

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19015442/KISF3N2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate Cost: \_\_\_\_\_

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SKS 3755EPolicy No. 5107862541 (10/04/2019 - 09/04/2020)Claims No. MT/1060188-002

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 Report: \_\_\_\_\_ 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: SHA 6045H Yr Regn: 7 Aug, 2014

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

Truck / Trailer or

Make: Hyundai E40 C.C. 1.685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 629724 T/Radio: Insured / Std / NI / NA

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

C/No: KMHLB41U4M5405622Gen. 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 orTyre Size: F: 205/60R16

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

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

TOYO / YOKO or Wintale

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

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/8/19 D.O.I. 30/8/19Survey held at CPHE (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
	SKS 3755E: X
	SHA 6045G: CC4/11119015442/6MB3 D.O.B. 28/06/2019
3/9/19	Labour 45 \$1200 / 2 Day. (4708.10 Red - 37%)

RECEIVED 03 SEP 2019

Date/Time, File Pass to?

03/09/19

1) Typ 4

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) S + RS, \$ \_\_\_\_\_☐ : Interview (\$ \_\_\_\_\_) Photos

160

US \$1,200/-

eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/08/2019 09:36"/>							
Vehicle No. (For Motor)	<input type="text" value="SKS3755E"/>	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"/>	5107862541		YEOH GIM HUAT	S0056341B	GPC	drivo CLASSIC	SKS3755E	SKS3755E	10/04/2019	09/04/2020
<input type="button" value="Continue"/>										

TP Claims against NTUC 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	Time of Accident	Estimate	Tentative repair cost
1	MT/1058072-002	COMFORT TRANSPORTATION PTE LTD	SH 7733E	SIN 6551U	15/08/2019	14:20	\$ 4,483.50	\$ 2,325.72
2	MT/1060197-002	CITYCAB PTE LTD	SHC 493A	GBE 6923Y	27/08/2019	08:55	\$ 2,957.20	\$ 1,750.00
3	MT/1060188-002	COMFORT TRANSPORTATION PTE LTD	SHA 6045G	SKS 3755E	30/08/2019	08:00	\$ 1,590.00	\$ 1,200.00

Claim received from LKK Auto

## 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	30/08/2019 14:02
Date Of Accident	30/08/2019 08:00
Exact Location Of Accident	PIE TWDS CHANGI AIR PORT AFTER TOA PAYOH EXIT.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6045G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	HO LEE CHEAN
NRIC No	S1851392G
Date Of Birth	01/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97869899
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	108 09-82 ANG MO KIO AVENUE 4
Postcode	560108
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTF3011 (PRIVATE CAR)
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?	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: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	SKS3755E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO
NRIC/Passport Number	
Contact Number	98481378
Address	
Postcode	

Insurance Company Name  
Nature Of Damage FRT & REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJH3334G  
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 & REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JTF3011  
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 HO LEE CHEAN  
Approximate Age 55  
Injuries Sustain NECK,BACK  
Injured person in which vehicle? SHA6045G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

SKETCH PLAN

by  
Sketch. Thiriv  
Attache

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police  
Report.  
-T/20190830/2059.

DECLARATION

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

Policyholder's Signature

Date & Time:

Global SketchPlanForm, V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

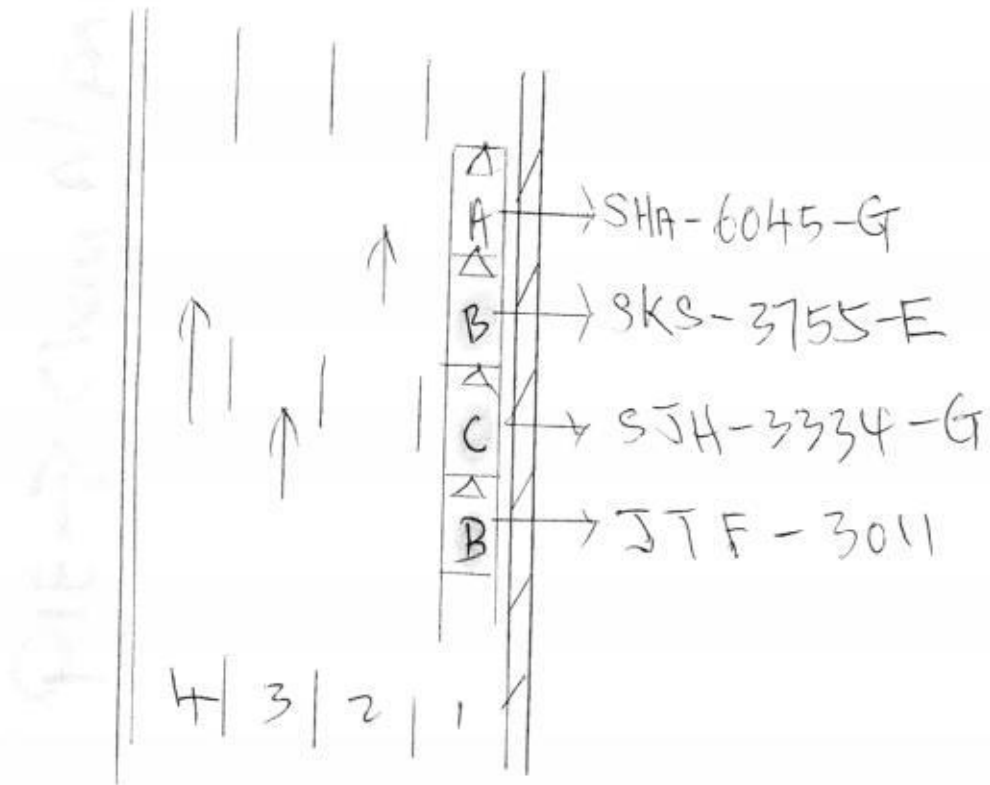
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch by Hmew.

PIE/CITANGU AIRPORT.



SHA 6045 G.

(Li)



**SINGAPORE  
POLICE FORCE**



T/20190830/2059

1 of 3

Report No. T/20190830/2059/

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/08/2019 12:16	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: HO LEE CHEAN			Address: APT BLK 108 ANG MO KIO AVENUE 4 #09-82 SINGAPORE 560108		
ID Type / ID No.: NRIC NO / S1851392G			Contact No.: Home/Office: Mobile: 97869899		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 01/11/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B, 3, 4, 5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS CHANGI AIRPORT NEAR TOA PAYOH				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
JTF3011	Car				Slightly Damaged	0
SHA6045G	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJH3334G	Car	TOYOTA	COROLLA AXIO 1.5X A		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190830/2059

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

2 of 3

Report No. T/20190830/2059

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS3755E	Car	HONDA	VEZEL 1.5X A	Red	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO LEE CHEAN	ID No.	S1851392G
Related Vehicle	SHA6045G (Car)	Contact No.	97869899
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	30/08/2019	Date Discharge	30/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving my taxi, SHA6045G, along PIE towards Changi Airport on the first lane. The car in front of me came to a stop and I stopped behind him. When all of a sudden, I felt an impact from behind. I then came out of my vehicle to make a check and I saw 3 vehicles behind me that were involved in an accident. The car behind mine was SKS3755E followed by SJH3334G and the last vehicle involved was JTF3011.

After we had taken photos of the accident and exchange contact numbers. We went on our way, I then went to the doctor and was given 3 days on MC. The damage to my car were to the boot.



**SINGAPORE  
POLICE FORCE**



T/20190830/2059

3 of 3

Report No. T/20190830/2059

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## 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:

G /

Sgt 3 MUHAMAD ZHAFRI BIN REJAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2019 12:16

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARID

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168



Classification Of Case:

**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  
100-100-100-100-100-100

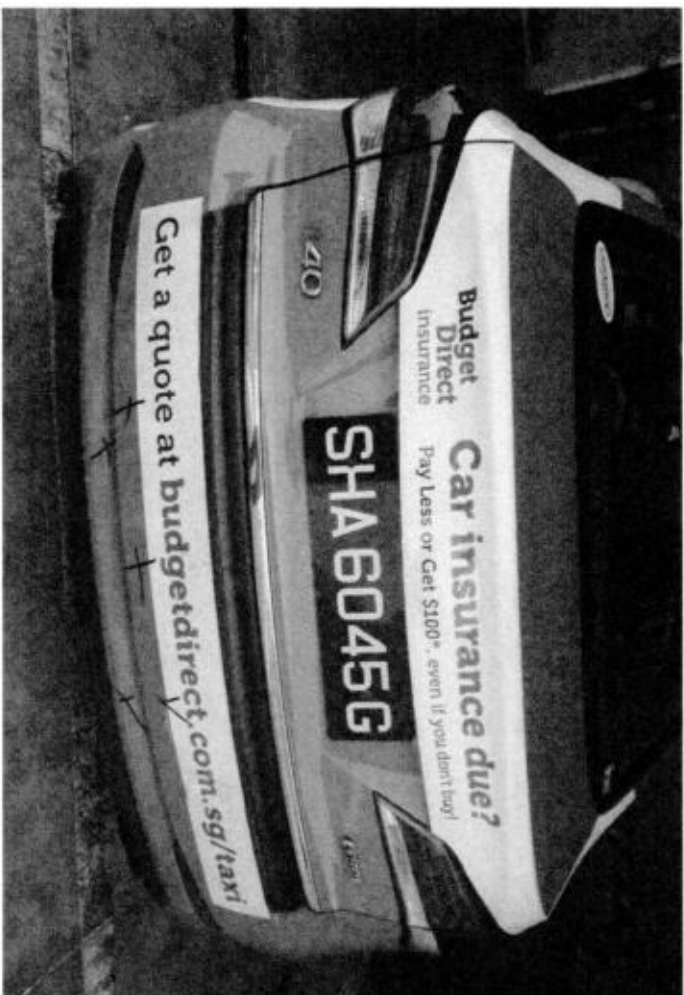
Policyholder's Signature  
Date & Time:

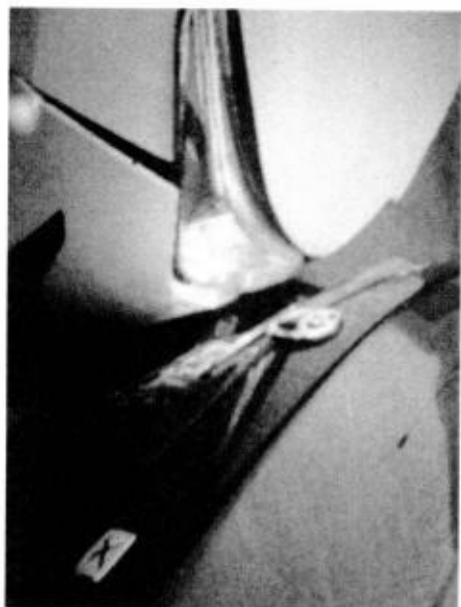
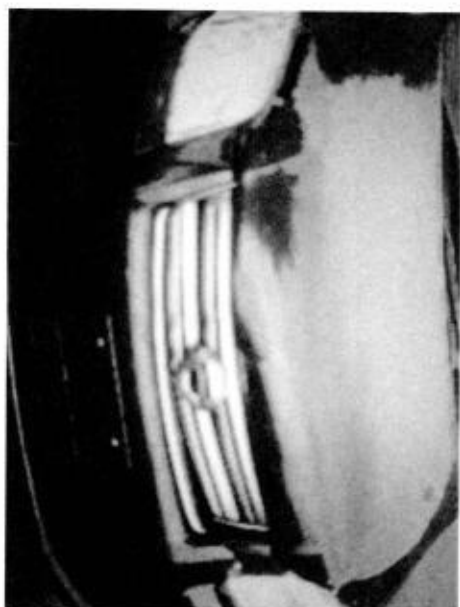
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Sketch Plan Pg. 6







Date/Time: 30.08.2019 14:42

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305329140

STOMER

V/MS COMFORT TRANSPORTATION PTE LTD

STOMER NO: 7010045

DRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R)

(P)

(O)

ICOUNT CARD NO.

REGN NO.:

SHA6045G

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

30.08.2019 12:50

YR OF MANU

07.08.2014

TARGET DATE

CHASSIS CODE

KMHLB41UMEU056220

COMPLETION DATE/TIME:

JOB DESCRIPTION

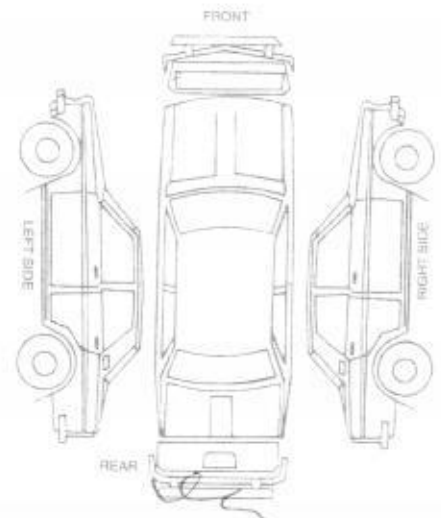
Accident Date: 30.08.2019

NATURE: 3P 30.08.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA6045G

CHIANG

Vehicle No.:

SHA6045G

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 6045G

DATE 30/8/2019 14:38

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper — <i>Panel</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs — <i>see</i>			\$ 22.00	
	<i>Rear Bumper under cover — cut</i>		<i>\$ 225</i>		
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Rear Bumper Advertisement Logo — <i>see</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat — <i>see</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>see</i>	\$	100.00	\$ 200.00	Nett
	<i>Reverse Sensor — should</i>			<i>\$ 175.70</i>	
				\$ 300.00	
	Labour Charge				
	Panel Beating			<i>200</i> <del>\$ 400.00</del>	
	Spray Painting Charge			<del>\$ 300.00</del>	200
	Wiring Charge			<del>\$ 50.00</del>	X 20
	Remove/Refix Reverse Sensor			<del>\$ 80.00</del>	20
	TOTAL LABOUR			\$ 830.00	
	ESTIMATE TOTAL			\$ 1,590.00	
				<i>1908.10</i>	
	<i>Kaluz 16/11/19</i> <i>30/8/19 1540h</i> <i>2 Py,</i> <i>4s</i> <i>After Repair photo</i>				
<div>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.</div>					

Our Job Ref No : 305329140  
Date : 02/09/19

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

## FINALIZATION FORM

To : LKK  
Attn : NTUC  
Vehicle Reg No. : SHA6045G

Fax :

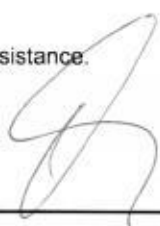
30/08/2019


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

1. The repair job shall bill to: NTUC SKS3755E
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** \$1,200.00

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :   
Name : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kaly  
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		N		
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/INC19015442/K1sf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 11-09-2019



Code: INC4

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

Insured Veh.	SKS 3755E	Veh. Inspected	SHA 6045G
Policy No.	5107862541	Coverage (\$)	0.00
Claim No.	MT/1060188-002	Excess (\$)	0.00
Assign From		Assign Date	30/08/2019

**2. Vehicle Particulars & Condition**

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056220	Colour	BLUE
Odometer	629724	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	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	30/08/2019	Inspection Date	30/08/2019
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.
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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## National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6045G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
1	REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			435.70	435.70
<b>LABOUR</b>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			830.00	430.00
<b>GRAND TOTAL</b>			<b>1,908.10</b>	<b>1,508.10</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)</b>				<b>1,200.00</b>

Report Ref No. NS/INC19015442/K1sf3n2

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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