Qureyer: Kalvin REF: NSI IN (19	9019305/t19f362
	SIGNMENT
From: Date:	Veh No: SHC 83 02R Yr Regn: 6 Ay 2015
Estimate@Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Insped Vehicle No:	Make: Men Jai 2 to c.c 1 685
at Workshop m/s	Colour BL A/C: Insu@1/Std/NI/NA
of	Sp.Reading 5/8524 T/Radio: Insufed / Std / NI / NA
Insured: FB(1622)	Eng/No:
Policy No. 5086493606-02 (03112/2018-02/12/2019	) C/No: KM HLB 41 LM. G407 + 666
Claims No. MT 1069249-002	Gen. Cond: Good / Far Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino Ger / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD Rim or
	Tyre Size; F: 205/60 116
(Policy Condition)	, R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or Wedle
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 7 mm R/Bal. 7 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: 7 days Res.: Yes or No	D.O.A. 29/10/19 D.O.I. 31/10/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE (Loyang)
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	
1/11/19 Che 4/5\$1200/ 2 Rgs.	(Red \$ 3073.52, 77/0) Inc
PBC 1627 1- x5/1/1 100/4078/	DG1 D. CA - 15/07/2/0 41.
16(160)-4	
RE	CEIVED 0 3 NOV 2019
111	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2
1) OS/11 TUTY : Final Report	
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 160
2) Add Fee	
	:Interview (\$ ) Photos
Report Format	To let a constitute its

TOTAL

160

TP Claims against NTUC Income: Follow-Through Survey

04/11/2019

Date:

14,0	Incomo Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	ŭ	Estimate
S/NO	וווכחווב ויבובובובו	Claiman Camer Comment			The second secon	0.000		1
ě	MT/1069342-002	COMEORTDEI GRO FNGINEERING PTE LTD	SHD 7007U	SJX 6988R	30/10/2019	19:25	s	3,665.28
7						0.00	9	The state of the s
	MT/1069249-002	COMEORTDEI GRO FNGINFERING PTE LTD	SHC 8302R	FBC 1622J	29/10/2019	19:10	s	4,223.52
7								

<b>eBao</b> Tech							Genera	GeneralClaim			
Hello, NAC_PAYA_UBI_80	00601					100	• Change	Languag	e + Chan	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.				Date o	f Accident	[	29/11/2019 (	9:10	
	Vehicle No.(For Motor)		FBC16223			Certificate Number		[			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086493606- 02		LIM ZHEE WEI	59006329D	GMC	Third Party	FBC1622	FBC16223	03/12/2018	02/12/2019
					C	ontinue					

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Breed	
Date Of Report	30/10/2019 16:24
Date Of Accident	29/10/2019 19:10
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AFTER EXIT 9 JLN EUNOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8302R
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	140
Exact Purpose for which vehicle was being used a time of accident	t
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	TAN TUAN POH
NRIC No	S1314913E
Date Of Birth	18/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	08/04/1980
Driving Experience	

MALE

(LOCAL) +65-96288220

TUANPOH@SINGNET.COM.SG

, , <sup>, , ,</sup> Address

BLK 724 BEDOK RESERVOIR ROAD #10-5222

Postcode

470724

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - TAXI DRIVER

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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

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]

BEDOK NORTH N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20191029/2164

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 Vehicle Make/Model/Colour

FBC1622J

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

LIM ZHI WEI

NRIC/Passport Number

Contact Number

0053326 90053326

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRT

# No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

LIM ZHI WEI

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBC1622J

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

YES

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

PILLION

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBC1622J

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
  - 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.

Policyholder's Signature

COMPORT TRANSPORTATION LITE LED

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wend

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

3 II DE 1 201

SIANAC Securitization and VI

4: 4

SKETCH PLAN			CALLE
N = SHC	8302R		11114
B - FBC 16	322		B
CINCITORCE	1016) => \40	Eliste	
		EXITA	
ESCRIBE CIRCUMSTANCES O		JUN EUI WO	r F
Statement	as per to	sha Repor	+ 3
T/2019 10	12161		
112011	4 110104		
			7
CLARATION			12
e declare the foregoing particular			\(\lambda_{\ell}}}}}}}}}}}}\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\eil}}}}}}}}}}}}}}}}}\ell_{\eil}}}}}}}}}}}}}}}}}}\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\eil}}}}}}}}}}}}}}}} \ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\eil}}}}}}}}}}}}}}}}}\elli\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\eilitity}}}}}}}}}}}}}\elli\elli_{\elli\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\ell_{\eilitity}}}}}}}}}}}}}}\elli_{\elli\elli_{\elli\ell_{\ell_{\ell_{\ell_{\eilitity}}}}}}}}}}}\elli_{\elli\ell_{\elli\elli\ell_{\elli\ellitity}}}}}}}\elli_{\elli\elli\elli\ell_{\ellitity}}}}}}\elli_{\elli\elli\elli\ellitity}}}}}}\elli_{\ellitity}\elli\elli\ellitity}}}}\elli_{\ellitity}\elli\ellitity}}}\elli_{\ellitity}\ellitity}}}\elli_{\ellitity}\ellitity}\elli\elli_{\ellitity}\ellitit_{\ellitity}\ellitity}\ellitity}\ellitity}\ellitity}\ellitity}\ellitity}\ellitity}\ellitity
to office Mr. 110050345An	Doersook	Olivia Viendy	Cons
cyholder's Signature e & Time:	Driver's Signature	Reporting Centre P	ersonnel's Signature
z ox infile:	(If driver is not the policyholder)	Name:	H W 1117   71111

CHARRYET Shorth Hand occur. Vis.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20191029/2164

Tel No: 1800-2449999

Date/Time Report Made: 29/10/2019 21:46			Vide Report No.: G/20191029/0146	Station Diary No.: 137		
Informa	nt's Partic	ulars				
	f Informant: AN POH		Address: APT BLK 724 BEDOK RESERVOIR ROAD #10-5222 SINGAPORE 470724			
ID Type / ID No.: NRIC NO / S1314913E			Contact No.: Home/Office: Mobile: 96288220			
National SINGAP	ity: ORE CITIZ	ŒN.	Email:			
Sex: Male	Age: 61	Date of Birth: 18/09/1958	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:			

General Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2019 19:10	Type of Location Straight Road	
	EXPRESSWAY	rk 1/P 434			
Weather: Clear	rus oriangi at s.okiirina	Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Side Swip	e - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC1622J	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	1
SHC8302R	Car	HYUNDAI	140	Blue	Slightly Damaged	1

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





Report No. T/20191029/2164

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Rider		The series of th	Ala	1	NIL
Name	Lim Zhi Wei	ID	ID No.		NIL
Related Vehicle	FBC1622J (Motorcycle)	Co	ontact	No.	90053326
Hospital/Clinic	NIL	Dr Lie	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dischar			
No. of Days gran	ted Medical Leave NIL	Degree of Inj	ee of Injury   Serious		
Driver	MANUFACTURE OF THE STATE OF THE			149	S1314913E
Name	TAN TUAN POH	IL	No.		51314913L
Related Vehicle	SHC8302R (Car)	С	Contact No.		96288220
Hospital/Clinic	NIL	D	Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dischar	_	NIL	
			onergo III		

#### Brief Details.

Date Treatment | NIL

No. of Days granted Medical Leave

On the 29/10/2019 at around 7.10pm, I was driving my car bearing registration number SHC8302R Hyundai I40 Comfort taxi along PIE heading towards Changi. I was driving on the 2nd lane from the right and the traffic volume was heavy. After Eunos exit, the car in front of mine suddenly jammed brake. I also jammed brake as to avoid collision. Then a motorcycle suddenly side swipe on the left side of my taxi and fell on the road. Both rider and pillion fell in front on the road. I came out to check and saw that the motorcycle registration is FBC1622J. I called for the police and a few minutes later the traffic police came with ambulance. The rider and pillion both conveyed to hos[ital. There is CCTV in my taxi and it was taken by the traffic police.

NIL

Degree of Injury NIL

CONTINUATION OF REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 3 of 3 Report No. T/20191029/2164

#### 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 / Sr Staff Sgt ANWAR BIN ZAINAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2019 21:46
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	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

Date/Time? Ub31 30 2019 09:26

Page :

Team:	ARC Repai	r TP(CLSO)1	JOE	CARD	Sales Order:	JC NO.: 305345373
OMER	4			VARS	REGN NO.: SHC8302R	MILEAGE
OMER NO.	70100		ION PTE LTD	VAE	MAKE: HYUNDAI	FUELF
1200	Singapore	NG DRIVE SINGAPORE	575717			DATE/TIME IN 30.10.2019 14:05
(R) (P)	65508755	(O)		(5)	YR OF MANU. 06.08.2015	TARGET DATE
OUNT CAR	O NO.		36	(3)	CHASSIS CODE KMHLB41UMGU07566	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 29.10.2019 NATURE: 3P 31.10.2019

S/NO



LABOR CODE DESCRIPTION NOTUC- Left Rear -Kalmi -

CKED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE viedgement Slip Exit Pass Vehicle No.: LARRY SHC8302R if Service Advisor Signature/Date Name of Service Advisor Date

sturned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING PTE LTD

# **REPAIR ESTIMATE\***

VEHICLE NO : SHC8302R

DATE:

31. Oct. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 29. Oct. 2019 **NTUC** 

MODEL .	. 140	DUA:	29. Oct. 2019	NIOC	
Qty	Parts Description/ Labour	Туре	Unit Price	Amount	
	1 Rear Bumper / 50 /			\$553.00	17 (20
1	o Rear Bumper Clips		\$2.20	\$22.00	
	1 Rear Bumper Side Bracket – LH 🗶 💆 🤼			\$49.00	
	1 Rear Fender – LH X			\$2,020.10	
	Tail Cam (UN)		\$ 697.80		
	•		\$ 017.		
	SUB TOTAL			\$2,644.10	
	LESS 20%			\$528.82	
	DISCOUNTED TOTAL			\$2,115.28	1
					1
					1
	1 Advertisement – Rear Bumper			\$50.00	Nett
	2 Advertisement – Rear Fenders LH/RH		\$100.00		
	2 Navertisement   Near Females Environ		\$100.00	\$200.00	, tett
				\$250.00	
				\$250.00	
	Labour Charge			280/	
	1 Panel Beating		130	\$600.00	
	Market and the second	Misute Jac	e notify	/ /	
	1 Spray Painting Charge 1 Remove/refix Reverse Sensor 1 Tuff Kote	t us to the	Omning Park	2500.00	
	1 Remove/refix Reverse Sensor	etereinter	mind serie	\$ \$100.00	
	1 Tuff Kote he results 3	THE WAR	ACCURACY ASSOCIATION OF THE PERSON OF THE PE	× \$100.00	Δ,
	Parts price	Story of our	is wed some company will from insurance company with from the company with	\	
	*Third part	modificationis mediaty tem(5)	nus Irom Insurance	\	
	TOTAL LABOUR	- 10 HUB -		\$1,300.00	
	16 / 1 ////	aned by Rep	lite!		
	Calmin (UCK) ESTIMATE TOTAL	M/60Ao		\$3,665.28	
Latt	Malain (UCK) ESTIMATE TOTAL  2 Pg)  US Alle	:			
	1/ 31/10/1			4007 52	
	2/71 10	Rajir	11		
	45 Ame	Repar	prob		
	This is an initial estimate based on a visual inspection of th	e above ve	hicle. The final repair q	uantum will	
	be prepared after the vehicle is surveyed by a motor Surve	yor appoin	ted by the insurance co	ompany.	

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305345373

Date : 31. Oct. 2019 ComfortDelGro Engineering Pte Ltd

3.7.00.2010					0.000	46 8156
FINA	ALIZAT	TION FORM				
То	: _	LKK			Fax:	
Attn	:		KALVIN			
Vehi	icle Reg No. : SHC8302R		Dat	e of Accident: _	29. Oct. 2019	
The	survey	and estimates of	the repairs of the a	bove-mentione	d vehicle are as	follows:-
1.	The	repair job shall bi	III to:	NTUC		FBC1622J
2.	The	finalized amount	shall be:			
	(a)	Spare Parts aft	ter List discount			
	(b)	Labour Charge				
	(-)		By-Part Repair Cos	st		
	(c.)	Total for Lumps	air (if applicable) sum repair cost afte m Repair cost	r Less:	-	\$ 1200 -0
	Estim	nated permal peri	. d for			
	ESUII	nated normal pen	od for repairs:	w	orking days.	
	We s		ove amount as Cor			no reply from you
	We s withi	hall treat the ab	ove amount as Cors	rrect and Conf		
	We s withi	shall treat the abin 7 working day	ove amount as Cors	rrect and Conf W fin	irmed if there is e confirm the est alized amount	
	We s withi	shall treat the abin 7 working day	ove amount as Consistance.	w fin	e confirm the est alized amount	
	We s within Than	shall treat the abin 7 working day sk you for your asseture;	ove amount as Consistance.	w fin	irmed if there is e confirm the est alized amount	imates and
	We s within Than Signa Name	shall treat the abin 7 working day sk you for your asseture;	ove amount as Consistance.  Larry Ng	w fin	e confirm the est alized amount gnature:	imates and
i.	We s within Than Signa Name Tel Fax	thall treat the abin 7 working day to your for your asseture :  to be about the abin 7 working day to your for your asseture :  to be about the abin 7 working day	ove amount as Consistance.  Larry Ng	w fin	e confirm the est alized amount gnature:	imates and
	We s within Than Signa Name Tel Fax	thall treat the abin 7 working day to your for your asseture :  to e :  to 6214 837  to 6546 815	ove amount as Consistance.  Larry Ng	rrect and Conf W fin Sig Na Da	e confirm the est alized amount gnature:	imates and
	We s within Than Signa Name Tel Fax	thall treat the abin 7 working day to your for your asseture :  to e :  to 6214 837  to 6546 815	ove amount as Consistance.  Larry Ng	w fin	e confirm the est alized amount gnature:	imates and
or C	We s within Than Signa Name Tel Fax	thall treat the abin 7 working day to your for your asseture :  to 6214 837 to 6546 815	ove amount as Cors sistance.  Larry Ng 16	rrect and Conf	e confirm the est alized amount gnature : ate :	Kalin
or C	We s within Than Signa Name Tel Fax Official	thall treat the abin 7 working day to k you for your asseture:  to 6214 83' to 6546 815  Use Only	ove amount as Cors sistance.  Larry Ng 16	Prect and Conf	e confirm the est alized amount gnature : ate :	Kalin
or C	We s within Than Signa Name Tel Fax Official	thall treat the abin 7 working day to k you for your ast tature :  : 6214 83 : 6546 815  Use Only  Item  tate P/Day  ncome Paid	ove amount as Cors sistance.  Larry Ng 16	Prect and Conf	e confirm the est alized amount gnature : ate :	Kalin
. Ro . Lo . St	We s within Than Signa Name Tel Fax Official ental R ass of larvey Fa Sea edical Fa	thall treat the abin 7 working day to k you for your ast tature :  : 6214 83 : 6546 815  Use Only  Item  tate P/Day  ncome Paid	ove amount as Cors sistance.  Larry Ng 16	Prect and Conf	e confirm the est alized amount gnature : ate :	Kalin



# **National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315





LEIE			U S B C			
NTUC INCOME INSURANCE CO-OPERATIVE LTD			Ref:	NS/INC19019305/K1qf3e2		
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date:	06-11-2019 INC4		
1.		Policy Particulars	:- THIR	D PARTY CLAIM		
	Insured Veh.	FBC 1622J	Veh. I	nspected	SHC 8302R	
	Policy No.	5086493606-02	Cover	age (\$)	0.00	
	Claim No.	MT/1069249-002	Exces	s (\$)	0.00	
	Assign From		Assig	n Date	31/10/2019	
2.		Vehicle Parti	culars &	Condition		
	Make & Model	HYUNDAI 140	c.c		1685	
	Engine No.	HIDDEN	Year o	of Reg.	2015	
	Chassis No.	KMHLB41UMGU075666	Colou	r	BLUE	
	Odometer	518524	Steeri	ng	IN ORDER	
	Brakes	IN ORDER	Modif	cation	STANDARD ALLOY RIM	
	General	FAIR				
3.		Condit	ions of	Tyres		
		Size	Make		Balance	
	R/H Front Tyre	205/60 R16	WEST	LAKE	7 mm	
	L/H Front Tyre	205/60 R16	WEST	LAKE	7 mm	
	R/H Rear Tyre	205/60 R16	WEST	LAKE	7 mm	
	L/H Rear Tyre	205/60 R16	WEST	LAKE	7 mm	
4.		Descripti	on of D	amages		
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.					
	DAMAGES SEE DETAILS.					
5.		Genera	l Inform	ation		
	Accident Date	29/10/2019	Inspe	ction Date	31/10/2019	
	Survey held at COMFORTDELGRO ENGINEERING PTE LTD  59 LOYANG DRIVE SINGAPORE 508969					
5a.		R	emarks			
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W				
5b.		Estimate	Days o	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







#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8302R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER (50%)	CRACKED	553.00	276.50
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER SIDE BRACKET-LH	SERVICEABLE	49.00	-
1	REAR FENDER-LH	SERVICEABLE	2,020.10	
1	TAIL LAMP (LH)	CRACKED	697.80	697.80
	LESS 20% DISCOUNT		-668.38	-199.26
			2,673.52	797.04
	SPECIAL NETT ITEMS			
1	ADVERTISEMENT-REAR BUMPER (SN)	NECESSARY	50.00	50.00
	ADVERTISEMENT-REAR FENDERS LH/RH @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
	LABOUR			
	PANEL BEATING.		600.00	280.00
	SPRAY PAINTING CHARGE.		500.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		100.00	30.00
	TUFF KOTE.	NOT NECESSARY	100.00	-
			1,300.00	510.00
	GRAND TOTAL		4,223.52	1,557.04
	RECOMMENDED COST OF LUMP SUM REPAIRS			1,200.00

RECOMMENDED COST OF LUMP SUM REPAIRS	1,200.00
(TO ITS PRE-ACCIDENT CONDITION)	
(CONFIRMED)	

Report Ref No. NS/INC19019305/K1qf3e2

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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