

(08/11/13)

Surveyor: Kalvin

REF:

NSI INC 19018601 / KHf3n2

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: S2710CDPolicy No. 5111450504 (05/08/2019-04/08/2020)Claims No. MP/1067390-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ 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 7881 C Yr Regn: 32Zu, 2015

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blk A/C: Insured / Std / NI / NASp. Reading: 778382 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH LB41UMGH07510X

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hakki

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 20/10/19 D.O.I. 21/10/19Survey held at C/DHE (Loyang)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

all Front

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHA 7881C - CC / AIG 09013246 / IN DOA - 24/10/2019

S2710CD - X

29/10/19 Good up \$2200 / 2 hrs. (Red: 1422.72 : 39%)

RECEIVED 3 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1) 30/10 Typst

☒ : Final Report

Date/Time, File Return to?

2)

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

Survey Fee:

Transportation:

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

S + RS. \$ _____

Photos

TP Claims against NTUC Income: Follow-Through Survey

Date : 29/10/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1068730-002	CITYCAB PTE LTD	SHA 9598H	SDL 8198A	24/10/2019	9:30	\$ 3,298.05
2	MT/1068954-001	CITYCAB PTE LTD	SHC 641P	SME 8917Y	22/10/2019	17:05	\$ 1,997.81
3	MT/1068042-002	CITYCAB PTE LTD	SHC 7350H	GW 4714T	21/10/2019	19:20	\$ 7,744.10
4	MT/1067890-002	COMFORTDELGRO ENGINEERING PTE LTD	SHA 7881C	S 2710CD	20/10/2019	18:00	\$ 3,622.72

Claim received from LKK

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

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

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111450504		HIGH COMMISSION FOR THE ISLAMIC REPUBLIC OF PAKISTAN	S66DP0027J	GPC	drive CLASSIC	S2710CD	S2710CD	05/08/2019	04/08/2020

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	21/10/2019 10:51
Date Of Accident	20/10/2019 18:00
Exact Location Of Accident	CAIRNHILL RD TWDS ORCHARD RD AT EMERALD LINK T-JUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7881C
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	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	CHOO HON KIT ERIC
NRIC No	S7825979E
Date Of Birth	06/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2000
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91127225
Fax Number	
Contact Number	
Email Address	ERICX999@YAHOO.COM.SG

Address	442A 02-871 BUKIT BATOK WEST AVE 8
Postcode	651442
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	SIDE SWIPE
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?	
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]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

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	S2710CD
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHSIN JAVED
NRIC/Passport Number	G1705679X
Contact Number	82019124
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

RHT FRT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

A = SHAN 7881C

B = S2710GD
(TOYOTA)

EMERALD
LINE

ORCHARD RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CARRUTHILL RD

Statement as per Police Report

② 7/2017 1021/2013

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

SIABMC SketchPlanForm_V3

21 OCT 2017



**SINGAPORE
POLICE FORCE**



T/20191021/2013

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20191021/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 09:30		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: CHOO HON KIT, ERIC			Address: APT BLK 442A BUKIT BATOK WEST AVENUE 8 #02-871 SINGAPORE 651442		
ID Type / ID No.: NRIC NO / S7825979E			Contact No.: Home/Office: Mobile: 91127225		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 06/09/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 20/10/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CAIRNHILL ROAD ORCHARD ROAD CAIRNHILL ROAD towards ORCHARD ROAD before the junction of CAIRNHILL ROAD and ORCHARD ROAD.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S2710CD	Car	TOYOTA	COROLLA ALTIS 1.6 ELEGANCE (AUTO)	Silver	Slightly Damaged	0
SHA7881C	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20191021/2013

2 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191021/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOO HON KIT, ERIC	ID No.	S7825979E
Related Vehicle	NIL	Contact No.	91127225
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHSIN JAVED	ID No.	G1705679X
Related Vehicle	NIL	Contact No.	82019124
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 20/10/2019 at about 6pm, I (SHA7881C) was travelling on Cairnhill Road towards Orchard Road on the first lane on the right with 1 passenger on board. When I drove passed through Emerald Link, suddenly 1 vehicle hit my left front side of my vehicle. I stopped immediately and I checked with my passenger if he need any medical assistance however my passenger informed me that it is not necessary. My passenger then left my car as he was in a rush.

I came out of my vehicle to check with the other driver (S2710CD) if he need any medical assistance and the other driver informed me that he is alright. We then exchange particulars and checked on both vehicles. The other driver told me that he drove out from Emerald Link and drove straight to the first lane on the right.

My vehicle suffered dented on the left front bumper, headlight cracked and front wheel not straight. NTUC insurance came and requested us to move our vehicle as not to obstruct the traffic. The other driver and NTUC insurance then left the incident location. I contacted my comfort company and at about 7pm, my company tow truck came and towed away my vehicle.

I wish to state that no one was injured at the point of accident. I have in car camera pointing in front only however I have no access to the footage, my comfort company have the access to the footage. I am unsure if there is any CCTV around the vicinity of the incident location. I have taken photos of the incident location and the damaged of the vehicles.



**SINGAPORE
POLICE FORCE**



T/20191021/2013

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 4

Report No. T/20191021/2013

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20191021/2013

4 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20191021/2013

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 JOHNNY TAN KOK JOO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 09:30
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65475161 SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3963396

JC NO.: 305342888

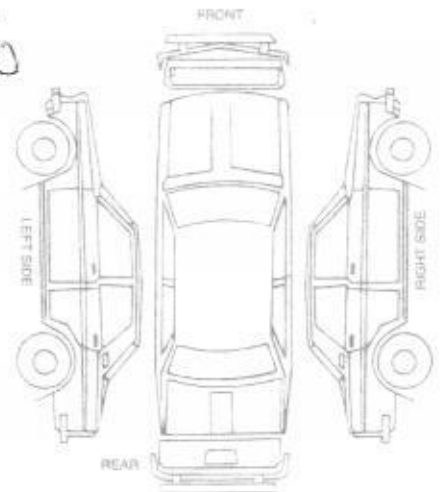
OMER	REGN NO.: SHA7881C	MILEAGE
S COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
OMER NO. 7010045	MODEL I-40	E. 1/2 F.
ESS 383 SIN MING DRIVE	YR OF MANU 30.06.2015	DATE/TIME IN 20.10.2019 18:00
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU075144	TARGET DATE
65508755 (R) (P)		COMPLETION DATE/TIME
DUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 20.10.2019
NATURE: 3P 20.10.2019

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE - A60



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHA7881C

LKE

Vehicle No.:

SHA7881C

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7881C

DATE 21/10/2019 11:46

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 941.50 1052.20
	Front Bumper Bracket Top (LH) <i>x su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>x su</i>			\$ 24.60
	Headlamp (LH) <i>ca</i>			\$ 1,388.00
	Front Fender (LH) <i>x rpr</i>			\$ 566.30
	Front Fender Shield (LH) <i>x su</i>			\$ 175.90
	Front Fender Retainer <i>x su</i>			\$ 24.60
	Front Wheel Hub Cap, LH <i>x su</i>			\$ 107.10
	SUB TOTAL			\$ 2,853.40
	LESS 20%			\$ 570.68
	DISCOUNTED TOTAL			\$ 2,282.72
	Front Fender Advertisement Logo (LH) <i>ca</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 280
	Spray Painting Charge			\$ 500.00 400
	Wiring			\$ 50.00 20
	Tuff Kote			\$ 50.00 <i>x m</i>
	Frt Wheel Alignment			\$ 80.00 <i>x m</i>
	TOTAL LABOUR			\$ 1,240.00
	ESTIMATE TOTAL			\$ 3,622.72
				4028.88

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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>20-10-19</u> Time Received: <u>1820</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Choo Hon Kit</u> Contact No.: <u>91127225</u> Vehicle No.: <u>SHA 7881C</u> Make / Model / Colour: <u>740</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	

7. Location: <u>Cairnhill Rd X Orchard Rd</u>			8. Vehicle Tow - In Workshop:		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____			<input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		

10. Odometer Reading: _____		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E			

Job Attended		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer: <u>[Signature]</u>	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING			
Name of Driver: <u>Jaden NG</u>			
Vehicle No.: <u>GR 5366Z</u>			
Time Dispatch: <u>1820</u>			
Time of Arrival: <u>1830</u>			
Time Completed: <u>1940</u>			

Cash Invoice Details (if applicable)	
13. Cash Invoice No.: _____	

Customer Acknowledgement	
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.	
<u>20-10-19</u> Date	<u>1830</u> Time
Signature of Customer: <u>[Signature]</u>	

14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305342888
Date : 26.10.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. ~~SHA~~ 7881C CTPL


Fax :
20.10.19


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

1. The repair job shall bill to: NTUC --- S2710CD
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: 20% \$2,200.00
Final Lumpsum Repair cost \$2,200.00

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 29/10/19

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		NO		
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/INC19018601/K1tf3n2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 30-10-2019	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	S 2710CD	Veh. Inspected	SHA 7881C
Policy No.	5111450504	Coverage (\$)	0.00
Claim No.	MT/1067890-002	Excess (\$)	0.00
Assign From		Assign Date	21/10/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075144	Colour	BLUE
Odometer	778382	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 N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	20/10/2019	Inspection Date	21/10/2019
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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7881C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER COVER	CUT	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	24.60	-
1	HEADLAMP (LH)	CRACKED	1,388.00	1,388.00
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	566.30	-
1	FRONT FENDER SHIELD (LH)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP, LH	SERVICEABLE	107.10	-
	LESS 20% DISCOUNT		-672.22	-488.04
			2,688.88	1,952.16
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (LH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		560.00	280.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,240.00	700.00
GRAND TOTAL			4,028.88	2,752.16
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				2,200.00

Report Ref No. NS/INC19018601/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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