

Surveyor: Kelvin

REF: NS/INC19007647/KlvD3 n2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKU 80SDPolicy No. 5102508560 (21/7/18-1/1/19)Claims No. MT/1042016-002

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: SHC3358M Yr Regn: 15 Aug 2018

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

Truck / Trailer or

Make: Hyundai Zonig c.c. 1580Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 69 479 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVK4106621

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: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/4/19 D.O.I. 30/4/19Survey held at CDAE (Logan)

Des. of Damages: Frl / 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

SHC3358M-X

INC

SKU 80SD-X

PIP

21/5/19 Grant P/P \$2225.74 / J.G. (Red 95432, 30th)

RECEIVED 23 MAY 2019

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 3315 - typistDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Test / Rep (\$☐ : Total and (\$

Survey Fee:

Transportation:

S + RS \$

Phone

Other

T4/14

160

Signed By:

TP

P/P \$2225.74

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 22 May 2019 1:29 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created. For your attention

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1042016-002	COMFORT TRANSPORTATION	SHC 3358M	SKU 805D	27/4/2019	22:10	3,180.06	2,225.74

With Regards

Joreen Ang
Senior Admin Assistant
Motor Insurance
www.income.com.sg

 income
made different



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: Tuesday, 21 May 2019 3:22 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Hi,

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		COMFORT TRANSPORTATION	SHC 3358M	SKU 805D	27/4/2019	22:10	3,180.06	2,225.74

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="27/04/2019 17:27"/>							
Vehicle No.(For Motor)	<input type="text" value="SKU805D"/>	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"/>	5102508560		KWANG YOONG CHEN	S7989510E	GPC	drivo CLASSIC	SKU805D	SKU805D	21/07/2018	01/11/2019
<input type="button" value="Continue"/>										

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	29/04/2019 09:03
Date Of Accident	27/04/2019 22:10
Exact Location Of Accident	CTE TOWARDS SLE BEFORE JALAN BAHAGIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3358M
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	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	CHOO CHIN ANN
NRIC No	S1798017C
Date Of Birth	28/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1991
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90929994
Fax Number	
Contact Number	
EMail Address	CHOOCHINANN@COM.SG

Address	BLK 220B SUMANG LANE #16-63
Postcode	822220
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)	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]	ANG MO KIO SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190428/2000

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	SKU805D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWANG YOONG CHEN
NRIC/Passport Number	S7989510E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHOO CHIN ANN

Approximate Age

51

Injuries Sustain

NECK, BACK, CHEST PAIN. ON 5 DAYS MC.

Injured person in which vehicle?

SHC3358M

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 199303821F

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.:

SKETCH PLAN

CTE Towards SLE
Before Jalan Bahagia

DOF: 27-4-19
Ca: 2210hrs



A-SHC3358M

B-SKH 805D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attached,
Report No: T/20190428/2000

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199203021R

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/20190428/2000

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190428/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2019 00:30		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: CHOO CHIN ANN			Address: APT BLK 220B SUMANG LANE #16-63 SINGAPORE 822220		
ID Type / ID No.: NRIC NO / S1798017C			Contact No.: Home/Office: Mobile: 90929994		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 28/10/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 22:10	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE towards Jalan Bahagia towards SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3358M	Car					1
SKU805D	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190428/2000

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190428/2000

CONTINUATION OF REPORT

Driver			
Name	CHOO CHIN ANN	ID No.	S1798017C
Related Vehicle	SHC3358M (Car)	Contact No.	90929994
Hospital/Clinic	INTEMEDICAL 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	27/04/2019	Date Discharge	27/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	KWANG YOONG CHEN	ID No.	S7989510E
Related Vehicle	SKU805D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27/04/2019 at about 2210hrs, I was driving my taxi SHC3358M at along CTE towards SLE just before Jalan Bahagia exit. I was driving at lane 4 and the weather was clear and dry. The traffic was heavy. I had one passenger seated at the rear. As I was driving straight, the cars at the front was braked. As such I braked and came to a stop. Suddenly a car from rear collided to my car and my body jerked forward, however no one injured in my car. I stopped the car and came out to check and the driver informed that he braked but unable to stop in time.

We exchanged particulars and left. After I sent my passenger, I started to feel pain on my left side of the body. I went to consult doctor at Intemedical 24-Hr Clinic and the doctor gave me 5 days of MC. Due to the accident, my car's rear bumper is dented and broken. There is a CCTV facing the front installed in my car and it was recording.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20190428/2000

3 of 3

Report No. T/20190428/2000

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 RAHUMATHULLA AZIMAL ALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2019 00:30

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

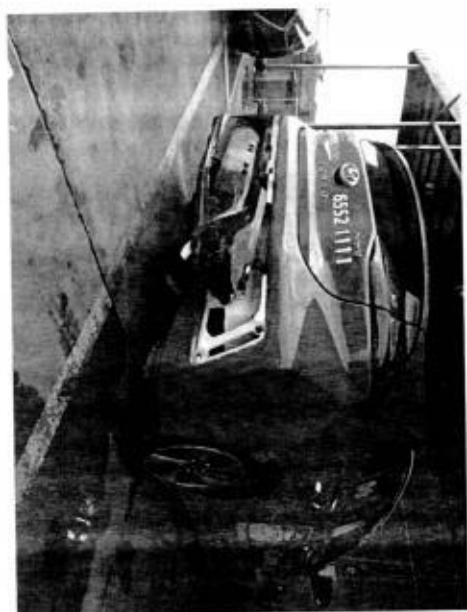
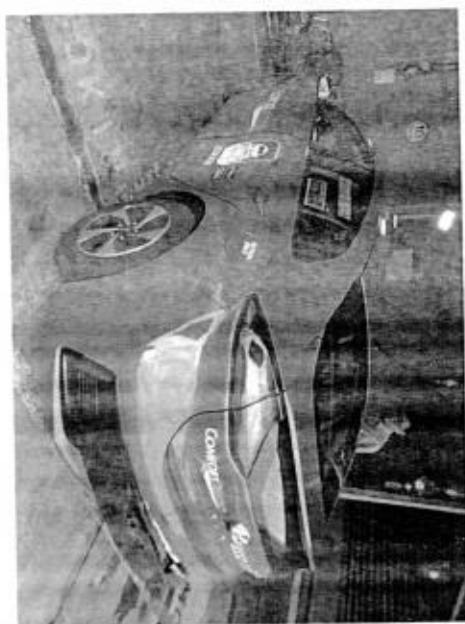
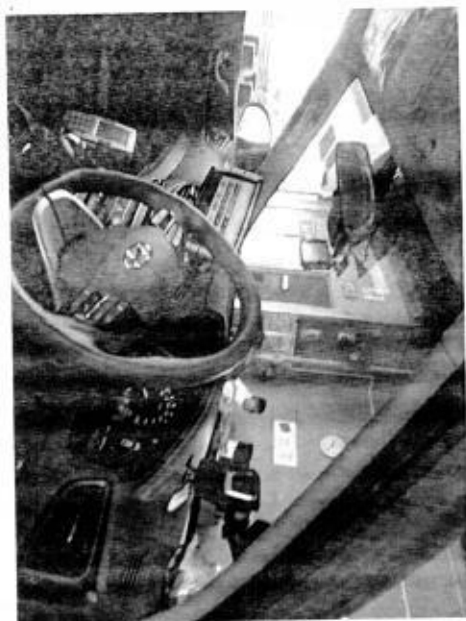
SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3358M

DATE 29/4/2019 10:45

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 459.40
	Rear Bumper Reinforcement <i>X 2 su</i>			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X su</i>		\$ 138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy			\$ 47.50
	Rear Bumper Side Bracket (LH/RH) <i>X su</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips			\$ 22.00
	Rear Bumper Rear Hook <i>X su</i>			\$ 5.40
	Rear Bumper Reflector Lamp (LH/RH) <i>LH X RH su</i>		\$ 31.90	\$ 63.80
	Rear Bumper Towing Cover <i>X su</i>			\$ 98.80
	<i>Rear Bumper under cover - su</i>			
	<i>Tail light (RH) - su</i>			
	SUB TOTAL			\$ 1,785.35
	LESS 20%			\$ 357.07
	DISCOUNTED TOTAL			\$ 1,428.28
	Rear Bumper Reserve Sensor <i>1 su</i>			\$ 137.50
	Rear Number Plate <i>1 su</i>			\$ 25
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 870.00
	ESTIMATE TOTAL			\$ 2,435.78
				3180.00

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.

VEHICLE NO.: SHC3358M

MODEL : IONIQ

JOB NO : 305291547

SURVEYED BY : LKK / KALVIN

DATE : 17.05.2019

[illegible]

COMFORTDELGRO

Date/Time: 29.04.2019 18:14 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305291547

TOMER

VS COMFORT TRANSPORTATION PTE LTD

TOMER NO. 7010045

RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

OUNT CARD NO.

REGN NO.:

SHC3358M

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN

28.04.2019 09:15

YR OF MANU

15.08.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU106631

COMPLETION DATE/TIME

JOB DESCRIPTION

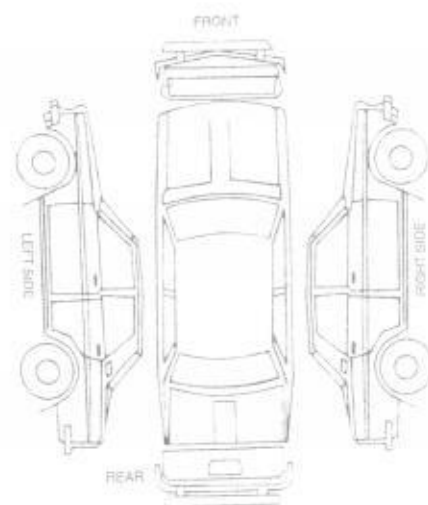
Accident Date: 27.04.2019

NATURE: 3P 27.04.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.:

SHC3358M

LARRY

Vehicle No.:

SHC3358M

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.05.2019

Time: 14:24:58

Page: 1

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

JOB NO : 305291547
REGN NO : SHC3358M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 15.08.2018
DATE/TIME IN : 28.04.2019 09:15
ACCIDENT DATE : 27.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52
0002	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0003	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	137.50		137.50
0004	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0005	04-01-0104-2545-G	IONIQVC MOULDING-REAR BUM	1	47.50	20.00	38.00
0006	04-01-0104-0852-G	IONIQVC REFLECTOR/REFLEX	1	31.90	20.00	25.52
0007	04-01-0104-2544-G	IONIQVC CAP-RR HOOK	1	5.40	20.00	4.32
0008	FNPS	NO PLATE(S)	1 N	25.00		25.00
0009	04-01-0104-2540-G	IONIQVC COVER-RR BPR UNDE	1	28.70	20.00	22.96
0010	04-01-0104-2396-G	IONIQ LAMP ASSY-REAR COMB	1	870.40	20.00	696.32

SUB-TOTAL : 1,695.74

JOB NATURE

0000 PB PANEL BEATING 300.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.05.2019

Time: 14:24:58

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 : 305291547
REGN NO : SHC3358M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 15.08.2018
DATE/TIME IN : 28.04.2019 09:15
ACCIDENT DATE : 27.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001 23-502	SPRAYPAINT ON AFFECTED AREA			200.00		
0002 L	REMOVE/REFIX REVERSE SENSOR			30.00		
				SUB-TOTAL	:	530.00
				TOTAL	:	2,225.74

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305291547

Date : 18. May. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3358M

Date of Accident: 27. Apr. 2019

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

1. The repair job shall bill to: NTUC SKU805D
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$1,695.74
(b) Labour Charges	\$530.00
Total for Part-By-Part Repair Cost	\$2,225.74
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 3 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : K. Kalvin

Date : 21/5/19

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				
3. Survey Fees				
4. LTA Search Fee				
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/INC19007647/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 27-05-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKU 805D	Veh. Inspected	SHC 3358M
Policy No.	5102508560	Coverage (\$)	0.00
Claim No.	MT/1042016-002	Excess (\$)	0.00
Assign From		Assign Date	30/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU106631	Colour	BLUE
Odometer	69479	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	27/04/2019	Inspection Date	30/04/2019
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: 3 Working Days

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3358M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DEFORMED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$138.10	SERVICEABLE	276.20	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	CRACKED	47.50	47.50
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REAR HOOK	MISSING	5.40	5.40
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$31.90	O/S CRACKED / N/S	63.80	31.90
		SERVICEABLE		
1	REAR BUMPER TOWING COVER	SERVICEABLE	98.80	-
1	REAR BUMPER UNDERCOVER	CRACKED	28.70	28.70
1	TAILLAMP (RH)	CRACKED	870.40	870.40
	LESS 20% DISCOUNT		-536.89	-383.31
			2,147.56	1,533.24
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	137.50	137.50
1	REAR NUMBER PLATE (SN)	MISSING	25.00	25.00
			162.50	162.50
<u>LABOUR</u>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	-		-	-
	-		-	-
	-		-	-
			870.00	530.00
GRAND TOTAL			3,180.06	2,225.74

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,225.74
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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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