

08/11/13

REF:

NS/INC19010161/KISD302

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKW 6723Policy No: 5094558554-01 (15/10/2013-14/10/2019)Claims No: MT/1047805-002

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8585J Yr Regn: 5 Nov 2015

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

Truck / Trailer or

Make: Hyundai 2.0 c.c. 1600Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 562175 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLB416M4080284

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: 205/60R16

R: _____

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

TOYO / YOKO or Veritac

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 4/6/19Survey held at CPHE (Loyang)

Des. of Damages: Frt / 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
	SH 8585J - AA/PCI 14012419/r3 D.O.A - 02/02/2016 IAR
	SKW 6723 - X 45
11/6/19	Vehicle 4s \$350/ 2015
	(\$ 1,164.53 Red - 77%) RECEIVED 11 JUN 2019

Date/Time, File Pass to?

11/06/19

1) Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Report Format:

Lump Sum / I.B.I. (\$ 350/- 115)

160

eBaoTech

GeneralClaim

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="04/06/2019 15:24"/>
Vehicle No. (For Motor)	<input type="text" value="SKW672J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094558554-01		SEBRINA SCH LAY CHENG MRS SEBRINA LOH	57128637A	GPC	drive PREMIUM	SKW672J	SKW672J	15/10/2018	14/10/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 11/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1047790-002	COMFORT TRANSPORTATON PTE LTD	SH 9094C	SDW 1855A
2	MT/1047684-002	COMFORT TRANSPORTATON PTE LTD	SHA 4190H	SGG 1686U
3	MT/1048032-002	CITYCAB PTE LTD	SHC 7756X	YM 9215Z
4	MT/1047514-002	COMFORT TRANSPORTATON PTE LTD	SH 4374C	SKG 8820E
5	MT/1047926-002	COMFORT TRANSPORTATON PTE LTD	SH 6226J	GBH 8844M
6	MT/1047695-002	CITYCAB PTE LTD	SHD 8586H	SLC 4036M
7	MT/1048511-001	COMFORT TRANSPORTATON PTE LTD	SHA 7223C	GBA 9688C
8	MT/1047805-002	COMFORT TRANSPORTATON PTE LTD	SH 8585J	SKW 672J
9	MT/1047644-002	CITYCAB PTE LTD	SHC 833C	SMC 6715L

Claim received from LKK Auto

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	06/06/2019 14:21
Date Of Accident	04/06/2019 21:10
Exact Location Of Accident	LOR 2 TOA PAYOH >> PIE(CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8585J
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	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	CHEN KHENG SOON
NRIC No	S1471876A
Date Of Birth	10/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92206883
Fax Number	
Contact Number	
Email Address	KHENGSOONCHEN@YMAIL.COM

Address	358 #03-67 YUNG AN ROAD
Postcode	610358
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TOA PAYOH NPC
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	SKW672J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH
NRIC/Passport Number	
Contact Number	96718638
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEN KHENG SOON

Approximate Age 58

Injuries Sustain SHOULDER,BACK

Injured person in which vehicle? SH8585J

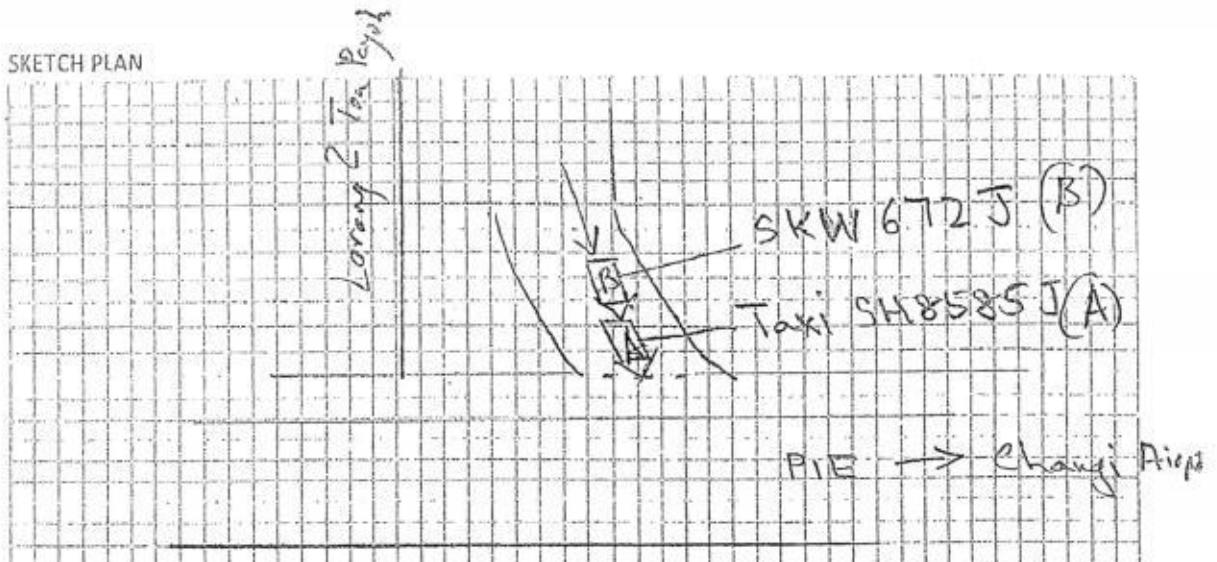
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/6/19 at about 2110hr, I was driving my taxi (SH8585J) with my relief driver, along Lorong 2 Toa Payoh Slip Road towards PIE (Changi). While I am waiting/checking for the traffic to clear before turning out, suddenly, I felt I impact after another from the rear of my taxi. My taxi was hit twice by the same car (SKW 672J) that came from the rear of my taxi. I was a bit shock and alighted my car to make a check and discovered my rear portion was dented, while her car's front portion was slightly damaged. Hence we exchange phone numbers and left the scene. No police or ambulance attended to the accident. No government property was damaged.

However after the accident, I felt pain on my shoulders and back. Hence I visited Mount Alvernia Hospital and was given 5 days MC. Refer Police report - 7/20190605/2039

DECLARATION

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

COMFORT TRANSPORTATION PTE
GO REG NO. 10020382

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20190605/2039

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20190605/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2019 13:50		Vide Report No.:		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: CHEN KHENG SOON			Address: APT BLK 358 YUNG AN ROAD #03-67 SINGAPORE 610358		
ID Type / ID No.: NRIC NO / S1471876A			Contact No.: Home/Office: Mobile: 92206883		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 10/01/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2019 21:10	Type of Location:
Location: Along Road 1 LORONG 2 TOA PAYOH ALONG LORONG 2 TOA PAYOH SLIP ROAD TOWARDS PIE CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8585J	Car	HYUNDAI	I40	Blue	Slightly Damaged	1
SKW672J	Car	VOLKSWAGO N		Black	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190605/2039

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190605/2039

CONTINUATION OF REPORT

Driver			
Name	CHEN KHENG SOON	ID No.	S1471876A
Related Vehicle	SH8585J (Car)	Contact No.	92206883
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/06/2019	Date Discharge	05/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MISS SOH	ID No.	NIL
Related Vehicle	SKW672J (Car)	Contact No.	96718638
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 4/6/19 at about 2110hrs, I was driving my taxi (SH8585J) with my relief driver, along Lorong 2 Toa Payoh Slip Road towards PIE Changi. While I am waiting for the traffic to clear before turning out, suddenly I felt 1 impact after another from the rear of my taxi. My taxi was hit twice by the same car (SKW672J) that came from the rear. I alighted my car to make a check and discovered my rear portion was dented, while her car's front portion was slightly damaged. Hence we exchange phone numbers and left the scene. No police or ambulance attended to the accident. No government property was damaged.

However after the accident, I felt pain on my shoulders and back. Hence, I visited Mount Alvernia Hospital and was given 5 days MC.



SINGAPORE
POLICE FORCE



T/20190605/2039

3 of 3

Report No. T/20190605/2039

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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: E / Sgt 2 LIN XUETONG, TOM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 13:50
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65474885	Classification Of Case: SN 168
Authentication Stamp NP168	SIGNATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC - 45
LKK - Kalvin

Date: 07.06.2019

Time: 09:12:40

Page: 1

TS

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

JOB NO : 305301235
 REGN NO : SH 8585J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 05.11.2015
 DATE/TIME IN : 05.06.2019 00:05
 ACCIDENT DATE : 04.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	X 14.5%
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	X 5%
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	X 1%
0004 09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	X 5%
0005 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00	100	50.00	X 1%

SUB-TOTAL : 814.53

JOB NATURE

0000 20-05	Rear Bumper Adv.Sticker	50.00	-	50.00	
0001 PB	PANEL BEATING	280.00	200	280.00	
0002 SP	SPRAYPAINT CHARGE	250.00	200	250.00	
0003 L	R/I REVERSE SENSOR	120.00	X 1%	120.00	
0004 23-01	TOWING FEE	0.00	X	0.00	

SUB-TOTAL : 700.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 07.06.2019

Time: 09:12:40

REPAIR ESTIMATE

Page: 2

TS

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

JOE NO : 305301235
REGN NO : SH 8585J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 05.11.2015
DATE/TIME IN : 05.06.2019 00:05
ACCIDENT DATE : 04.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,514.53

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kalvin (K/K)

7/6/17 1120L

2 hrs

L/S

After Repair p/Lt

LKK Auto Consultants hence notify the Repairer of the following:
• To notify repairer (after repair) during survey
• To display damaged parts during survey
• Parts prices are subject to confirmation
• Third party survey is on a "without prejudice" basis
• To provide a copy of the survey report to the repairer
• Survey report is subject to the repairer's approval and is subject to the repairer's signature
Acknowledged by Repairer:
Signature:
Date:

HEUC

Member of COMFORTDELGRO

Date/Time: 06.06.2019 16:30 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305301235

COMFORT TRANSPORTATION PTE LTD
7010045
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755 (O)

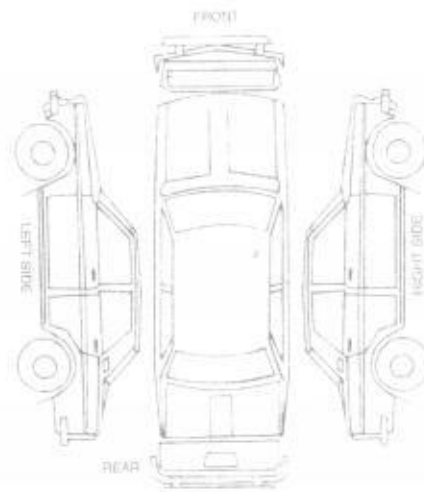
REGN NO: SH 8585J	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL: I-40	DATE/TIME IN 05.06.2019 00:05
YR OF MANU: 05.11.2015	TARGET DATE
CHASSIS CODE: KMHLB41UMGU080284	COMPLETION DATE/TIME

JOB CARD NO.

JOB DESCRIPTION

Accident Date: 04.06.2019
NATURE: 3P 04.06.19

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SH 8585J LIMITS

Vehicle No.: SH 8585J

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

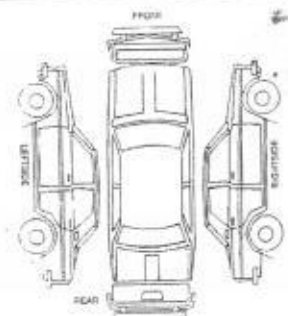
To be kept by Security Guard

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>05/06/19</u> Time Received: <u>0000</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>STEVEN</u> Contact No.: <u>818989J</u> Vehicle No.: <u>9206883</u> Make / Model / Colour: <u>H / PAO</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____

7. Location: <u>358 YUNG AN RD</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	

10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	 <p># : Cracked X : Dented / : Scratched O : Missing</p>
---	--	---

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS	TOWING
Name of Driver: <u>STEVEN</u>	
Vehicle No.: <u>9206883</u>	
Time Dispatch: <u>0045</u>	
Time of Arrival: <u>0045</u>	
Time Completed: _____	

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™.

05/06/19
Date

0045
Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COP

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305301235
Date : 10/06/19

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

FINALIZATION FORM


To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SH 8585J Date of Accident : 04-Jun-19

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

1. The repair job shall bill to: NTUC --- SKW 672J
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)
 - Total for Lumpsum repair cost after Less: 20% \$350.00
 - Final Lumpsum Repair cost** \$350.00

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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 11/6/19

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		NO		
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/INC19010161/K1sd3n2

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.	SKW 672J	Veh. Inspected	SH 8585J
Policy No.	5094558554-01	Coverage (\$)	0.00
Claim No.	MT/1047805-002	Excess (\$)	0.00
Assign From		Assign Date	07/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU080284	Colour	BLUE
Odometer	562175	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	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

4. Description of Damages

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

5. General Information

Accident Date	04/06/2019	Inspection Date	07/06/2019
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
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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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8585J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	553.00	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-160.60	-
			642.40	-
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SERVICEABLE	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR BUMPER ADV STICKER (SN)	NECESSARY	50.00	50.00
			100.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		280.00	200.00
	SPRAY PAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.	NOT NECESSARY	120.00	-
			650.00	400.00
GRAND TOTAL			1,514.53	450.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				350.00

Report Ref No. NS/INC19010161/K1sd3n2

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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