

Surveyor: Kevin

REF: NSINC49014204/K17d302

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: GBH 3504C

Policy No. 5100409304-01 (7/5/19-6/5/2020)

Claims No. WT/1057597-002

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: SHD 6801A Yr Regn: 8 Apr 2016

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

Truck / Trailer or

Make: Mercedes Benz E20 c.c. 2143

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

Sp. Reading: 4 58102 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 21200 1283 16970

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: 225/55 R16

R: _____

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

TOYO / YOKO or West/16

Front: _____ Rear: _____

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

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

D.O.A. 14/8/19 D.O.I. 14/8/19

Survey held at CPGE (Loyang)

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHD 6801A - NA / EQP / 8016285 / LA DOA: 17/7/18 IM 4s
20/8/19	Carburettor 4s \$1850 / 2 days. (Red: 850; 31%)

RECEIVED 21 AUG 2019

Date/Time, File Pass to? : Preli. Report

1) 20/8 Typist : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:	<u>160</u>
Transportation:	
____ \$ + PS ____ \$	

Add Fee: Site Insp _____

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5100409304-01		CANDY WORLD MARKETING (S) PTE. LTD.	200801040N	GCV	Comprehensive	GBH3504C	GBH3504C	07/05/2019	06/05/2020

Continue

Denise Tay (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 20 August 2019 4:00 PM
To: Denise Tay (LKKAuto)
Subject: FW: REQUEST CLAIM NUMBER

Hi,

All claims created.

With Regards

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



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



From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 20 August 2019 11:23 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 20/8/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1057597-002	COMFORT DELGRO	SHD 6801A	GBH 3504C	14/8/2019	07:45	2706.00	1850
2	MT/1055681-002	SMRT TAXIS	SHC 4391J	SKX 2070C	29/7/2019	14:55	3287.18	700

Best Regards,

Denise Tay | Case Handler

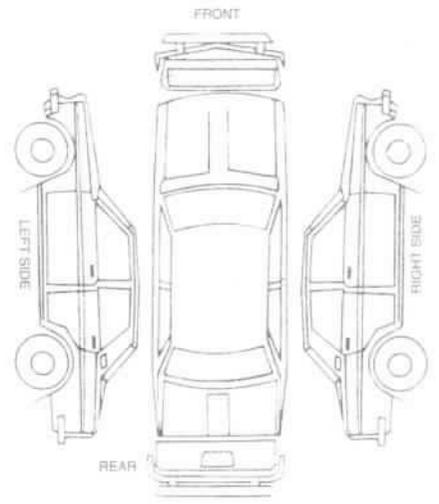
Team: ARC Repair TP(CLS0)1 **JOB CARD** Sales Order: JC NO.: 305324684

DMER COMFORT TRANSPORTATION PTE LTD 7010045 DMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHD6801A	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL E220CDI (E6)	DATE/TIME IN 14.08.2019 13:00
	YR OF MANU 08.04.2016	TARGET DATE
	CHASSIS CODE WDD2120012B316970	COMPLETION DATE/TIME:

Accident Date: 14.08.2019
NATURE: 3P 14.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
edgement Slip No.: SHD6801A LIMTS	Exit Pass Vehicle No.: SHD6801A	_____ Name of Service Advisor	_____ Date
_____ Service Advisor	_____ Signature/Date	_____ To be kept by Security Guard	

turned to Service Reception upon collection

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	14/08/2019 14:35
Date Of Accident	14/08/2019 07:45
Exact Location Of Accident	ALONG YISHUN AVE 1 TOWARDS YISHUN AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6801A
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	MERCEDES-BENZ
Model	E220

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	TAN CHOON YEOW (CHEN JUNYAO)
NRIC No	S7221418H
Date Of Birth	16/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96998177
Fax Number	
Contact Number	
EMail Address	TANCHOONYEOW96@GMAIL.COM

Address	BLK 63 SIMS PLACE #11-205
Postcode	380063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	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 [OTHER]	POTONG PASIR NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190814/2051

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	GBH3504C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE CHIN WEE
NRIC/Passport Number	S7020199B
Contact Number	98322826
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SITI AISYAH BINTE JA'AFAR
Approximate Age
Injuries Sustain GIDDINESS. ON 3 DAYS MC.
Injured person in which vehicle? SHD6801A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN CHOON YEOW (CHEN JUNYAO)
Approximate Age 47
Injuries Sustain BACK AND NECK PAIN. ON 5 DAYS MC.
Injured person in which vehicle? SHD6801A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
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/FIN No: 14 AUG 2019



**SINGAPORE
POLICE FORCE**



T/20190814/2051

1 of 4

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20190814/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2019 12:23	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: TAN CHOON YEOW		Address: APT BLK 63 SIMS PLACE #11-205 SINGAPORE 380063	
ID Type / ID No.: NRIC NO / S7221418H		Contact No.: Home/Office: Mobile: 96998177	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 16/06/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2019 07:45	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1 Yishun Avenue 1 towards Yishun Avenue 8 Lamp Post Number: 272				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3504C	Van				Slightly Damaged	0
SHD6801A	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190814/2051

2 of 4

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Report No. T/20190814/2051

CONTINUATION OF REPORT

Driver			
Name	LEE CHIN WEE	ID No.	S7020199B
Related Vehicle	GBH3504C (Van)	Contact No.	98322826
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN CHOON YEOW	ID No.	S7221418H
Related Vehicle	SHD6801A (Car)	Contact No.	96998177
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	SITI AISYAH BINTE JA'AFAR	ID No.	S8844290C
Related Vehicle	SHD6801A (Car)	Contact No.	96673224
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/08/2019 about 0745hrs, I was driving my taxi (SHD6801A) along with one passenger on board towards Khoo Teck Puat Hospital. I was along Yishun Avenue 1, at the Yishun Dam vicinity. There was heavy traffic along the said road and it was moving slowly.

As I was inching slowly in traffic, there was a sudden collision from the rear causing my taxi to jerk forward. My passenger complained of giddiness from the collision but did not require immediate medical attention.

I alighted my taxi and discovered that one van (GBH3504C) had collided with the rear of my taxi. My taxi sustained damages on the rear bumper resulting in the rear bumper being dislodged. The van (GBH3504C) sustained damages on the front bumper.



**SINGAPORE
POLICE FORCE**



T/20190814/2051

3 of 4

Report No. T/20190814/2051

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

CONTINUATION OF REPORT

After exchanging particulars with the driver, I continued with my journey to send my passenger to Khoo Teck Puat Hospital. On the same day at about 1100hrs, I visited 'A Life Clinic Pte Ltd' at 10 Sinaran Drive as I was feeling back and neck pain. I was given 5 days of medical leave.



SINGAPORE
POLICE FORCE



T/20190814/2051

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

4 of 4

Report No. T/20190814/2051

CONTINUATION OF REPORT

Sketch Plan

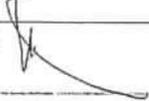
Informant is not able to provide sketch plan

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: E / Sgt 3 MUHAMMAD ASH SHAHIDI BIN MOHAMED PADILLAH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr. Staff Sgt ONG YONG HOCK Contact No: 65476436 SN 057

Signature Of Informant: 
Date/Time: 14/08/2019 12:23
Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Our Job Ref No : 305324684
Date : 17/08/19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHD6801A Date of Accident : 14-Aug-19

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

1. The repair job shall bill to: NTUC --- GBH3504C
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: <u>20%</u>	<u>\$1,850.00</u>
Final Lumpsum Repair cost	<u>\$1,850.00</u>

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 : 20/8/19

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:

NTUC - LFS
Lee Kalvin
12 TS

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

JOB NO : 305324684
REGN NO : SHD6801A
MILEAGE : 000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 14.08.2019 13:00
ACCIDENT DATE : 14.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001	04-01-0202-2282-G	REAR BUMPER	1	1,510.00 20.00 1,208.00	- <i>Returned</i>
0002	04-01-0202-2283-G	REAR BUMPER UNDER COVER	1	325.00 20.00 260.00	- <i>at</i>
0003	09-01-0299-2005-A	REVERSE SENSOR	1	388.00 10.00 349.20	- <i>shorted</i>
0004	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00 100 50.00	- <i>in</i>
0005	04-01-0202-3986-G	REAR BUMPER BRACKET RH	1	118.00 20.00 94.40	X <i>see</i>
0006	04-01-0202-3886-G	REAR BUMPER BRACKET LH	1	118.00 20.00 94.40	X <i>see</i>

SUB-TOTAL : 2,056.00

JOB NATURE

0000	PB	PANEL BEATING	280.00	<i>200</i>
0001	SP	SPRAYPAINT CHARGE	250.00	<i>200</i>
0002	L	R/I REVERSE SENSOR	120.00	<i>30</i>

SUB-TOTAL : 650.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.08.2019

REPAIR ESTIMATE

NTUC-LIS

Time: 15:19:00

Page: 2

12 TS

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

JOB NO : 305324684
REGN NO : SHD6801A
MILEAGE : 000000000
MAKE : MERCEDES BEN.
MODEL : E220CDI(E6)
DATE OF REGN : 08.04.2016
DATE/TIME IN : 14.08.2019 13:00
ACCIDENT DATE : 14.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

Limff

TOTAL : 2,706.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kaluh 16/11/19
14/8/19 1545hrs.
2 Days
LIS
After Repair photo

... to be notified
... following:
... spray painting
... during resurvey
... confirmation
... "Without Prejudice" basis
... allowed
... resurveyed and
... from Insurance Company

Acknowledged by repairer
Signature:
Date:



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC19014204/K1td3e2			
73 BRAS BASAH ROAD		Date: 22-08-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 3504C	Veh. Inspected	SHD 6801A
Policy No.	5100409304-01	Coverage (\$)	0.00
Claim No.	MT/1057597-002	Excess (\$)	0.00
Assign From		Assign Date	14/08/2019
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD2120012B316970	Colour	WHITE
Odometer	458102	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	14/08/2019	Inspection Date	14/08/2019
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. SHD 6801A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER UNDER COVER	CUT	325.00	325.00
1	REAR BUMPER BRACKET RH	SERVICEABLE	118.00	-
1	REAR BUMPER BRACKET LH	SERVICEABLE	118.00	-
	LESS 20% DISCOUNT		-414.20	-367.00
			1,656.80	1,468.00
NETT ITEMS				
1	REVERSE SENSOR (N)	SHORTED	388.00	388.00
	LESS 10% DISCOUNT		-38.80	-38.80
			349.20	349.20
SPECIAL NETT ITEMS				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		280.00	200.00
	SPRAYPAINT CHARGE.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	30.00
			650.00	430.00
GRAND TOTAL			2,706.00	2,297.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				1,850.00

Report Ref No. NS/INC19014204/K1td3e2

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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