(08/11/15)	=).			
(Vest Little		771		
Divo	4 lbr -	KA	VIII	

REF: NS/INC 19013808 | KISf3N2

	ASS1G	NMENI		9	
From:	0.010	Veh Nő:		M Yr Regn: 6 Nov	
Estimate: Cost:		Type: M.Car / I	M.Cycle / Bus / Van / Lo	orry / 🏚 i / Prime Mover	1
OD TPWS ITE	PRESIODRESIEVAINVIMV	Truck /	Trailer or		
To insped Vehicle		Make:	Myustai 2	200 CO	1580
at Workshop m/s		Colour	8/e	A/C: Ins Ged / Std	/NI/NA
of		Sp.Reading	75809	T/Radio: Insped / Std	I/NI/NA
Insured: SLC	G 41154	Eng/No:			
	64609366-02 (29109/2013-28109/2019)	C/No:	KMHO	C85/CVK4115	071
	47/1056761-002		ood / Fir / Poor / Burn	nt	
Sum Insured:	Excess:	Steering: Inor	rder Jammed / Leaked	d/Burnt or	
(Client's Recor	rd)	Brake: Inor	Gor Jammed / Leaked	d/Burnt or	
Make of Veh:		Modi: Nil	/S/Rim / STD@Rim		
2000 CO-000		Tyre Size;	F: /	195/65Res	
(Policy Condit	tion)	1	R:	-	
	eh had commenced its N/S O/S	BS / DUN / B	EXNOVA / GY / FS / LIZ	A/100HTSU/PIR/S	UMI/
repair	r at the time of inspection.	TOYO / YO		- III - 2	
Ball or Market \	Value:	Front	2	Rear	
IDAC Accident	Rport: Consistent? : Yes or No	R/Bal.	d mm	R/Bal.	mm .
GIA / PR See	en: Consistent? : Yes or Nov	L/Bal.	T mm	L/Bal. +	mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	5/8/11	D.O.L 6/8/1	1
Lum Sunc	% 3 Val.: Yes or No	Survey held	iatC	NGE (Loyens	2
CA / REV	/ REP. / 24 HRS	Des. of Dar	mages:Frt / Rear / O		p or
	Vehicle: IN/OUT			15 Front	ue te policion
Date:	Person Contacted:	The U/O	C / Chassis frame / B	Body Structure affected di	ue to conssion.
Date / Time	SHA 5963M - CC3/ A19 170092851	HIDAZA	2 D-07-	09/09 2017 Fire	
	SLG 415 Y-X	1111 1116		PIL	
8/8/19		38,1. (Red = 350-0	00 11%)	Menny
901		,		/_A'	CY.
		- 1 - 0 - X-115	2019	- light	chala
	RECEIVED	1 8 AUU	2010	17	10 /2019
		<u> </u>			
Date/Time, File	Pass to? : Prell. Report	Days Of F	Repair: 3	No 8	
1) 1913	18/19 Final Report	Resurvey	No. of Trip:	Survey Fee:	
Date/Time, Pile	e Return to?	, t _{1,1}		Transportation:	
	4 ad F	991 191	18 N/10 5	18+2831	160

TP Claims against NTUC Income: Follow-Through Survey

Date 08/08/2019

/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
200	media merena		2000000000	ICTCT TIS
	MT/1056558-002	CITYCAB PTE LID	SHB 39393	351 / 5355
, ,	MAT/1056080-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FBB 8114T
7	TOP-COCOCOT / IN		Tropo dito	TC3C1 713
3	MT/1055818-002	COMFORT TRANSPORTATION PTE LTD	SHB 61631	377 13071
, .	200 00000000000000000000000000000000000	COMECOUT TRANSPORTATION PTF LTD	SHC 8595L	SLT 223B
4	MI/1056469-002	COM ON THE PROPERTY OF THE PRO		
u	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
,			22365 0113	SMM7300R
9	MT/1056993-001	COMFORT TRANSPORTATION PIE LID	SHD 336/6	SIMINIS
,	יייי לייייי לייייי	4	TETECOLIS	CINIOGSEC
7	MT/1056333-002	COMFORT TRANSPORTATION PIELID	2H83//I	CCCOC NICC

eBaoTech							A STATE OF THE PARTY OF THE PAR	100		Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	(5/08/2019 (9:39	
	Vehicle	No.(For Motor)	SLG411	5Y		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084609366- 02		LEE CHEE HONG	S7664990A	GPC	drivo CLASSIC	SLG4115Y	SLG4115Y	29/09/2018	28/09/2019
					C	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 witholding 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.	ent to the archiving of this report at the certile and to copies of the report being made archive
18.18 · 14.5 · 17.17 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 · 18.18 ·	ACCIDENT STATEMENT
Date Of Report	06/08/2019 07:26
Date Of Accident	05/08/2019 15:20
Exact Location Of Accident	NEWTON RD TWDS SCOTT RD.
Country/State of Loss	SINGAPORE
and the second second	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA5963M
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	STEVEN ONG TECK HENG

 NRIC No
 \$7005821I

 Date Of Birth
 21/02/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/01/1992

Driving Experience 27 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97721309

Fax Number

Contact Number

EMail Address STEVENONG836@GMAIL.COM

Address

22 09-150 BALAM ROAD

Postcode

370022

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

reverse)

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

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

SEE ATTACH.

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

SLG4115Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE CHEE HONG

NRIC/Passport Number

S7664990A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

Page 2 of 14

ETCH PLAN	
(10) SHN 5963 M 11 11 11 11 11 11 11	
THE WELLSON ROLL	
Hawton Germin William	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on 5/8/2019 at about 1520 hrs, I vehicle A wa	S
driving my tax, along newlon road toward Sta	dl 1
stilling had to be	
while I was on the extreme left lane. Vehicle i	3
was ova short the newton Gem Loudo there he rev	612
ins Cont But of Keep on horn him and he till	
reverse and Collected outo vehicle H first portion	
No one was to used of that time.	
	200

DECLARATION

I/We declare the foregoing particulars are true in every report

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

5/8/19 SACKS ALLES A

Reporting Centre Personnel's Signature Name:

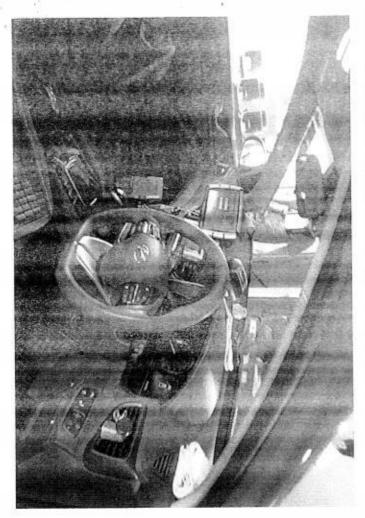
IMPORTANT NOTICE

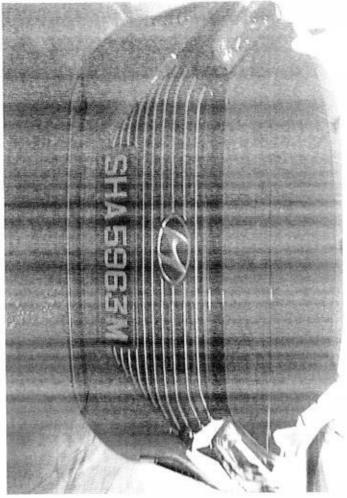
- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 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.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
 the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)
 Lunderstand, 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 (all insurers') awho 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:
 - 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:
 - 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.

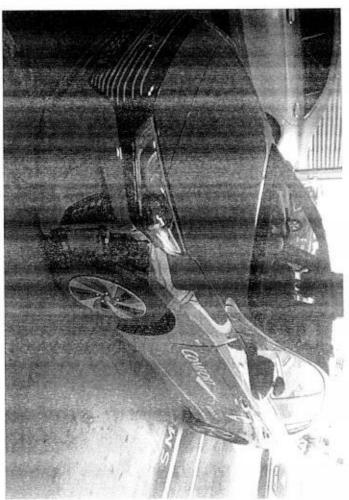
CO REG. NO. 199303821R

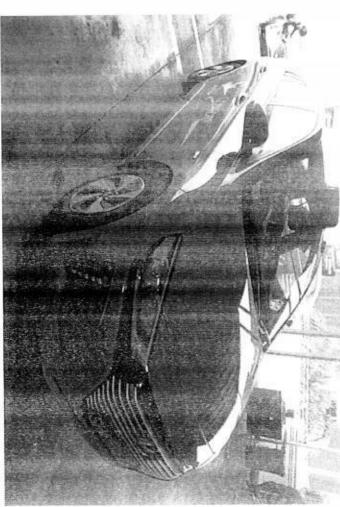
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: 5 8 1/9 Jackson Heng

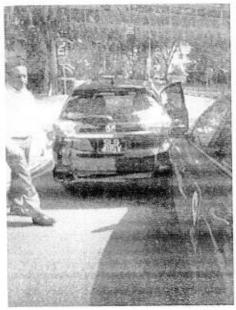
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

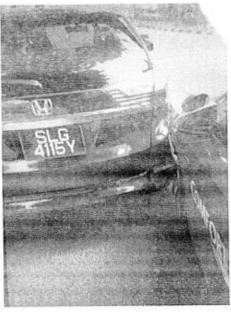




















Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JONO 305322757
STOMER		1	REGN NO SHA5963M	MILEAGE
STOMER NO	COMFORT TRANSPORTATION P 7010045	TE LTD	MAKE: HYUNDAI	FUEL
DHESS	383 SIN MING DRIVE Singapore SINGAPORE 5757	17	MODEL IONIQ(G2)	05.08.2019 16:05
— (B) (P)	65508755 (O)		YR OF MANU. 08.11,2018	TARGET DATE
SCOUNT CARE	NO.		CHASSIS CODE KMHC851CVKU11507	1 COMPLETION DATE/TIME

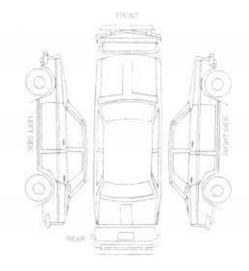
JOB DESCRIPTION

Accident Date: 05.08.2019 NATURE: 3P 05.08.19

S/NO

LABOR CODE

DESCRIPTION



				6		
IECKED & I	PASSED OUT BY:			*		
	SERVICE ADVISOR				CUSTOMER'S SIGNATURE	
owledgeme	ent Slip		₹ Exit Pass			
e: lo.; de No;:	SHA5963M	JU NTUC LKK	Vehicle No.;	SHA596	53M	
e of Service	a Advisor o Service Reception upon c	Signature/Date collection	Name of Service Advis		Date	

REPAIR ESTIMATE

Date: 06.08.2019

Time: 11:30:30

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 REGN NO : 305322757

MILEAGE

: SHA5963M

MAKE

: 00000000000

MODEL

: HYUNDAI : IONIQ(G2)

DATE OF REGN : 08.11.2018

DATE/TIME IN

: 05.08.2019 16:05

ACCIDENT DATE : 05.08.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

	TOTAL COLUMN ED DIA IDEDA	-	410.20	20.00	334.64	_	O
0001 04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1	418.30				
0002 04-01-0104-0574-G	IONIQVC PANEL-FENDER LH#	1	490.70	00.00	392.56	/	Rekles
0003 04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L	1	26.60 2	00.00	21.28	/	nec
0004 04-01-0104-0632-G	IONIQ MOULDING-FRONT BUMP	1	93.00	20.00	74.40	/	cm
0005 04-01-0104-2815-G	IONIQVC LAMP ASSY-HEAD LH	1	1,198.80	20.00	959.04	/	housed
0006 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	L 22.0			0 /	
0007 03-01-0104-2061-G	IONIQV1/3 CAP ASSY-WHEEL	1	346.40 2	0.00	277.12	/	freed
0008 04-01-0104-3818-G	IONIQ BRACKET-FR BUMPER S	1	28.00	20.00	22.40	/	-

SUB-TOTAL : 2,099.04

JOB NATURE

0000 PB PANEL BEATING 500.00 300 500.00 400 50,00 20

0001 SP

SPRAYPAINT CHARGE

0002 17-01

CHECK ALL LIGHTING

Date: 06.08.2019

Time: 11:30:30 Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO

: 305322757 : SHA5963M

MILEAGE

; 0000000000

MAKE MODEL : HYUNDAI : IONIQ(G2)

DATE OF REGN : 08.11.2018 DATE/TIME IN

ACCIDENT DATE : 05.08.2019

: 05.08.2019 16:05

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

0003 20-00

TUFF COAT ON AFFECTED PARTS.

50,00 30

SUB-TOTAL : 1,100.00

Date:

TOTAL: 3,199.04

15/5/5

4300 CE Company

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE:

SURVEYOR NAME & SIGNATURE

DATE:

Kalar 16/14

6/8/19 1130 h.

3 Res

PIP

Betine Paid pho -catiowedged by Repailer Signatures

Date: 07.08.2019 Time: 11:56:49

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305322757 REGN NO : SHA5963M

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : IONIQ(G2)

DATE OF REGN : 08.11.2018

DATE/TIME IN : 05.08.2019 16:05

ACCIDENT DATE : 05.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1 418.30 20.00 334.64
0002 04-01-0104-0574-G	IONIQVC PANEL-FENDER LH#	1 490.70 20.00 392.56
0003 04-01-0104-3813-G	IONIQ EMBLEM-BLUE DRIVE L	1 26.60 20.00 21.28
0004 04-01-0104-0632-G	IONIQ MOULDING-FRONT BUMP	1 93.00 20.00 74.40
0005 04-01-0104-2815-G	IONIQVC LAMP ASSY-HEAD LH	1 1,198.80 20.00 959.04
0006 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L 22.00 20.00 17.60
0007 03-01-0104-2061-G	IONIQV1/3 CAP ASSY-WHEEL	1 346.40 20.00 277.12
0008 04-01-0104-3818-G	IONIQ BRACKET-FR BUMPER S	1 28.00 20.00 22.40

SUB-TOTAL : 2,099.04

JOB NATURE

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

Date: 07.08.2019 Time: 11:56:49

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO

: 305322757 : SHA5963M

MILEAGE

: 0000000000

MAKE

: HYUNDAI : IONIQ(G2)

MODEL

DATE OF REGN : 08.11.2018 DATE/TIME IN : 05.08.2019 16:05

ACCIDENT DATE : 05.08.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

0003 20-00

TUFF COAT ON AFFECTED PARTS.

30.00

SUB-TOTAL : 750.00

TOTAL : 2,849.04

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

ur Je	ob Ref	No 30532	2757			
ate		: 07/08	8/19		59 Loya	DelGro Engineering Pte Ltd ng Drive Singapore 508969
NAL	LIZATI	ON FORM			Fax: 654	46 8156
0	4	LK	(K		Fax:	
ttn		KA	LVIN			
		: SHA596	3M	Date	of Accident :	05/08/19
he s	urvey	and estimates of the	repairs of the abo	ve-mentioned	vehicle are as f	follows:-
60	The	repair job shall bill to	: N	TUC		SLG4115Y
e:	The	finalized amount sha	ll he:		t##	
	107/03/50/6	Spare Parts after I				\$2,099.04
	(a) (b)	Labour Charges	List discount	11111		\$750.00
	(0)	Total for Part-By-	Part Renair Cost			\$2,849.04
		Total for Part-by-	rait Kepaii Cost		N	42,010101
	(c.)	Lumpsum Repair (if applicable)		TNI	
			n repair cost after L	ess: 20%		
	Wes			3 wo	12700 157	s no reply from you
	We s	shall treat the above in 7 working days	e amount as Corre	ect and Conf	irmed if there is	
2	We s	shall treat the above	e amount as Corre	ect and Conf	12700 157	
	We s	shall treat the above in 7 working days	e amount as Corre	ect and Conf	irmed if there is	
	We s with	shall treat the above in 7 working days	e amount as Corre	ect and Conf We fin	irmed if there is	
	We s with	shall treat the above in 7 working days ak you for your assis	e amount as Corre	ect and Conf W fin	irmed if there is e confirm the est alized amount	
	We s within Than Sign Nam	shall treat the above in 7 working days ak you for your assistance :	tance.	ect and Conf We fin Sig	irmed if there is e confirm the est alized amount gnature:	timates and
	We s within	shall treat the above in 7 working days ak you for your assistature : ature : 5014 8315	tance.	ect and Conf We fin Sig	e confirm the est alized amount gnature:	timates and
	We s within Than Sign Nam Tel Fax	shall treat the above in 7 working days ak you for your assistature : ature : 6214 8315	tance.	ect and Conf We fin Sig	e confirm the est alized amount gnature:	timates and
	We s within Than Sign Nam Tel Fax	shall treat the above in 7 working days ak you for your assistature : ature : 6214 8315 65468156	tance.	ect and Conf Writing Signature Na Da	e confirm the est alized amount gnature :	Ka/a'n
	We s within Than Sign Nam Tel Fax	shall treat the above in 7 working days ak you for your assistature : ature : 6214 8315 65468156	tance.	ect and Conf W fin Sig Na Da	e confirm the est alized amount gnature:	timates and
or (We s with Than Sign Nam Tel Fax	shall treat the above in 7 working days ak you for your assist ature : 6 3 14 8315 65468156	e amount as Corre	ect and Conf Writing Sig Na Da Document Attached	e confirm the est alized amount gnature :	Ka/a'n
R	We s with Than Sign Nam Tel Fax Officia	ature: 6214 8315 65468156 I Use Only	e amount as Corre	ect and Conf Writin Sig Na Da Document Attached Yes or No	e confirm the est alized amount gnature :	Ka/a'n
or C	We s with Than Sign Nam Tel Fax Officia	ature: 6214 8315 65468156 I Use Only Item Rate P/Day Income Paid	e amount as Corre	Document Attached Yes or No	e confirm the est alized amount gnature :	Ka/a'n
or C	We s within Than Sign Nam Tel Fax Difficial ental Foss of urvey	ature: 6214 8315 65468156 I Use Only Item Rate P/Day Income Paid	e amount as Corre	Document Attached Yes or No	e confirm the est alized amount gnature :	Ka/a'n
. R . Lo	We s within Than Sign Nam Tel Fax Officia ental Foss of urvey TA Sectedical	ature : in 7 working days ak you for your assis ature : in 6214 8315 in 65468156 I Use Only Item Rate P/Day Income Paid Fees arch Fee Fees (on behalf refr, if applicable)	amount as Correctance. Amount	Document Attached Yes or No	e confirm the est alized amount gnature :	Ka/a'n



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Ref: NS/INC190138		08/K1sf3n2		
			Date:	20-08-2019 INC4			
1.		Policy Particulars	100,000,000				
	Insured Veh.	SLG 4115Y	Veh. Inspected		SHA 5963M		
	Policy No.	5084609366-02	Coverage (\$)		0.00		
	Claim No. MT/1056761-002		Excess (\$)		0.00		
	Assign From		Assign Date		06/08/2019		
2.		Vehicle Parti	culars 8	& Condition	The state of the s		
	Make & Model	HYUNDAI IONIQ	c.c		1580		
	Engine No.	HIDDEN	Year o	of Reg.	2018		
	Chassis No.	KMHC851CVKU115071	Colou	r	BLUE		
	Odometer	75809	Steering Modification		IN ORDER		
	Brakes	IN ORDER			STANDARD ALLOY RIM		
	General	FAIR					
3.	A COLONIES	Conditi	ons of	Tyres			
		Size	Make		Balance		
	R/H Front Tyre	195/65 R15	MICHE	LIN	7 mm		
	L/H Front Tyre	195/65 R15	MICHE	LIN	7 mm		
	R/H Rear Tyre	195/65 R15	MICHE	LIN	7 mm		
2 0	L/H Rear Tyre	195/65 R15	MICHE	LIN	7 mm		
4.	Description of Damages						
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT THE N/S ETAILS.	FRONT	PORTION.			
5.	To have not	Genera	Inform	ation			
į į	Accident Date	05/08/2019	Inspec	ction Date	06/08/2019		
	Survey held at	COMFORTDELGRO ENGINEER	RING PTE LTD				
	59 LOYANG DRIVE SINGAPORE 508969						
5a.	Sella Sela Sela	R	emarks				
3	A)THE INSPECTION B)IN ACCORDANG	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT P	REJUDICE" BASIS.	D REPAIRS.		
5b.		Estimate	Days of	Repair			
	ESTIMATED NOR	MAL 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



Page No.:1 of

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5963M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS	87	9	
1	IONIQV2 COVER-FR BUMPER	CRACKED	418.30	418.30
1	IONIQVC PANEL-FENDER LH	BUCKLED	490.70	490.70
1	IONIQ EMBLEM-BLUE DRIVE L	NECESSARY CRACKED	26.60	26.60
1	IONIQ MOULDING-FRONT BUMP		93.00	93.00
1	IONIQVC LAMP ASSY-HEAD LH	GRAZED	1,198.80	1,198.80
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
1	IONIQV1/3 CAP ASSY-WHEEL	GRAZED	346.40	346.40
1	IONIQ BRACKET-FR BUMPER S	CRACKED	28.00	28.00
	LESS 20% DISCOUNT	0.0000000000000000000000000000000000000	-524.76	-524.76
			2,099.04	2,099.04
	LABOUR			
	PANEL BEATING.		500.00	300.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		50.00	20.00
	TUFF COAT ON AFFECTED PARTS.		50.00	30.00
	The second of the second was a second with the second seco		1,100.00	750.00
	GRAND TOTAL		3,199.04	2,849.04

RECOMMENDED COST OF REPAIRS (CONFIRMED)	2.849.04
THE COMMENTE COOK OF THE PAINT (CONTINUED)	2,045.04

Report Ref No. NS/INC19013808/K1sf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

The

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report. In whole or in part, does so at his or her own risk.