

Veron Chen (LKKAuto)

From: MTCL@income.com.sg
Sent: Tuesday, 10 September 2019 12:18 PM
To: Veron Chen (LKKAuto)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim 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

in with you

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, 10 September 2019 11:41 AM
To: MTCL@income.com.sg
Subject: FW: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Veron Chen (LKKAuto)
Sent: Monday, 9 September 2019 10:01 AM
To: 'MTCL@income.com.sg' <mtcl@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
MT/1060149-002	CITYCAB PTE LTD	SHC 7388A	YN 5123B

D.O.A	Time of Accident	Estimate	Tentative repair cost
29/8/2019	00:15	\$9,041.92	\$6,443.36

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YN51238	29 Aug 2019 / 00:15:00	Successful	N12	NTUC INCOME INS CO-OP LTD

Previous OK

SUC 7388 A

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	29/08/2019 11:43
Date Of Accident	29/08/2019 00:15
Exact Location Of Accident	ANG MO KIO AVENUE 3 IN BETWEEN BLK 432 AND 429
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7388A
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD (COMPANY)
Co Reg No	199502839G
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ
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	YAP LIAN HENG
NRIC No	S1206389Z
Date Of Birth	12/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1976
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512568
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	426 02-2568 ANG MO KIO AVENUE 3
Postcode	560426
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	1

Details of Police Action

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

Circumstances of Accident

SEE POLICE REPORT,

Attachment(s)

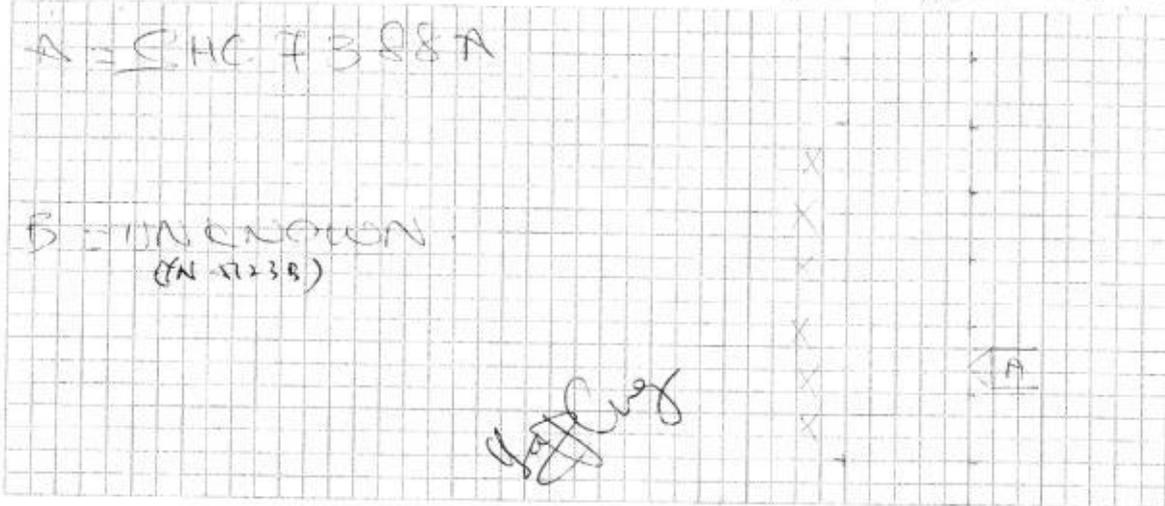
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN5123B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NOOR AZMEY
NRIC/Passport Number	
Contact Number	85796217
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached
 Police Report (P) T/20190829/2030

DECLARATION

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

CITYCAB PTE LTD
 CO. REG. NO. 199502839

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name: Wendy
 Date: 25 AUG 2019
 NRIC/FIN No.:

C:\MSM\Sket\190829\190829_01



**SINGAPORE
POLICE FORCE**



T/20190829/2030

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190829/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2019 10:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YAP LIAN HENG		Address: 426 ANG MO KIO AVENUE 3 CHONG BOON HEIGHTS SINGAPORE 560426	
ID Type / ID No.: NRIC NO / S1206389Z		Contact No.: Home/Office: Mobile: 98512568	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 12/01/1956	Type of Informant: Driver
Race:		Language:	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2019 00:15	Type of Location: OSCP
Location: Along Road 1 ANG MO KIO AVENUE 3 In between Bk 432 & 429 lot 278 (AMA35)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7388A	Car	HYUNDAI	IONIC	Yellow	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190829/2030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190829/2030

CONTINUATION OF REPORT

Driver			
Name	YAP LIAN HENG		ID No. S1206389Z
Related Vehicle	SHC7388A (Car)		Contact No. 98512568
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/9/2019 at about 11.40pm , my relief driver namely (Tan Gay Sin , ctc : 96936924) had parked the taxi bearing plate number SHC7388A at lot 278 of the OSCP of the mentioned location. After which on the 29/08/2019 at about 12.15am , my relief driver noticed that there was a crowd that gathered around the said taxi. As such he went down to make a check. He then noticed there was a note stating that 'HI! IM SO SORRY THAT I BANG YOUR TAXI PLS CONTACT ME AT 85796217 TO SETTLE!'. My relief driver then noticed that the front windscreen had a cracked , front bonnet was popped out of place, front headlight was cracked and the front bumper was damaged.

I wish to state that when he flipped the note which was left behind there was name (Noor Azmey) with IC number S7418244E and the same contact number which was reflected on the note. That person was believed to be the driver who had banged on to the taxi. I had went to the workshop however they require a police report to facilitate in the claiming process.



SINGAPORE
POLICE FORCE



T/20190829/2030

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190829/2030

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 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2019 10:00
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

IMPORTANT NOTICE

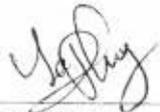
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 199502839F

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.: 711 AUG 2019

GIAASC Member Ref: 03



Hi! I'm so sorry
that I bang your taxi
pls contact me
at 85796217 to settle!

YN 5123B 11.40.

A member of COMFORTDELGRO

Date/Time: 29.08.2019 16:01 Page : 1

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305328863

STOMER
CITYCAB PTE LTD
 7010070
 STOMER NO. 383 SIN MING DRIVE
 DRESS Singapore SINGAPORE 575717
 65551188 (O)

VARs

REGN NO.: SHC7388A	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL IONIQ(G2)	DATE/TIME IN 29.08.2019 08:50
YR OF MANU 18.10.2018	TARGET DATE
CHASSIS CODE KMHC851CVKU114902	COMPLETION DATE/TIME

(B)

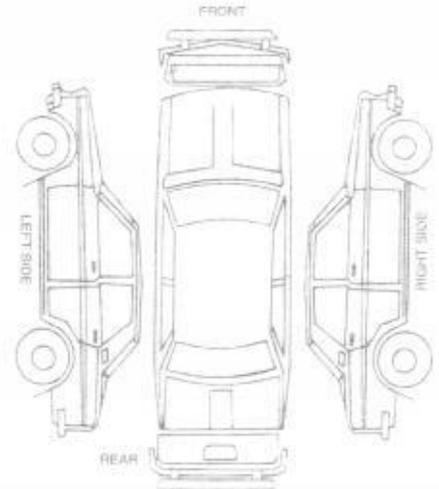
SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 29.08.2019
 NATURE: 3P 29.08.2019

S/NO LABOR CODE DESCRIPTION

NTMC - Right Front, w/s.



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC7388A LARRY

Vehicle No.: SHC7388A

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

NOTED

VEHICLE NO : SHC 7388A

DATE 29/8/2019 11:25

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>- Replaced</i>			\$ 2,253.80
	Bonnet Lock <i>x su</i>			\$ 127.30
	Front Bumper Cover <i>- on</i>			\$ 418.30
	Front Bumper Grille (RH) <i>- on</i>			\$ 186.90
	Front Bumper Centre Moulding <i>x su</i>			\$ 188.00
	Front Bumper Bracket Top (RH) <i>x su</i>			\$ 35.00
	Front Bumper Bracket (RH) <i>x su</i>			\$ 28.00
	Front Bumper Clips 10 pcs <i>+ su</i>			\$ 22.00
	Headlamp Support Panel Assy <i>Ysu</i>			\$ 949.30
	Headlamp (RH) <i>- Replaced</i>			\$ 1,198.80
	Day Light, RH <i>Ysu</i>			\$ 642.50
	Front Fender (RH) <i>- Replaced</i>			\$ 490.70
	Front Fender Shield (RH) <i>x su</i>			\$ 114.70
	Front Fender Retainer <i>x su</i>			\$ 41.40
	Emblem-Blue Drive (RH) <i>- on</i>			\$ 26.60
	Front Windscreen Glass <i>- on</i>			\$ 1,558.10
	Front Windscreen Moulding <i>- on</i>			\$ 57.30
	SUB TOTAL			\$ 8,338.70
	LESS 20% DISCOUNTED TOTAL			\$ 1,667.74
				\$ 6,670.96
	Front Windscreen Sealant <i>- on</i>			\$ 46.00
	Labour Charge			
	Panel Beating			\$ 800.00 ⁶⁰⁰
	Spray Painting Charge			\$ 900.00 ⁶⁰⁰
	Tuff Kote			\$ 200.00
	Towing Charge			\$ 200.00
	Remove/Refix Aircon & Refill Gas			\$ 200.00
	Remove/Refix Front Windscreen Glass			\$ 150.00
	Remove/Refix Cushion & Upholstery Front			\$ 120.00
				\$ 90.00
	TOTAL LABOUR			\$ 2,200.00
	ESTIMATE TOTAL		9041.92	\$ 8,916.96

KK Auto Centre hereby notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: *110000*
Date: *3-8/19*

Kalin Uday
3-8/19
3 Days
411
Before Panel, etc

Larry Ng

Nett

x 0
+ 0
100
+ 2

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.

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

JOB NO : 305328863
 REGN NO : SHC7388A
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 18.10.2018
 DATE/TIME IN : 29.08.2019 08:50
 ACCIDENT DATE : 29.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2534-G	IONIQV2 COVER-FR BUMPER#	1	418.30	20.00	334.64
0002	04-01-0104-0572-G	IONIQVC PANEL ASSY HOOD#	1	2,253.80	20.00	1,803.04
0003	04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1	490.70	20.00	392.56
0004	04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1	26.60	20.00	21.28
0005	04-01-0104-2915-G	IONIQVC LAMP ASSY-HEAD RH	1	1,198.80	20.00	959.04
0006	04-01-0104-0633-G	IONIQ MOULDING-FRONT BUMP	1	186.90	20.00	149.52
0007	04-01-0104-0652-G	IONIQ HINGE ASSY HOOD RH	1	118.70	20.00	94.96
0008	04-01-0104-2259-G	IONIQ WINDSCREEN MOULDING	1	57.30	20.00	45.84
0009	28-01-0199-0019-A	(ALL)ERP STICKER	1	30.00		30.00
0010	05-01-0199-0032-A	(ALL)WINDSCREEN AHESIVE-3	2	46.00		46.00
0011	04-01-0104-2526-G	IONIQV2&3 GLASS ASSY-W/SH	1	1,558.10	20.00	1,246.48

SUB-TOTAL : 5,123.36

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.09.2019

REPAIR ESTIMATE

Time: 15:13:54

Page: 2

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

JOB NO : 305328863
REGN NO : SHC7388A
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 18.10.2018
DATE/TIME IN : 29.08.2019 08:5
ACCIDENT DATE : 29.08.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB	PANEL BEATING			600.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA			600.00		
0002 20-00	TUFF COAT ON AFFECTED PARTS.			20.00		
0003 L	REMOVE/REFIX FRONT WINDSCREEN			100.00		
						SUB-TOTAL : 1,320.00
						TOTAL : 6,443.36

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Our Job Ref No : 305328863
Date : 5. Sep. 2019

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

FINALIZATION FORM

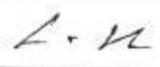
To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC7388A Date of Accident: 29. Aug. 2019

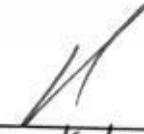
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC YN5123B
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$5,123.36
(b) Labour Charges	\$1,320.00
Total for Part-By-Part Repair Cost	\$6,443.36
(c) Lumpsum Repair (if applicable)	_____
Total for Lumpsum repair cost after Less:	_____
Final Lumpsum Repair cost	_____
3. Estimated normal period for repairs: 3 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 9/9/19

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				
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/INC19015450/K1vf3n2			
73 BRAS BASAH ROAD		Date: 11-09-2019	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YN 5123B	Veh. Inspected	SHC 7388A
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1060149-002	Excess (\$)	0.00
Assign From		Assign Date	30/08/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU114902	Colour	YELLOW
Odometer	115714	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	8 mm
L/H Front Tyre	195/65 R15	DAVANTI	8 mm
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/08/2019	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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7388A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BONNET	BUCKLED	2,253.80	2,253.80
1	BONNET LOCK	SERVICEABLE	127.30	-
1	FRONT BUMPER COVER	CRACKED	418.30	418.30
1	FRONT BUMPER GRILLE (RH)	CRACKED	186.90	186.90
1	FRONT BUMPER CENTRE MOULDING	SERVICEABLE	188.00	-
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	35.00	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	28.00	-
10	FRONT BUMPER CLIPS	NOT NECESSARY	22.00	-
1	HEADLAMP SUPPORT PANEL ASSY	SERVICEABLE	949.30	-
1	HEADLAMP (RH)	GRAZED	1,198.80	1,198.80
1	DAY LIGHT,RH	SERVICEABLE	642.50	-
1	FRONT FENDER (RH)	BUCKLED	490.70	490.70
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	114.70	-
1	FRONT FENDER RETAINER	SERVICEABLE	41.40	-
1	EMBLEM-BLUE DRIVE (RH)	NECESSARY	26.60	26.60
1	FRONT WINDSCREEN GLASS	CRACKED	1,558.10	1,558.10
1	FRONT WINDSCREEN MOULDING	NECESSARY	57.30	57.30
1	BONNET HINGE-RH	BENT	118.70	118.70
	LESS 20% DISCOUNT		-1,691.48	-1,261.84
			6,765.92	5,047.36
SPECIAL NETT ITEMS				
1	FRONT WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
2	ERP STICKER (SN)	NECESSARY	30.00	30.00
			76.00	76.00
LABOUR				
	PANEL BEATING.		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	TUFF KOTE.		50.00	20.00
	TOWING CHARGE.		90.00	-

Report Ref No. NS/INC19015450/K1vf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX AIRCON & REFILL GAS.	NOT NECESSARY	150.00	-
	REMOVE/REFIX FRONT WINDSCREEN GLASS.		120.00	100.00
	REMOVE/REFIX CUSHION & UPHOLSTERY FRONT.	NOT NECESSARY	90.00	-
			2,200.00	1,320.00
GRAND TOTAL			9,041.92	6,443.36
RECOMMENDED COST OF REPAIRS (CONFIRMED)				6,443.36

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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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