

Gel.

INC NS/INC 19021412 / G4f3n2

## ASSIGNMENT

File No. \_\_\_\_\_ Date \_\_\_\_\_  
 ESM/PA/COOL  
 DD / TP / WS / TP RES / CO RES / EVA / INV / MV  
 To Inspect Vehicle No. \_\_\_\_\_  
 Workshop No. **Comfort layamp**  
 Insured **SJW 6760K**  
 Policy No. **MT/1081485-002**  
 Claims No. \_\_\_\_\_  
 Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_  
 (Client's Record)  
 Make of Veh. \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

Est. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: **1** days Fee: Yes or No  
 Loan Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Unit No. **SHC 1687B** 22 oct 2019  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /  
 Truck / Trailer or

Make **Hyundai IONIQ** 1580  
 Colour **Blue** AC Insured / Std / NI / NA  
 Sp Reading **11124** TIRatio: Insured / Std / NI / NA

Eng/No. \_\_\_\_\_  
 C/No. **16MHC85/CVLU186790**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In/Out / Jammed / Leaked / Burnt or

Brake: In/Out / Jammed / Leaked / Burnt or

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

Tyre Size: F: **175/65 R15**  
 R: **11**

BS / DUN / EXNOVA / GY / FS / LIZA / M/C / OHTSU / PIR / SUM /

TOYO / YOKO or

Front Rear  
 R/Bal: **6** mm R/Bal: **6** mm  
 L/Bal: **6** mm L/Bal: **6** mm  
 D.O.A. \_\_\_\_\_ D.O.I. **03-12-19**

Survey held at: **w/s** **4:15 pm**

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

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

Date / Time Action / Instruction

No Policy Found.

SHC 1687B - CS3 / PCS 19006643 / Gcd 352 DIA - 01/04/2019

SJW 6760K - X

01/11 Finalized \$721 with Chiang (Red \$1228-26, 63%)

RECEIVED 30 JAN 2020

Date/Time, File Path: ☐ : Prel. ReportDate/Time, File Path: ☐ : Final ReportDays Of Repair: **1**Resurvey No. of Trip: **2**

Survey Fee

Transportation

Total Fee

Total

Total

Total

Total

Total

Total

1st Fee: ☐ Site Fee: ☐ IS2nd Fee: ☐ Site Fee: ☐ IS3rd Fee: ☐ Site Fee: ☐ IS4th Fee: ☐ Site Fee: ☐ IS5th Fee: ☐ Site Fee: ☐ IS6th Fee: ☐ Site Fee: ☐ IS7th Fee: ☐ Site Fee: ☐ IS8th Fee: ☐ Site Fee: ☐ IS

9/1/20 Typist

P/P \$721-00

160

## Denise Tay (LKKAUTO)

---

**From:** MTCL@income.com.sg  
**Sent:** Wednesday, 29 January 2020 4:17 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** RE: REQUEST CLAIM NUMBER

Hi

All claim created

With Regards

**Azlin Rani**  
Senior Administrator, Motor Insurance  
[www.income.com.sg](http://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](http://income.com.sg/careers)

**in** with you

---

**From:** Denise Tay (LKKAUTO) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Wednesday, 29 January 2020 12:00 PM  
**To:** MTCL@income.com.sg  
**Subject:** REQUEST CLAIM NUMBER

Dear Sir/Mdm,

Request claim number

| S/No |                | Claimant<br>(Owner / Taxi<br>Company) | Claimant<br>Vehicle<br>No. | Income<br>Vehicle<br>No. | Date of<br>Accident | Time of<br>Accident | Estimate | Tentative<br>repair cost |
|------|----------------|---------------------------------------|----------------------------|--------------------------|---------------------|---------------------|----------|--------------------------|
| 1    | MT/1077890-002 | CITYCAB PTE LTD                       | SHB<br>4974H               | GBD<br>611S              | 30/12/2019          | 17:00               | 2,935.09 | 1749.50                  |
| 2    | MT/1081485-002 | Comfort<br>Transportation<br>PTE LTD  | SHC<br>1687B               | SJW<br>6760K             | 01/12/2019          | 20:40               | 1949.26  | 721.00                   |

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SHC1687B**

Make / Model  
**HYUNDAI / AE IONIQ HEV FL 1.6 DCT**

Vehicle Type :  
**H10 - Public Transport Taxi (Motor Car)**

Vehicle Attachment 1 :  
**Air-Con (Taxi)**

Vehicle Scheme :  
**Taxi (Company)**

Chassis No. :  
**KMHC851CVLU186790**

Propellant :  
**Petrol-Electric**

Engine No. :  
**G4LEKU397509**

Motor No. :  
**PM04K9H291DJ**

Engine Capacity :  
**1580 cc**

Power Rating :  
**32.0 kW**

Maximum Power Output :  
**103.6 kW (138 bhp)**

Date/Time: 02.12.2019 16:12

Page : 1

JOB CARD

Team: ARC Repair TP(CLS0)1

Sales Order:

JC NO.: 305358514

TOMER

REGN NO.:

SHC1687B

MILEAGE

VS COMFORT TRANSPORTATION PTE LTD

MAKE :

HYUNDAI

FUEL

TOMER NO. 7010045

E 1/2 F

RESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

MODEL

IONIQ(G3)

DATE/TIME IN

01.12.2019 22:15

(R) 65508755 (Q)

YR OF MANU.

22.10.2019

TARGET DATE

(P)

CHASSIS CODE

KMHCB851CVLU186790

COMPLETION DATE/TIME:

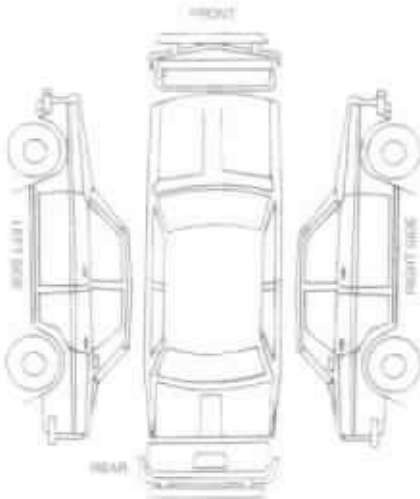
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.12.2019

NATURE: 3P 01.12.2019

S/NO LABOR CODE DESCRIPTION



CHANGED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.: SHC1687B

CHIANG

Vehicle No.

SHC1687B

I Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## 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 GIAs 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             | 02/12/2019 14:44              |
| Date Of Accident           | 01/12/2019 20:40              |
| Exact Location Of Accident | PIE SLIP RD TOWARDS JLN EUNOS |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC1687B                       |
| <b>Insured/Policyholder</b> |                                |
| 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       | KIM TIEW HO            |
| NRIC No              | S0279901D              |
| Date Of Birth        | 14/10/1949             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 30/01/1973             |
| Driving Experience   | 46 YEARS AND 10 MONTHS |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-91317187   |
| Fax Number           |                        |
| Contact Number       |                        |
| EMail Address        | NOEMAIL                |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 681 RACE COURSE ROAD #02-315 |
| Postcode  | 210681                           |
| 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       | WET                      |

#### Other Information

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

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### 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 | SJW6760K                               |
| Vehicle Make/Model/Colour   |  |
| Details Of Properties       |  |
| Vehicle Category            | PRIVATE CAR                            |
| Name of Driver              |  |
| NRIC/Passport Number        |  |
| Contact Number              |  |
| Address                     |  |
| Postcode                    |  |
| Insurance Company Name      | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage            | FRT                                    |

No. Of Passenger (Including Driver)

# 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 PTE LTD  
CO. REG. NO. 196303821K

RAT

Wendy

Wendy

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Wendy  
NRIC/Fin No: 117 111 1111



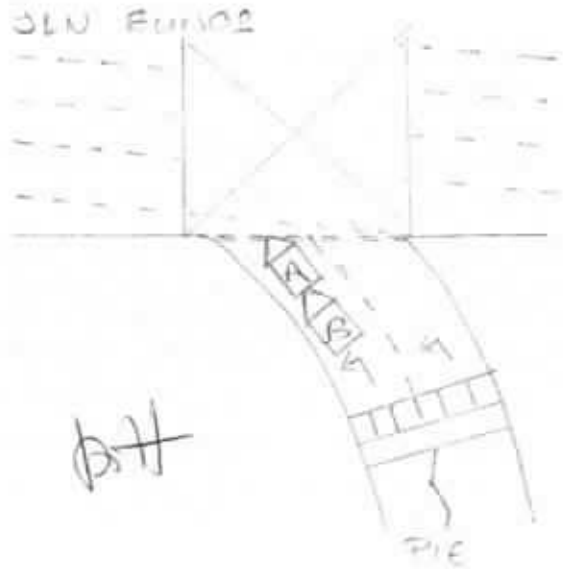
## Sketch Plan Pg. 2

### SKETCH PLAN

$k = \text{SHC } 16875$

B = SJW 6760K

(NO PLATE  
GIVEN BY AIRCO)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

## DECLARATION

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

COMFORT TRANSPORTATION, INC. LTD.  
CO. REG. NO. 109303621K

Policyholder's Signature  
Date & Time

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

Wendy

Reporting Centre Personnel's Signature: \_\_\_\_\_  
 NRIC/PIN No.: \_\_\_\_\_

**Describe Circumstances of the Accident.**

On the 01/12/2019 at about 20:40hrs, I was driving along PIE slip road towards Jln Eunus direction with 1 male passenger on board my taxi.

As I approached the give way line, I stop to checked the traffic is clear from incoming vehicle before I drive out when there's an impact from behind my taxi. So I step out to checked and found out a vehicle of SJW6760K front portion had collided onto my rear left portion of my taxi.

No injury at the point of accident.

**Declaration**

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

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

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 1687B

DATE 3/12/2019 9:42

MAKE :

MODEL : HYUNDAI IONIQ

| Qty | Parts Description/ Labour                   | Type | Unit Price | Amount             |
|-----|---|------|------------|--------------------|
|     | Rear Bumper X NN                            |      |            | \$ 459.40          |
|     | Rear Bumper Centre Moulding Assy / SCR.     |      |            | \$ 451.25          |
|     | Rear Bumper Lower Centre Moulding Assy X NN |      |            | \$ 155.00          |
|     | Rear Bumper Stay X NN                       |      |            | \$ 138.10          |
|     | Rear Bumper Side Bracket (LH/RH) X NN       |      | \$ 33.10   | \$ 66.20           |
|     | Rear Bumper Cover Clips X                   |      |            | \$ 22.00           |
|     | <b>SUB TOTAL</b>                            |      |            | <b>\$ 1,291.95</b> |
|     | <b>LESS 20%</b>                             |      |            | <b>\$ 258.39</b>   |
|     | <b>DISCOUNTED TOTAL</b>                     |      |            | <b>\$ 1,033.56</b> |
|     | Rear Bumper Reverse Sensor X NN             |      |            | \$ 135.70          |
|     | Rear Bumper Rubber Mat X NN                 |      |            | \$ 50.00           |
|     |   |      |            | <b>\$ 185.70</b>   |
|     | <b>Labour Charge</b>                        |      |            |                    |
|     | Panel Beating                               |      |            | \$ 350.00          |
|     | Spray Painting Charge                       |      |            | \$ 250.00          |
|     | Wiring Charge                               |      |            | \$ 50.00           |
|     | Remove/Refix Reverse Sensor                 |      |            | \$ 80.00           |
|     | <b>TOTAL LABOUR</b>                         |      |            | <b>\$ 730.00</b>   |
|     | <b>ESTIMATE TOTAL</b>                       |      |            | <b>\$ 1,949.26</b> |

## Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Remove/Refix Reverse Sensor

TOTAL LABOUR

ESTIMATE TOTAL

3/12/19  
1 Day

P/P.  
before part photos  
Gus Gop  
LPM

LKH Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

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.

Our Job Ref No : 305358514

Date : 05/12/19

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : GUOQIANG

: SHC1687B

01/12/19

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

- 2 The repair job shall bill to: NTUC SJW6760K
2. The finalized amount shall be:
- |   |                 |
|---|-----------------|
| (a) Spare Parts after List discount       | \$361.00        |
| (b) Labour Charges                        | \$360.00        |
| <b>Total for Part-By-Part Repair Cost</b> | <b>\$721.00</b> |
| (c.) Lumpsum Repair (if applicable)       |                 |
| Total for Lumpsum repair cost after Less: |                 |
| <b>Final Lumpsum Repair cost</b>          |                 |

3. Estimated normal period for repairs: 1 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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name :

Date : 09/11/20

## For Official Use Only

| Item  | Amount | Document Attached<br>Yes or No | Confirm By<br>(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<br>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/INC19021412/Gyf3n2  |  |                  |   |
| 73 BRAS BASAH ROAD<br>#05-01 NTUC TRADE UNION HOUSESINGAPORE<br>189556   |  | Date: 31-01-2020 |  |
|  |  | Code: INC4       |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                  |   |
| Insured Veh.   | SJW 6760K  | Veh. Inspected   | SHC 1687B   |
| Policy No.   |  | Coverage (\$)    | 0.00  |
| Claim No.  | MT/1081485-002   | Excess (\$)      | 0.00  |
| Assign From  |  | Assign Date      | 03/12/2019  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                  |   |
| Make & Model   | HYUNDAI IONIQ  | c.c              | 1580  |
| Engine No.   | HIDDEN   | Year of Reg.     | 2019  |
| Chassis No.  | KMHC851CVLU186790  | Colour           | BLUE  |
| Odometer   | 11124  | Steering         | IN ORDER  |
| Brakes   | IN ORDER   | Modification     | NIL   |
| General  | GOOD   |                  |   |
| <b>3. Conditions of Tyres</b>  |  |                  |   |
|  | Size   | Make             | Balance   |
| R/H Front Tyre   | 195/65 R15   | MICHELIN         | 6 mm  |
| L/H Front Tyre   | 195/65 R15   | MICHELIN         | 6 mm  |
| R/H Rear Tyre  | 195/65 R15   | MICHELIN         | 6 mm  |
| L/H Rear Tyre  | 195/65 R15   | MICHELIN         | 6 mm  |
| <b>4. Description of Damages</b>   |  |                  |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS.   |  |                  |   |
| <b>5. General Information</b>  |  |                  |   |
| Accident Date  | 01/12/2019   | Inspection Date  | 03/12/2019  |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                  |   |
| <b>5a. Remarks</b>   |  |                  |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                  |   |
| <b>5b. Estimate Days of Repair</b>   |  |                  |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |  | 1 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. SHC 1687B

| Qty  | Description of Parts                      | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|---------------|---------------------------|-------------------|
| <b>REPLACEMENT OF PARTS</b>                    |   |               |                           |                   |
| 1  | REAR BUMPER                               | NOT NECESSARY | 459.40                    | -                 |
| 1  | REAR BUMPER CENTRE MOULDING ASSY          | SCRATCHED     | 451.25                    | 451.25            |
| 1  | REAR BUMPER LOWER CENTRE MOULDING ASSY    | NOT NECESSARY | 155.00                    | -                 |
| 1  | REAR BUMPER STAY                          | NOT NECESSARY | 138.10                    | -                 |
| 2  | REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10 | NOT NECESSARY | 66.20                     | -                 |
| 10   | REAR BUMPER COVER CLIPS                   | NOT NECESSARY | 22.00                     | -                 |
|  | LESS 20% DISCOUNT                         |               | -258.39                   | -90.25            |
|  |   |               | 1,033.56                  | 361.00            |
| <b>SPECIAL NETT ITEMS</b>                      |   |               |                           |                   |
| 1  | REAR BUMPER REVERSE SENSOR (SN)           | NOT NECESSARY | 135.70                    | -                 |
| 1  | REAR BUMPER RUBBER MAT (SN)               | NOT NECESSARY | 50.00                     | -                 |
|  |   |               | 185.70                    | -                 |
| <b>LABOUR</b>                                  |   |               |                           |                   |
|  | PANEL BEATING.                            |               | 350.00                    | 320.00            |
|  | SPRAY PAINTING CHARGE.                    | NOT NECESSARY | 250.00                    | -                 |
|  | WIRING CHARGE.                            | NOT NECESSARY | 50.00                     | -                 |
|  | REMOVE/REFIX REVERSE SENSOR.              |               | 80.00                     | 40.00             |
|  |   |               | 730.00                    | 360.00            |
| <b>GRAND TOTAL</b>                             |   |               | <b>1,949.26</b>           | <b>721.00</b>     |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |   |               |                           | <b>721.00</b>     |

Report Ref No. NS/INC19021412/Gyf3n2

XING GUO QIANG

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Automotive Assessor

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