

Surveyor: Kolvin

REF: NS/INC 19006886/K1+d307

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspected Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: FBD 4873B
 Policy No. _____
 Claims No. M711040700-002
 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: SHA 1271C Yr Regt: 2 Apr 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/C / Prime Mover /

Truck / Trailer or

Make: Hyundai cc 1500
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 4530 T/Radio: Insured / Std / Nil / NA

Eng/No: _____
 C/No: KM HC851C VK4141455

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inoper / Jammed / Leaked / Burnt or
 Brake: Inoper / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / M / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

| 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 / U/C / Roof/Top or
Rear o/s

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

| Date / Time | Action / Instruction |
|-------------|---|
| | No policy found. |
| | SHA 1271C - X |
| | FBD 4873B - X |
| 29/4/19 | Letter PIP \$ 4009.66 / 4873B. (Red: 1679.94 : 29/4/19) |

RECEIVED 30 APR 2019

Date/Time, File Pass to? ☐ : Prel. Report
☒ : Final Report
 1) 30/4 Typist
 Date/Time, File Return to?

Days Of Repair: 4
 Resurvey No. of Trip: 1

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

| | |
|-----------------|------------|
| Survey Fee: | <u>160</u> |
| Transportation: | |
| S + RS \$ | |
| Photos | |
| Others | |
| TOTAL | <u>160</u> |

Report Format:
 Lump Sum: 4009.66

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident |
|------|------------------|---------------------------------|----------------------|--------------------|------------------|
| 1 | MT/1009890-002 | SMRT BUSES | SG 5773H | SJX 8235S | 2/9/2018 |
| 2 | MT/1040324-002 | COMFORT TRANSPORTATION PTE LTD | SHD 7103A | SHB 8868E | 13/4/2019 |
| 3 | MT/1040700-002 | COMFORT TRANSPORTATION PTE LTD | SHA 1271C | FBD 4873B | 14/4/2019 |
| 4 | MT/1040463-002 | COMFORT TRANSPORTATION PTE LTD | SHD 4354L | SJX 3780S | 16/4/2019 |
| 5 | MT/1041520-002 | COMFORT TRANSPORTATION PTE LTD | SHD 3193R | SJP 4115Z | 23/4/2019 |
| 6 | MT/1040848-002 | CITYCAB | SHC 968Y | SJV 7501R | 17/4/2019 |
| 7 | MT/1041199-002 | COMFORT TRANSPORTATION PTE LTD | SHA 5630Z | SJP 9605T | 18/4/2019 |

4/15/2019

Insurance Particulars Enquiry By Agent's Detail

Enquire Vehicle Insurer

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|---------------------------|
| F8D48738 | 14 Apr 2019 / 15:00:00 | Successful | N12 | NTUC INCOME INS CO-OP LTD |

Previous

OK

SM 1271C

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1271C

DATE 15/4/2019 14:50

MAKE :

MODEL : HYUNDAI IONIQ

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---|------|------------|--------------------|
| | Boot Lid <i>Ant</i> | | | \$ 2,480.40 |
| | Boot Lid Lock Upper <i>X sm</i> | | | \$ 224.00 |
| | Boot Lid 'H' Emblem <i>X sm</i> | | | \$ 28.00 |
| | Emblem -Hybrid <i>me</i> | | | \$ 24.30 |
| | Emblem -Ioniq <i>me</i> | | | \$ 31.30 |
| | Boot Lid Glass, Upper <i>skilled</i> | | | \$ 543.30 |
| | Boot Lid Glass, Lower <i>X sm</i> | | | \$ 384.90 |
| | Boot Lid Lamp (RH) <i>X sm</i> | | | \$ 794.40 |
| | Rear Bumper <i>Ant</i> | | | \$ 459.40 |
| | Rear Bumper Cover Clips <i>me</i> | | | \$ 22.00 |
| | <i>Rear Bumper Center Grille - me</i> | | | \$ 451.25 |
| | SUB TOTAL | | | \$ 4,992.00 |
| | LESS 20% | | | \$ 998.40 |
| | DISCOUNTED TOTAL | | | \$ 3,993.60 |
| | Boot Lid Comfort Logo Sticker <i>me</i> | | | \$ 30.00 |
| | <i>Rear Number plate</i> | | | \$ 25 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 300 |
| | Spray Painting Charge | | | \$ 400.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Towing Fees | | | \$ 60.00 |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 |
| | TOTAL LABOUR | | | \$ 1,280.00 |
| | ESTIMATE TOTAL | | | \$ 5,303.60 |
| | | | | <i>5689.60</i> |

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

Date/Time: 15.04.2019 14:40

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3914553

JC NO.: 305287263

TOMER

COMFORT TRANSPORTATION PTE LTD

7010045

VIS

TOMER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65508755

(R)

(P)

OUNT CARD NO.

REGN NO.

SHA1271C

MILEAGE

MAKE

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN 14.04.2019 15:00

YR OF MANU

02.04.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU141455

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 14.04.2019

NATURE: 3P 14.04.2019

S/NO

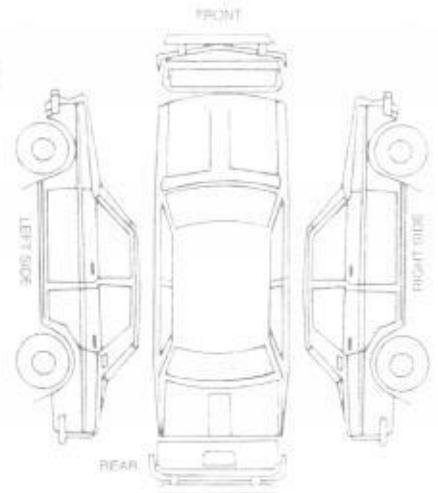
000010

LABOR CODE

23-01

DESCRIPTION

TOWING FEE - \$60



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.

SHA1271C

LKE

Vehicle No.

SHA1271C

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: <u>14-4-19</u> Time Received: <u>15.50</u> | | 3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay) | | 4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up | | | | | |
| 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Chen Wei Feng</u> Contact No. : <u>97239286</u> Vehicle No. : <u>SMA 1271C</u> Make / Model / Colour : <u>IONIC</u> Email : | | 5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery | | 6. Parts Replaced/Remarks: | | | | | |
| 7. Location: <u>205 TAN Eunos</u> | | | 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 | | | | | | |
| 9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <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: | | | | | | | | | |
| 10. Odometer Reading : _____ Fuel Level : <table border="1" style="display: inline-table;"><tr><td>F</td><td>1/4</td><td>1/2</td><td>3/4</td><td>E</td></tr></table> | | | F | 1/4 | 1/2 | 3/4 | E | 11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested | |
| F | 1/4 | 1/2 | 3/4 | E | | | | | |
| | | |  | | | | | | |

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☒ TZ ☐ YISHUN ☐ OTHERS
TOWING

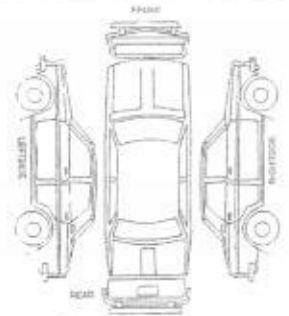
Name of Driver : Jun

Vehicle No. : YN 4608C

Time Dispatch : 15-50

Time of Arrival : 16-30

Time Completed : _____



: Cracked X : Dented
/ : Scratched O : Missing

Signature of Customer

Cash Invoice Details (if applicable)

13. Cash Invoice No. :

Customer Acknowledgement

- 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.
- 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.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

14-4-19
Date

Date _____

17.00

Time

SPARK Car Care™.

Signature of Customer

14. WORKSHOP

Name of Attending Staff/GuardDate & Time of ArrivalSignature of Attending Staff/Guard

CUSTOMER'S COPY

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 10:48 |
| Date Of Accident | 14/04/2019 15:00 |
| Exact Location Of Accident | ALONG JLN EUNOS TOWARDS MARINE PARADE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA1271C |
| 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 | CHONG WEE LEONG |
| NRIC No | S1635420A |
| Date Of Birth | 06/05/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/07/1985 |
| Driving Experience | 33 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97239286 |
| Fax Number | |
| Contact Number | |
| E Mail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 298 24-28 BUKIT BATOK STREET 22 |
| Postcode | 650298 |
| 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? | 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) | 1 |

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

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 | FBD4873B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | WAN SHAHIR PUTRA BIN EDWARSYAH |
| NRIC/Passport Number | S9911734F |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

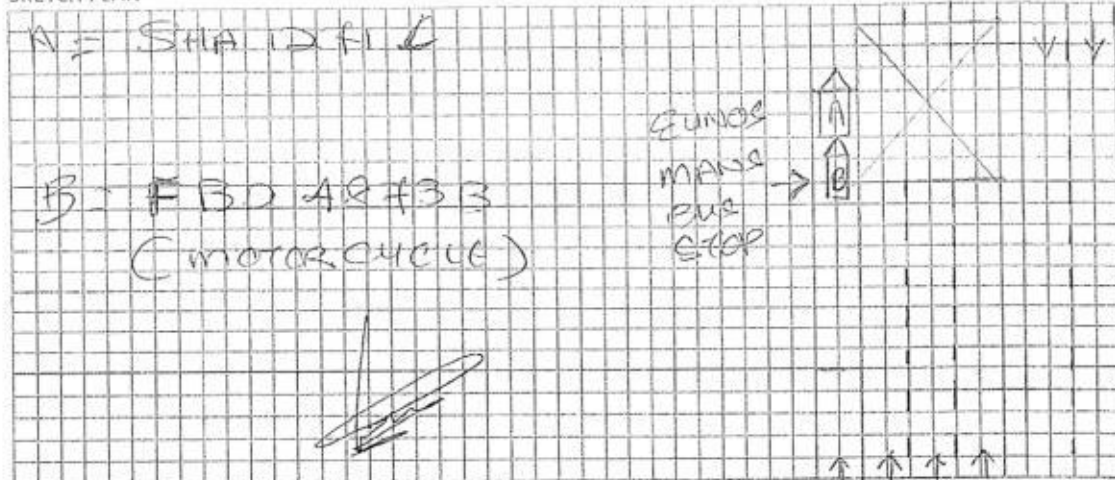
DETAILS OF INJURED PERSON 1

| | |
|---|--------------------------------|
| Name | WAN SHAHIR PUTRA BIN EDWARSYAH |
| Approximate Age | |
| Injuries Sustain | ARM |
| Injured person in which vehicle? | FBD4873B |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

SKETCH PLAN

MARINE PARADE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

JUN EUNOS

Statement as per attached.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO 159303321R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 15 APR 2019
NRIC/FIN No.:

Sketch Plan Pg. 2

| |
|---|
| Describe Circumstances of the Accident. |
| On the 14/04/2019 @ 15:00hrs, I was driving along Jln Eunus towards Marine Parade direction |
| As I was driving towards the Eunus Mans Bus Stop, there's a passenger flag my taxi at the Bus |
| Stop so I slow down and switched on the hazard to stop. Suddenly there's an impact from |
| behind my taxi and I step out to checked and found out a motorcycle FBD4873B had collided |
| onto my rear portion of my taxi and the rider landed on my rear windscreen. As a result my |
| rear windscreen shattered and rear bumper dented. |
| The rider suffers slight cuts and refused to be conveyed by ambulance. |
| Tp and ambulance came but no police report required. |
| |
| |
| |
| |
| |
| |

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 188303321R

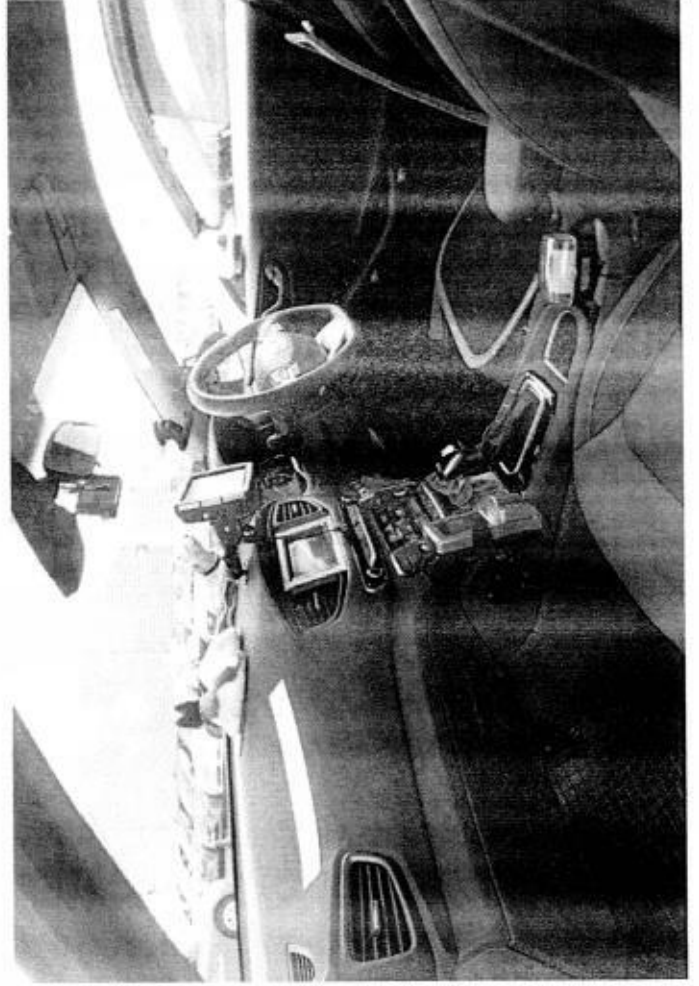
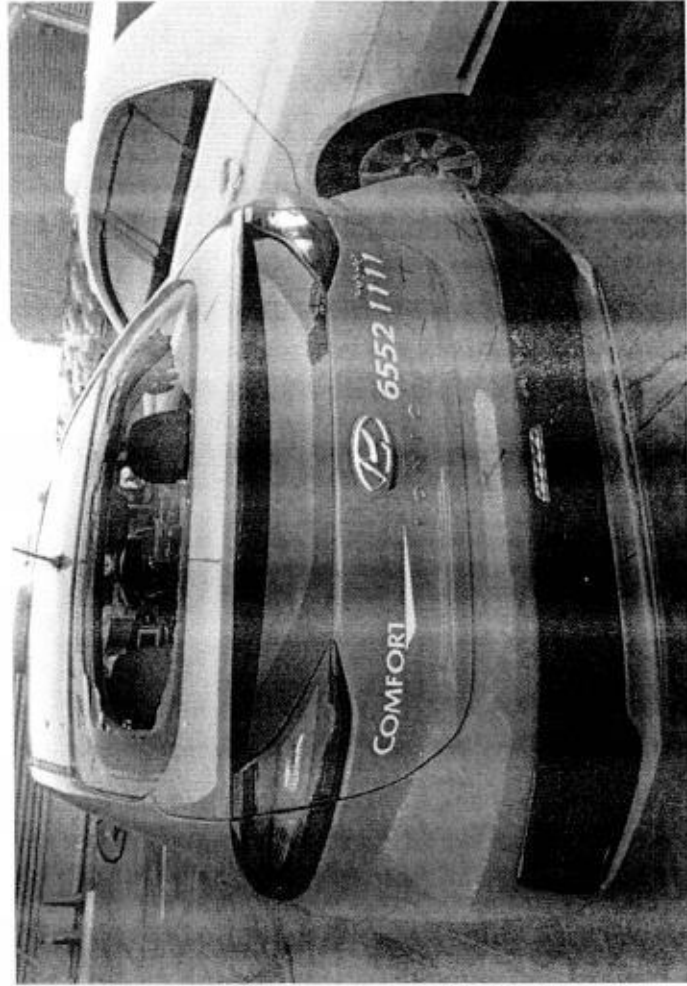
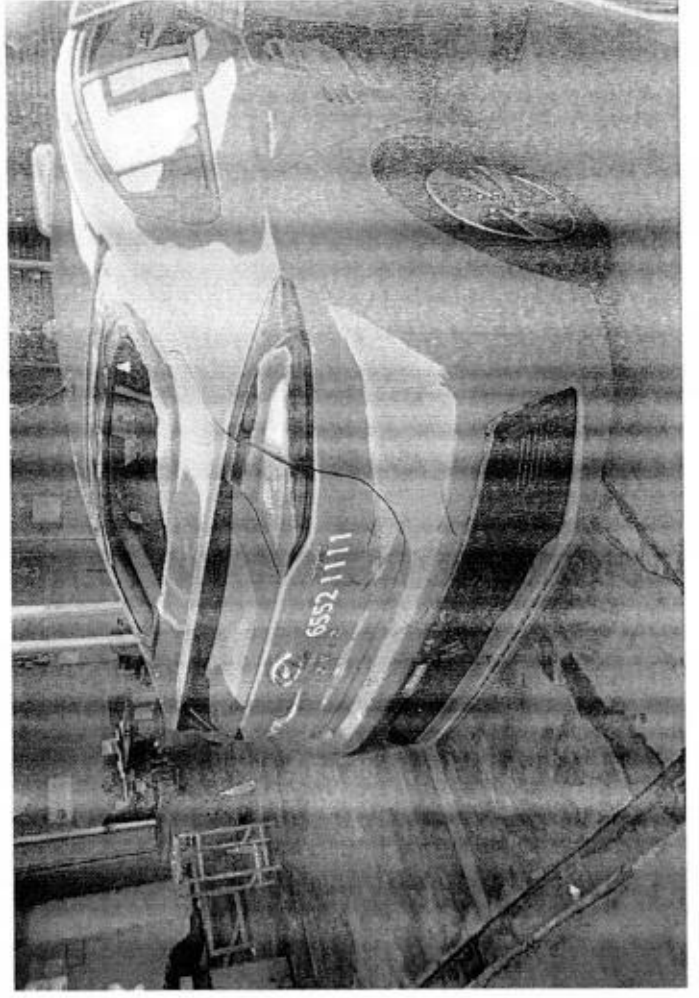
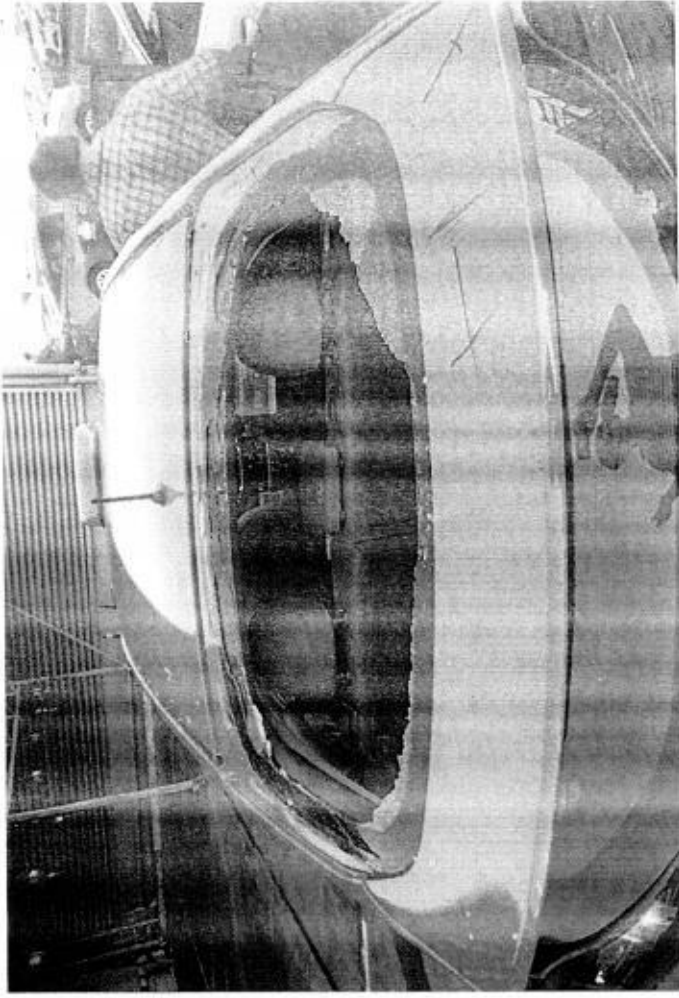
Policyholder's Signature/Date & Time

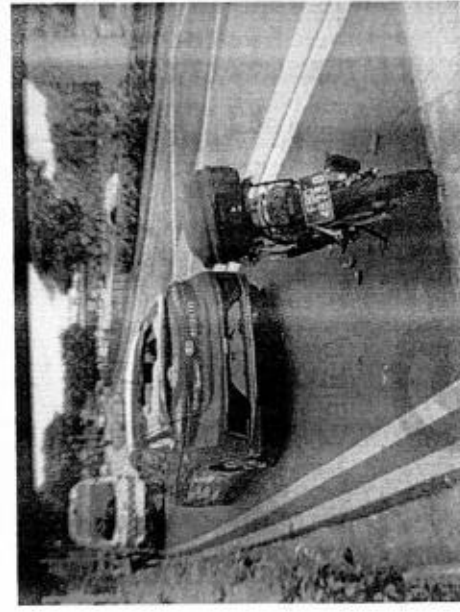
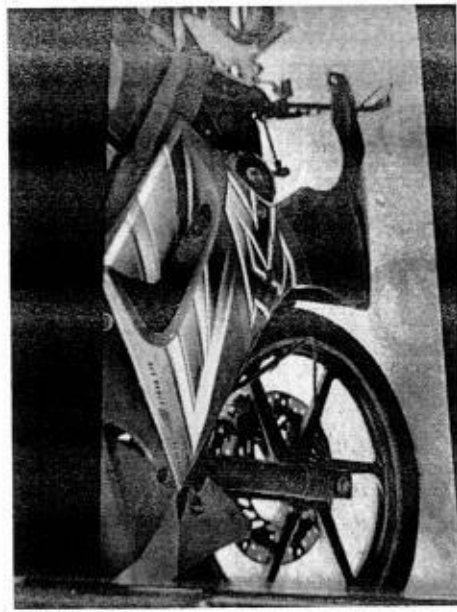
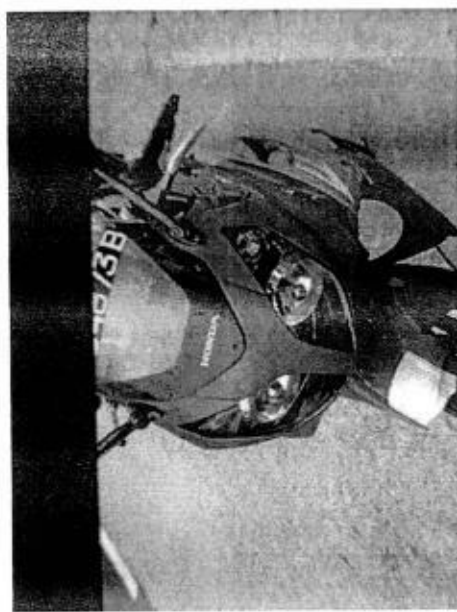
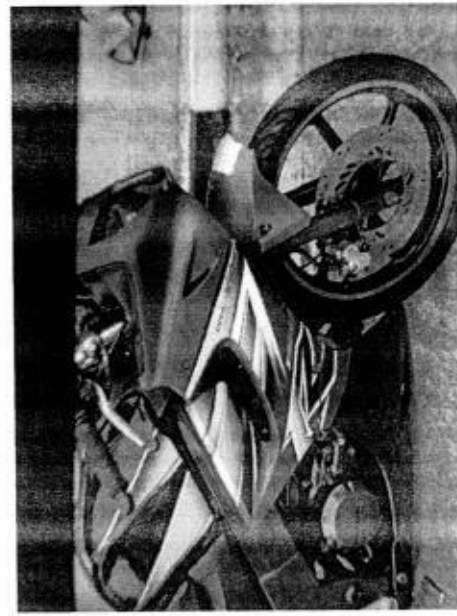
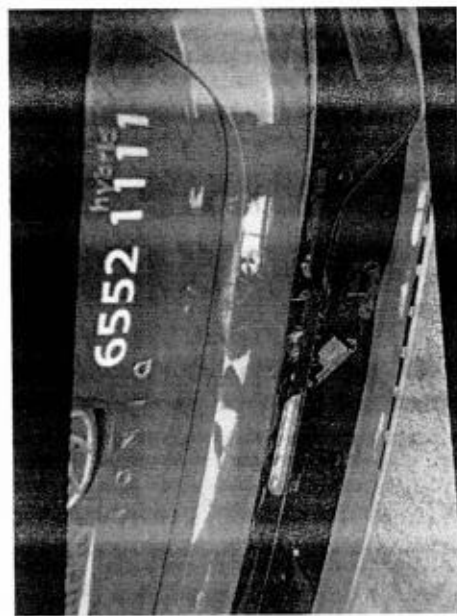
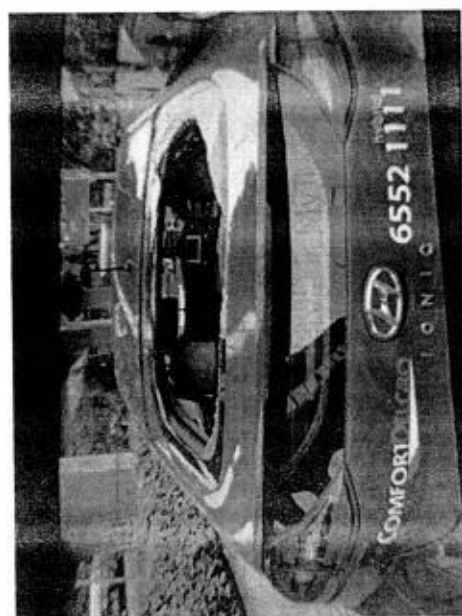
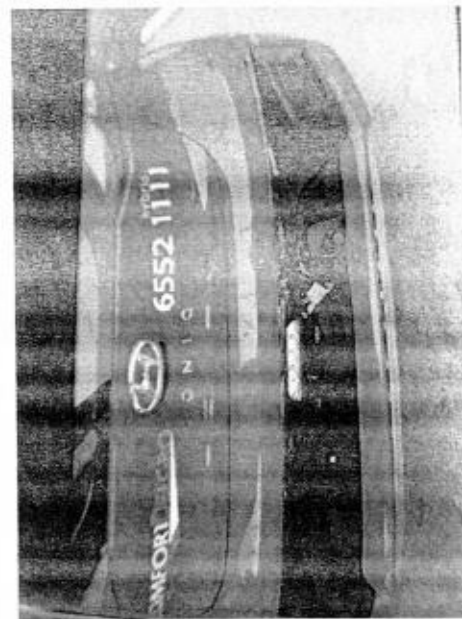
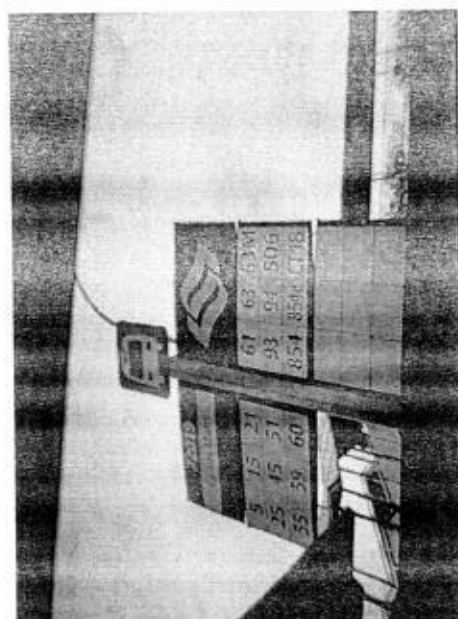
Driver's Signature (If driver is not the policyholder)/Date & Time

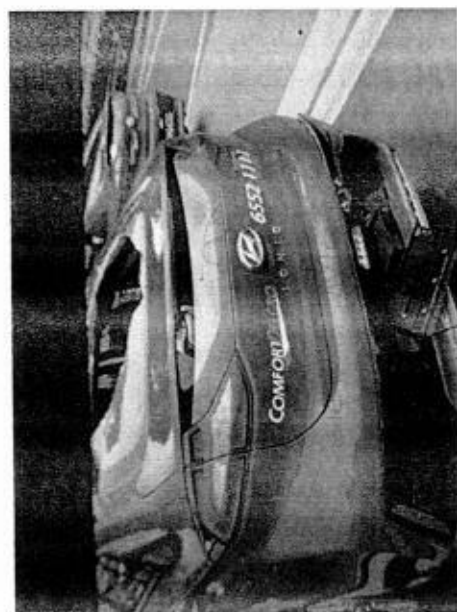
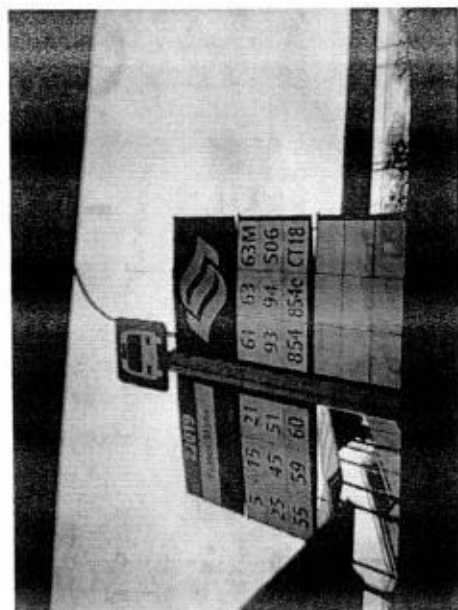
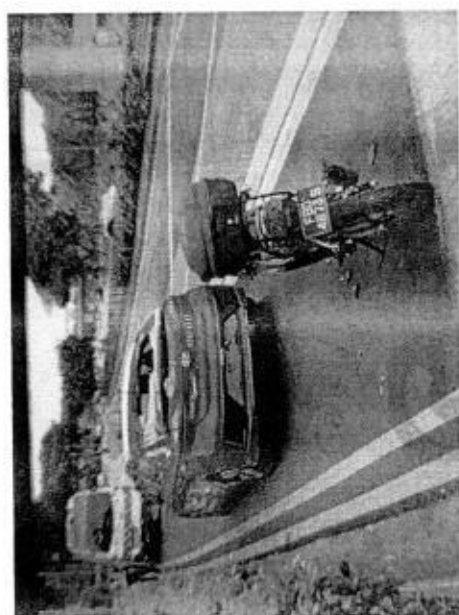
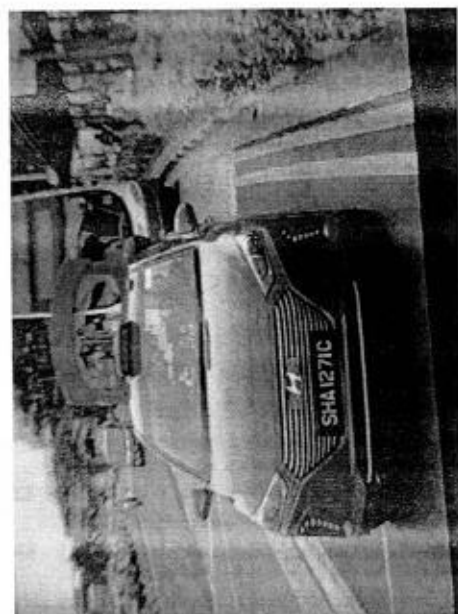
Olivia Wendy

Witnessed by Reporting Centre Personnel

15 APR 2019







COMFORTDELGRO ENGINEERING

Our Job Ref No 305287263
Date 25.04.19

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

FINALIZATION FORM

To LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHA1271C CTPL

Fax :

14.04.19


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


1. The repair job shall bill to: NTUC FBD4873B
2. The finalized amount shall be:

| | |
|---|-------------------|
| (a) Spare Parts after List discount | \$3,259.06 |
| (b) Labour Charges | \$750.00 |
| Total for Part-By-Part Repair Cost | \$4,009.06 |
| (c.) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | |
| Final Lumpsum Repair cost | |

3. Estimated normal period for repairs: 4 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 KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kaha
Date : 29/4/19

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:

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

JOB NO : 305287263
 REGN NO : SHA1271C
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 02.04.2019
 DATE/TIME IN : 14.04.2019 15:00
 ACCIDENT DATE : 14.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------|-------------------|---------------------------|------|----------|-------|----------|
| 0001 | 04-01-0104-2533-G | IONIQV2 MOULDING ASSY-RR | 1 L | 451.25 | 20.00 | 361.00 |
| 0002 | 04-01-0104-2282-G | IONIQVC COVER-RR BUMPER# | 1 L | 459.40 | 20.00 | 367.52 |
| 0003 | 04-01-0101-0111-G | HYUNDAI BUMPER COVER CLIP | 10 L | 22.00 | 20.00 | 17.60 |
| 0004 | FNPS | NO PLATE(S) | 1 N | 25.00 | 10.00 | 22.50 |
| 0005 | 28-01-0103-0005-A | (I40/SONATA)REAR BOOT LOG | 1 N | 20.00 | 10.00 | 18.00 |
| 0006 | 28-01-0103-0006-A | (I40/SONATA)REAR BOOT TEL | 1 N | 10.00 | 10.00 | 9.00 |
| 0007 | 04-01-0104-2271-G | IONIQ EMBLEM-IONIQ | 1 L | 31.30 | 20.00 | 25.04 |
| 0008 | 04-01-0104-2270-G | IONIQ EMBLEM-HYBRID | 1 L | 24.30 | 20.00 | 19.44 |
| 0009 | 04-01-0104-2258-G | IONIQ GLASS ASSY-TAIL GAT | 1 L | 543.30 | 20.00 | 434.64 |
| 0010 | 04-01-0104-2256-G | IONIQ PANEL ASSY-TAIL GAT | 1 L | 2,480.40 | 20.00 | 1,984.32 |

SUB-TOTAL : 3,259.06

JOB NATURE

| | | | |
|------|-------|------------|------|
| 0000 | 23-01 | TOWING FEE | 0.00 |
|------|-------|------------|------|

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 25.04.2019

Time: 18:24:26

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 : 305287263
REGN NO : SHA1271C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.04.2019
DATE/TIME IN : 14.04.2019 15:00
ACCIDENT DATE : 14.04.2019

| JOB / PARTS DESCRIPTION | | QTY | IND | UNIT | PRICE | DISC% | AMOUNT |
|-------------------------|------------------------------|-----|-----|------|--------|-------|----------|
| 0001 L | PANEL BEATING | | | | 300.00 | | |
| 0002 23-502 | SPRAYPAINT ON AFFECTED AREA | | | | 400.00 | | |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | | | | 20.00 | | |
| 0004 20-22 | REMOVE/REFIX REVERSE SENSOR | | | | 30.00 | | |
| SUB-TOTAL | | | | | : | | 750.00 |
| TOTAL | | | | | : | | 4,009.06 |

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
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/INC19006886/K1td3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-05-2019

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | FBD 4873B | Veh. Inspected | SHA 1271C |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MT/1040700-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 15/04/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI IONIQ | c.c | 1580 |
| Engine No. | HIDDEN | Year of Reg. | 2019 |
| Chassis No. | KMHC851CVKU141455 | Colour | BLUE |
| Odometer | 4530 | 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 | MICHELIN | 7 mm |
| L/H Front Tyre | 195/65 R15 | MICHELIN | 7 mm |
| R/H Rear Tyre | 195/65 R15 | MICHELIN | 7 mm |
| L/H Rear Tyre | 195/65 R15 | MICHELIN | 7 mm |

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

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.

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 4 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. SHA 1271C

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|-----------------------------------|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BOOT LID | DENTED | 2,480.40 | 2,480.40 |
| 1 | BOOT LID LOCK UPPER | SERVICEABLE | 224.00 | - |
| 1 | BOOT LID "H" EMBLEM | SERVICEABLE | 28.00 | - |
| 1 | EMBLEM-HYBRID | NECESSARY | 24.30 | 24.30 |
| 1 | EMBLEM-IONIQ | NECESSARY | 31.30 | 31.30 |
| 1 | BOOT LID GLASS,UPPER | SHORTED | 543.30 | 543.30 |
| 1 | BOOT LID GLASS,LOWER | SERVICEABLE | 384.90 | - |
| 1 | BOOT LID LAMP (RH) | SERVICEABLE | 794.40 | - |
| 1 | REAR BUMPER | DEFORMED | 459.40 | 459.40 |
| 10 | REAR BUMPER COVER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | REAR BUMPER CENTER GARNISH | CRACKED | 451.25 | 451.25 |
| | LESS 20% DISCOUNT | | -1,088.65 | -802.39 |
| | | | 4,354.60 | 3,209.56 |
| <u>NETT ITEMS</u> | | | | |
| 1 | BOOT LID COMFORT LOGO STICKER (N) | NECESSARY | 30.00 | 30.00 |
| 1 | REAR NUMBER PLATE (N) | MISSING | 25.00 | 25.00 |
| | LESS 10% DISCOUNT | | - | -5.50 |
| | | | 55.00 | 49.50 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | NOT NECESSARY | 400.00 | 300.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | WIRING CHARGE. | | 50.00 | - |
| | TUFF KOTE. | | 50.00 | 20.00 |
| | TOWING FEES. | | 60.00 | - |
| | REMOVE/REFIX REVERSE SENSOR. | | 120.00 | 30.00 |
| | | | 1,280.00 | 750.00 |
| GRAND TOTAL | | | 5,689.60 | 4,009.06 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 4,009.06 |

Report Ref No. NS/INC19006886/K1td3e2

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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