

Surveyor: KalvinREF: NS/INC19007373/Klsd3s2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/HS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop m/s: _____

of: _____

Insured: ES5211RPolicy No: 5081175836-02 (21/6/18-20/6/19)Claims No: MT/1041686-002

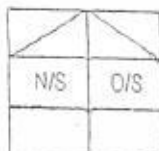
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remarks: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: SHB 6685 P Yr Regn: 2404, 2013Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Tr~~ / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2143Colour: White A/C: Insured / Std / Nil / NASp. Reading: 554 J81 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

No: LPF 639813238/2177Gen. Cond: Good / Fair / ~~Poor~~ / BurntSteering: In order / ~~Jammed~~ / Leaked / Burnt orBrake: In order / ~~Jammed~~ / Leaked / Burnt orModi: Nil / S/Rim / STD ~~Rim~~ orTyre Size: F: 225/60R16C

R: _____

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

TOYO / YOKO or Harlock

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/4/19 D.O.I. 25/4/19Survey held at CPAE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SHB 6685D-X
	ES5211R-X
8/5/19	Chas 45 \$ 5750 / 45%.
	(\$ 4,621.03 Red - 45%)
08/5/19	@ 10:39 am tele - conversation with Kalvin, repair days change to 4 days.

RECEIVED 09 MAY 2019

Date/Time, File Pass to? ☐ : Prelim. Report1) Typical ☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 43Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp \$

\$ - PG \$

\$5,750/- 45

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Wednesday, 8 May 2019 4:13 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim 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

in with you

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 8 May 2019 9:52 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 8/5/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1041686-002	COMFORT TRANSPORTATION	SHB 6685D	ES 5211R	24/4/2019	23:10	10,371.03	5,750.00
1	MT/1042020-002	COMFORT TRANSPORTATION	SHC3720A	FBM 6792R	26/04/2019	22:00	1236.00	996.32

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

My Desktop

Notice of Loss

Policy Query

Policy No.

Date of Accident

24/04/2019 12:42

Vehicle No.(For Motor)

ES5211R

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081175836-02		TENG CHOON SHUE	S1506563Z	GPC	drivo CLASSIC	ES5211R	ES5211R	21/06/2018	20/06/2019

Continue

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3917527

JC NO.: 305290480

TOMER
MS COMFORT TRANSPORTATION PTE LTD
TOMER NO. 7010045
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)
(P)

REGN NO.: SHB6685D	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....F
MODEL VIANO CDI 2.2L	DATE/TIME IN 24.04.2019 23:40
YR OF MANU. 24.10.2013	TARGET DATE
CHASSIS CODE WDF63981323812177	COMPLETION DATE/TIME:

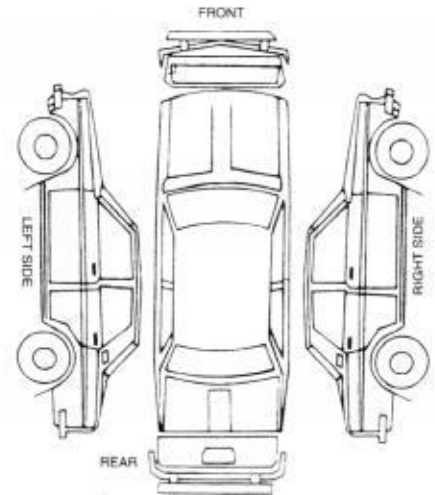
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.04.2019

NATURE: 3P 24.04.19/B

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.: SHB6685D

FZ NTUC LKK

Vehicle No.:

SHB6685D

of Service Advisor

Signature/Date

Name of Service Advisor

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	25/04/2019 13:51
Date Of Accident	24/04/2019 23:10
Exact Location Of Accident	ALONG AIRPORT BLVD TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6685D
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	MERCEDES-BENZ
Model	VIANO

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	HOI BENG CHUNG
NRIC No	S6943880F
Date Of Birth	16/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96844849
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address:	BLK 206A PUNGGOL PLACE #13-2006
Postcode	821206
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)	8

Passenger 1	NAME: : -
	GENDER: : MALE

Passenger 2	NAME: : -
	GENDER: : MALE

Passenger 3	NAME: : -
	GENDER: : MALE

Passenger 4	NAME: : -
	GENDER: : MALE

Passenger 5	NAME: : -
	GENDER: : MALE

Passenger 6	NAME: : -
	GENDER: : FEMALE

Passenger 7	NAME: : -
	GENDER: : FEMALE

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

REFER ATTACHED

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 ES5211R
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TENG CHOON SHUE
NRIC/Passport Number S1506563Z
Contact Number 81231715
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HOI BENG CHUNG
Approximate Age
Injuries Sustain WAIST AND SHOULDER
Injured person in which vehicle? SHB6685D
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. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiong
NRIC/FIN No.: 2514119

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/4/19 at about 23:10 hrs, I was driving at above said location with 7 passengers onboard. Shortly veh in front braked to stopped and I follow suit. A split second later, I felt an impact from behind followed by a jerk. Luckily I able to avoid collision with the veh in front, I stepped out and found veh B in front portion collided onto the rear portion of my stationary taxi. I felt pain on waist and shoulder, will consult doctor later on. All passengers was fine.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

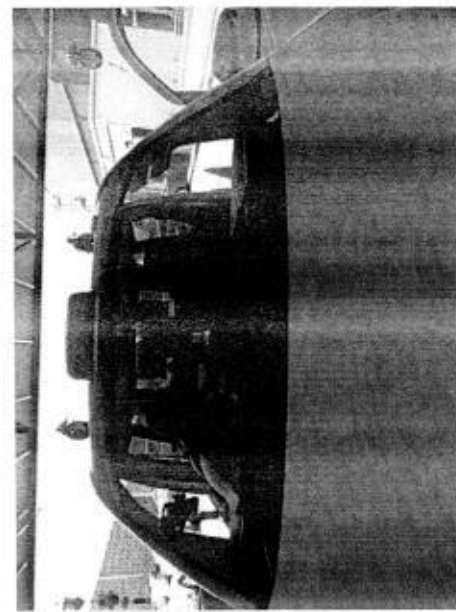
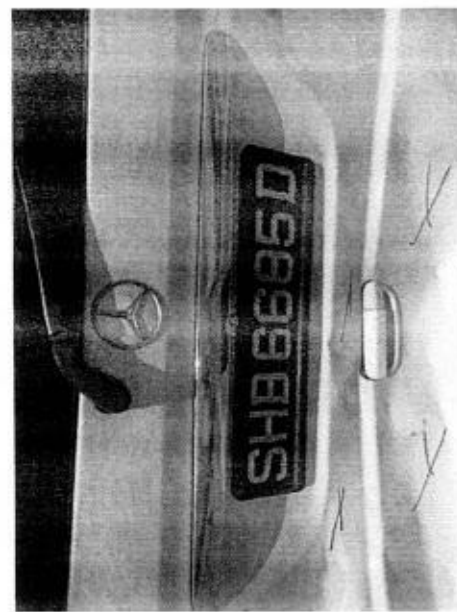
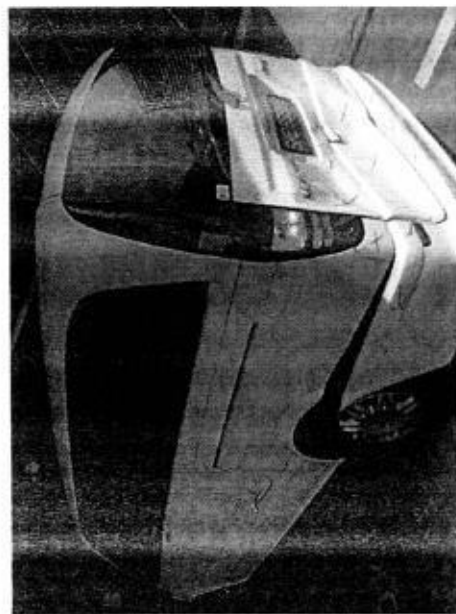
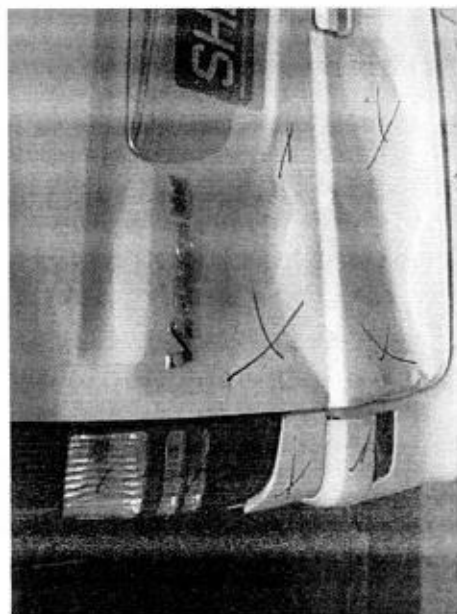
Policyholder's Signature
Date & Time:

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

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

Loke Wei Hong

25/4/19



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6685D

DATE 25/4/2019 14:33

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper / <i>shk</i>			\$ 1,372.00
	Bumper L/H Side, RR / <i>shk</i>			\$ 473.60
	Bumper R/H Side, RR X <i>shk</i>			\$ 473.60
	Tail Gate Assy / <i>shk</i>			\$ 3,951.98
	Tail Gate Mercedes Star Logo / <i>shk</i>			\$ 45.46
	Tail Gate "2.2" Logo / <i>shk</i>			\$ 78.00
	Tail Gate Via No Logo / <i>shk</i>			\$ 78.00
	Tail Gate Lock / <i>shk</i>			\$ 273.40
	Tail Gate Lock Outer Handle / <i>shk</i>			\$ 175.54
	Tail Gate Step Garnish X <i>shk</i>			\$ 161.45
	Tail Gate Bottom Handle X <i>shk</i>			\$ 10.00
	Number Plate Garnish, RR X <i>shk</i>			\$ 166.78
	Tail Lamp Assy Lower, LH / <i>shk</i>			\$ 750.00
	Tail Lamp Assy Lower, RH X <i>shk</i>			\$ 750.00
	Rear Windscreen Glass X <i>shk</i>			\$ 1,273.98
	SUB TOTAL			\$ 10,033.79
	LESS 20%			\$ 2,006.76
	DISCOUNTED TOTAL			\$ 8,027.03
	Reverse Sensor / <i>shk</i>			\$ 288.00
	Tail Gate "MAXICAB" Logo X <i>shk</i>			\$ 30.00
	Number Plate RR(MERC TAXI) X <i>shk</i>			\$ 50.00
	Rear Windscreen Sealant / <i>shk</i>			\$ 46.00
				\$ 414.00
	Labour Charge			
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 30.00
	Towing Charges			\$ 150.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass (sealant)			\$ 150.00
	TOTAL LABOUR			\$ 1,930.00
	ESTIMATE TOTAL			\$ 10,371.03
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 Consultants hence notify the Reparer of the following:

- To resurvey before repair work commencing
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on "Without Prejudice" basis
- No illegal modifications are allowed
- Supplementary survey must be resurveyed and subject to final approval from Insurance Company

Kalin LKK

25/4/19

3 Days

Signature:

16304

Date:

16304

After Repair

257.20

Nett

Nett

Nett

Nett

41.40

Nett

Nett

Nett

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Nett



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>24/04/19</u> Time Received: <u>23 40</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)	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>HOI BENGLING</u> Contact No.: <u>96844849</u> Vehicle No.: <u>SMB 6685D</u> Make / Model / Colour: <u>VIANO</u> 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	
7. Location: <u>23 Changi South St 1</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
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: _____		6. Parts Replaced/Remarks: _____ _____ _____	
10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		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	
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 checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : _____ Vehicle No. : <u>GBE2073 B</u> Time Dispatch : <u>23 40</u> Time of Arrival : <u>00 05</u> Time Completed : <u>00 25</u>		# : 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™.			
<u>24/04/19</u> Date		<u>00 05</u> Time	
Signature of Customer: _____			
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
_____		_____	
Signature of Attending Staff/Guard			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305290480
Date : 07.05.2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHB6685D
Date of Accident : 24.04.2019
Fax :


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

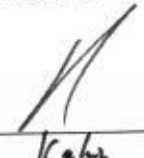
1. The repair job shall bill to: NTUC --- EC 5211R
2. The finalized amount shall be:

(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%	\$5750.00
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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kahr
Date : 8/5/19

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/INC19007373/K1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 22-05-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	ES 5211R	Veh. Inspected	SHB 6685D
Policy No.	5081175836-02	Coverage (\$)	0.00
Claim No.	MT/1041686-002	Excess (\$)	0.00
Assign From		Assign Date	25/04/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323812177	Colour	WHITE
Odometer	554381	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60R16C	HANKOOK	7 mm
L/H Front Tyre	225/60R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60R16C	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	24/04/2019	Inspection Date	25/04/2019
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
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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



Page No.: 1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6685D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	1,372.00	1,372.00
1	BUMPER L/H SIDE, RR	CRACKED	473.60	473.60
1	BUMPER R/H SIDE, RR	SERVICEABLE	473.60	-
1	TAIL GATE ASSY	DENTED	3,951.98	3,951.98
1	TAIL GATE MERCEDES STAR LOGO	NECESSARY	45.46	45.46
1	TAIL GATE "2.2" LOGO	NECESSARY	78.00	78.00
1	TAIL GATE VIA NO LOGO	NECESSARY	78.00	78.00
1	TAIL GATE LOCK	JAMMED	273.40	273.40
1	TAIL GATE LOCK OUTER HANDLE	CRACKED	175.54	175.54
1	TAIL GATE STEP GARNISH	SERVICEABLE	161.45	-
1	TAIL GATE BOTTOM HANDLE	SERVICEABLE	10.00	-
1	NUMBER PLATE GARNISH, RR	SERVICEABLE	166.78	-
1	TAIL LAMP ASSY LOWER, LH	CUT	750.00	750.00
1	TAIL LAMP ASSY LOWER, RH	SERVICEABLE	750.00	-
1	REAR WINDSCREEN GLASS	SERVICEABLE	1,273.98	-
	LESS 20% DISCOUNT		-2,006.76	-1,439.60
			8,027.03	5,758.38
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SHORTED	288.00	288.00
1	REAR WINDSCREEN SEALANT (N)	NECESSARY	46.00	46.00
	LESS 10% DISCOUNT		-	-33.40
			334.00	300.60
<u>SPECIAL NETT ITEMS</u>				
1	TAILGATE "MAXICAB" LOGO	NOT NECESSARY	30.00	-
1	NUMBER PLATE RR (MERC TAXI) (SN)	NOT NECESSARY	50.00	-
			80.00	-
<u>LABOUR</u>				
	PANEL BEATING.		800.00	600.00
	SPRAY PAINTING CHARGE.		600.00	400.00

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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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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	30.00	20.00
	TOWING CHARGES.		150.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS (SEALANT)		150.00	100.00
			1,930.00	1,140.00
GRAND TOTAL			10,371.03	7,198.98
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,750.00

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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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