

Garrett: Kelvin

REF: NS/INC 19010454/ K19d352

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SGH 5978X

Policy No. 5103049862 (15/08/2018 - 15/06/2019)

Claims No. MT/1048828-002

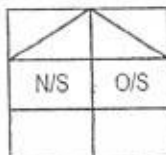
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est Repairs: 7 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: SHC 2434H Yr Regn: 12TH 218

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

Truck / Trailer or

Make: Hyundai Tucson c.c 1580

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

Sp. Reading: 135405 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHC851CVJM103588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoperative / Jammed / Leaked / Burnt or

Brake: Inoperative / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Davanti

Front Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 11/6/19 D.O.I. 12/6/19

Survey held at CPGE (Loyang)

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

Rear o/s

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

Date / Time	Action / Instruction
18/6/19	SHC 2434H - C54 / III 17009106 / sub 392 DOA - 07/04/17 INC P'P
18/6/19	SGH 5978X - X
18/6/19	1st PIP \$801.10 / 2d. (Rep \$955.72, 50%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 19/6/19

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$1

Photos

Notes

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Other (\$)

Report Format

TP
801.10

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 18 June 2019 4:37 PM
To: Shiau Chan (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 18 June 2019 12:11 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madm,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 18/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D
1	MT/1048838-002	COMFORT TRANSPORTATION PTE LTD	SHC 2434H	SGH 5978X	

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

eBaoTech

General Claim

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 checked="" type="radio"/>	5103079862		SOH CHOON TECK	S7663969H	GPC	Third Party	SGH5978X	SGH5978X	15/08/2018	15/06/2019

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	11/06/2019 16:06
Date Of Accident	11/06/2019 11:40
Exact Location Of Accident	BUKIT BATOK ST 25 X BUKIT BATOK EAST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2434H
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	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	CHEW HOE HOCK
NRIC No	S1428047B
Date Of Birth	14/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97842531
Fax Number	
Contact Number	
Email Address	WILLIAM_CHH@HOTMAIL.COM

Address	BLK 655 SENJA ROAD #07-270
Postcode	670655
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190611/2090

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	SGH5978X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH CHOON TOCK
NRIC/Passport Number	
Contact Number	90276198
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHEW HOE HOCK

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHC2434H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Policyholder's Signature
Date & Time:

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

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

Loh Vee Hong

11/6/19

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report
7/20190611/2090

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

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

Loke Wai Yeng

11/6/19



**SINGAPORE
POLICE FORCE**



T/20190611/2090

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190611/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2019 15:02	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: CHEW HOE HOCK			Address: APT BLK 655 SENJA ROAD #07-270 SINGAPORE 670655		
ID Type / ID No.: NRIC NO / S1428047B			Contact No.: Home/Office: Mobile: 97842531		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 14/06/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2019 11:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK STREET 25 BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SGH5978X	Car				Slightly Damaged	0
SHC2434H	Taxi	HYUNDAI	IONIQ	Blue	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/20190611/2090

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190611/2090

CONTINUATION OF REPORT

Driver			
Name	CHEW HOE HOCK	ID No.	S1428047B
Related Vehicle	SHC2434H (Taxi)	Contact No.	97842531
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	11/06/2019	Date Discharge	11/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	SOH CHOON TOCK	ID No.	NIL
Related Vehicle	NIL J276	Contact No.	90276198
Hospital/Clinic	NIL Class 2nd	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 11/06/2019 at about 1140hrs, I was driving along Bukit Batok Street 25 towards Bukit Batok East Avenue 2. I then approached the junction of Bukit Batok East Avenue 6 and it was a red light as such I slowed down and came to a complete stop. I was at the extreme leftmost lane. Subsequently, when the traffic light turned green the vehicle in front of me moved forward as such I moved as well. Out of a sudden, there was a collision from the rear and I felt it's impact. I went out and made a check and discovered that a car had collided into mine from the rear.

I then check and found that my rear bumper dented in. I had suffered some neck and back injuries as such I had went to Y M Chan Clinic & Surgery and received 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190611/2090

3 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190611/2090

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:

G /

Staff Sgt MUHAMMAD ZULHILMI BIN
SHADIKIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAN BINTE AHMAD

Contact No. 1122 SINGAPORE POLICE FORCE

Authentication Stamp

NP168

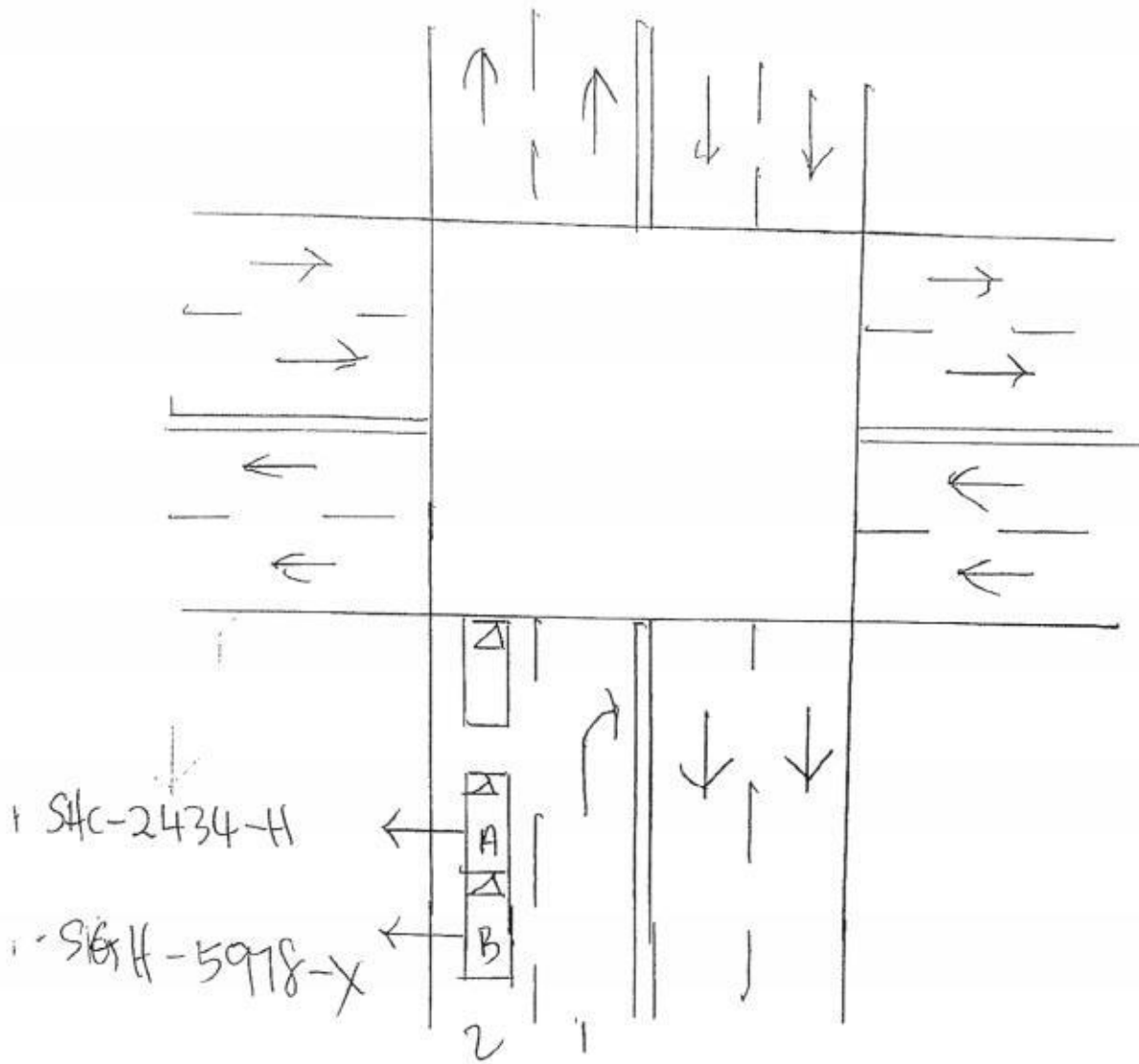
SIGNATURE

Signature Of Informant:

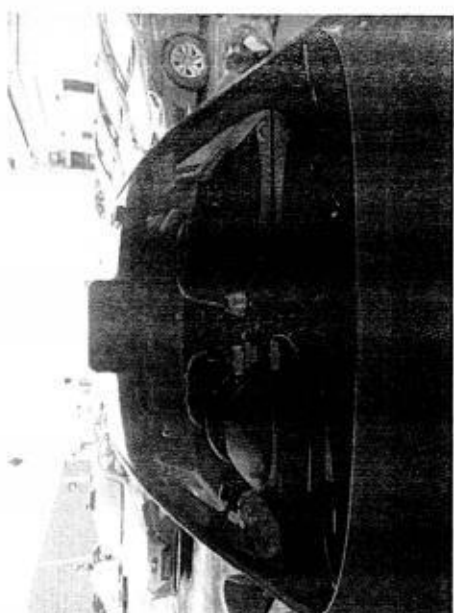
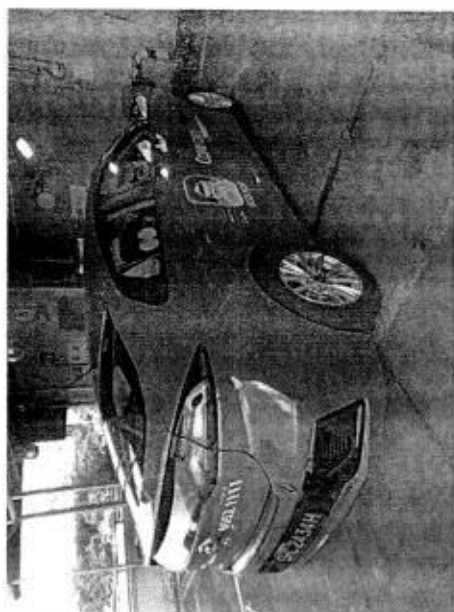
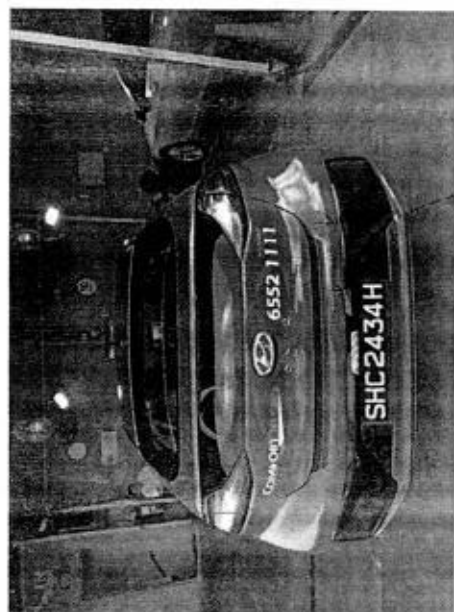
Date/Time:

11/06/2019 15:02

Classification Of Case:



BT Batok SH 25



COMFORT DELGRO

Date/Time: 11.06.2019 11:02 Page

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305302636

CUSTOMER

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

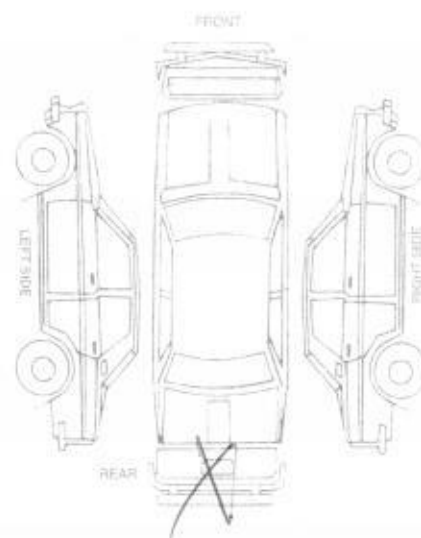
COUNT CARD NO.

REGN NO:	SHC2434H	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL:	IONIQ(G2)	DATE/TIME IN: 11.06.2019 15:35
YR OF MANU:	12.07.2018	TARGET DATE
CHASSIS CODE:	KMHC851CVJU103568	COMPLETION DATE/TIME

Accident Date: 11.06.2019
NATURE: 3P 11.06.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC2434H JU NTUC LKK

Vehicle No.: SHC2434H

Signature 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*

VEHICLE NO : SHC 2434H

DATE 12/6/2019 9:57

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X mpr</i>			\$ 459.40	
	Rear Bumper Centre Moulding Assy <i>im</i>			\$ 451.25	
	Rear Bumper Cover Clips <i>me</i>			\$ 22.00	
	SUB TOTAL			\$ 932.65	
	LESS 20%			\$ 186.53	
	DISCOUNTED TOTAL			\$ 746.12	
	Rear No.Plake <i>im</i>		<i>-1.8</i>	\$ 25.00	Nett
	Rear No.Plake Trim Cover <i>X su</i>			\$ 30.00	Nett
	Rear Bumper Reserve Sensor <i>X su</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>X su</i>			\$ 50.00	Nett
				\$ 240.70	
	Labour Charge				
	Panel Beating			\$ 350.00 <i>200</i>	
	Spray Painting Charge			\$ 250.00 <i>200</i>	
	Wiring Charge			\$ 50.00 <i>X 4</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 4</i>	
	TOTAL LABOUR			\$ 770.00	
	ESTIMATE TOTAL			\$ 1,756.82	
<i>Kahin 10/11/19</i> <i>12/6/19 1030 L</i> <i>2 hrs</i> <i>PIP</i> <i>After Repair photo</i>					
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.					

COMFORTDELGRO ENGINEERING

Our Job Ref No 305302636

Date : 14/06/2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC2434H

Date of Accident : 11/06/19

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

1. The repair job shall bill to: NTUC --- SGH5978X
###

2. The finalized amount shall be:

(a) Spare Parts after List discount \$401.10

(b) Labour Charges ### \$400.00

Total for Part-By-Part Repair Cost \$801.10

(c.) Lumpsum Repair (if applicable) N

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Koki

Date : 18/6/19

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 14.06.2019
Time: 17:37:10
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 : 305302636
REGN NO : SHC2434H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 12.07.2018
DATE/TIME IN : 11.06.2019 15:35
ACCIDENT DATE : 11.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60
0003 FNPS NO PLATE(S) 1 N 25.00 10.00 22.50

SUB-TOTAL : 401.10

JOB NATURE

0000 PB PANEL BEATING 200.00
0001 SP SPRAYPAINT CHARGE 200.00

SUB-TOTAL : 400.00

TOTAL : 801.10

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC19010454/K1qd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-06-2019



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGH 5978X	Veh. Inspected	SHC 2434H
Policy No.	5103079862	Coverage (\$)	0.00
Claim No.	MT/1048838-002	Excess (\$)	0.00
Assign From		Assign Date	12/06/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVJU103568	Colour	BLUE
Odometer	135405	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	DAVANTI	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm

4. Description of Damages

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

5. General Information

Accident Date	11/06/2019	Inspection Date	12/06/2019
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.
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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. SHC 2434H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-186.53	-94.65
			746.12	378.60
<u>NETT ITEMS</u>				
1	REAR NO. PLATE (N)	CRACKED	25.00	25.00
	LESS 10% DISCOUNT		-	-2.50
			25.00	22.50
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			215.70	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			770.00	400.00
GRAND TOTAL			1,756.82	801.10
RECOMMENDED COST OF REPAIRS (CONFIRMED)				801.10

Report Ref No. NS/INC19010454/K1qd3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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