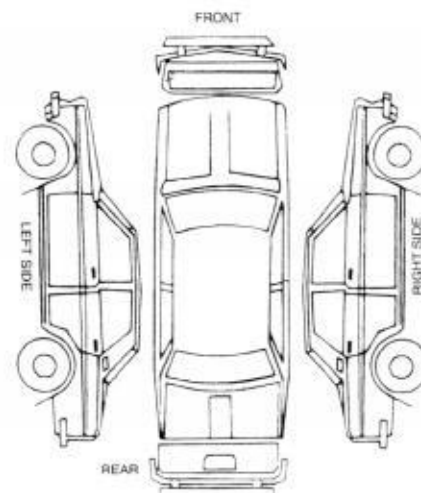
JOB DESCRIPTION

Accident Date: 14.04.2019

NATURE: 3P 14.04.19/B-

S/NO LABOR CODE DESCRIPTION

Tummy - Kiy dolly



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

Vehicle No.: SH 7087L

FZ NTUC LKK

Vehicle No.:

SH 7087L

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: 14-4-19 Time Received: 7:40		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: MR ONG BENH HWEE Contact No.: 92707391 Vehicle No.: SH7087L Make / Model / Colour: 140 Email:		4. Type of Towing: <input type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
7. Location: 666 HOUGANG AVE4		6. Parts Replaced/Remarks:	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Luyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
10. Odometer Reading: _____ Fuel Level: F 1/4 1/2 3/4 E		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Job Attended			
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver: Shu Jian Vehicle No.: 4P749UG Time Dispatch: 7:40 Time of Arrival: 8:10 Time Completed: 8:35			
<div style="display: flex; justify-content: space-around;"> <div> </div> <div> <p># : Cracked X : Dented / : Scatched O : Missing</p> </div> </div> <p>Signature of Customer</p>			
Cash Invoice Details (if applicable)			
13. Cash Invoice No.:			
Customer Acknowledgement			
<p>a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.</p> <p>b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.</p> <p>c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.</p>			
14-4-19 Date		8:10 Time	
		Signature of Customer	
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
		Signature of Attending Staff/Guard	

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7087L

DATE 15/4/2019 9:59

MAKE :

NTUC/LKK

(Fz) R-1

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Buckled</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>X sm</i>			\$ 102.60
	Boot Lid Lock Lower <i>X sm</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>sm</i>			\$ 28.70
	Boot Lid CRDI Plate <i>sm</i>			\$ 27.90
	Boot Lid Lamp (LH/RH) <i>LH x RH - cut</i>	\$	565.60	\$ 1,131.20
	Bootlid Moulding <i>cut</i>			\$ 85.00
	Bootlid i40 Emblem <i>sm</i>			\$ 27.90
	Bootlid Lower Garnish <i>sm</i>			\$ 227.90
	Rear Bumper <i>Paint</i>			\$ 553.00
	Rear Bumper Reinforcement <i>sm</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Paint</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>sm</i>			\$ 22.00
	Rear Bumper Bracket <i>X sm</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>sm</i>			\$ 103.50
	Rear Bumper Under Cover <i>painting</i>			\$ 228.00
	Rear Bumper Reflector Lamp (LH/RH) <i>LH sm RH X sm</i>	\$	30.60	\$ 61.20
	Tail Lamp (LH/RH) <i>cut sm</i>	\$	697.80	\$ 1,395.60
	Rear Panel <i>Buckled</i>			\$ 526.70
	Rear Panel Garnish <i>sm</i>			\$ 57.70
	Rear Panel Lower Panel <i>Buckled</i>			\$ 89.40
	Spare Tyre Holder <i>X right</i>			\$ 248.00
	Spare Tyre Panel <i>X right</i>			\$ 852.80
	Spare Tyre Panel Cushion <i>sm</i>			\$ 209.05
	Rear Towing Hook <i>X sm</i>			\$ 94.60
	Member Assy- Rear Floor Centre <i>X right</i>			\$ 570.40
	Rear Fender (LH) <i>Buckled</i>			\$ 2,171.40
	Rear Fender Inner Lining (LH) <i>X sm</i>			\$ 169.30
	Rear Windscreen Moulding <i>sm</i>			\$ 28.30
SUB TOTAL				\$ 11,878.95
LESS 20%				\$ 2,375.79
DISCOUNTED TOTAL				\$ 9,503.16
	Boot Lid Comfort Logo & Tel No. Sticker <i>-10%</i>	<i>sm</i>		\$ 30.00
	Rear Bumper Reverse Sensor <i>-10%</i>	<i>shel</i>		\$ 135.70
	Rear Bumper Rubber Mat <i>sm</i>	<i>sm</i>		\$ 50.00
	Rear Bumper Advertisement Logo <i>sm</i>	<i>sm</i>		\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>sm</i>	<i>sm</i>	100.00	\$ 200.00
	Rear Windscreen Sealant <i>sm</i>			\$ 46.00
	Rear Number Plate <i>sm \$25</i>			
				\$ 511.70

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NTUC

(FZ)

P-2

SH 7087L

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			800
	Panel Beating		\$ 1,200.00	800
	Spray Painting Charge		\$ 1,200.00	800
	Wiring Charge		\$ 50.00	20
	Tuff Kote		\$ 150.00	50
	Towing Fees		\$ 60.00	X
	Remove/Refix Cushion & Upholstery Rear		\$ 150.00	50
	Remove/Refix Rear Windscreen Glass		\$ 120.00	100
	Remove/Refix Reverse Sensor		\$ 80.00	30
	TOTAL LABOUR			\$ 3,010.00
	ESTIMATE TOTAL			\$ 13,024.86
				13,049.86
<p> Ka/wa 1 Ulls 15/4/19 1530h 14 4 Pys 4/s Atte Pys pL </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.				

COMFORTDELGRO ENGINEERING

Our Job Ref No : 3052878034
Date : 25.04.2019

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

FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SH 7087L Date of Accident : 14.04.2019


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

1. The repair job shall bill to: NTUC --- SGR5464J
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$7,700.00
Final Lumpsum Repair cost \$7,700.00

3. Estimated normal period for repairs: 5 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 26/4/19

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/INC19006722/K1vd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-05-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGR 5464J	Veh. Inspected	SH 7087L
Policy No.	5081725096-02	Coverage (\$)	0.00
Claim No.	MT/1040396-002	Excess (\$)	0.00
Assign From		Assign Date	15/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU089871	Colour	BLUE
Odometer	530941	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	7 mm
L/H Front Tyre	205/60R16	HANKOOK	7 mm
R/H Rear Tyre	205/60R16	HANKOOK	7 mm
L/H Rear Tyre	205/60R16	HANKOOK	7 mm

4. Description of Damages

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

Accident Date	14/04/2019	Inspection Date	15/04/2019
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:	5 Working Days
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**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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7087L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BOOT LID	BUCKLED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
2	BOOT LID LAMP (LH/RH) @ \$565.60	N/S SERVICEABLE / O/S CUT	1,131.20	565.60
1	BOOTLID MOULDING	CUT	85.00	85.00
1	BOOTLID I40 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	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$80.30	BENT	160.60	160.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @ \$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	TORN	103.50	103.50
1	REAR BUMPER UNDER COVER	MISSING	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @ \$30.60	N/S CRACKED / O/S SERVICEABLE	61.20	30.60
2	TAIL LAMP (LH/RH) @ \$697.80	CRACKED	1,395.60	1,395.60
1	REAR PANEL	BUCKLED	526.70	526.70
1	REAR PANEL GARNISH	CRACKED	57.70	57.70
1	REAR PANEL LOWER PANEL	BUCKLED	89.40	89.40
1	SPARE TYRE HOLDER	TO REPAIR SEE LABOUR	248.00	-
1	SPARE TYRE PANEL	TO REPAIR SEE LABOUR	852.80	-
1	SPARE TYRE PANEL CUSHION	NECESSARY	209.05	209.05
1	REAR TOWING HOOK	SERVICEABLE	94.60	-
1	MEMBER ASSY - REAR FLOOR CENTRE	TO REPAIR SEE LABOUR	570.40	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER (LH)	BUCKLED	2,171.40	2,171.40
1	REAR FENDER INNER LINING (LH)	SERVICEABLE	169.30	-
1	REAR WINDSCREEN MOULDING	NECESSARY	28.30	28.30
	LESS 20% DISCOUNT		-2,375.79	-1,828.43
			9,503.16	7,313.72
	NETT ITEMS			
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13
	SPECIAL NETT ITEMS			
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
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
1	REAR NUMBER PLATE (SN)	MISSING	25.00	25.00
			371.00	371.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF SPARE TYRE HOLDER, SPARE TYRE PANEL AND MEMBER ASSY - REAR FLOOR CENTRE.		1,200.00	800.00
	SPRAY PAINTING CHARGE.		1,200.00	800.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		150.00	50.00
	TOWING FEES.		60.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REFIX REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			3,010.00	1,850.00
	GRAND TOTAL		13,049.86	9,683.85

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			7,700.00
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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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