

Insured: Kalvin

REF: NS/INC19011154/K19d3n2

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: FBN 5270G

Policy No. 5104782993 (17/10/2018 - 16/04/2020)

Claims No. M7/1050951-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 2 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 6054M Yr Regn: 20 Sep 2017

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

Truck / Trailer or

Make: Toyota Prius C.C. 1700

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

Sp. Reading: 296605 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3FY90J56K000

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: 195/65R15

R: _____

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 24/6/19 D.O.I. 24/6/19

Survey held at CPHE (Loyang)

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

o/s Front

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

Date / Time	Action / Instruction
	SH 6054M - CC4/ASM18022576/K19d3n2 D.O.A. 12/12/2018 INC
	FBN 5270G - NS/INC19011154/K19d3n2 D.O.A. 24/06/2019 PIR
27/6/19	Check PIP \$4191.90 / 2 by. (Ref to 117256, 22/6)
RECEIVED 20 JUN 2019	

Date/Time, File Pass to? : Prel. Report
 11/28/16 turnish : Final Report

Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: _____
 Transportation: 160
 \$ + RS. \$
 Photo
 Other

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Case _____

4191.90

Shiau Chan (LKKAuto)

From: MTCL@income.com.sg
Sent: Friday, 28 June 2019 10:52 AM
To: Shiau Chan (LKKAuto)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah

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



From: Shiau Chan (LKKAuto) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 27 June 2019 3:58 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/06/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	
1	MT/1050951-001	COMFORT TRANSPORTATION	SH 6054M	FBN 5270G	

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/06/2019 11:32"/>
Vehicle No.(For Motor)	<input type="text" value="FBNS270G"/>	Certificate Number	<input type="text"/>

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104782993		BERNARD RAJ A/L BULARANDRAN	G8103167W	GMC	Third Party, Fire & Theft	FBNS270G	FBNS270G	17/10/2018	16/04/2020

Continue

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	24/06/2019 14:12
Date Of Accident	24/06/2019 09:20
Exact Location Of Accident	SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6054M
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	TOYOTA
Model	PRIUS HYBRID 4G

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	CHAN LEE CHAI EDWIN
NRIC No	S0237738A
Date Of Birth	18/04/1949
Occupation	OUTDOOR
Date Of Driving Pass	26/05/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90675148
Fax Number	
Contact Number	
Email Address	CHAN.EDWIN@LIVE.COM

Address BLK 148 BISHAN STREET 11
#04-113

Postcode 570148

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? 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) 3

Passenger 1
NAME: : -
GENDER: : FEMALE

Passenger 2
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 CHANGI N.P.C

Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , 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/2019026/2034

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 FBN5270G

Vehicle Make/Model/Colour MOTORCYCLE

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	UNKNOWN(RIDER)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	FBN5270G
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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. 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:

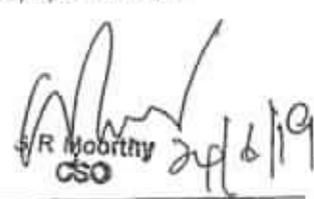
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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/PIN No.:



**SINGAPORE
POLICE FORCE.**



T/20190624/2034

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190624/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 11:36		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: CHAN LEE CHAI, EDWIN			Address: APT BLK 148 BISHAN STREET 11 #04-113 SINGAPORE 570148		
ID Type / ID No.: NRIC NO / S0237738A			Contact No.: Home/Office: Mobile: 90675148		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 18/04/1949	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/06/2019 09:20	Type of Location: Straight Road	
Location: Along Road 1 SIMEI AVENUE SIMEI AVENUE TOWARDS CHANGI GENERAL HOSPITAL					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBN5270G	Motorcycle	HONDA	CB400SF STD MANUAL	White	Slightly Damaged	0
SH6054M	TAXI	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20190624/2034

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190624/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN LEE CHAI, EDWIN	ID No.	S0237738A
Related Vehicle	FBN5270G (Motorcycle)	Contact No.	90675148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/06/2019 at about 0920hrs I was Simei Ave towards Changi General Hospital and I slow down as I want to make a left turn to Changi General Hospital as out of sudden a motorbike came behind me and hit onto my front right bumper as such the rider lose control and fell down. I get out from my taxi to check on him and he still conscious and I assisted him to put him aside. I then called police and ambulance to report them regarding the accident. Ambulance came first and paramedic checked on him and a while later traffic police also arrived and the officer interviewed me and he give me a case card and advice me to lodge traffic police report. I

The rider was conveyed to Changi General Hospital and I didn't get his particular. My 2 passengers not injured and they alighted at the accident location. The report number is G/20190624/0079 under TP IO SIO ALEX contact number 65476083.

My taxi front right side bumper came off and for the motorbike left side got some scratches. I will update my taxi company(Comfort) after I lodged police report. I did took some photograph on the damages of my taxi and the motorbike.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20190624/2034

3 of 3

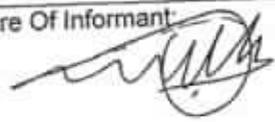
Report No. T/20190624/2034

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 / Sgt 3 MUHAMMAD RAIHAN BIN SUHAIMI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 11:36
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN	Classification Of Case: 

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305305727

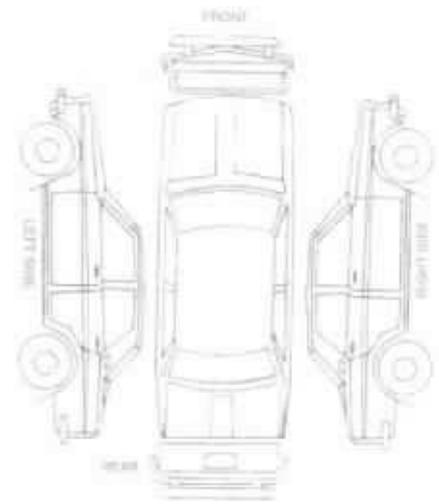
OMER
COMFORT TRANSPORTATION PTE LTD
OMER NO 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755
(P)

REGN NO: SH 6054M	MILEAGE
MAKE TOYOTA	FUEL E 1/2 F
MODEL PRIUS HYBRID(G4)	DATE/TIME IN 24.06.2019 12:30
YR OF MANU 20.09.2017	TARGET DATE
CHASSIS CODE JTDKB3FU903564050	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 24.06.2019
NATURE: 3P 24.06.19/C

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

SERVICE ADVISOR _____

CUSTOMER'S SIGNATURE _____

Agreement Slip
SH 6054M LIMITS

Service Advisor _____ Signature/Date _____
To be kept by Security Guard

Exit Pass
Vehicle No.: **SH 6054M**

Name of Service Advisor _____ Date _____
To be kept by Security Guard

NTUC-CP/P

12 IS

LKK - kalvin

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

JOB NO : 305305727
 REGN NO : SH 6054M
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 20.09.2017
 DATE/TIME IN : 24.06.2019 12:30
 ACCIDENT DATE : 24.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	FRONT BUMPER	1	490.50	25.00	367.87	-	<i>panel</i>
0002	04-01-0302-2971-G	FRT BUMPER SIDE BRKT RH	1	77.00	25.00	57.75	X	<i>see</i>
0003	04-01-0302-0573-G	FRT FENDER RH	1	933.10	25.00	699.82	X	<i>repair</i>
0004	04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	53.50	25.00	40.12	-	<i>see</i>
0005	04-01-0302-2915-G	HEADLAMP RH	1	2,530.10	25.00	1,897.57	-	<i>see</i>
		<i>Front RH wheel Rim</i>				<i>\$1555.6</i>		<i>fixed</i>
						SUB-TOTAL	:	3,063.13

JOB NATURE

0000	PB	PANEL BEATING				560.00		<i>300</i>
0001	SP	SPRAYPAINT CHARGE				500.00		<i>600</i>
0002	17-01	CHECK ALL LIGHTING				40.00		<i>20</i>
0003	20-00	TUFF COAT ON AFFECTED PARTS.				40.00	X	<i>4</i>
						SUB-TOTAL	:	1,140.00

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

JOB NO : 305305727
 REGN NO : SH 6054M
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 20.09.2017
 DATE/TIME IN : 24.06.2019 12:30
 ACCIDENT DATE : 24.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-A	FRONT BUMPER	1	490.50	25.00	367.87
0002	03-01-0302-2020-G	FRT SPORT RIM RH**	1	1,555.10	25.00	1,166.32
0003	04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	53.50	25.00	40.12
0004	04-01-0302-2915-G	HEADLAMP RH	1	2,530.10	25.00	1,897.57

SUB-TOTAL : 3,471.88

JOB NATURE

0000	PB	PANEL BEATING				300.00
0001	SP	SPRAYPAINT CHARGE				400.00
0002	17-01	CHECK ALL LIGHTING				20.00

SUB-TOTAL : 720.00

TOTAL : 4,191.88

Lim J
 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305305727

Date : 26/06/19

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 6054M

Date of Accident : 24-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 --- FBN5270G
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$3,471.90
(b) Labour Charges	\$720.00
Total for Part-By-Part Repair Cost	\$4,191.90
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 : 

Signature : _____

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : _____

Fax : 65468156

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/INC19011154/K1qd3n2			
73 BRAS BASAH ROAD		Date: 02-07-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBN 5270G	Veh. Inspected	SH 6054M
Policy No.	5104782993	Coverage (\$)	0.00
Claim No.	MT/1050951-001	Excess (\$)	0.00
Assign From		Assign Date	24/06/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU903564050	Colour	BLUE
Odometer	296805	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	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	24/06/2019	Inspection Date	24/06/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6054M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	490.50	490.50
1	FRT BUMPER SIDE BRKT RH	SERVICEABLE	77.00	-
1	FRT FENDER RH	TO REPAIR SEE LABOUR	933.10	-
1	FRT FENDER (HYBRID) RH	NECESSARY	53.50	53.50
1	HEADLAMP RH	CRACKED	2,530.10	2,530.10
1	FRONT RH WHEEL RIM	GRAZED	1,555.10	1,555.10
	LESS 25% DISCOUNT		-1,409.83	-1,157.30
			4,229.47	3,471.90
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRT FENDER RH.		560.00	300.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	20.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
			1,140.00	720.00
GRAND TOTAL			5,369.47	4,191.90
RECOMMENDED COST OF REPAIRS (CONFIRMED)				4,191.90

Report Ref No. NS/INC19011154/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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