

Surveyor: Kelvin

REF: NS/INC/19010903/ KHD 302

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: SFY 1297B

Policy No: 500 2854176-13 (01/09/2018-31/08/2019)

Claims No: MT/1047694-002

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: SHC 88772 Yr Regn: 24 Mar 2016

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

Truck / Trailer or

Make: Hyundai Z~~to~~ c.c. 168r

Colour: Blue A/C: Insu~~ed~~ / Std / NI / NA

Sp. Reading: 434529 T/Radio: Insu~~ed~~ / Std / NI / NA

Eng/No: _____

C/No: KMH1841446086813

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inor~~der~~ / Jammed / Leaked / Burnt or

Brake: Inor~~der~~ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Can~~on~~

Front Rear

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. 2/6/19 D.O.I. 19/6/19

Survey 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
	SHC 88772 - X
	SFY 1297B - X
24/6/19	Chd 45 \$7750 / 3R, (Red: 2752.44, 45%)
	RECEIVED 26 JUN 2019

Date/Time, File Pass to?

1) 26/6 Typist

Date/Time, File Return to?

2)

☐ : Prel. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

160

0

TP
33507

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800801

[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"/>	S008854176-13		TAN THIAM TENG	S1110943H	GPC	Third Party, Fire & Theft	SPY12978	SPY12978	01/09/2018	31/08/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/6/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	Not our Insured	COMFORT TRANSPORTATON PTE LTD	SH 7347L	GZ 6109L	18/6/2019	10:20	\$ 8,696.12
2	MT/1047694-002	COMFORT TRANSPORTATON PTE LTD	SHC 8877Z	SFY 1297B	3/6/2019	21:30	\$ 6,102.34
3	MT/1049949-003	COMFORT TRANSPORTATON PTE LTD	SHC 789Y	SGJ 1811J	19/6/2019	21:00	\$ 4,997.84
4	MT/1050552-001	COMFORT TRANSPORTATON PTE LTD	SHC 848K	GM 3434K	16/6/2019	20:50	\$ 3,116.00

Claim received from LKK

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	07/06/2019 07:52
Date Of Accident	03/06/2019 21:30
Exact Location Of Accident	AYE(TUAS) JURONG TOWN HALL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8877Z
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	N S CHARAN SINGH
NRIC No	S2001059B
Date Of Birth	10/10/1952
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91882316
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	94 #05-3106 GEYLANG BAHRU
Postcode	330094
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?	YES
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]	KOLAM AYER NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.(POUND)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO <i>Yes</i>
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY1297B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

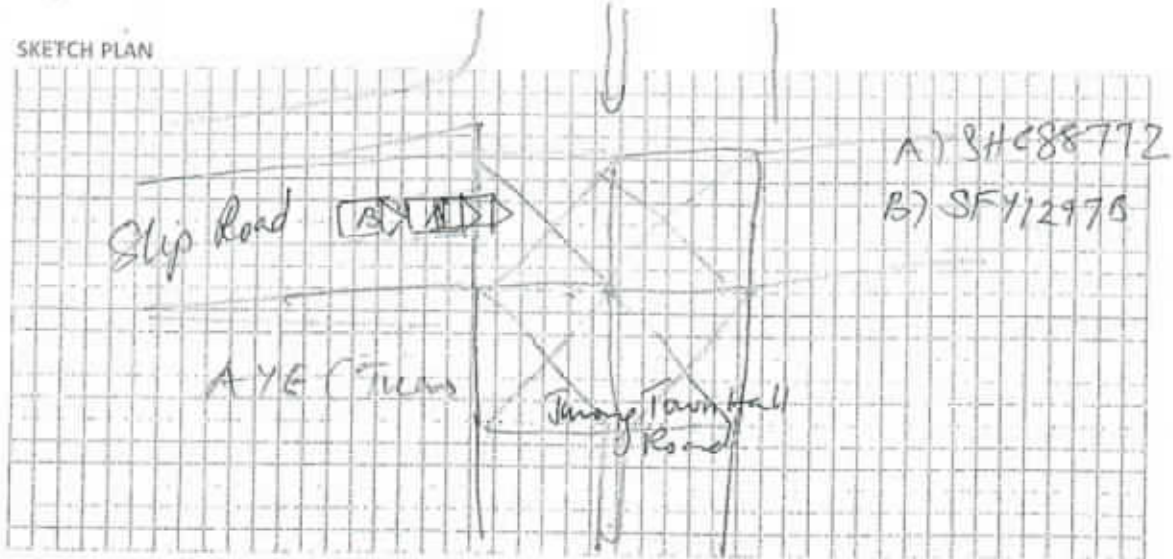
DETAILS OF INJURED PERSON 1

Name N S CHARAN SINGH
Approximate Age 67
Injuries Sustain NECK,BACK,SHOULDER
Injured person in which vehicle? SHC8877Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAX
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SHC8877Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190604/2147

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO REG NO 190303821R

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/20190604/2147

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

1 of 3

Report No. T/20190604/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 15:33		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: N S CHARAN SINGH			Address: APT BLK 94 GEYLANG BAHRU #05-3106 SINGAPORE 330094		
ID Type / ID No.: NRIC NO / S2001059B			Contact No.: Home/Office: Mobile: 91882316		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 10/10/1952	Type of Informant: Driver		
Race: Sikh			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/06/2019 21:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JURONG TOWN HALL ROAD AYE TOWARDS JURONG TOWN HALL RD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SFY1297B	Car	NISSAN	SUNNY 1.6EXA	Gold	Seriously Damaged	0
SHC8877Z	TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	1



SINGAPORE
POLICE FORCE



T/20190604/2147

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

2 of 3

Report No. T/20190604/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	N S CHARAN SINGH	ID No.	S2001059B
Related Vehicle	SHC8877Z (TAXI)	Contact No.	91882316
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	03/06/2019	Date Discharge	03/06/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 3 June 2019 at about 2130hrs I was driving my vehicle bearing the plate number of SHC8877Z along AYE towards Jurong Town Hall Rd with one male passenger. As I made a stop at the traffic light junction as the light was red, suddenly one vehicle bearing the plate number of SFY 1297B had collided onto the rear of my vehicle. Due the collision, I felt pain on my back and the back of my neck. My passenger had also felt pain on his neck. After which I then came out from the vehicle and approached the other driver however I did not exchanged particulars. As I made a check on my vehicle, my vehicle had suffered serious damages on the rear bumper. Subsequently my vehicle was towed from scene.

Awhile later, Traffic Police and Ambulance was at scene. The medics made a check on both me and my passenger. Subsequently both of us were conveyed to Ng Teng Fong Hospital. On the same day I was discharged from the hospital with medication and an MC for 4 days. Traffic Police officer had contacted me and advised me to lodge a report with regards to the accident.



SINGAPORE
POLICE FORCE



T/20190604/2147

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No. T/20190604/2147

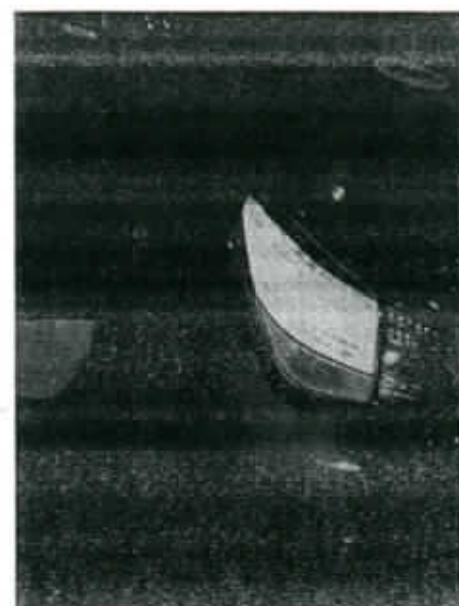
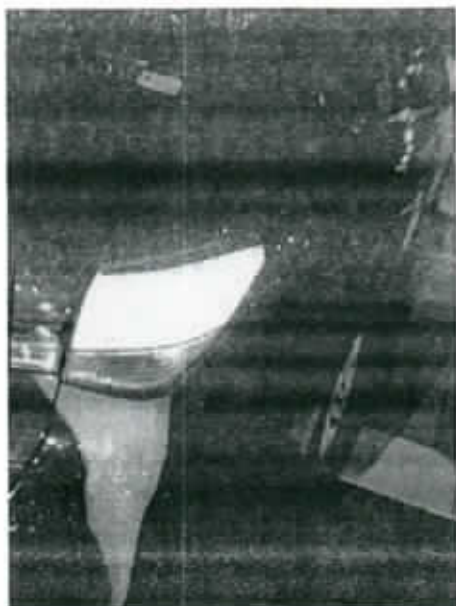
CONTINUATION OF REPORT

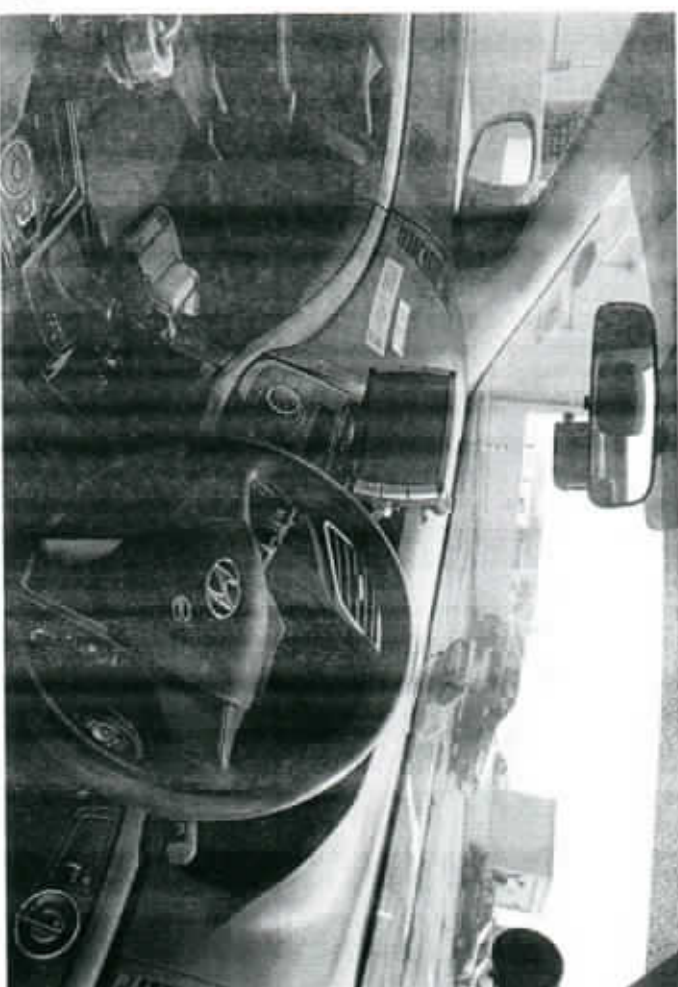
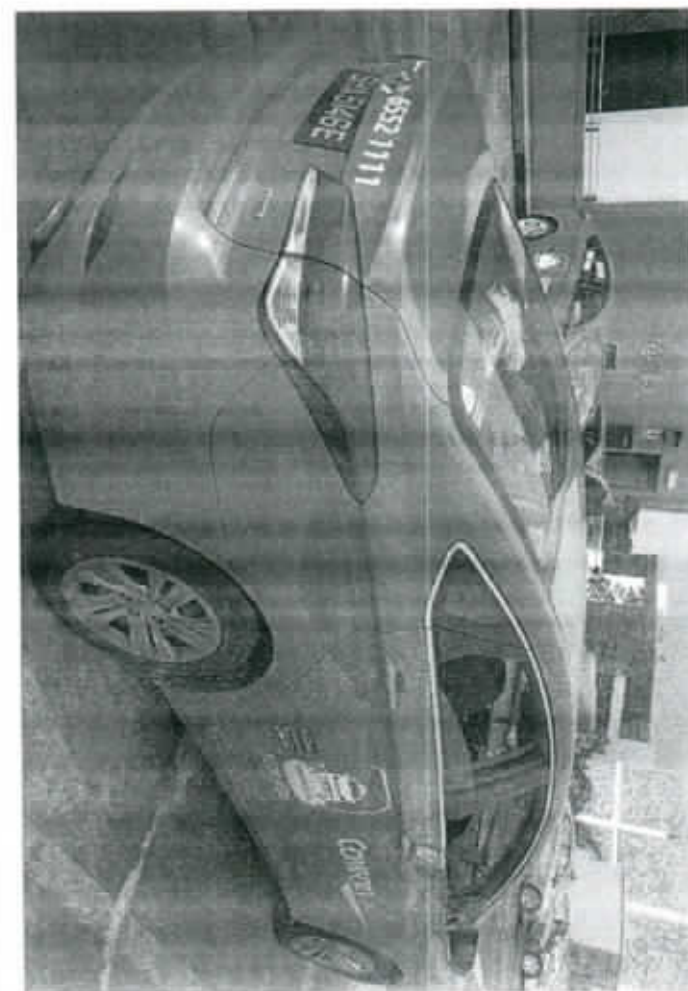
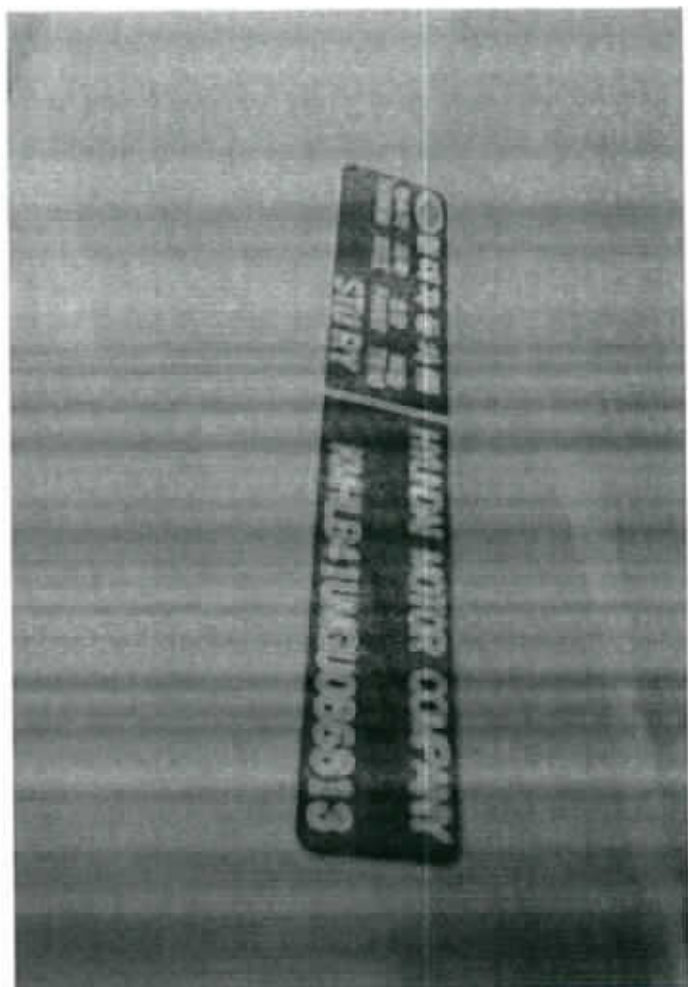
Sketch Plan

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: A / Sgt 2 MOHAMED FEROZ S/O MOHAMED IQBAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 15:33
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93265045	Classification Of Case:
Authentication Stamp NP168	





COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 8877Z

MAKE :

MODEL : HYUNDAI i40

DATE 19/6/2019 10:55

LKK-Kalvuri

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>Back/Red</i>			\$ 2,174.90
	Boot Lid Lock Upper <i>x m</i>			\$ 102.60
	Boot Lid Lock Lower <i>x m</i>			\$ 31.70
	Boot Lid 'H' Emblem <i>- m</i>			\$ 28.70
	Boot Lid CRDI Plate <i>- m</i>			\$ 27.90
	Bootlid Moulding <i>x 3 m</i>			\$ 85.00
	Bootlid i40 Emblem <i>- m</i>			\$ 27.90
	Bootlid Lower Garnish <i>x m</i>			\$ 227.90
	Rear Bumper <i>Back</i>			\$ 553.00
	Rear Bumper Reinforcement <i>- m</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>- But</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>- m</i>			\$ 22.00
	Rear Bumper Bracket <i>x m</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>x m</i>	-		\$ 103.50
	Rear Bumper Under Cover <i>- cut</i>			\$ 228.00
	Rear Bumper Reflector Lamp (LH/RH) <i>LH m RH m</i>	\$	30.60	\$ 61.20
	Rear Panel <i>x m</i>			\$ 526.70
	Rear Panel Garnish <i>x m</i>			\$ 57.70
	Rear Panel Lower Panel <i>x m</i>			\$ 89.40
	SUB TOTAL			\$ 5,008.30
	LESS 20%			\$ 1,001.66
	DISCOUNTED TOTAL			\$ 4,006.64
	Boot Lid Comfort Logo & Tel No. Sticker <i>541 m</i>			\$ 30.00
	Rear Bumper Reverse Sensor <i>- m</i>			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 215.70
	Labour Charge			400
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 900.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Tow Back from Traffic Pound.			
	TOTAL LABOUR			\$ 1,880.00
	ESTIMATE TOTAL			\$ 6,102.34

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.

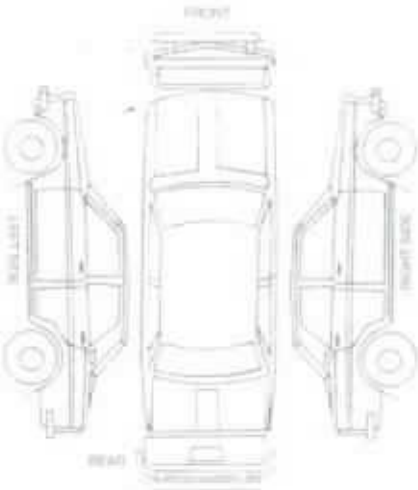
Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305301550

MER	REGN NO: SHC8877Z	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL: I-40	DATE/TIME IN: 03.06.2019 21:30
383 SIN MING DRIVE	YR OF MANU: 24.03.2016	TARGET DATE
Singapore SINGAPORE 575717	CHASSIS CODE: KMHLB41UMGU086813	COMPLETION DATE/TIME
65508755		

JOB DESCRIPTION

Accident Date: 03.06.2019
NATURE: TP/3P 03.06.19 TP POUNG

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:


SERVICE ADVISOR CUSTOMER'S SIGNATURE

Signature Slip	Exit Pass
SHC8877Z CHIANG	Vehicle No.: SHC8877Z
Service Advisor	Name of Service Advisor
Signature/Date	Date

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>19/06/2019</u> Time Received: <u>0835</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 type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Kenneth</u> Contact No.: <u>65508570</u> Vehicle No.: <u>SHR 8877Z</u> Make / Model / Colour: <u>I-40</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>Traffic Police Range</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"/> Sengai 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 checked="" type="checkbox"/> Not tested		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer: _____</p>
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Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Kioy</u> Vehicle No.: <u>YN3901K</u> Time Dispatch: <u>0835</u> Time of Arrival: <u>0905</u> Time Completed: <u>0925</u>		TOWING		 <p># : Cracked X : Dented / : Scratched O : Missing</p> <p>Signature of Customer: _____</p>
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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™.

19/06/2019 Date 0905 Time 1 Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard: _____ Date & Time of Arrival: _____ Signature of Attending Staff/Guard: _____

Our Job Ref No : 305301550
Date : 24/06/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC8877Z 03/06/19

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

Z The repair job shall bill to: NTUC SFY1297B

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:
Final Lumpsum Repair cost \$3,350.00

3. Estimated normal period for repairs: 3 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name :
Date : 24/6/19

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/INC19010903/K1td3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 28-06-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFY 1297B	Veh. Inspected	SHC 8877Z	
Policy No.	5008854176-13	Coverage (\$)	0.00	
Claim No.	MT/1047694-002	Excess (\$)	0.00	
Assign From		Assign Date	19/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU086813	Colour	BLUE	
Odometer	434529	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	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	03/06/2019	Inspection Date	19/06/2019	
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8877Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOT LID	BUCKLED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	SERVICEABLE	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$60.30	BENT	160.60	160.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$30.60	N/S CRACKED / O/S SERVICEABLE	61.20	30.60
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
LESS 20% DISCOUNT			-1,001.66	-736.40
			4,006.64	2,945.60
<u>SPECIAL NETT ITEMS</u>				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (SN)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			215.70	215.70

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National Assessment Centre Services

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TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR PANEL AND REAR PANEL LOWER PANEL.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,880.00	1,070.00
	GRAND TOTAL		6,102.34	4,231.30
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				3,350.00

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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