

(08/11/13)

REF:

Surveyor: Kelvin

NS/INC19011595/K16A32

## 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: SJR 2677X

Policy No. \_\_\_\_\_

Claims No. NY/1051565.002

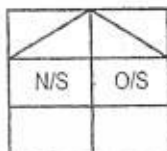
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: SHD3402M Yr Regn: 21/24, 2.6

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

Truck / Trailer or

Make: Holden 240 C.C. 168r

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

Sp. Reading: 474503 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL041064.9324

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 A/Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Holden

Front Rear

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

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

D.O.A. 28/6/19 D.O.I. 28/6/19

Survey held at CPGE (Loyang)

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

O/S Front / N/S L/R Mirror

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

| Date / Time | Action / Instruction                                   |
|-------------|--|
|             | NO Policy found INC                                    |
|             | SHD 3402M .CC3/11117015251/K16A32 D.O.A. 04/05/2017 43 |
|             | SJR 2677X : X  |
| 4/7/19      | Labour C/S \$650 / 2 Pys. (Red \$7753.12, 78%)         |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |
|             |  |

RECEIVED 8 JUL 2019

Date/Time, File Pass to?

1) 08/7/19

Date/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$1

Photos

Notes

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Other (\$

Ready Format

7p  
650

TP Claims against NTUC Income: Follow-Through Survey

Date : 04/07/2019

| S/No | Income Reference      | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. | Date of Accident | Time of Accident | Estimate    |
|------|-----------------------|---------------------------------|----------------------|--------------------|------------------|------------------|-------------|
| 1    | <b>MT/1050650-002</b> | CITYCAB PTE LTD                 | SHC 7824H            | SMD 9711Y          | 25/06/2019       | 17:00            | \$ 4,250.32 |
| 2    | <b>MT/1051565-002</b> | COMFORT TRANSPORTATION PTE LTD  | SHD 3402M            | SJR 2677X          | 28/06/2019       | 9:00             | \$ 2,903.12 |
| 3    | <b>MT/1047536-002</b> | COMFORT TRANSPORTATION PTE LTD  | SH 6136K             | SLS 6557D          | 31/05/2019       | 21:15            | \$ 1,686.64 |

## 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             | 28/06/2019 13:42            |
| Date Of Accident           | 28/06/2019 09:00            |
| Exact Location Of Accident | UPP BUKIT TIMAH RD TWDS BKE |
| Country/State of Loss      | SINGAPORE                   |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3402M                       |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No                   | 199303821R                     |
| Email Address               | FLEETSAFETY@CDGTAXI.COM.SG     |
| Mobile Phone No             |                                |
| Alternative Phone No        | OFFICE-65508768                |

### Vehicle Particulars

|              |         |
|--------------|---------|
| Manufacturer | HYUNDAI |
| Model        | I40     |

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

### Insurance Company

|                           |                                       |
|---------------------------|---------------------------------------|
| Name of Insurance Company | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT         |
| Fleet Policy              | YES                                   |
| Policy Number             | MCOM0015                              |
| Cover Note Number         |                                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEH ENG CHONG         |
| NRIC No              | S1695456Z             |
| Date Of Birth        | 20/01/1965            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 13/04/1985            |
| Driving Experience   | 34 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98303941  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 57 TEBAN GARDENS ROAD #34-477 |
| Postcode  | 600057                            |
| 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   | CHAIN COLLISION |
| 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                         | 3                           |
| Was any body injured in the Accident?   | NO                          |
| 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)   | 3                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### 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 | SJR2677X     |
| Vehicle Make/Model/Colour   |              |
| Details Of Properties       |              |
| Vehicle Category            | PRIVATE CAR  |
| Name of Driver              | CHIU SOH HUA |
| NRIC/Passport Number        | S1376195G    |
| Contact Number              |              |
| Address                     |              |

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMB3600J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

MURUKAN @ MURUGAN A/L SUPRAMANIAM

NRIC/Passport Number

F1623465Q

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

**IMPORTANT NOTICE**

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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.
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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.:

GIA/RC SketchPlanForm\_V3

4-1-8  
Date

4-1-8  
Date

### SKETCH PLAN



Along Upper Bukit Timah Road twds BKE

A- SHD 3402M  
B- SJR 2677X  
C- SMB 3600J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.06.2019 @ 0900hrs I was travelling along Upper Bukit Timah Road twds  
BKE with 2 male passengers onboard.

As I was travelling straight suddenly Veh(B) cut into my lane and hit onto my vehicle front right and caused my vehicle to swerve towards Veh(C) SMB 3600J .

As the accident happened too fast I can't take evasive action to prevent the accident.

No injury in this accident .

Veh(B) SJR 2677X MS Chiu Soh Hua S 1376195G

Veh(C) SMB 3600J MR Murukan @ Murugan A/L Supramaniam  
F 1623465Q

## 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)

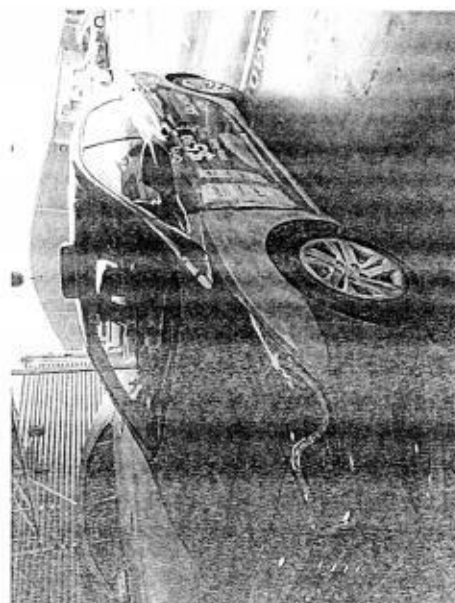
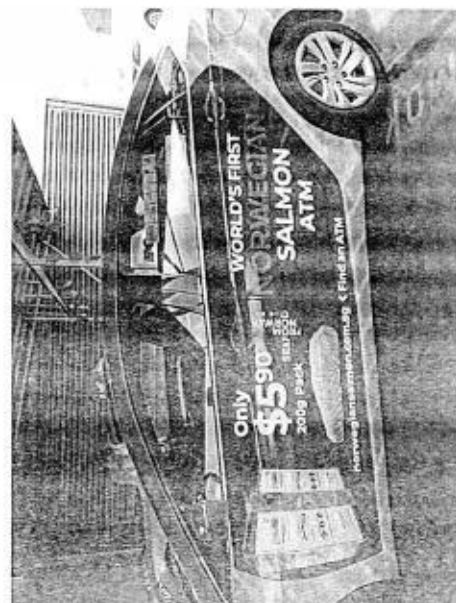
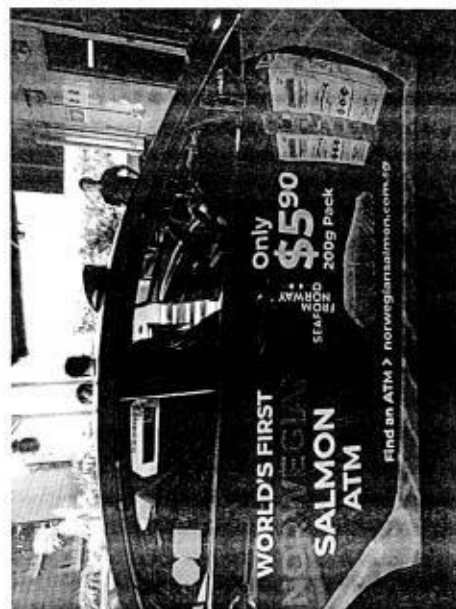
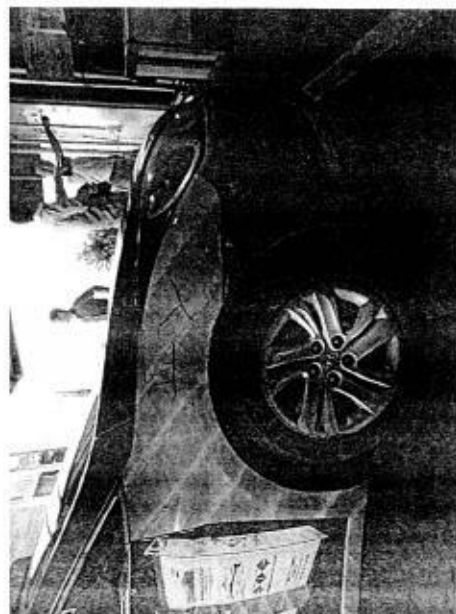
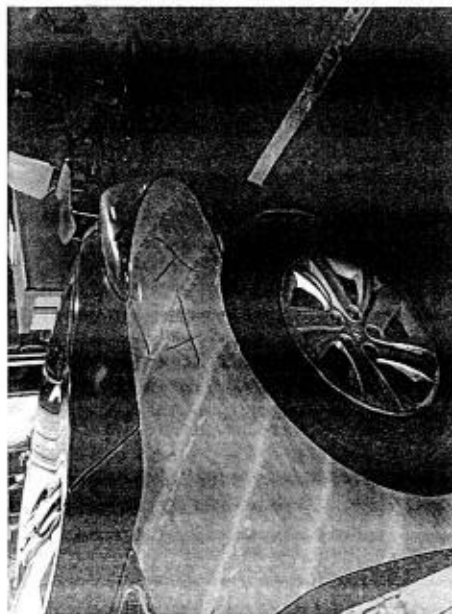
Date & Time: 28.06.2019@1200hrs NRIC/FIN No.: ,

Reporting Centre Personnel's Signature  
Name:

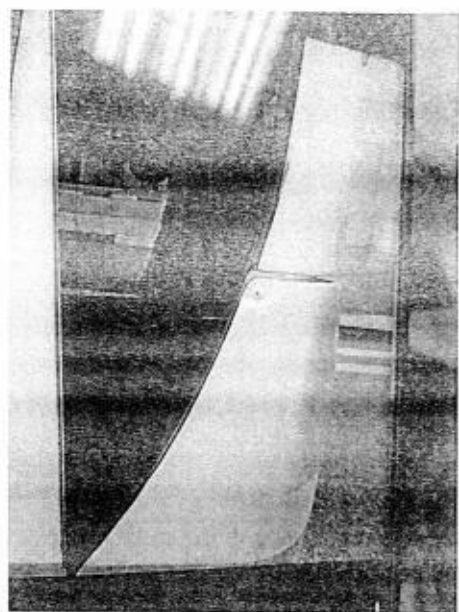
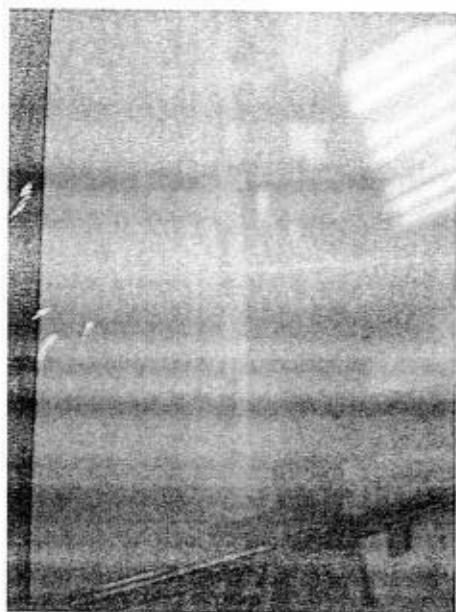
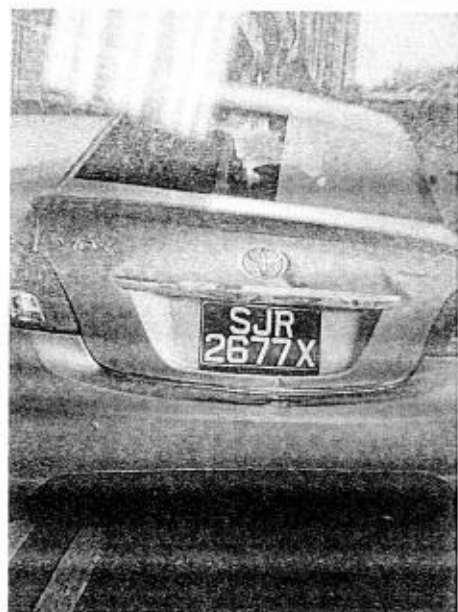
Name:

ENRIC/FIN No.:









COMFORT DELGRO

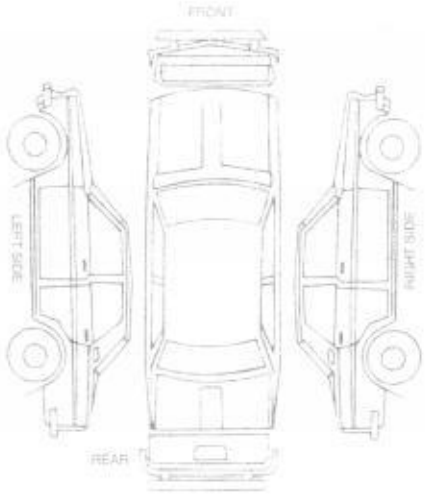
Date/Time: 28.06.2019 15:20 Page : 1

|                |                                |          |                                |                               |
|----------------|--------------------------------|----------|--------------------------------|-------------------------------|
| Team:          | ARC Repair TP(CLSO)1           | JOB CARD | Sales Order:                   | JC NO.: 305307260             |
| TOMER          | COMFORT TRANSPORTATION PTE LTD |          | REGN NO.: SHD3402M             | MILEAGE                       |
| MS             | 7010045                        |          | MAKE: HYUNDAI                  | FUEL                          |
| TOMER NO.      | 383 SIN MING DRIVE             |          | MODEL I-40                     | DATE/TIME IN 28.06.2019 11:15 |
| RESS           | Singapore SINGAPORE 575717     |          | YR OF MANU 28.07.2016          | TARGET DATE                   |
| (R)            | 65508755                       | (O)      | CHASSIS CODE KMHLB41UMGU093231 | COMPLETION DATE/TIME          |
| (P)            |                                |          |                                |                               |
| COUNT CARD NO. |                                |          |                                |                               |

JOB DESCRIPTION

Accident Date: 28.06.2019  
NATURE: 3P 28.06.19

S/NO                      LABOR CODE                      DESCRIPTION



|   |        |                              |      |
|---|--------|------------------------------|------|
| CHECKED & PASSED OUT BY:                      |        |                              |      |
| SERVICE ADVISOR                               |        | CUSTOMER'S SIGNATURE         |      |
| Wedge ment Slip:                              |        | Exit Pass                    |      |
| No.: SHD3402M                                 | LIMITS | Vehicle No.: SHD3402M        |      |
| Signature/Date                                |        | Name of Service Advisor      | Date |
| returned to Service Reception upon collection |        | To be kept by Security Guard |      |

COMFORTDELGRO ENGINEERING PTE LTD

Date: 28.06.2019

REPAIR ESTIMATE

Time: 15:30:50

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 : 305307260  
 REGN NO : SHD3402M  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 28.07.2016  
 DATE/TIME IN : 28.06.2019 11:15  
 ACCIDENT DATE : 28.06.2019

NTUC - 45

LKK - Calvin

12 TS

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|                        |                         |   |          |       |        |          |
|------------------------|-------------------------|---|----------|-------|--------|----------|
| 0001 04-01-0103-2322-A | FRT BUMPER              | 1 | 1,052.20 | 20.00 | 841.76 | X regn   |
| 0002 04-01-0103-0640-G | FRT BUMPER SIDE BRKT RH | 1 | 24.60    | 20.00 | 19.68  | X suc    |
| 0003 04-01-0103-0600-G | WING MIRROR LH          | 1 | 670.00   | 20.00 | 536.00 | X regn   |
| 0004 04-01-0103-0658-G | FRT WHEEL CAP RH        | 1 | 107.10   | 20.00 | 85.68  | - brazed |
| Front RH Fender x regn |                         |   |          |       |        |          |
| SUB-TOTAL :            |                         |   |          |       |        | 1,483.12 |

## JOB NATURE

|             |                             |        |   |  |     |          |
|-------------|-----------------------------|--------|---|--|-----|----------|
| 0000 20-05  | Frt Fender Adv.Sticker RH   | 100.00 | - |  |     | mc       |
| 0001 PB     | PANEL BEATING-Frt Fender RH | 600.00 |   |  | 200 |          |
| 0002 SP     | SPRAYPAINT CHARGE           | 600.00 |   |  | 450 |          |
| 0003 17-01  | WHEEL ALIGNMENT             | 120.00 |   |  | X   | mc       |
| SUB-TOTAL : |                             |        |   |  |     | 1,420.00 |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 28.06.2019

Time: 15:30:50

Page: 2

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

JOB NO : 305307260  
REGN NO : SHD3402M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 28.07.2016  
DATE/TIME IN : 28.06.2019 11:15  
ACCIDENT DATE : 28.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,903.12

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Kahar 1/1/1/1  
28/6/19 1600h  
2/1/1/1  
4/1/1/1  
Atta Rir phtu



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305307260

Date : 03/07/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3402M

Date of Accident : 28-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 --- SJR2677X

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

**Total for Part-By-Part Repair Cost**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

\$650.00

**\$650.00**

3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 4/7/19

## For Official Use Only

| Item   | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|--|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day                                 |        | YES                         |                        |         |
| 2. Loss of Income Paid                               |        | NO                          |                        |         |
| 3. Survey Fees                                       | -----  |                             |                        |         |
| 4. LTA Search Fee                                    | \$7.49 |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:



## National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



|  |  |                 |                    |  |
|--|--|-----------------|--------------------|--|
| NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19011595/K1qd3s2   |  |                 |                    |  |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556  |  |                 | Date: 10-07-2019   |  |
|  |  |                 | Code: INC4         |  |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                 |                    |  |
| Insured Veh.   | SJR 2677X  | Veh. Inspected  | SHD 3402M          |  |
| Policy No.   |  | Coverage (\$)   | 0.00               |  |
| Claim No.  | MT/1051565-002   | Excess (\$)     | 0.00               |  |
| Assign From  |  | Assign Date     | 28/06/2019         |  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                 |                    |  |
| Make & Model   | HYUNDAI I40  | c.c             | 1685               |  |
| Engine No.   | HIDDEN   | Year of Reg.    | 2016               |  |
| Chassis No.  | KMHLB41UMGU093231  | Colour          | BLUE               |  |
| Odometer   | 474503   | Steering        | IN ORDER           |  |
| Brakes   | IN ORDER   | Modification    | STANDARD ALLOY RIM |  |
| General  | FAIR   |                 |                    |  |
| <b>3. Conditions of Tyres</b>  |  |                 |                    |  |
|  | Size   | Make            | Balance            |  |
| R/H Front Tyre   | 205/60R16  | HANKOOK         | 7 mm               |  |
| L/H Front Tyre   | 205/60R16  | HANKOOK         | 7 mm               |  |
| R/H Rear Tyre  | 205/60R16  | HANKOOK         | 7 mm               |  |
| L/H Rear Tyre  | 205/60R16  | HANKOOK         | 7 mm               |  |
| <b>4. Description of Damages</b>   |  |                 |                    |  |
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION AND N/S WING MIRROR.<br>DAMAGES SEE DETAILS.                                    |  |                 |                    |  |
| <b>5. General Information</b>  |  |                 |                    |  |
| Accident Date  | 28/06/2019   | Inspection Date | 28/06/2019         |  |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |                    |  |
| <b>5a. Remarks</b>   |  |                 |                    |  |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                 |                    |  |
| <b>5b. Estimate Days of Repair</b>   |  |                 |                    |  |
| 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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3402M

| Qty   | Description of Parts  | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|----------------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>   |   |                      |                           |                   |
| 1   | FRT BUMPER  | TO REPAIR SEE LABOUR | 1,052.20                  | -                 |
| 1   | FRT BUMPER SIDE BRKT RH   | SERVICEABLE          | 24.60                     | -                 |
| 1   | WING MIRROR LH  | TO REPAIR SEE LABOUR | 670.00                    | -                 |
| 1   | FRT WHEEL CAP RH  | GRAZED               | 107.10                    | 107.10            |
| 1   | FRONT RH FENDER (NPA)   | TO REPAIR SEE LABOUR | -                         | -                 |
|   | LESS 20% DISCOUNT   |                      | -370.78                   | -21.42            |
|   |   |                      | 1,483.12                  | 85.68             |
| <b>SPECIAL NETT ITEMS</b>   |   |                      |                           |                   |
| 1   | FRT FENDER ADV STICKER RH (SN)  | NECESSARY            | 100.00                    | 100.00            |
|   |   |                      | 100.00                    | 100.00            |
| <b>LABOUR</b>   |   |                      |                           |                   |
|   | PANEL BEATING-FRT FENDER RH.INCLUSIVE OF THE REPAIR OF FRT BUMPER AND WING MIRROR LH. |                      | 600.00                    | 200.00            |
|   | SPRAYPAINT CHARGE.  |                      | 600.00                    | 450.00            |
|   | WHEEL ALIGNMENT.  | NOT NECESSARY        | 120.00                    | -                 |
|   |   |                      | 1,320.00                  | 650.00            |
| <b>GRAND TOTAL</b>  |   |                      | <b>2,903.12</b>           | <b>835.68</b>     |
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b> |   |                      |                           | <b>650.00</b>     |

Report Ref No. NS/INC19011595/K1qd3s2

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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