

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19015143/K24F3C2

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: SJU 2825UPolicy No. 5097602013-01 (04/05/2019 -)Claims No. MT/1059602-002

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC 977X Yr Regn: 24 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz Viano c.c. 2143Colour: White A/C: Insured / Std / NI / NASp. Reading: 60 6170 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF 63981323604343

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / 61 Jammed / Leaked / Burnt orBrake: In order / 61 Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / 61 Rim orTyre Size: F: 225/ 60R16

R: _____

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

TOYO / YOKO or Mercedes

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/8/19 D.O.I. 27/8/19Survey held at CDGE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	<u>SJU 2825U - X</u>
	<u>SHC 977X, NS/INC19015143/H1VDD1 D.O.A. 0910412016</u>
<u>3/9/19</u>	<u>Limd US \$5700 / 4 Ps. (Red 1343-60, 21%)</u>

RECEIVED 04 SEP 2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

4/9/19 - TypistUS \$5100fDays Of Repair: 4Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Income: Follow-Through Survey

Date: 03/09/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
1	MT/1059369-002	SMRT TAXIS PTE LTD	SHB 956L	SMH 3861R	30/06/2019
2	MT/1059602-002	CITYCAB PTE LTD	SHC 977X	SIU 2825U	24/08/2019

eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim

[My Desktop](#)
[Notice of Loss](#)[Change Language](#) [Change Password](#) [Log Out](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/08/2019 09:05"/>							
Vehicle No.(For Motor)	<input type="text" value="SJU2825U"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097602013-01		MM LIMO	53352320J	GFT	Third Party	SJU2825U	SJU2825U	04/05/2019	
<input type="button" value="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	26/08/2019 15:17
Date Of Accident	24/08/2019 11:10
Exact Location Of Accident	SLIP RD FROM TPE TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC977X
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO

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

Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	ABDUL MALIK BIN ABDULLAH
NRIC No	S1383402D
Date Of Birth	25/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91806996
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	38 WARINGIN PARK
Postcode	416347
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	4
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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]	KEBUN BARU NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20190824/2087

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	SJU2825U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC7775T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJS361P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL MALIK BIN ABDULLAH

Approximate Age

59

Injuries Sustain

NECK PAIN, ON 4 DAYS MC.

Injured person in which vehicle?

SHC977X

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.

CITYCAB PTE LTD
CO. REG. NO. 199502F39G

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.: **Loke Wei Yung**

GIA/RIAC Sketch Plan Form_V3

SKETCH PLAN

SKETCH PLAN

A= 3HC 944X TP
B= 83008230 to
C= 8LC 7475T CIE
D= 802 361P

↑

A
B
C
D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report.
T|20190824|2087.

DECLARATION

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

CITYCARE FTE LTD
CO. REG. NO. 199502F39G

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.:

Copyright Clearance Center, Inc.



**SINGAPORE
POLICE FORCE**



T/20190824/2087

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20190824/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 14:08	Vide Report No.:	Station Diary No.: 16
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ABDUL MALIK BIN ABDULLAH			Address: 38 WARINGIN PARK SINGAPORE 416347	
ID Type / ID No.: NRIC NO / S1383402D			Contact No.:	Mobile: 91806996
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 59	Date of Birth: 25/10/1959	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2019 11:10	Type of Location: Slip road
Location: TAMPINES EXPRESSWAY TOWARDS CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SHC977X	Car	MERCEDES BENZ	Viano	White	Seriously Damaged	3
SJS361P	Car	HONDA	Stream	White	Seriously Damaged	0
SJU2825U	Car	NISSAN	Latio	Grey	Seriously Damaged	0
SLC7775T	Car	MAZDA	5	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190824/2087

2 of 3

Report No. T/20190824/2087

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ABDUL MALIK BIN ABDULLAH	ID No.	S1383402D
Related Vehicle	SHC977X (Car)	Contact No.	91806996
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2019	Date Discharge	24/08/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 24/08/2019 at about 1110hrs. I was driving car, plate: SHC977X along the slip road of TPE towards CTE, I was on the right lane. I noticed that all the cars had stopped due to a heavy traffic at the slip road, hence I stopped my vehicle. I noticed that there was no cars behind me. I heard a loud screeching sound, subsequently a loud bang against my car. Within a split second, another bang against my car. I alighted from my car and noticed three cars behind my car. SJU2825U, SLC7775T and SJS361P. I took photos of the accident and exchange particulars with the drivers. I went to see a doctor and was given 4 days of MC.

During the exchange of the particulars, I had taken out my vocational license and during which I placed it on top of my car boot. Subsequently, I did not take it and lost my vocational license. I am including this in the report as I require it for replacement purposes.



**SINGAPORE
POLICE FORCE**



T/20190824/2087

3 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20190824/2087

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:

F /

Sgt 1 LEE CHING HAO NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

24/08/2019 14:08

Classification Of Case:

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6363 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408653

24 Serangoon Loop Singapore 759156

7 Sungei Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 26.08.2019 16:52

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305327943

TOMER

VIS CITYCAB PTE LTD
TOMER NO. 7010070
RESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

QUINT CARD NO.

REGN NO.:

SHC 977X

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

VIANO CDI 2.2L

DATE/TIME IN

24.08.2019 12:40

YR OF MANU.

24.10.2013

TARGET DATE

CHASSIS CODE

WDF63981323804343

COMPLETION DATE/TIME:

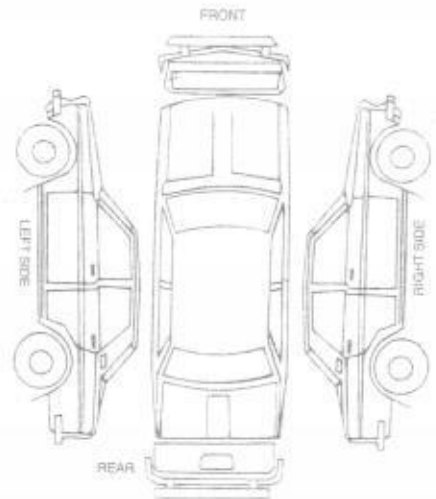
JOB DESCRIPTION

Accident Date: 24.08.2019
NATURE: 3P 24.08.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Io.: SHC 977X

LIMITS

Vehicle No.:

SHC 977X

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 27.08.2019

Time: 10:04:18

Page: 1

HTUC-45
LKK-Kalvin

12 IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305327943
REGN NO : SHC 977X
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : VIANO CDI 2.2L
DATE OF REGN : 24.10.2013
DATE/TIME IN : 24.08.2019 12:40
ACCIDENT DATE : 24.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0203-2069-G	TAILGATE ASSY	1	3,951.90	20.00	3,161.52	-	Butt
0002 04-01-0203-0579-G	REAR BUMPER	1	1,372.00	20.00	1,097.60	-	Refuse
0003 09-01-0299-2005-A	REVERSE SENSOR	1	288.00	10.00	259.20	-	shorted
0004 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	-	me
0005 28-01-0203-2001-G	TAILGATE (2.2)	1	78.00	20.00	62.40	-	me
0006 28-01-0203-2002-G	TAILGATE (CDI)	1	78.00	20.00	62.40	-	me
0007 28-01-0203-2003-G	TAILGATE (MERC STAR)	1	78.00	20.00	62.40	-	me
0008 05-01-0199-0032-A	WINDSCREEN AHESIVE-310MLC	2	92.00	10.00	82.80	-	me

SUB-TOTAL : 4,838.32

JOB NATURE

0000 PB	PANEL BEATING
0001 SP	SPRAYPAINT CHARGE
0002 L	R/I REVERSE SENSOR.

350.00 300
500.00 400
120.00 30

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.08.2019

REPAIR ESTIMATE

Time: 10:04:18

Page: 2

NTUC-YS
LKE - kalvin

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305327943
REGN NO : SHC 977X
MILEAGE : 0000000000
MAKE : MERCEDES BEN.
MODEL : VIANO CDI 2.2L
DATE OF REGN : 24.10.2013
DATE/TIME IN : 24.08.2019 12:40
ACCIDENT DATE : 24.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0003 L R/I REAR WINDSCREEN

~~150.00~~ 100

SUB-TOTAL : 920.00

TOTAL : 5,758.32

AUTHORISED : YES / NO

5,458.32

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

6643.69%

Kalvin (LKE)

27/8/19 10:40h

1430h,

4s

Attn Repairer

Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts prices are based on information
- Third party Surveyors are employed and
- No illegal modification is allowed
- Suppliers are subject to the resurvey and
- is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORT DELGRO ENGINEERING

VEHICLE : SHC 977X TYPE OF CLAIM : TP
 MODEL : VIANO SURVEY BY : KALVIN ANG
 JOB NO : 305327943 DATE : 27.08.19

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	TAILGATE LOCK	1	273.40	/ on
2	TAILGATE OUTER HANDLE	1	175.60	/ on
3	TAILGATE STEP GARNISH	1	166.80	/ on
4	CROSS MEMBER OUTER REAR	1	240.80	/ 2nd
	* Last Entry *			

} -20%

Total \$856.60
 - \$171.32

 \$685.28

Our Job Ref No : 305327943

Date : 02/09/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 977X

Date of Accident : 24-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 --- SJU2825U
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% \$5,100.00
Final Lumpsum Repair cost \$5,100.00

3. Estimated normal period for repairs: 4 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 : 3/9/19

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/INC19015143/K1yf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 12-09-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 2825U	Veh. Inspected	SHC 977X
Policy No.	5097602013-01	Coverage (\$)	0.00
Claim No.	MT/1059602-002	Excess (\$)	0.00
Assign From		Assign Date	27/08/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ VIANO	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDF63981323804343	Colour	WHITE
Odometer	606170	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/60 R16C	HANKOOK	7 mm
L/H Front Tyre	225/60 R16C	HANKOOK	7 mm
R/H Rear Tyre	225/60 R16C	HANKOOK	7 mm
L/H Rear Tyre	225/60 R16C	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	24/08/2019	Inspection Date	27/08/2019
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:	4 Working Days
-------------------------------------	----------------

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 977X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	TAILGATE ASSY	BUCKLED	3,951.90	3,951.90
1	REAR BUMPER	DEFORMED	1,372.00	1,372.00
1	TAILGATE (2.2)	NECESSARY	78.00	78.00
1	TAILGATE (CDI)	NECESSARY	78.00	78.00
1	TAILGATE (MERC STAR)	NECESSARY	78.00	78.00
1	TAILGATE LOCK	CRACKED	273.40	273.40
1	TAILGATE OUTER HANDLE	CRACKED	175.60	175.60
1	TAILGATE STEP GARNISH	CRACKED	166.80	166.80
1	CROSS MEMBER OUTER REAR	BUCKLED	240.80	240.80
	LESS 20% DISCOUNT		-1,282.90	-1,282.90
			5,131.60	5,131.60
<u>NETT ITEMS</u>				
1	REVERSE SENSOR (N)	SHORTED	288.00	288.00
2	WINDSCREEN ADHESIVE - 310 MLC (N)	NECESSARY	92.00	92.00
	LESS 10% DISCOUNT		-38.00	-38.00
			342.00	342.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	300.00
	SPRAYPAINT CHARGE.		500.00	400.00
	R/I REVERSE SENSOR.		120.00	30.00
	R/I REAR WINDSCREEN.		150.00	100.00
			1,120.00	830.00
GRAND TOTAL			6,643.60	6,353.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				5,100.00

Report Ref No. NS/INC19015143/K1yf3s2



Page No.:2 of 2

Report Ref No. NS/INC19015143/K1yf3s2

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

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.