

Surveyor: KarvinREF: NS/INC 19007320/K1+d30r

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Insp'd Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

at \_\_\_\_\_

Insured: XE 499JPolicy No. 5088412823-02 (09/05/2018)Claims No. MT/1041766-002

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 9151X Yr Regn: 14 May 2018

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

Truck / Trailer or

Make: Hyundai Z40 c.c. 1685Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 83632 T/Radio: Ins / Std / NI / NA

Eng No: \_\_\_\_\_

C/No: KMHLB416ME405385Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD 6 / Rim orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/4/19 D.O.I. 24/4/19Survey held at: CPDE (Logan)

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

o/s Body Front

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

Date / Time	Action / Instruction
	SH 9151X - CC4 / III 170120901, T14b392 DOR - 17/06/2017 INC
	XE 499J - X 4s
26/4/19	Confirmed 4s \$2050/ 2hrs. (Red: 7(4.64, 25%)

RECEIVED 29 APR 2019

Date/Time, File Pass to?

☐ : Prell. Report

1) 29/4 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$

Survey Fee:

Transportation:

\$ + PS \$

Photo

Total

TOTAL

160

160

4s: 2050

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	8000412823-02		SEMBWASTE PTE LTD	199507280G	GFT	Preferred Workshop Plan	XE499J	XE499J	05/05/2018	

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	SIU 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

COMFORTDELGRO

Date/Time: 23.04.2019 17:34 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3916887 JC NO: 305289798

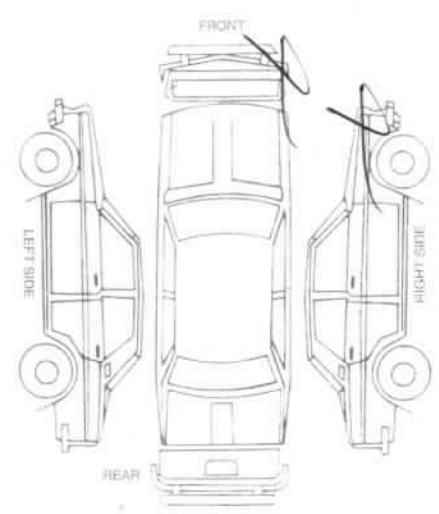
OWNER	REGN NO.: SH 9151X	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL I-40	E.....1/2.....F
383 SIN MING DRIVE	YR OF MANU. 14.05.2014	DATE/TIME IN 22.04.2019 22:30
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMEU053855	TARGET DATE
65508755 (O)		COMPLETION DATE/TIME:

UNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.04.2019  
NATURE: 3P 22.04.19/C

S/NO	LABOR CODE	DESCRIPTION
00010	23-01	TOWING FEE



ED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Signature Slip	Exit Pass
Vehicle No.: SH 9151X	Vehicle No.: SH 9151X
Signature/Date	Name of Service Advisor
Signature/Date	Date
Returned to Service Reception upon collection	To be kept by Security Guard

## 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	23/04/2019 16:43
Date Of Accident	22/04/2019 22:30
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS PIE (COCO COLA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9151X
<b>Insured/Policyholder</b>	
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	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	TAN TECK OO AARON (CHEN DEWU AARON)
NRIC No	S7416309B
Date Of Birth	24/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90270220
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 377 BUKIT BATOK STREET 31 #24-02
Postcode	650377
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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 NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190423/2088

#### 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	XE499J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TEH CHUN WEI
NRIC/Passport Number	
Contact Number	81446886

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

NOT SURE

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

TAN TECK OO AARON (CHEN DEWU AARON)

Approximate Age

44

Injuries Sustain

PAIN ON RIGHT LEG, HAND, HIP, NECK AND WRIST. ON 5 DAYS MC.

Injured person in which vehicle?

SH9151X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE. LTD.  
CO REG NO 199703521R

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.:

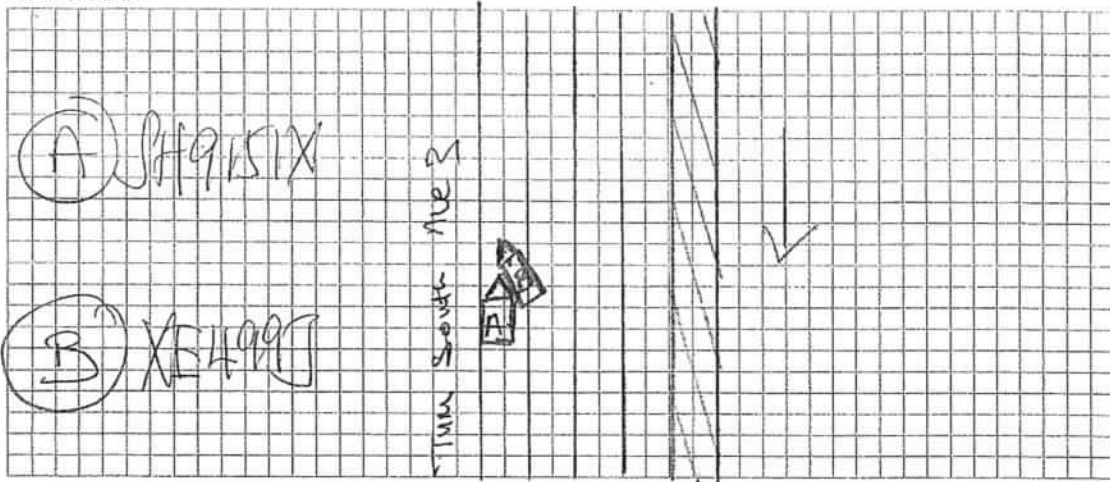
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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report to police

Report

1/20190423/2088

DECLARATION

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

COMFORT TRANSPORTS (M) PTE. LTD.  
13, BEDOK RD, 100832019

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.:



**SINGAPORE  
POLICE FORCE**



T/20190423/2088

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20190423/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2019 14:49		Vide Report No.:		Station Diary No.: 15
<b>Informant's Particulars</b>				
Name of Informant: TAN TECK OO, AARON		Address: APT BLK 377 BUKIT BATOK STREET 31 #24-02 SINGAPORE 650377		
ID Type / ID No.: NRIC NO / S7416309B		Contact No.: Home/Office: Mobile: 90270220		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 44	Date of Birth: 24/05/1974	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/04/2019 22:40	Type of Location: X-Junction
Location: Along Road 1 TUAS SOUTH AVENUE 3 TUAS SOUTH AVENUE 4 AFTER JUNCTION AT TUAS SOUTH AVENUE 3 AND TUAS SOUTH AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Involved	Type	Make	Model	Color	Condition	No of Passenger
SH9151X	Car				Seriously Damaged	2
XE499J	Lorry				No Damage	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190423/2088

2 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20190423/2088

## CONTINUATION OF REPORT

Driver			
Name	TAN TECK OO, AARON	ID No.	S7416309B
Related Vehicle	SH9151X (Car)	Contact No.	90270220
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/04/2019	Date Discharge	23/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 22/03/2019 at about 10:30pm, I was at Tuas South Ave 3 at the junction of Tuas Avenue 4. I was in my taxi (V1: SH9151X) and I had just picked up two passengers and was moving off from left lane. As I was moving off, a Sembcorp truck (V2: XE499J) came from my right side and moved into my lane, hitting the right side of my vehicle.

The driver of the vehicle came down and exchanged particulars with me, his name Teh Chun Wei (H.P: 8144 6886). He informed me to make claims.

My vehicle suffered damages to the front bumper, front right door and side mirror. My vehicle was towed away after.

This morning I woke up and I felt pain on my right leg, hand, hip, neck and wrist. I visited the doctor and was given 5 days MC.

I have a in-vehicle camera.

I will be informing my company on the matter.



**SINGAPORE  
POLICE FORCE**



T/20190423/2088

3 of 3

Report No. T/20190423/2088

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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 NURUL DIANA BINTE MOHAMAD  
ROSLAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

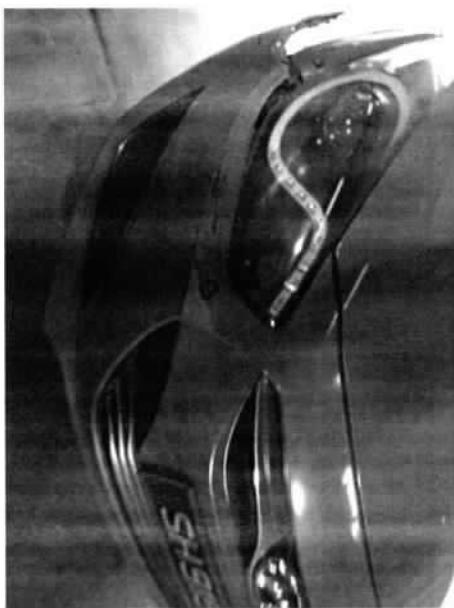
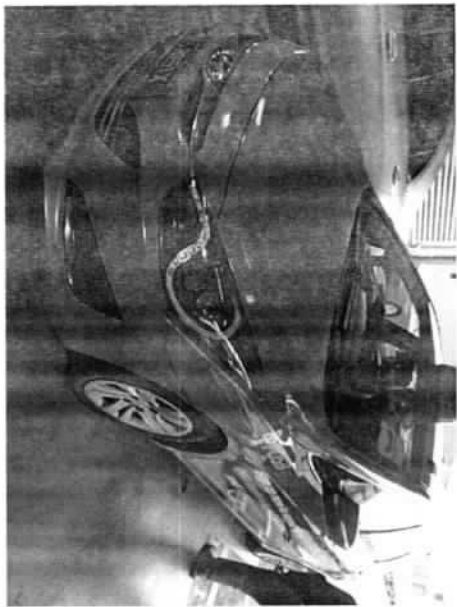
Date/Time:  
23/04/2019 14:49

Classification Of Case:

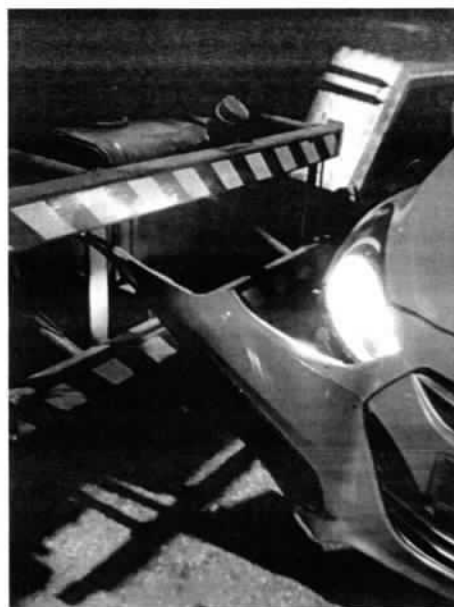


**SINGAPORE  
POLICE FORCE**

SIGNAT







# COMFORTDELGRO ENGINEERING

Our Job Ref No 305289798

Date : 25/04/2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH 9151X

Date of Accident : 22.04.19

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

1. The repair job shall bill to: NTUC --- XE 499J  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges ###

**Total for Part-By-Part Repair Cost**

(c) Lumpsum Repair (if applicable) NI

Total for Lumpsum repair cost after Less: 20% \$2,050.00

**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 : 

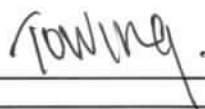
Name : Kalvin

Date : 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:



## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SH 9151X

DATE 24/4/2019 9:08

MAKE :

MODEL : HYUNDAI i40

MTC-JH

L. Sun

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — cm			\$ 544.50
	Front Bumper Grille (RH) X sue			\$ 41.60
	Front Bumper Bracket (RH) — cm			\$ 24.60
	Headlamp (RH) — cm			\$ 1,388.00
	Frt Wheel Hub Cap,RH — fronted			\$ 107.10
	Front RH Fender Liner — torn		\$174.90	
	SUB TOTAL			\$ 2,105.80
	Front RH Fender X repair LESS 20%			\$ 421.16
	RH wing mirror X repair DISCOUNTED TOTAL			\$ 1,684.64
	Front Fender Advertisement Logo (RH) — net			\$ 100.00
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 500.00
	Wiring			\$ 50.00
	Frt Wheel Alignment			\$ 80.00
	TOTAL LABOUR			\$ 980.00
	ESTIMATE TOTAL			\$ 2,764.64
				2904.56
	Ka hui 1 Utky			
	24/4/19 1045L			
	2 Days			
	45			
	After Repair photo			
	<div>LLK Auto Centre have hereby notify the Repairer of the following:<ul style="list-style-type: none"><li>To resurvey, bench mark &amp; carry out survey</li><li>To replace damaged parts having reserve</li><li>To provide estimate subject to insurance</li><li>To provide estimate on a "No Fault" basis</li><li>No liability for any modification or removal</li><li>Supplying parts must be approved by the</li><li>is subject to final approval from insurance Company</li></ul>Acknowledged by Repairer Signature: Date:</div>			
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.				

LKK Auto Care Centre hereby notify the Repairer of the following:

- To reserve, beak, and early painting
- To replace damaged parts using reserve
- Parts of the car must be on "prepaid" basis
- Third party surveyor is followed
- No item modification is allowed
- Supplying, holding the car must be insured and the is subject to prior approval from insurance company

Acknowledged by Repairer

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/INC19007320/K1td3e2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 06-05-2019	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	XE 499J	Veh. Inspected	SH 9151X
Policy No.	5088412823-02	Coverage (\$)	0.00
Claim No.	MT/1041766-002	Excess (\$)	0.00
Assign From		Assign Date	24/04/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053855	Colour	BLUE
Odometer	836132	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	22/04/2019	Inspection Date	24/04/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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



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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9151X**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT BUMPER COVER	CRACKED	544.50	544.50
1	FRONT BUMPER GRILLE (RH)	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET (RH)	CRACKED	24.60	24.60
1	HEADLAMP (RH)	CRACKED	1,388.00	1,388.00
1	FRT WHEEL HUB CAP, RH	GRAZED	107.10	107.10
1	FRONT RH FENDER LINER	TORN	174.90	174.90
1	FRONT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	RH WING MIRROR (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-456.14	-447.82
			1,824.56	1,791.28
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT RH FENDER AND RH WING MIRROR.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	450.00
	WIRING.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			980.00	670.00
<b>GRAND TOTAL</b>			<b>2,904.56</b>	<b>2,561.28</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>2,050.00</b>

Report Ref No. NS/INC19007320/K1td3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,  
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