

(08/11/13)

Surveyor: KalvinREF: NS/INC19015149/K29f3n2**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: SLE 71943Policy No. 5091915546-02 (29/07/2019 - 28/07/2020)Claims No. M1/1058975-002

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: 2 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: SHD 3502H Yr Regn: 25 Aug, 2016

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

Truck / Trailer or

Make: Yuanli Z4 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 465462 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLD410M64093045

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60 R16

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

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

TOYO / YOKO or Hankook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/8/19 D.O.I. 22/8/19Survey held at CJHE (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>SLE 71943 : X</u> <u>INC</u>                        |
|                | <u>SHD 3502H : X</u> <u>40</u>                         |
| <u>29/8/19</u> | <u>Confirmed 4s \$950 / 2 Pys. (Red \$692.00, 42%)</u> |
|                |  |
|                |  |
|                |  |
|                |  |

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)

Photos

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

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

| Select                | Policy No.    | Certificate Number | Policyholder Name       | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5091915548-02 |                    | MOHAMED IBRAHIM JASMINE | S7372724C         | GPC     | drive CLASSIC | SLE7194J    | SLE7194J       | 29/07/2019    | 28/07/2020  |

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 29/8/2019

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1    | MT/1059127-002   | CITY CAB                        | SHC 7839R            | SLE 2784P          |
| 2    | MT/1058975-002   | COMFORT TRANSPORTATON PTE LTD   | SHD 3502H            | SLE 7194J          |
| 3    | MT/1059997-001   | COMFORT TRANSPORTATON PTE LTD   | SHC 8694J            | PA 7328P           |
| 4    | MT/1059876-002   | COMFORT TRANSPORTATON PTE LTD   | SHA 2978R            | SGJ 2082P          |
| 5    | MT/1059460-002   | CITY CAB                        | SHD 8538Y            | PA 9856T           |
| 6    | MT/1059252-002   | COMFORT TRANSPORTATON PTE LTD   | SHC 1969M            | SGU 3179E          |
| 7    | NOT OI           | COMFORT TRANSPORTATON PTE LTD   | SHC 3795J            | RD 6116B           |
| 8    | MT/1058948-002   | CITY CAB                        | SHC 945M             | SHB 8835A          |
| 9    | MT/1059622-002   | COMFORT TRANSPORTATON PTE LTD   | SH 8976P             | SLK 5510L          |
| 10   | MT/1059792-002   | COMFORT TRANSPORTATON PTE LTD   | SHA 5130A            | GX 8426T           |
| 11   | MT/1060017-001   | COMFORT TRANSPORTATON PTE LTD   | SHD 3260E            | FBJ 9363S          |

## 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             | 22/08/2019 16:15                         |
| Date Of Accident           | 22/08/2019 12:20                         |
| Exact Location Of Accident | ALONG CAIRNHILL ROAD TOWARDS SCOTTS ROAD |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3502H                       |
| <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       | PHUA CHENG LOCK          |
| NRIC No              | S1411651F                |
| Date Of Birth        | 10/11/1960               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 21/06/1980               |
| Driving Experience   | 39 YEARS AND 2 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-92341963     |
| Fax Number           |                          |
| Contact Number       |                          |
| E-Mail Address       | PETERPHUA88@YAHOO.COM.SG |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 723 BEDOK RESERVOIR ROAD #11-5174 |
| Postcode  | 470723                                |
| 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)   | 2                         |
| Passenger 1   | NAME: -<br>GENDER: FEMALE |

#### 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 | SLE7194J                               |
| Vehicle Make/Model/Colour   |  |
| Details Of Properties       |  |
| Vehicle Category            | PRIVATE CAR                            |
| Name of Driver              | MOHAMED IBRAHIM JASMINE                |
| NRIC/Passport Number        | S7372724C                              |
| 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         | SHD6847T        |
| Vehicle Make/Model/Colour           |                 |
| Details Of Properties               |                 |
| Vehicle Category                    | TAXI            |
| Name of Driver                      | ZAINI BIN SUYUT |
| NRIC/Passport Number                | S1706228Z       |
| Contact Number                      |                 |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    | FRT             |
| No. Of Passenger (Including Driver) |                 |

**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. 100300121E

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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

22 AUG 2019

SHAWSON (SINGAPORE) LTD



# Sketch Plan Pg. 2

## SKETCH PLAN

A - SHD3502H

B - QLE7194J  
(SUBARU)

C - SHD684TT  
(HONDA)  
(COMFORT TAXI)

SCOTTS RD

CAIRNTHILL RD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTY LTD  
GOV REG. NO. 199303321H

Policyholder's Signature:  
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 22 AUG 2019

\\G:\NR\SketchPlanForm\1\_2019



Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 22/08/2019 @ about 12:20hrs, I was driving along Cairnhill Road towards Scotts Road direction with 01 female passenger on board my taxi.

As I was driving the front vehicle slow down and brake so I slow down and brake as well.

Suddenly there's an impact from behind my taxi. I step out to checked and found out a vehicle of SLE7194J front portion had collided onto my rear portion of my taxi.

There's a another vehicle a Comfort Taxi of SHD6847T involved in this chain collision.

No injury at the point of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 190503023V

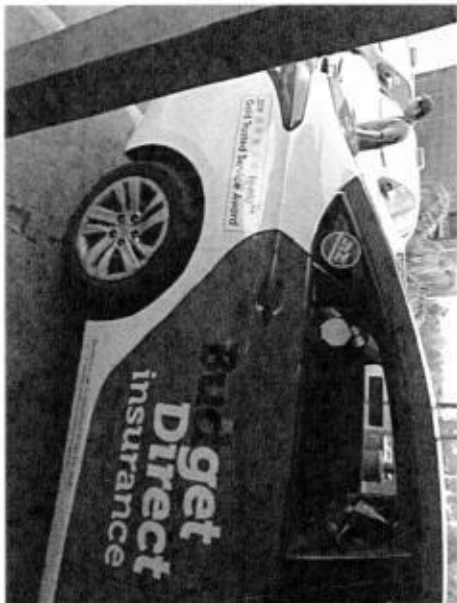
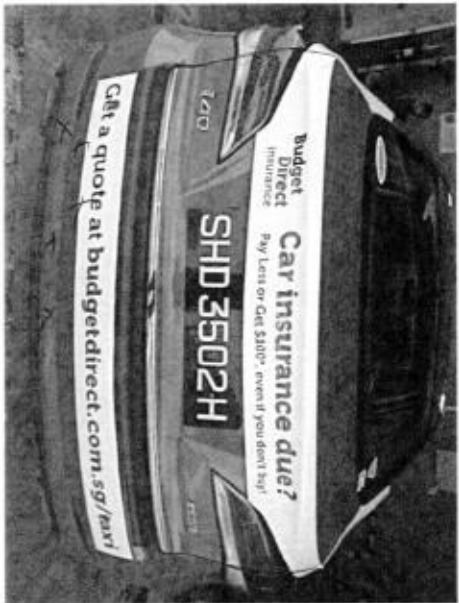
Policyholder's Signature/Date &  
Time

Driver's Signature(If driver is not the policyholder)/Date  
& Time

Olivia Wendy

Witnessed by Reporting  
Centre Personnel

22 AUG 2019





A member of COMFORTDELGRO

|                            |                                |                               |                   |
|----------------------------|--------------------------------|-------------------------------|-------------------|
| Team: ARC Repair TP(CLSO)1 | JOB CARD                       | Sales Order:                  | JC NO.: 305327967 |
| STOMER                     | REGN NO.: SHD3502H             | MILEAGE                       |                   |
| VMS                        | MAKE : HYUNDAI                 | FUEL                          |                   |
| STOMER NO. 7010045         | MODEL I-40                     | E.....1/2.....F               |                   |
| DRESS 383 SIN MING DRIVE   | YR OF MANU 25.08.2016          | DATE/TIME IN 27.08.2019 10:45 |                   |
| Singapore SINGAPORE 575717 | CHASSIS CODE KMHLB41UMGU093445 | TARGET DATE                   |                   |
| 65508755 (O)               |                                | COMPLETION DATE/TIME:         |                   |
| L (R)                      |                                |                               |                   |
| (P)                        |                                |                               |                   |
| SCOUNT CARD NO.            |                                |                               |                   |

| JOB DESCRIPTION  |             |
|--|-------------|
| Accident Date: 22.08.2019  |             |
| NATURE: 3P 22.08.2019  |             |
| S/NO   | LABOR CODE  |
|  | DESCRIPTION |
|  | NTUC - Rear |
|  | LCC/Kdm     |
|  |             |

|   |                              |
|---|------------------------------|
| CHECKED & PASSED OUT BY:                      |                              |
| SERVICE ADVISOR                               | CUSTOMER'S SIGNATURE         |
| Acknowledgement Slip                          | Exit Pass                    |
| Vehicle No.: SHD3502H                         | Vehicle No.: SHD3502H        |
| LARRY   |                              |
| Signature/Date                                | Name of Service Advisor      |
| Date  | Date                         |
| returned to Service Reception upon collection | To be kept by Security Guard |

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD3502H

DATE: 27. Aug. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 22. Aug. 2019

NTUC

| Qty  | Parts Description/ Labour                    | Type | Unit Price | Amount                  |      |
|--|--|------|------------|-------------------------|------|
| 1  | Rear Bumper <i>Dehorned</i>                  |      |            | \$553.00                |      |
| 10   | Rear Bumper Clips <i>na</i>                  |      | \$2.20     | \$22.00                 |      |
| 1  | Rear Bumper Sponge <i>X sue</i>              |      |            | \$103.50                |      |
| SUB TOTAL  |  |      |            | \$678.50                |      |
| LESS 20%   |  |      |            | \$135.70                |      |
| DISCOUNTED TOTAL   |  |      |            | \$542.80                |      |
| 1  | Rear Bumper Rubber Mat <i>na</i>             |      |            | \$50.00                 | Nett |
| 1  | Advertisement – Rear Bumper <i>na</i>        |      |            | \$50.00                 | Nett |
| 2  | Advertisement – Rear Fenders RH/LH <i>na</i> |      | \$100.00   | \$200.00                | Nett |
|  |  |      |            | \$300.00                |      |
| Labour Charge  |  |      |            |                         |      |
| 1  | Panel Beating <i>1 calvin 11K/14</i>         |      |            | <sup>200</sup> \$300.00 |      |
| 1  | Spray Painting Charge <i>27/8/19</i>         |      |            | <sup>200</sup> \$300.00 |      |
| 1  | Tuff Kote <i>1230 hrs</i>                    |      |            | <sup>na</sup> X \$50.00 |      |
| 1  | Wiring Charge <i>2 Days</i>                  |      |            | <sup>na</sup> X \$50.00 |      |
| 1  | Remove/refix Reverse Sensor <i>4s</i>        |      |            | <sup>30</sup> \$100.00  |      |
| TOTAL LABOUR <i>After Repair p/h</i>   |  |      |            | \$800.00                |      |
| ESTIMATE TOTAL   |  |      |            | \$1,642.80              |      |
| This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. |  |      |            |                         |      |

- Third party
- No illegal modification
- Supplementary claim is subject to final approval by the insurer

Acknowledged by Repairer

Signature:

Date:

Our Job Ref No : 305327967

Date : 28. Aug. 2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3502H

Date of Accident: 22. Aug. 2019

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

1. The repair job shall bill to: NTUC SLE7194J
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: \_\_\_\_\_  
**Final Lumpsum Repair cost** \$950.00

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 amountSignature : Name : Larry NgTel : 6214 8316Fax : 6546 8156Signature : Name : KalvinDate : 29/8/19

## 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                               |        |                             |                        |         |
| 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/INC19015149/K1qf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 05-09-2019



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SLE 7194J      | Veh. Inspected | SHD 3502H  |
| Policy No.   | 5091915548-02  | Coverage (\$)  | 0.00       |
| Claim No.    | MT/1058975-002 | Excess (\$)    | 0.00       |
| Assign From  |                | Assign Date    | 27/08/2019 |

**2. Vehicle Particulars & Condition**

|              |                   |              |                    |
|--------------|-------------------|--------------|--------------------|
| Make & Model | HYUNDAI I40       | c.c          | 1685               |
| Engine No.   | HIDDEN            | Year of Reg. | 2016               |
| Chassis No.  | KMHLB41UMGU093445 | Colour       | BLUE               |
| Odometer     | 465462            | Steering     | IN ORDER           |
| Brakes       | IN ORDER          | Modification | STANDARD ALLOY RIM |
| General      | FAIR              |              |                    |

**3. Conditions of Tyres**

|                | Size       | Make    | Balance |
|----------------|------------|---------|---------|
| R/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm    |
| L/H Front Tyre | 205/60 R16 | HANKOOK | 7 mm    |
| R/H Rear Tyre  | 205/60 R16 | HANKOOK | 7 mm    |
| L/H Rear Tyre  | 205/60 R16 | HANKOOK | 7 mm    |

**4. Description of Damages**

|  |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS. |
|--|

**5. General Information**

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 22/08/2019   | Inspection Date | 27/08/2019 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

**5a. Remarks**

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>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 3502H**

| Qty   | Description of Parts                            | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|---------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b>  |   |               |                           |                   |
| 1   | REAR BUMPER                                     | DEFORMED      | 553.00                    | 553.00            |
| 10  | REAR BUMPER CLIPS @\$2.20                       | NECESSARY     | 22.00                     | 22.00             |
| 1   | REAR BUMPER SPONGE                              | SERVICEABLE   | 103.50                    | -                 |
|   | LESS 20% DISCOUNT                               |               | -135.70                   | -115.00           |
|   |   |               | 542.80                    | 460.00            |
| <b><u>SPECIAL NETT ITEMS</u></b>  |   |               |                           |                   |
| 1   | REAR BUMPER RUBBER MAT (SN)                     | NECESSARY     | 50.00                     | 50.00             |
| 1   | ADVERTISEMENT-REAR BUMPER (SN)                  | NECESSARY     | 50.00                     | 50.00             |
| 2   | ADVERTISEMENT-REAR FENDERS RH/LH @\$100.00 (SN) | NECESSARY     | 200.00                    | 200.00            |
|   |   |               | 300.00                    | 300.00            |
| <b><u>LABOUR</u></b>  |   |               |                           |                   |
|   | PANEL BEATING.                                  |               | 300.00                    | 200.00            |
|   | SPRAY PAINTING CHARGE.                          |               | 300.00                    | 200.00            |
|   | TUFF KOTE.                                      | NOT NECESSARY | 50.00                     | -                 |
|   | WIRING CHARGE.                                  | NOT NECESSARY | 50.00                     | -                 |
|   | REMOVE/REFIX REVERSE SENSOR.                    |               | 100.00                    | 30.00             |
|   |   |               | 800.00                    | 430.00            |
| <b>GRAND TOTAL</b>  |   |               | <b>1,642.80</b>           | <b>1,190.00</b>   |
| <b>RECOMMENDED COST OF LUMP SUM REPAIRS<br/>(TO ITS PRE-ACCIDENT CONDITION)<br/>(CONFIRMED)</b> |   |               |                           | <b>950.00</b>     |

Report Ref No. NS/INC19015149/K1qf3n2

**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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