

(08/11/19)

Surveyor: Kelvin

REF:

NS/INC1907689/K24302

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: SMKA424PPolicy No. 5112314712 (31/8/19-30/8/2020)Claims No. MT/1065664-002

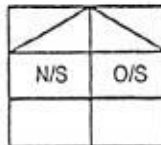
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 7981L Yr Regn: 17 Sep, 2015

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

Truck / Trailer or

Make: Hyundai Z4 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 582049 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1C4HLB416M69079475

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt orBrake: Insured / Jammed / Leaked / Burnt orModi: Nil / S/Rim / 8.5 A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Man Kook

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 5/10/19 D.O.I. 7/10/19Survey held at CPGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / UIC / Rooftop or

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 7981L - X
	SMC 9424P - X
11/10/19	Letter 45 \$3500 / 3 Pgs. Cred. 3568.32 (50%)

RECEIVED 17 OCT 2019

Date/Time, File Pass to?

11/10/19 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

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

160

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Friday, 11 October 2019 11:11 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Hi

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: Friday, 11 October 2019 9:28 AM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Request claim number

Date : 11/10/2019

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1065664-002	Comfort Delgro	SHC 7981L	SMK 9424P	05/10/2019	14:15	7,068.82	3500

Best Regards,

Denise Tay | 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)

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

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"/>	5112314712		EUGENE KANG KIAN AN	S9245719B	GPC	drive CLASSIC	SMK9424P	SMK9424P	31/08/2019	30/08/2020

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	07/10/2019 09:18
Date Of Accident	05/10/2019 14:15
Exact Location Of Accident	PIE TWDS CHANGI EXIT 16A TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7981L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	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	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	TAY ENG HUAT
NRIC No	S1206731C
Date Of Birth	17/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97735867
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 528 HOUGANG AVENUE 6 #11-241
Postcode	530528
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	6
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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]	HOUGANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191005/2111

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	SMK9424P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE
NRIC/Passport Number	
Contact Number	87528712
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

SLP8208P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

RANGA

NRIC/Passport Number

Contact Number

81574100

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJU4920P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SKZ1075K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SKD319E

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 TAY ENG HUAT
Approximate Age 62
Injuries Sustain SHOULDER AND FOREHEAD PAIN, ON 3 DAYS MC.
Injured person in which vehicle? SHC7981L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name 3P PASSENGER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SMK9424P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name 3P PASSENGER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SMK9424P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name 3P PASSENGER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SMK9424P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

IMPORTANT NOTICE

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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.

CITYCAR PTE LTD
CO. REG. NO. 1995028397

Policyholder's Signature
Date & Time:

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

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

GUARANTEE PART 1



Sketch Plan Pg. 2

SKETCH PLAN

1. like

EX 16A
Tax Dept.
(D. 11)

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report

7	20191005	211
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DECLARATION

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

CITYCAB FTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature

Name: Loke Wai Hong
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191005/2111

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191005/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2019 19:41	Vide Report No.:	Station Diary No.: 133
--	------------------	---------------------------

Informant's Particulars

Name of Informant: TAY ENG HUAT			Address: APT BLK 528 HOUGANG AVENUE 6 #11-241 SINGAPORE 530528	
ID Type / ID No.: NRIC NO / S1206731C			Contact No.:	Mobile: 97735867
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 62	Date of Birth: 17/12/1956	Type of Informant: Driver	
Race: Chinese			Language: Mandarin	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Exit 16A Toa Payoh		Road Surface: Dry		Road Speed Limit:
Weather: Clear		Traffic Control: Not Controlled		Traffic Volume: Heavy
Traffic Flow: Dual Carriage Way		Type of Collision:		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7981L	Car	HYUNDAI	I40	Yellow	Slightly Damaged	2
SJU4920P	Car				Seriously Damaged	0
SKD319E	Car				Slightly Damaged	0
SKZ1075K	Car				Seriously Damaged	0
SLP8208P	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191005/2111

2 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191005/2111

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK9424P	Car	HYUNDAI		Black	Seriously Damaged	2

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	ANNIE LAU			ID No.	NIL
Related Vehicle	SHC7981L (Car)			Contact No.	98514438
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	
Driver					
Name	TAY ENG HUAT			ID No.	S1206731C
Related Vehicle	SHC7981L (Car)			Contact No.	97735867
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/10/2019		Date Discharge	05/10/2019	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	RANGA			ID No.	NIL
Related Vehicle	SLP8208P (Car)			Contact No.	81574100
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	



**SINGAPORE
POLICE FORCE**



T/20191005/2111

3 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191005/2111

CONTINUATION OF REPORT

Driver			
Name	EUGENE	ID No.	NIL
Related Vehicle	SMK9424P (Car)	Contact No.	87528712
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 05/10/2019 at about 1415hrs, I was driving on the first lane along PIE towards Changi. There was a vehicle which brake out of sudden. I managed to stop in time. Suddenly, the second car SMK9424P hit onto the rear of my taxi. I then felt an impact again. I alighted and discovered that it was a chain collision. The third car SLP8208P, fourth car SJU4920P, fifth car SKZ1075K and the sixth car SKD319E. The Traffic Police officers came to the scene. The three passengers from SMK9424P were conveyed by ambulance. The Traffic Police officers then took my company in-car camera memory card.



**SINGAPORE
POLICE FORCE**



T/20191005/2111

4 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191005/2111

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt TEO HENG HENG, ROBIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/10/2019 19:41

Officer In Charge Of Case:

TP / AEIT /

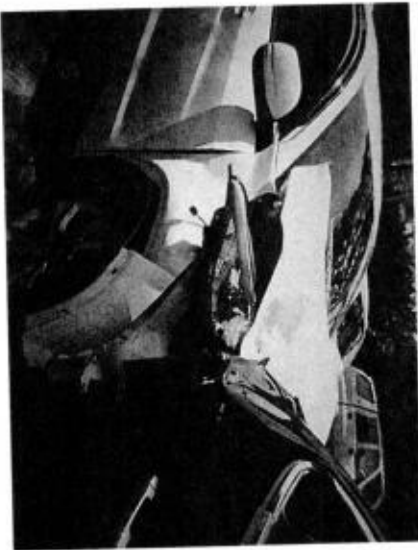
SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



member of COMFORTDELGRO

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305339228

OMER
CITYCAB PTE LTD
IS 7010070
OMER NO. 383 SIN MING DRIVE
LESS Singapore SINGAPORE 575717
65551188 (O)

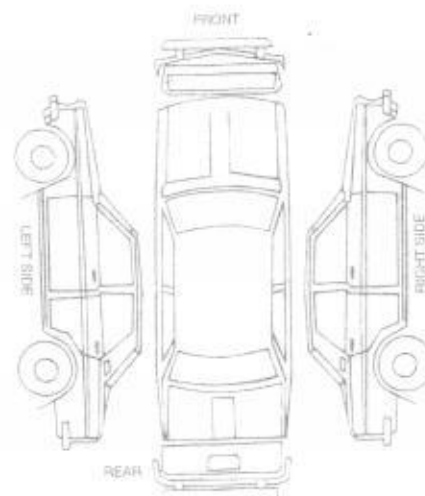
REGN NO.: SHC7981L	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 06.10.2019 10:00
YR OF MANU 17.09.2015	TARGET DATE
CHASSIS CODE KMHLB41UMGU079475	COMPLETION DATE/TIME

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.10.2019
NATURE: 3P 05.10.19

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

No.: SHC7981L JU NTUC LKK

Vehicle No.: SHC7981L

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 7981L

DATE 7/10/2019 10:05

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid			\$ 2,174.90
	Boot Lid Lock Upper			\$ 102.60
	Boot Lid Lock Lower			\$ 31.70
	Boot Lid 'H' Emblem			\$ 28.70
	Boot Lid CRDI Plate			\$ 27.90
	Bootlid Moulding			\$ 85.00
	Bootlid i40 Emblem			\$ 27.90
	Bootlid Lower Garnish			\$ 227.90
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)	2	\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	Rear Bumper Reflector Lamp (LH/RH)		\$ 30.60	\$ 61.20
	Tail Lamp (LH/RH)		\$ 697.80	\$ 1,395.60
	Rear Panel			\$ 526.70
	Rear Panel Garnish			\$ 57.70
	Rear Panel Lower Panel			\$ 89.40
	SUB TOTAL			\$ 6,403.90
	LESS 20%			\$ 1,280.78
	DISCOUNTED TOTAL			\$ 5,123.12
	Boot Lid Comfort Logo & Tel No. Sticker			\$ 30.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 365.70
	Labour Charge			560
	Panel Beating			\$ 800.00
	Spray Painting Charge			\$ 600.00
	Wiring Charge			\$ 20 80.00
	Tuff Kote			\$ 20 80.00
	Remove/Refix Reverse Sensor			\$ 30 80.00
	TOTAL LABOUR			\$ 1,580.00
	ESTIMATE TOTAL			\$ 7,068.82

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.

27
Nett 172.13
Nett

ACK Auto Claims hence notify
Repairer of survey follow up:
• To resurvey before spray painting
• To display damaged parts during resurvey
• Parts prices subject to confirmation
• Third party survey is on a "without prejudice" basis
• No illegal modifications allowed
• Supplemental items must be resurveyed and
is subject to final approval from insurance company
Acknowledged by Repairer:
Signature: 10.55 L

Ka Lin 10/10/19
7/10/19
3 days
45
After Repair y kuto

COMFORTDELGRO ENGINEERING

Our Job Ref No 305339228

Date : 09/10/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC7981L

305333809 05/10/19

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

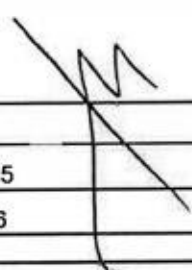
1. The repair job shall bill to: NTUC --- SMK9424P
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable) 20%
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

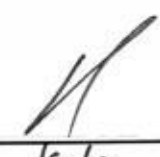
\$3500.00

~~\$3500.00~~

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : J
Date : 11/10/19

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		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/INC19017689/K1tf3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 15-10-2019



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMK 9424P	Veh. Inspected	SHC 7981L
Policy No.	5112314712	Coverage (\$)	0.00
Claim No.	MT/1065664-002	Excess (\$)	0.00
Assign From		Assign Date	07/10/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU079475	Colour	YELLOW
Odometer	582049	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. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	05/10/2019	Inspection Date	07/10/2019
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:	3 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7981L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	BUCKLED	2,174.90	2,174.90
1	BOOT LID LOCK UPPER	SERVICEABLE	102.60	-
1	BOOT LID LOCK LOWER	SERVICEABLE	31.70	-
1	BOOT LID "H" EMBLEM	NECESSARY	28.70	28.70
1	BOOT LID CRDI PLATE	NECESSARY	27.90	27.90
1	BOOTLID MOULDING	SERVICEABLE	85.00	-
1	BOOTLID I40 EMBLEM	NECESSARY	27.90	27.90
1	BOOTLID LOWER GARNISH	TO REPAIR SEE LABOUR	227.90	-
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	CRACKED	428.40	428.40
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	BENT	160.60	160.60
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	MISSING	103.50	103.50
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
2	REAR BUMPER REFLECTOR LAMP (LH/RH) @\$30.60	SERVICEABLE	61.20	-
2	TAIL LAMP (LH/RH) @\$697.80	SERVICEABLE	1,395.60	-
1	REAR PANEL	TO REPAIR SEE LABOUR	526.70	-
1	REAR PANEL GARNISH	SERVICEABLE	57.70	-
1	REAR PANEL LOWER PANEL	TO REPAIR SEE LABOUR	89.40	-
	LESS 20% DISCOUNT		-1,280.78	-750.98
			5,123.12	3,003.92
NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO STICKER (N)	NECESSARY	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-16.57
			165.70	149.13

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	SPECIAL NETT ITEMS			
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			200.00	200.00
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF BOOTLID LOWER GARNISH,REAR PANEL AND REAR PANEL LOWER PANEL.		800.00	560.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,580.00	1,030.00
	GRAND TOTAL		7,068.82	4,383.05
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			3,500.00

Report Ref No. NS/INC19017689/K1tf3n2

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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