

(08/11/13)

Surveyor: Kalvin

REF:

NS/INC19017482/112vf302

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: SJS837XPolicy No. 5111612559 (15/02/2019 - 18/08/2020)Claims No. MT 1065297-002

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: SH 969T Yr Regn: 'A' 2019Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Zent C.C. 1500Colour: B/L A/C: Ins / Std / NI / NASp. Reading: 25425 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KMHCB51CVR4164978Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 2/10/19 D.O.I. 3/10/19Survey held at C/DHE (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>SJS 8367X-X</u> <u>INC</u>
	<u>SH 969T : CS/FCI/18014608/NEC/312 DOA: 28/4/2018</u> <u>P/P</u>
<u>7/10/19</u>	<u>Call P/P 881/20p. (Recd 1163.26, 5770)</u>

RECEIVED 08 OCT 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 8/10-typistDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

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

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 7 October 2019 5:08 PM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

All claim created.

With Regards

Azlin Rani
Senior Administrator, 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: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Monday, 7 October 2019 10:21 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 07/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1065297-002	Comfort Delgro	SH 9609T	SJS 8367X	2/10/2019	09:35	2,044.26	881
2	MT/1065352-002	Comfort Delgro	SHA 4441J	PC 1517P	02/10/2019	13:50	6374.50	2650
3	MT/1065308-002	Comfort Delgro	SHA 1533Y	PA 7701U	2/10/2019	18:45	4,111.52	2000
4	MT/1064826-002	SMART BUSES	SMB 1386R	SLX 5360J	27/09/2019	08:05	2215.7	450

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 checked="" type="radio"/>	5111612559		KWAN KOK FU1	S7161164G	GPC	drive CLASSIC	SJS8367X	SJS8367X	15/08/2019	18/08/2020

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	02/10/2019 16:06
Date Of Accident	02/10/2019 09:35
Exact Location Of Accident	CTE(YISHUN) YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9609T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	KWAN KAR WAI
NRIC No	S1736980F
Date Of Birth	13/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1989
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90617449
Fax Number	
Contact Number	
E-Mail Address	DAVIDKWAN13@GMAIL.COM

Address	BLK 7 UPPER ALJUNIED LANE #14-67
Postcode	360007
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

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

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191002/2062

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	SJS8367X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWAN KOK FUI
NRIC/Passport Number	
Contact Number	83384335
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KWAN KAR WAI
Approximate Age	52
Injuries Sustain	BACK & NECK PAIN - ON 3 DAYS MC.
Injured person in which vehicle?	SH9609T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION LTD
CO. REG. NO. 1993038211

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.:

S. R. MONTY
GIA

ASIANAC Sketch Plan Form V03



SKETCH PLAN

Refer Attachment

A) 8H9609T
B) 8JS8367X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/2019/002/2002

DECLARATION

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

COMFORT TRANSPORTATION PERS LIA
DD REG NO 19936321X

Policyholder's Signature
Date & Time:

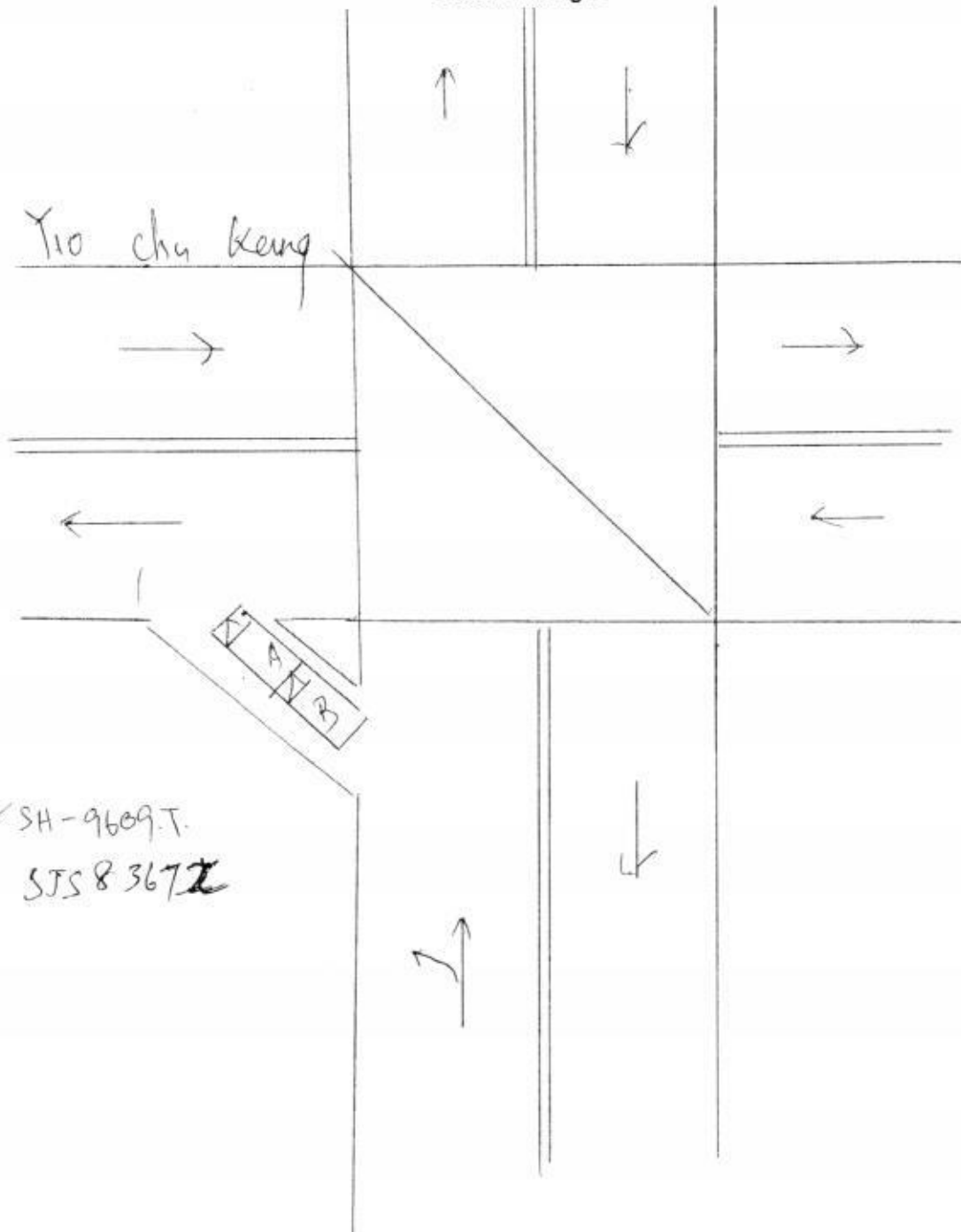
CAW/240 SketchPlanForm_10

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

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

SR Moorthy
CSO
2/10/19

Sketch Plan Pg. 3



A SH-9609.T.

B- SJS 83672

CTE / woodlands

[Signature]

[Signature]
2/10/19.

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20191002/2062

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20191002/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2019 13:00	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: KWAN KAR WAI			Address: APT BLK 7 UPPER ALJUNIED LANE #14-67 SINGAPORE 360007	
ID Type / ID No.: NRIC NO / S1736980F			Contact No.:	Mobile: 90617449
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 52	Date of Birth: 13/10/1966	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: 02/10/2019 09:35	Type of Location: SLIP ROAD
Location: Along Road 1 CENTRAL EXPRESSWAY CTE TOWARDS YISHUN, ON YIO CHU KANG EXIT				
Weather: Clear		Road Surface: Dry		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
SH9609T	Car				Slightly Damaged	1
SJS8367X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191002/2062

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191002/2062

CONTINUATION OF REPORT

Driver			
Name	KWAN KAR WAI		ID No. S1736980F
Related Vehicle	SH9609T (Car)		Contact No. 90617449
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	02/10/2019	Date Discharge	02/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KWAN KOK FUI		ID No. S7161164G
Related Vehicle	SJS8367X (Car)		Contact No. 83384335
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/10/2019 at about 0935hrs, I was driving my company vehicle (Comfortdelgro taxi: SH9609T) along CTE. I was stationary at the slip road exit of Yio Chu Kang and stop at the designated stop line. While waiting for the traffic to clear, I heard a bang and felt an impact from the rear of my vehicle. I noticed that a vehicle and collided into the rear portion of my vehicle.

I exited from my vehicle and spoke to the other party. We agreed to make a report on the matter. I then exchanged particulars and took photos of the accident. My car sustained dents and scratches at the rear portion of my vehicle. I had one passenger at that point of time and I checked on her after the collision, and she informed me she was not injured. Subsequently we moved off.

I then went Y M Chan Clinic & Surgery as I felt pain on my neck and back from the collision and was given 3 days of MC.

I wish to state that my vehicle has an in car camera which is facing the front portion of the vehicle and was working at that point of the accident. No police or ambulance was called in.



**SINGAPORE
POLICE FORCE**



T/20191002/2062

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20191002/2062

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 SYARAFUDDIN BIN
SHARIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2019 13:00

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



COMFORTDELGRO
ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops:
59 Loyang Drive Singapore 508059 24 Seneca Loop Singapore 728156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728731
45 Pandan Road Singapore 509236 901 Yishun Industrial Park A Singapore 758732

Date/Time: 03.10.2019 11:30 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305338296
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.: SH 9609T	MILEAGE
VMS	7010045	MAKE : HYUNDAI	FUEL
STOMER NO.	383 SIN MING DRIVE	MODEL IONIQ(G2)	DATE/TIME IN 02.10.2019 13:45
DRESS	Singapore SINGAPORE 575717	YR OF MANU 01.08.2019	TARGET DATE
(R)	65508755 (O)	CHASSIS CODE RMHC851CVKU164978	COMPLETION DATE/TIME:
(P)			
COUNT CARD NO.			

JOB DESCRIPTION		
Accident Date: 02.10.2019 NATURE: 3P 02.10.2019		
S/NO	LABOR CODE	DESCRIPTION
	NTUC- Rear	
	LCC/ Pahr	
		

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip:	Exit Pass
Vehicle No.: SH 9609T	Vehicle No.: SH 9609T
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9609T

DATE 2/10/2019 16:59

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X repair</i>			\$ 459.40	
	Rear Bumper Centre Moulding Assy <i>- Paint</i>			\$ 451.25	
	Rear Bumper Lower Centre Moulding Assy <i>X su</i>			\$ 155.00	
	Rear Bumper Stay <i>X su</i>			\$ 138.10	
	Rear Bumper Side Bracket (LH/RH) <i>to su</i>	\$	33.10	\$ 66.20	
	Rear Bumper Cover Clips <i>X an</i>			\$ 22.00	
	SUB TOTAL			\$ 1,291.95	
	LESS 20%			\$ 258.39	
	DISCOUNTED TOTAL			\$ 1,033.56	
	Rear No. Plate <i>X su</i>			\$ 25.00	Nett
	Rear No. Plate Trim Cover <i>X su</i>			\$ 30.00	Nett
	Rear Bumper Reverse Sensor <i>X su</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>X su</i>			\$ 50.00	Nett
				\$ 240.70	
	Labour Charge				
	Panel Beating			\$ 350.00 ³²⁰	
	Spray Painting Charge			\$ 250.00 ²⁰⁰	
	Wiring Charge			\$ 50.00 ^{X 90}	
	Remove/Refix Reverse Sensor			\$ 120.00 ^{X 100}	
	TOTAL LABOUR			\$ 770.00	
	ESTIMATE TOTAL			\$ 2,044.26	
<p><i>Ka li 10/11</i></p> <p><i>3/10/19 1235 hrs</i></p> <p><i>2 Days</i></p> <p><i>P/H</i></p> <p><i>Ath Rxi p/lt</i></p>					
<p>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.</p>					

Larry Ng

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.10.2019

REPAIR ESTIMATE

Time: 11:27:28

Page: 1

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

JOB NO : 305338296
REGN NO : SH 9609T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 02.10.2019 13:45
ACCIDENT DATE : 02.10.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 451.25 20.00 361.00

SUB-TOTAL : 361.00

JOB NATURE

0000 PB PANEL BEATING 320.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 520.00

TOTAL : 881.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305338296

Date : 4. Oct. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 9609T

Date of Accident: 2. Oct. 2019

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

1. The repair job shall bill to: **NTUC** **SJS8367X**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount **\$361.00**
 - (b) Labour Charges **\$520.00**
 - Total for Part-By-Part Repair Cost** **\$881.00**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

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 Ng**

Tel : 6214 8316

Fax : 6546 8156

Signature : Name : **Kalvin**Date : **7/10/19**

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/INC19017482/K1vf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556

Date: 09-10-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJS 8367X	Veh. Inspected	SH 9609T
Policy No.	5111612559	Coverage (\$)	0.00
Claim No.	MT/1065297-002	Excess (\$)	0.00
Assign From		Assign Date	03/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164978	Colour	BLUE
Odometer	25425	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	MICHELIN	9 mm
L/H Front Tyre	195/65 R15	MICHELIN	9 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm

4. Description of Damages

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

5. General Information

Accident Date	02/10/2019	Inspection Date	03/10/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
-------------------------------------	----------------



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 9609T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	DEFORMED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	155.00	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
10	REAR BUMPER COVER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-258.39	-90.25
			1,033.56	361.00
SPECIAL NETT ITEMS				
1	REAR NO PLATE (SN)	SERVICEABLE	25.00	-
1	REAR NO PLATE TRIM COVER (SN)	SERVICEABLE	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	SERVICEABLE	50.00	-
			240.70	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			770.00	520.00
GRAND TOTAL			2,044.26	881.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				881.00

Report Ref No. NS/INC19017482/K1vf3n2

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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