

NS/INC19009451/Klv3n2

SHA 5182 30 Apr 2019

Estimated Cost:

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No:

at Workshop m/s

of

Insured: FBK 9654Y

Policy No: 5096968741-01 (1/1/2019 -

Claims No: MT 1048161-001

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 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

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

Truck / Trailer or

Make: Hyundai Zonig C.C. 1560

Colour: Yellow A/C: Insured / Std / NI / NA

Sp. Reading: 17658 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KMHC 851 CVK 9141012

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 3/6/19 D.O.I. 4/6/19

Survey held at L DHE (Logan)

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

n/s Res

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

Date / Time	Action / Instruction
	SHA 5182-08/FCF/80/0674/Klv3n2 Date: 10/6/2018 INC
	FBK 9654Y-X 11
7/6/19	Label PIP \$1156.80/ 2871. (Red 2903.40, T29)

RECEIVED 18 JUN 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 10/6 - typist

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ 1156.80)

160

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1045641-002	SMRT BUSES LTD	SG 1178C	SHD 1428C	23/5/2019	7:16	\$3,782.05	\$1,950.00
2	MT/1048161-001	CITYCAB PTE LTD	SHA 518Z	FBK 9654Y	3/6/2019	18:15	\$4,060.20	\$1,156.80
3	MT/1047079-002	COMFORT TRANSPORTATION PTE LTD	SHA 2598D	SIX 1798E	30/5/2019	12:30	\$1,514.53	\$800.00
4	MT/1048164-001	COMFORT TRANSPORTATION PTE LTD	SHC 8665T	SIH 9202P	31/5/2019	11:55	\$1,464.53	\$1,000.00

Claim received from LKK Auto

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
<input type="radio"/>	5096968941-01		RWAVE MOTOR	53373424W	GFT	Third Party	FBK9654Y	FBK9654Y	01/01/2019	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

ACCIDENT STATEMENT

Date Of Report	04/06/2019 14:09
Date Of Accident	03/06/2019 18:15
Exact Location Of Accident	EUNOS AVE 5 X EUNOS AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA518Z
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	CHAN YUH MIN JOSEPH
NRIC No	S1815508G
Date Of Birth	13/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90697781
Fax Number	
Contact Number	
Email Address	XWISHER@GMAIL.COM

Address	136 04-1423 BEDOK RESERVOIR ROAD
Postcode	470136
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)	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]	BEDOK DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK9654Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SHAHEED BIN IBRAHIM
NRIC/Passport Number	S9026085E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT RHT

No. Of Passenger (Including Driver)

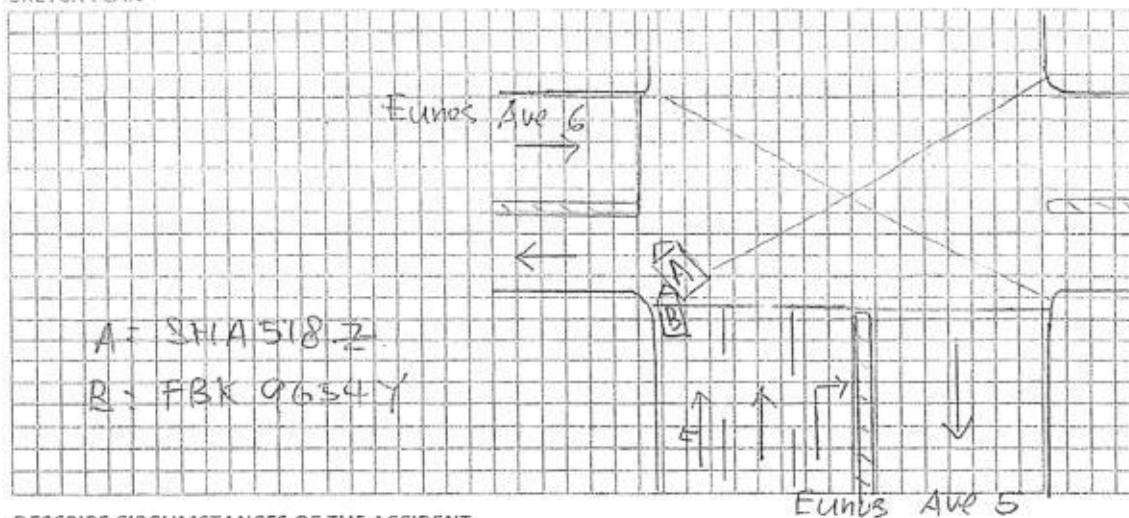
DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHAHEED BIN IBRAHIM
Approximate Age	
Injuries Sustain	TOE
Injured person in which vehicle?	FBK9654Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAN YUH MIN JOSEPH
Approximate Age	52
Injuries Sustain	FACE,HEAD,NECK,LEFT ANKLE,,GIDDY
Injured person in which vehicle?	SHA518Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report
G/20190604/7004

DECLARATION

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

CITYCAB PTE LTD
O. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Joseph
Driver's Signature
(If driver is not the policyholder)

[Signature] 4/6/19
Reporting Centre Personnel's Signature
Name:



SINGAPORE
POLICE FORCE



G/20190604/7004

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POLICE REPORT (NP299)

Report No. G/20190604/7004

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 04/06/2019 00:50	Vide Report No.	Station Diary No.
Name Of Informant CHAN YUH MIN JOSEPH	Address APT BLK 136 BEDOK RESERVOIR ROAD #04-1423 SINGAPORE 470136	
ID Type / ID No. NRIC NO / S1815508G	Contact No. Home/Office:	Mobile: 90298191
Nationality SINGAPORE CITIZEN	Email Address jchan67@yahoo.com	
Occupation PROPERTY AGENT AND RELIEF TAXI DRIVER	Sex Male	Age 52
	Date of Birth 13/02/1967	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 03/06/2019 18:15	Location Of Incident EUNOS AVENUE 5	

Brief details.

I am Chan Yuh Min Joseph of NRIC S1815508G living at Blk 136 Bedok Reservoir Road #04-1423 Singapore 470136. I am a property agent and a relief taxi driver (Comfort Delgro, veh. no. SHA518Z).

On 3 Jun 2019 at about 6.15pm, I was sending a passenger (Mr. Pang, H/P: 91451493 - who later agreed to be my witness, hereafter known as A2) to the Certis Cisco Carpark. There was a red light at Eunost Ave 5 and I stopped there and signalled left as I wanted to turn into Eunost Ave 6 (A2 verified that I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 00:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



G/20190604/7004

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190604/7004

signalled). I recall that there were no motorcyclists behind me. As the lights turned green, I proceeded to turn left into Eunus Ave 6. As I was turning, I suddenly heard a loud bang at the rear left door of my vehicle. I immediately stopped my vehicle and alighted to make a check. I saw that a motorcycle (with no front vehicle no. plate, back vehicle no. plate bearing FBK9654Y) had rammed into my left rear door. The motorcyclist (later known to me as Muhammad Shaheed Bin Ibrahim of NRIC: S9026085E, hereafter known as B1) was picking up his motorbike when I approached him.

I asked B1 if he was injured and B1 initially mentioned that he was not injured. I then proceeded to move my vehicle (about 30 meters) into Ave 6 so that I do not obstruct the flow of traffic. Subsequently, I walked back and made a check on B1, to check on his injuries. B1 was then agitated and started to shout at me. He used the following words on me, "Stupid old man, how you drive?" I mentioned to him that he shouldn't be riding on my left and offered to call an ambulance for him. He did not want any ambulance or police interference and kept asking me how I wanted to "settle" the incident. I told him that we should report the incident to the police if he was injured. He then scolded vulgarities (e.g. "Fuck you") at me while moving closer to my face. I asked him to calm down but he refused to. A2 assisted me to ask him to calm down as well.

B1 continued to shout at the top of his voice and used vulgarities on me again, challenging me to "settle" the incident. I told him that I preferred to call the police and raised my voice in order to be heard. B1 suddenly threw a punch to the right side of my face using his left fist. I tried to avoid the blow but it landed on my right ear and cheekbone. I tried to break my fall and injured my left ankle in the process. I was stunned by the punch and B1 continued his assault by hitting me at the top of my head. A2 then stepped in and told me to stand behind him. A2 also asked me to stay away from B1. I did not retaliate in

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Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 00:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE



G/20190604/7004

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POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. G/20190604/7004

the process of being hit by B1.

I then called the Police who attended to the incident. My brother (Chan Yuh Shen Jeffrey, NRIC: S7437110H) also came to the scene to call for a tow truck as he is the main hirer of the taxi. The ambulance arrived and made a check on B1 and myself. The paramedics bandaged B1's toe before sending me to the hospital via ambulance. The police officer recorded my statement but I did not manage to read it I was inside the ambulance and feeling groggy. The statement was not repeated to me. I quickly signed the statement as I wanted to be conveyed.

In the hospital, the doctors told me that I sustained the following injuries:

1. Swell on right cheekbone
2. Sprained neck
3. Sprained left ankle

I also informed the doctors that I was still feeling giddy and they advised me to return to A&E if I continued to experience the headache or feel any numbness. I was given painkillers and advised for head and limb injuries. I was discharged at around 10.46pm on 3 Jun 2019 and was given 5 days MC by the doctor.

When the police officers attended to me, they gave me a NP301 and NP306 form (vide G/20190603/0150), and advised me to lodge a magistrate complaint if I wanted to pursue the matter. However, the IO subsequently called my daughter to inform that the case will be investigated. I sincerely hope that the Police will investigate this matter. My taxi has recording cameras.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 00:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE
POLICE FORCE



G/20190604/7004

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190604/7004

Subjects Involved			
Suspect			
Person Name	MUHAMMAD SHAHEED BIN IBRAHIM		
ID Type	NRIC NO	ID No	S9026085E
Gender	Male	Age	29
Race	Malay	Language	English
Victim			
Person Name	CHAN YUH MIN JOSEPH		
ID Type	NRIC NO	ID No	S1815508G
Gender	Male	Age	52
Race	Chinese	Language	English
Occupation	PROPERTY AGENT AND RELIEF TAXI DRIVER	Address Type	
Address	APT BLK 136 BEDOK RESERVOIR ROAD #04-1423 SINGAPORE 470136	Mobile No	90298191
Is Informant A Victim?	Yes		
Person Name	CHAN YUH MIN JOSEPH (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

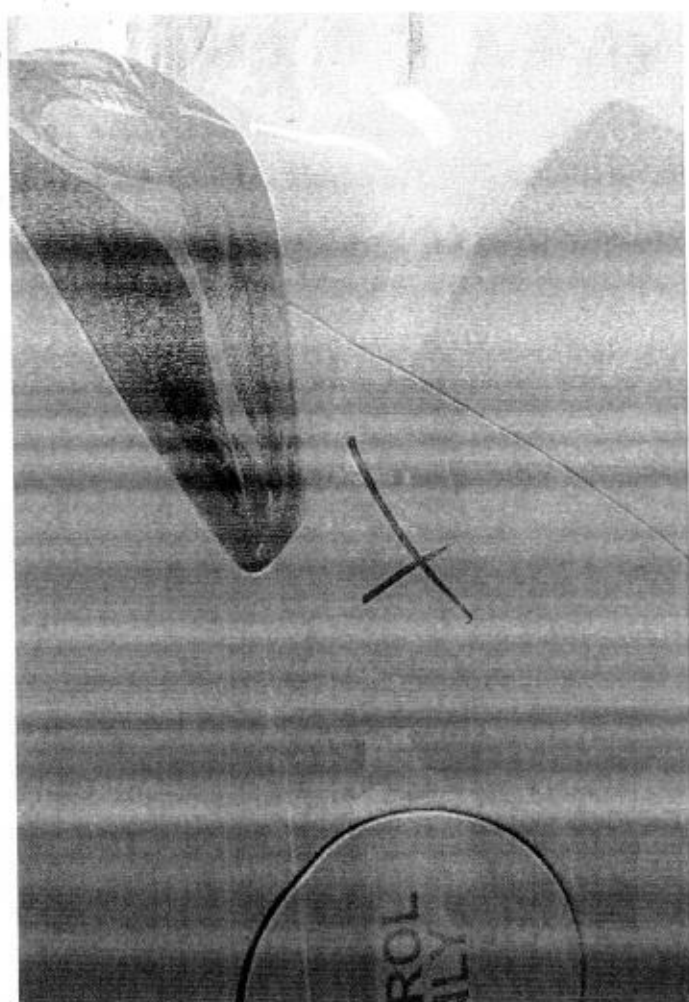
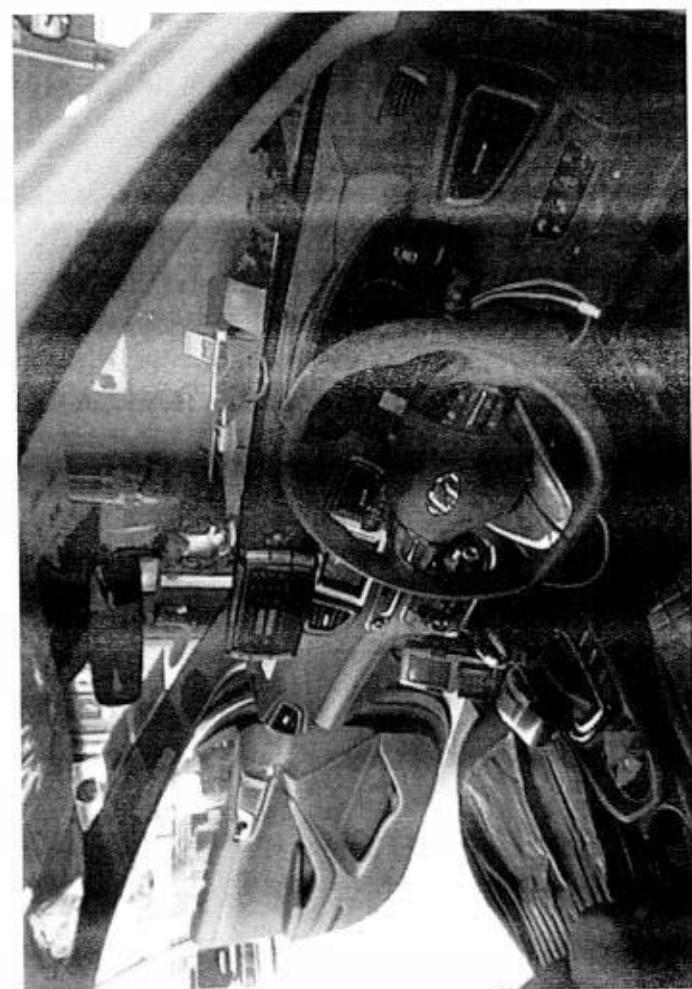
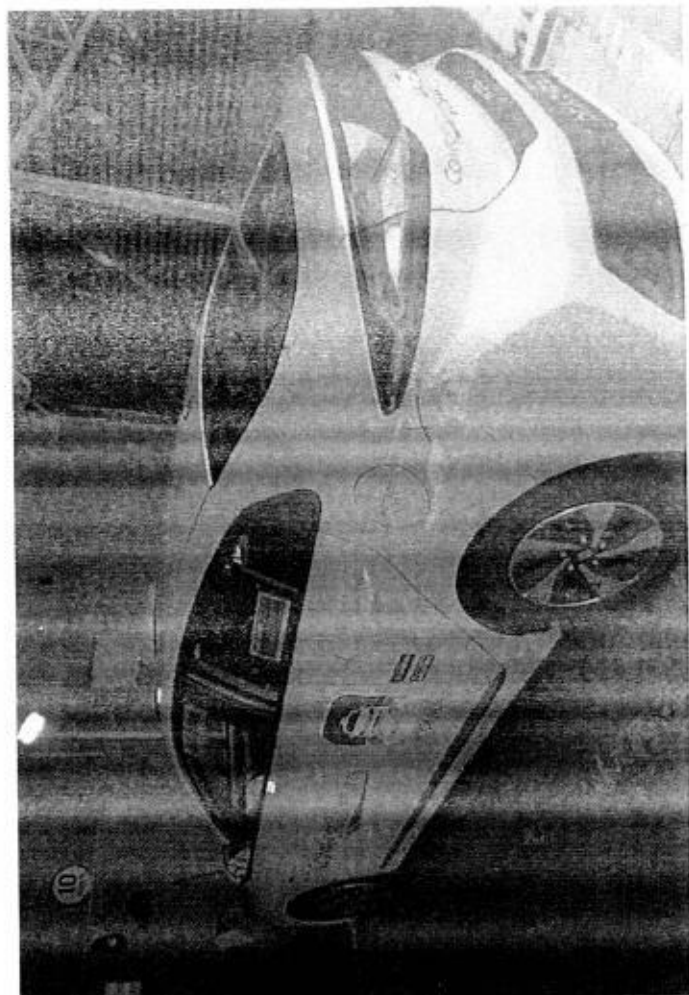
Signature Of Informant:

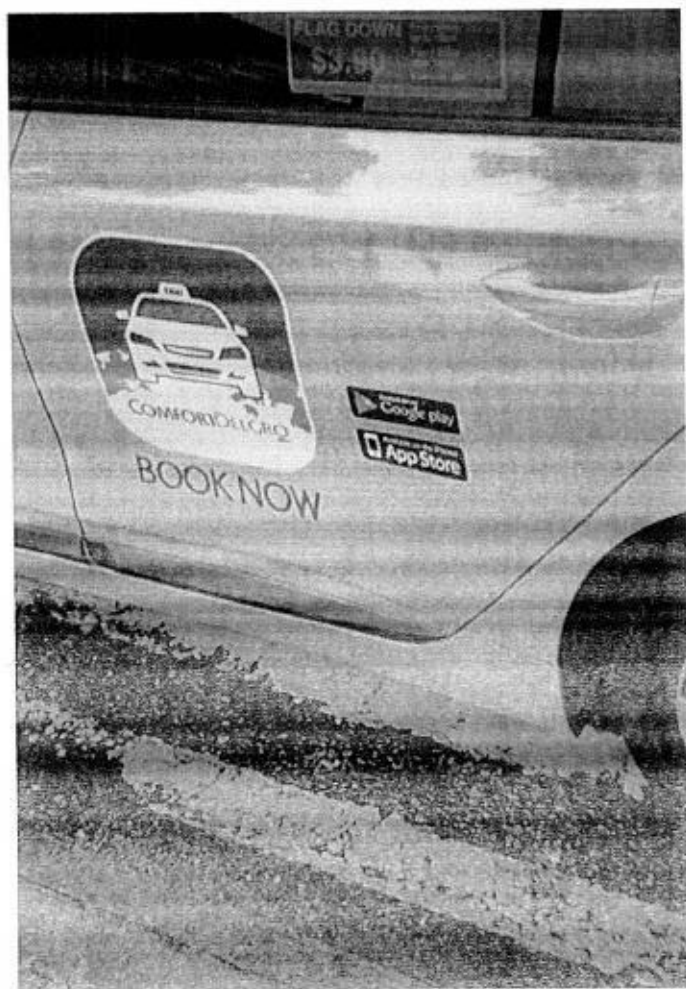
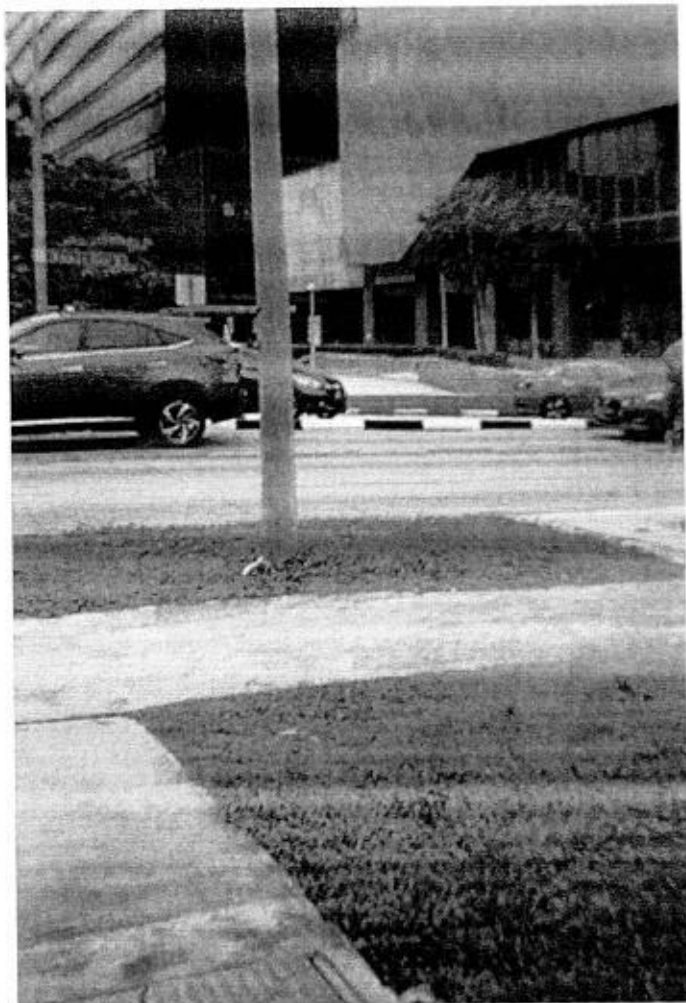
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

04/06/2019 00:50

Classification Of Case:





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 518Z

DATE 4/6/2019 15:10

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X rep</i>			\$ 459.40	
	Rear Bumper Centre Moulding Assy <i>X su</i>			\$ 451.25	
	Rear Bumper Side Bracket (LH/RH) <i>X su</i>		\$ 33.10	\$ 66.20	
	Rear Door (LH) <i>X rep</i>			\$ 1,789.90	
	Rear Wheel Hup-Cap (LH) <i>- hup</i>			\$ 346.00	
	<i>Rev LH fender x rep</i>				
	SUB TOTAL			\$ 3,112.75	
	LESS 20%			\$ 622.55	
	DISCOUNTED TOTAL			\$ 2,490.20	
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>ack</i>			\$ 80.00	Nett
	Labour Charge				
	Panel Beating			\$ 400.00	<i>200</i>
	Spray Painting Charge			\$ 50.00	<i>36</i>
	Tuff Kote			\$ 120.00	<i>X 2</i>
	Transfer of Door			\$ 120.00	<i>X 2</i>
	Rear Wheel Alignment			\$ 120.00	<i>X 2</i>
	TOTAL LABOUR			\$ 1,290.00	
	ESTIMATE TOTAL			\$ 3,860.20	
				4060.20	

Labour Charge

Panel Beating

Spray Painting Charge

Tuff Kote

Transfer of Door

Rear Wheel Alignment

TOTAL LABOUR

ESTIMATE TOTAL

Kahui 10000

4/6/19 1540h

2 hrs.

PIP

After Repair photo

- Parts prices
- Third party survey
- No illegal modifications (as in 2019)
- Supplementary items (as in 2019)
- is subject to final approval from insurance company

Acknowledged by Repairer

Signature:

Date:

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.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305300888

OWNER

CITYCAB PTE LTD

7010070

AS

OWNER NO.

383 SIN MING DRIVE

RESS

Singapore SINGAPORE 575717

65551188

(R)

(P)

(Q)

OUNT CARD NO.

REGN NO: SHA 518Z

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL: IONIQ(G2)

DATE/TIME IN 04.06.2019 18:15

YR OF MANU 30.04.2019

TARGET DATE

CHASSIS CODE KMHC851CVKU141012

COMPLETION DATE/TIME

[Handwritten Signature]

JOB DESCRIPTION

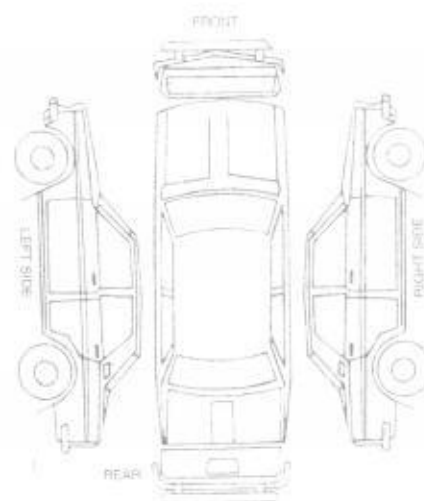
Accident Date: 03.06.2019

NATURE: 3P 03.06.2019

S/NO

LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

wedgement Slip

Exit Pass

No.

SHA 518Z

CHIANG

Vehicle No:

SHA 518Z

of Service Advisor

Signature/Date

Name of Service Advisor

Date

eturned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 06.06.2019

Time: 16:50:39

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305300888
REGN NO : SHA 518Z
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 04.06.2019 18:15
ACCIDENT DATE : 03.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-2014-A I40V3 APP LOGO REAR DOOR 1 80.00 0.00 80.00
0002 03-01-0104-2061-G IONIQV1/3 CAP ASSY-WHEEL 1 346.00 20.00 276.80

SUB-TOTAL : 356.80

JOB NATURE

0000 PB PANEL BEATING 200.00
0001 SP SPRAYPAINT CHARGE 600.00

SUB-TOTAL : 800.00

TOTAL : 1,156.80

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305300888
Date : 06/06/19

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA 518Z

Fax :

03/06/19

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

1. The repair job shall bill to: NTUC FBK9654Y

2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$356.80</u>
(b) Labour Charges	<u>\$800.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,156.80</u>
(c) Lumpsum Repair (if applicable)	<u> </u>
Total for Lumpsum repair cost after Less:	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 : [Signature]
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : [Signature]
Name : Kah
Date : 7/6/19

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/INC19009951/K1vd3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 14-06-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBK 9654Y	Veh. Inspected	SHA 518Z
Policy No.	5096968941-01	Coverage (\$)	0.00
Claim No.	MT/1048161-001	Excess (\$)	0.00
Assign From		Assign Date	04/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU141012	Colour	YELLOW
Odometer	17658	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	9 mm
L/H Front Tyre	195/65 R15	MICHELIN	9 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm

4. Description of Damages

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

5. General Information

Accident Date	03/06/2019	Inspection Date	04/06/2019
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:	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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 518Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	SERVICEABLE	451.25	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
1	REAR DOOR (LH)	TO REPAIR SEE LABOUR	1,789.90	-
1	REAR WHEEL HUP-CAP (LH)	GRAZED	346.00	346.00
1	REAR LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-622.55	-69.20
			2,490.20	276.80
SPECIAL NETT ITEMS				
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN)	NECESSARY	80.00	80.00
			80.00	80.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER,REAR DOOR (LH) AND REAR LH FENDER.		400.00	200.00
	SPRAY PAINTING CHARGE.		800.00	600.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,490.00	800.00
GRAND TOTAL			4,060.20	1,156.80
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,156.80

Report Ref No. NS/INC19009951/K1vd3n2

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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