,1 (08/11/13)

ASSIGNMENT SHC 7756X Yr Regn: 75 2013 Date: Type: M.Car / M.Cycle / Bus / Van / Lorry / T 6 / Prime Mover / From: Estimated Cost: Truck / Trailer or OD/TP/WS/TP RES/OD RES/EVA/INV/MV Much Soute C.C /991 46/6 AJC: Insu@d/Std/NI/NA Make: To Insped Vehicle No: Colour at Workshop m/s 7/7/76 T/Radio: Insured / Std / NI / NA Sp.Reading Insured: YM 91152 Eng/No: KMHETKIVMCA 831459 Policy No. 5093309842-01 (27/08/2018-26/08/2019) C/No: Gen. Cond: Good / F / Poor / Burnt Claims No. M7/1048032 - 002 Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum In sured: Brake: Inother Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / STD A/Rim or F: 215/60x16 Make of Veh. Tyre Size; (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / O/S N/S Remark: The veh had commenced its Wedl-19 TOYO / YOKO or repair at the time of inspection. Rear Front Bal, or Market Value: mm R/Bal. Consistent?: Yes or No IDAC Accident Rport: L/Bal. " mm Consistent?: Yes or No D.O.I. 7/6/19 GIA / PR Seen: D.O.A. Res.: Yes or No 7 days Est. Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time D.OA - 26/04/N9 In SH(7156 X - (63/11/19007561/K)tas Continual 45\$1400/2 Pg. (Red & 235.44) Days Of Repair: 2 : Prell. Report Date/Time, File Pass to? Survey Fee: Resurvey No. of Trip: : Final Report Transportation: Date/Time, File Return to? S+RS. SI : Site Insp (\$ Add Fee: Interview (\$ Photos 160 Others Tech. Invs (\$ Report Format: Weekend (\$ 401) Lump Sum / 1.B.1: (\$ TOTAL

TP Claims against NTUC Income: Follow-Through Survey

Date: 11/6/2019

S/No		Wind Jack (John College)	Claimant venicie no.	
	Income Reference	Claimant (Owner / Taxi Company)	20000113	SDW 1855A
		CONVENDE TRANSPORTATON PTE LTD	SH 3034C	
	MT/1047790-002	COINIFORT TRANSPORTATION DTE LTD	SHA 4190H	SGG 1686U
	MT/1047684-002	COMFORI IRANSPORTATION TILETT	X95/2 JH3	YM 9215Z
1	200 200000	CITYCAB PTE LID	311011000	Local
	M1/1048032-002	OT LEAT TO MOTATO OF LAND TELL TO	SH 4374C	SKG 8820E
_	MT/1047514-002	COMFORI IKANSPORTATON FILE ELD	13003 03	GBH 8844M
+	200 200000	COMFORT TRANSPORTATON PTE LID	3H 02203	
	MT/104/926-002	OT I THE CASSILLE	SHD 8586H	SLC 4036M
	MT/1047695-002	CITYCAB PIE LID	Jecet Alla	GBA 9688C
+	100	COMEORT TRANSPORTATON PTE LTD	2HA /223C	
_	MT/1048511-001	OT I TO MOTATORISM DITC I TO	SH 8585J	SKW 672J
-	141/10/7805-007	COMFORT TRANSPORTATION PIELID		CAAC 67151
+	200 C00/+01/1M	CITYCAR DTF LTD	SHC 833C	SIVIC 07 13C
-	MT/1047644-002	מוויים וויים ו		

Claim received from LKK Auto

BaoTech	401		Parameter	and the second	- Children		+ Change	Language	• Chang	e Password	+ Log Out
llo, NAC_PAYA_UBI_800 y Desktop		y Query				0.00	Accident	-	06/06/2019 1	5.24	
otice of Lass	Policy No	o. No (For Motor)	YM9215	Z			ate Number	[
	venicie	April 100 Transport	Laurence o			Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093309842- 01		BAN CHOON MARKETING PTE LTD	198304071N	GCV	Third Party, Fire & Theft	YM92157	YM9215Z	27/08/2018	26/08/201

MCD619073700 / ComfortDolGro Engineering Pte Ltd - Loying ENTRY DATE & TIME: 06/06/2019 15:38 SUBMITTED BY: Janet Lim Slang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 5. Any false reporting may be referred to the Police for investigation.
- 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

By the lodgement of this report to the insurers year aforesaid.	ACCIDENT STATEMENT
美国的自己的	06/06/2019 15:38
Date Of Report	06/06/2019 13:30
Date Of Accident	QUEEN WAY TWDS FARRER RD.
Exact Location Of Accident	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
的 一种 不完整的 化二烷 化对邻苯酚 医原动物 医水杨素	Charles and the Charles and th

Vehicle Registration Number	SHC7756X

Insured/Policyholder

CITYCAB PTE LTD Name Of Registered Owner

199502839G Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG Email Address

Mobile Phone No

OFFICE-65508768 Alternative Phone No

Vehicle Particulars

HYUNDAI Manufacturer

SONATA-2.0 (A) Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken Vehicle Category

TAXI

Insurance Company

MS FIRST CAPITAL INSURANCE LTD Name of Insurance Company THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

YES Fleet Policy

D-18088937MFSH Policy Number

Cover Note Number

Driver

TAN HOCK BENG Name of Driver S7525875E

NRIC No 31/08/1975 Date Of Birth OUTDOOR Occupation 21/09/1998 Date Of Driving Pass

20 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90237073 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 152 ANG MO KIO AVENUE 5

#02-3014

560152

Postcode

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

NO

ambulance?

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)

1

Details of Police Action

YES

Was the accident reported to the police? If Yes, Please state which Police Station

Police Station Name

TAMPINES N.P.C

Police Station Address

ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190606/2092

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YM9215Z

Vehicle Make/Model/Colour

LORRY

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

DONG ZHIQIANG

Name of Driver

G2272808W

NRIC/Passport Number Contact Number

82845914

Address

Postcode

Insurance Company Name

Page 2 of 21

No. Of Passenger (Including Driver)

and the second s	新型型的工作的
DETAILS OF INJURED PERSON 1	是 到现代的东西和西亚
DETAILS OF INJURED PERSON I	THE PERSON NAMED IN

Name

TAN HOCK BENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LOWER BACK SHOULDER AND NECK

SHC7756X

YES

NO

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 partles.
- 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.
- 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)
 - (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.

CITYCAB PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

agriculture and advisor as

0-10 Ser. 5 Driver's Signato

(If driver is not the policyholder) Date & Time:

Jackson Hone C50

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2 SICETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT attached. Refer. Police report 2092 20190606 DECLARATION I/We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time: Driver's Signature

(if driver is not the policyholder)

Date & Time:

CSC FOCKSV

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

Sketch Plan Pg. 3





1 of 3

Report No. T/20190606/2092

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.		
Date/Tim 06/06/20	e Report M 19 13:37	ade:	Vide Report No.:	92		
Informat	nt's Particu	ılars		地震是位為其一個的信仰。		
Name of Informant: TAN HOCK BENG			Address: APT BLK 152 ANG MO KIO A SINGAPORE 560152	Address: APT BLK 152 ANG MO KIO AVENUE 5 #02-3014 SINGAPORE 560152		
ID Type / ID No.: NRIC NO / S7525875E			Contact No.: Home/Office: Mobile: 90237073			
National			Email:			
Sex: Male	Age:	Date of Birth: 31/08/1975	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat Taxi driv	tion:		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2019 09:30	Type of Location
Location: Along Road 1 QUEENSWA	Y FARRER ROAD			·
Weather:	TH WHAT THE	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Colli	sion:		4	Anyone conveyed by ambulance: No

Details of Vo	ehicle Involv		1	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model	Color	A P P A Section Control of the Contr	
SHC7756X	TAXI				Slightly Damaged	0
YM9215Z	Lorry				Slightly Damaged	0

	A CONTRACTOR OF THE PROPERTY O
Details of Person Involved	
Any Pedestrian Involved: No	To a series NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3

Report No. T/20190606/2092

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Oriver			ID No.		S7525875E
Name	TAN HOCK BENG		ID No.		0.000
Related Vehicle	SHC7756X (TAXI)	Contac	t No.	90237073	
Hospital/Clinic	KOH CLINIC & SURGERY PTI	E LTD	Class of Driving Licence Expiry	e & Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/06/2019			1414	. •
No. of Days gran	ted Medical Leave 03	Degree	e of Injury	NIL	STANDAY STANDAY
Driver		February Control	ID No.	0.510101050	G2272808W
Name	DONG ZHIQIANG		ID No.	6	117
Related Vehicle	YM9215Z (Lorry)		-Conta	ct No.	82845914
Hospital/Clinic	NIL 18.		Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL .	Date I	Discharge	NIL	
	TABLE		e of Injury	NIL	

On 06/06/2019 at about 0930hrs, I was driving my vehicle, one yellow colour CityCab bearing plate number SHC7756X along Queensway towards Farrer Road. At that time, I did not have any passenger on board my vehicle. Traffic was moderate and the road surface was wet.

I was driving on the third lane, intending to make a left turn towards Commonwealth Crescent, and I observed the vehicle in front to have slowed down and stop, as there was a pedestrian crossing the zebra crossing. I had slowed down and gradually come to a stop, however shortly afterwards, I felt an impact from the rear of my vehicle. Upon inspection, I discovered vehicle YM9215Z which had collided into the rear bumper of my vehicle which caused the rear of my vehicle to be damaged.

I wish to state that I sustained injuries and received three days of MC. There is in car camera installed in my vehicle.

Sketch Plan Pg. 5





3 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Report No. T/20190606/2092

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 Informant: Signature Of Officer Recording The Report: Sgt 3 MOHAMED FADHLY BIN MOHAMED AYOP Date/Time: Signature Of Interpreter: 06/06/2019 13:37 Not applicable Classification Of Case: Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH SINGAPORE POLICE FORCE Contact No.: 65476204 Authentication Stamp NP168 SIGNATURE

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE TUC-CL

Date: 07.06.2019 Time: 09:12:09

Page: 1 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTØMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO MILEAGE MAKE

: 305301237 : SHC7756X : 00000000000 : HYUNDAI

MODEL

: SONATA : 30.01.2013

DATE OF REGN DATE/TIME IN

: 06.06.2019 14:10

ACCIDENT DATE : 06.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0001-U REAR BUMPER 1 L 578.40 20.00 462.72

0002 04-01-0101-0034-G REAR BUMPER MOULDING RH 1 38.00 20.00 30.40

0003 04-01-0101-0111-G REAR BUMPER CLIPS

10 22.00 20.00 17.60

0004 04-01-0101-0048-A TAILLAMP RH

1 344.00 20.00 275.20

0005 04-01-0101-0080-G REAR FENDER RH

1 1,935.90 20.00 1,548.72 × 14-12

0006 04-01-0101-0052-G REAR WINDSCREEN MOULDING

1 60.00 20.00 48.00 × 1

0007 05-01-0199-0032-A WINDSCREEN AHESIVE-310MLC 2 92.00 10.00 82.80 × 41

0008 04-01-0103-1150-A REAR BUMPER MAT 1 50.00 1:00- 50.00

SUB-TOTAL : 2,515.44

JOB NATURE

0000 20-05

Rear Fender Adv. Sticker RH

100.00 / мс

0001 PB

PANEL BEATING

569:00 300

0002 SP

SPRAYPAINT CHARGE

500.00 400

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

NTUC-45

Date: 07.06.2019 C

Time: 09:12:09

Page: 2

LKK-Kalvin

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

MVA NAME & SIGNATURE

DATE:

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

: 305301237 JOB NO : SHC7756X REGN NO : 0000000000 MILEAGE : HYUNDAI MAKE : SONATA MODEL

DATE OF REGN : 30.01.2013 : 06.06.2019 14:10 DATE/TIME IN

ACCIDENT DATE : 06.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 17-01	CHECK ALL LIGHTING	49.80 30
0004 20-00	TUFF COAT ON AFFECTED PARTS.	6000 × M
0005 L	R/I UPHOPSTERY ETC	120,00 50
0006 L	R/I REAR WINDSCREEN	129.00 × 17
0007 L	R/I REVERSE SENSOR	120,00 30 SUB-TOTAL

SUB-TOTAL : 1,620.00

TOTAL : 4,135.44

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

Kahinulus 16/19 1130hn 2/5, Us Alla Pepar phito

ENGINEERING

COMFORTDELCRO

Date/Time: 07.06.2019 08:23 Page: 1

SHC7756X

HYUNDAI

Team:

ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JG NO.: 305301237

CITYCAB PTE LTD 7010070

383 SIN MING DRIVE Singapore SINGAPORE 575717

65551188

REGN NO ...

DATE/TIME IN 06.06.2019 14:10 SONATA

YR OF MANU. 30.01.2013

COMPLETION DATE/TIME

FUEL E 1/2: F

CHASSIS CODE KMHET41VMCA831459

DUNT CARD NO.

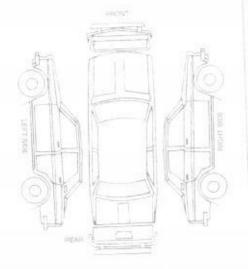
Accident Date: 06.06.2019

NATURE: 3P 06.06.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ledgement Slip

SHC7756X

LIMTS

Vehicle No.:

SHC7756X

f Service Advisor

Signature/Date

Name of Service Advisor

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 305301237 Our Job Ref No : 10/06/19 Date FINALIZATION FORM Fax: LKK KALVIN ANG Attn : 06-Jun-19 Date of Accident : : SHC7756X Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-YM9215Z NTUC The repair job shall bill to: The finalized amount shall be: 2. Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) \$1,400.00 Total for Lumpsum repair cost after Less: 20% \$1,400.00 Final Lumpsum Repair cost working days. Estimated normal period for repairs: 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and Thank you for your assistance. finalized amount Signature Signature: KALVIN Name LIMTS Name Date 62148398 Tel 65468156 Fax For Official Use Only Document Confirm By Remarks Attached Amount (Signature) Item Yes or No YES Rental Rate P/Day NO Loss of Income Paid Survey Fees \$7.49 LTA Search Fee Medical Fees (on behalf

of driver, if applicable)

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



UC IN	NCOME INSURA	NCE CO-OPERATIVE LTD	Ref:	NS/INC19010163	
BRA: 05-01	S BASAH ROAD NTUC TRADE UN	NION HOUSESINGAPORE		18-06-2019	
				INC4	A STREET, STRE
160.63		Policy Particulars	:- THIRD	PARTY CLAIM	SHC 7756X
	isuled veil.	YM 9215Z		spected	0.00
P	Olicy Ito.	5093309842-01	Covera		0.00
0	Claim No.	MT/1048032-002	Excess	And the second s	07/06/2019
A	Assign From		Assign		was broaded at 200 May
	SHESHOLDER AND AL	Vehicle Part	iculars &	Condition	1991
	Make & Model	HYUNDAI SONATA	c.c		2013
100	Engine No.	HIDDEN	Year o		YELLOW
	Chassis No.	KMHET41VMCA831459	Colou	r	IN ORDER
	Odometer	717176	Steeri	10 Total	STANDARD ALLOY RIM
	Brakes	IN ORDER	Modifi	ication	STANDARD ALLOT KIIII
	General	FAIR			THE RESERVE OF THE PARTY OF THE
3.	General States	Condi	itions of	Tyres	
3.		Size	Make		Balance
	R/H Front Tyre	215/60 R16	WEST		7 mm
	L/H Front Tyre	215/60 R16		LAKE	7 mm
	R/H Rear Tyre	215/60 R16	0.0 4-0-0.0	LAKE	7 mm
	L/H Rear Tyre	215/60 R16	2000	LAKE	7 mm
4.	SULVER BELLEVIEW	Descrip	ption of D	amages	A SHARE WERE
4.		ISTAINED DAMAGES AT THE I	REAR O/S	PORTION.	
	DAMAGES SEE [DETAILS.	eral Infor	mation	LE CHEST LOS CONTRACTOR
5.	MERSES EI	06/06/2019		ection Date	07/06/2019
	Accident Date	THE STATE OF			
	Survey held at	59 LOYANG DRIVE SINGAPORE 508969		Not told technology Sects.	
E -		NAME OF THE PARTY	Remark	ks	
5a.	A)THE INSPECT	TION WAS CONDUCTED ON A"			BED REPAIRS.
5b.		Estim	ate Days	Ol Kepaii	HER STREET
Ju.	THE PARTED NO	RMAL PERIOD FOR REPAIR:		2 Working Day	ys



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



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7756X

Qty	STMENT ON REPAIR COST FOR VEHICLE NO. SHC 7 Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
STATE OF THE PARTY.	REPLACEMENT OF PARTS			578.40
		DEFORMED	578.40	100000000000000000000000000000000000000
	REAR BUMPER	CRACKED	38.00	38.00
	REAR BUMPER MOULDING RH	NECESSARY	22.00	1000000
	REAR BUMPER CLIPS	CRACKED	344.00	1
	TAILLAMP RH REAR FENDER RH	TO REPAIR SEE LABOUR	1,935.90	
1	WURSCREEN MOUIL DING	NOT NECESSARY	60.00	1000
	REAR WINDSCREEN MOULDING		-595.66	
	LESS 20% DISCOUNT		2,382.64	785.92
	SPECIAL NETT ITEMS		82.80	
	WINDSCREEN AHESIVE-310MLC (SN)	NOT NECESSARY	50.00	
	1 REAR BUMPER MAT (SN)	NECESSARY	100.0	
	1 REAR FENDER ADV. STICKER RH (SN)	NECESSARY	232.8	150.00
	LABOUR PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR		560.0	300.0
	FENDER RH.		500.0	400.0
	SPRAY PAINT CHARGE.		40.0	30.0
	CHECK ALL LIGHTING.	NOT NECESSARY	60.0	00
	TUFF COAT ON AFFECTED PARTS.		120.0	50.0
	R/I UPHOPSTERY ETC.	NOT NECESSARY	120.0	00
	R/I REAR WINDSCREEN.		120.0	00 30.0
	R/I REVERSE SENSOR.			*
	-			-
	-			-
	-		1,520.	00 810.
	GRAND TOTAL		4,135	.44 1,745.





1,400.00 RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)

Report Ref No. NS/INC19010163/K1qd3n2

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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