

62.

NS/1 NC 19021424/Ggf312

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OO: ☒ WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle for: _____
 @ Workshop at: **Comfort Layang.**
 @ _____
 Insured: **SJC 5345M**
 Policy No: **5109409999 (13/05/2019-12/05/2020)**
 Claims No: **M7/1074712-003**
 Sum Insured: _____ Excess: _____
 (Client's Favorit): _____
 Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value

IDAC Accident Rpt. Consistent? Yes or No

GIA / PR Seen Consistent? Yes or No

Est. Repairs: **3** days Res: Yes or No

Cum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Sub No: **SR/9642X** Date: **02 Jul 2019**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / ☒ (2) / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai IONIQ** **1580**
 Colour: **Blue** AC Insured / Std / NI / NA
 Sp Reading: **70105** T/Ratio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **KMH C85 / CV KU 164493**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ In order / Jammed / Leaked / Burnt or
 Brake: ☒ In order / Jammed / Leaked / Burnt or
 Mod: ☒ / SiRim / STD A/Rim or
 Tyre Size: F: **198/65 R15**
 R: **"**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **DAVANTI**
 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** **3:30pm**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S & A/S LA
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	SR 9642X - X
	SJC 5345M - X
06/1/20 @ 2:39pm confirmed with Mr Lim final fig \$1891.42, 3 days.	
(Red \$580.62, 73%)	
RECEIVED 07 JAN 2020	

Date/Time, File Path & / : Prel. Report

07/1/2019 : Final Report

Date/Time, File Path & /

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee

Transportation

Fuel & Toll

Other

Grid Fee: ☐ Site Map: ☐☐ Insurance: ☐☐ Towing: ☐☐ Towing: ☐

TR

1891.42

Shiau Chan (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 7 January 2020 8:31 AM
To: Shiau Chan (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Hi,

Claim created.

With Regards

Junainah

Senior Admin Assistant
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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Monday, 6 January 2020 2:36 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Madam,

Please refer to the below:

TP Claims against NTUC Income: Follow-Through Survey

Date : 06/01/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	
1	MT/1074712-003	COMFORT TRANSPORTATION PTE LTD	SH 9642X	SJC 5345M	

Wishing you a Happiness and Prosperity New Year

Best Regards,

Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd

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 checked="" type="radio"/>	S109409999		NUR AZIERA BINTE MUHAMMAD ROSDI	S94349381	GPC	DRIVE CLASSIC	SJCS345M	SJCS345M	13/05/2019	12/05/2020

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Monday, 6 January 2020 2:39 PM
To: Lim Kwok Eng; Guo Qiang (LKKAUTO)
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: RE: SH9642X finalize

Dear Mr Lim,

WITHOUT PREJUDICE

Confirm final fig \$1,891.42 before GST and 3 repair days.

Kindly send the relevant documents to NTUC Insurance company.

Wishing you a Happiness and Prosperity New Year

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

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

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Saturday, 4 January 2020 5:18 PM
To: Guo Qiang (LKKAUTO) <GuoQiang@lkkauto.com>
Cc: Roger How Keen Meng <rogerhow@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: SH9642X finalize

Dear Guo Qiang,

Pls refer attachments

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



Think Before Printing

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.:

SH9642X

Make / Model:

HYUNDAI / AE IONIQ HEV 1.6 DCT

Vehicle Type :

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :

Air-Con (Taxi)

Vehicle Scheme :

Taxi (Company)

Chassis No. :

KMHC851CVKU164493

Propellant :

Petrol-Electric

Engine No. :

G4LEKU296112

Motor No. :

PM04K4R421DJ

Engine Capacity :

1580 cc

Power Rating :

32.0 kW

Maximum Power Output :

103.6 kW (138 bhp)

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	03/12/2019 12:14
Date Of Accident	02/12/2019 11:50
Exact Location Of Accident	WHITLEY RD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9642X
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID

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	TAN TUANG KHOON
NRIC No	S2073949E
Date Of Birth	16/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1972
Driving Experience	47 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98525551
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 547 SERANGOON NORTH AVENUE 3 #15-158
Postcode	550547
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : 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

REFER POLICE REPORT NO: T/20191202/2073 * TYPE OF ACCIDENT :- HIT & RUN

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	SJC5345M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

UNSURE

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.

03/12/19

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.:

SKETCH PLAN

(A) 7642X
(B) 2TC 53ABM

→ $\frac{\text{Total}}{\text{Two's}}$
PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached.

T/20191202/2013

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name _____
NRIC/PIR No. _____



**SINGAPORE
POLICE FORCE**



T/20191202/2073

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

1 of 3

Report No: T/20191202/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 02/12/2019 14:31	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: TAN TUANG KHOON	Address: APT BLK 547 SERANGOON NORTH AVENUE 3 #15-158 SINGAPORE 550547		
ID Type / ID No.: NRIC NO / S2073949E	Contact No.: Home/Office: Mobile: 98525551		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 70	Date of Birth: 16/11/1949	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2.3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/12/2019 11:50	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 WHITLEY ROAD PAN ISLAND EXPRESSWAY Along Whitley Road towards PIE (Tuas)				
Weather: Clear		Road Surface Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9642X	TAXI				Slightly Damaged	1
SJC5345M	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191202/2073

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

2 of 3

Report No. T/20191202/2073

CONTINUATION OF REPORT

Driver			
Name	TAN TUANG KHOON		ID No. S2073949E
Related Vehicle	SH9642X (TAXI)		Contact No. 98525551
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/12/19 at about 1150hrs, I was driving my taxi bearing the plate number SH9642X along Whitley Road towards PIE (Tuas). As I was driving, a blue vehicle bearing the plate number SJC5345M which was travelling on my right hit onto the front driver side mudguard of my vehicle. I felt the impact. The blue vehicle then drove off without stopping. I tried to give chase but I was unable to catch up with the vehicle. There was an in car camera installed in my vehicle and it capture the plate number of the blue vehicle and the accident. I informed my taxi company and I was told to lodge a police report and that the company had saved the video in their system.

There was a passenger in my taxi during the accident however, he informed me that he was not injured



**SINGAPORE
POLICE FORCE**



T/20191202/2073

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

3 of 3

Report No T/20191202/2073

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 JEREMY CHUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2019 14:31
Officer In Charge Of Case: TP / HRT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:
Authentication Stamp NP168	

SINGAPORE
POLICE FORCE

SIGNATURE

Member of COMFORTDELGRO

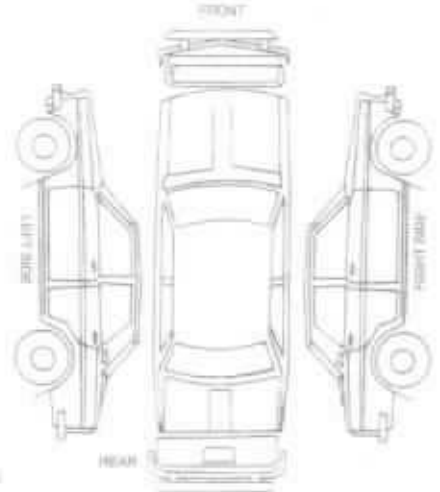
Date/Time: 03.12.2019 13:23 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305358703
OWNER: COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO: SH 9642X MAKE: HYUNDAI MODEL: IONIQ(G2) YR OF MANU: 02.07.2019 CHASSIS CODE: KMHC851CVKU164493	MILEAGE FUEL: E 1/2 F DATE/TIME IN: 03.12.2019 11:00 TARGET DATE COMPLETION DATE/TIME:	
UNT CARD NO:			

JOB DESCRIPTION

Accident Date: 02.12.2019
NATURE: 3P 02.12.2019

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Payment Slip	Exit Pass
SH 9642X LK8	Vehicle No. SH 9642X
Service Advisor	Signature/Date
Name of Service Advisor	Date
To be kept by Service Reception upon collection	To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SH 9642X

DATE 3/12/2019 14:01

MAKE :

MODEL : HYUNDAI IONIQ

LKK - NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) / buc			\$ 490.70
	Front Fender Retainer X NN			\$ 41.40
	Emblem-Blue Drive (RH) / MC			\$ 26.60
	Front Door Protector (RH) / cut			\$ 116.20
	Front Wheel Hub Cap (RH) / cut			\$ 346.40

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9642X

DATE 3/12/2019 14:01

MAKE :

MODEL : HYUNDAI IONIQ

LKe

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Fender (RH) / <i>buc</i>			\$ 490.70	
	Front Fender Retainer X <i>NN</i>			\$ 41.40	
	Emblem-Blue Drive (RH) / <i>MC</i>			\$ 26.60	
	Front Door Protector (RH) / <i>Cut</i>			\$ 116.20	
	Front Wheel Hub Cap (RH) / <i>Cut</i>			\$ 346.40	

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 04.01.2020
Time: 16:15:03
Page: 1

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

JOB NO : 305358703
REGN NO : SH 9642X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 03.12.2019 11:00
ACCIDENT DATE : 02.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-0573-G	IONIQVC PANEL-FENDER RH#	1 L	490.70	20.00	392.56
0002 03-01-0104-2061-G	IONIQV1&3 CAP ASSY-WHEEL	1 L	346.40	20.00	277.12
0003 04-01-0104-2468-G	IONIQ MOULDING ASSY-W/LIN	1 L	116.20	20.00	92.96
0004 04-01-0104-3913-G	IONIQ EMBLEM-BLUE DRIVE R	1 L	26.60	20.00	21.28
0005 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1 N	75.00	10.00	67.50

SUB-TOTAL : 851.42

JOB NATURE

0000 20-05	RENEW ADVERTISEMENT STICKER-	100.00
0001 L	PANEL BEATING	320.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA	600.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 1,040.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.01.2020

Time: 16:15:03

Page: 2

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

JOB NO : 305358703
REGN NO : SH 9642X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 02.07.2019
DATE/TIME IN : 03.12.2019 11:0
ACCIDENT DATE : 02.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,891.42

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305358703
Date : 04.01.20

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK Fax :
Attn : Mr QUO QIANG
Vehicle Reg No. SH9642X CTPL 02.12.19


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

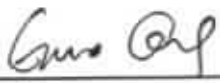
1. The repair job shall bill to: NTUC --- SJC5345M
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$851.42</u>
(b) Labour Charges	<u>\$1,040.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,891.42</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name :
Date : 06/1/2020

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/INC19021424/Gqf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-01-2020

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJC 5345M	Veh. Inspected	SH 9642X
Policy No.	5109409999	Coverage (\$)	0.00
Claim No.	MT/1074712-003	Excess (\$)	0.00
Assign From		Assign Date	03/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164493	Colour	BLUE
Odometer	70105	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/12/2019	Inspection Date	03/12/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**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. SH 9642X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER (RH)	BUCKLED	490.70	490.70
1	FRONT FENDER RETAINER	NOT NECESSARY	41.40	-
1	EMBLEM-BLUE DRIVE (RH)	NECESSARY	26.60	26.60
1	FRONT DOOR PROTECTOR (RH)	CUT	116.20	116.20
1	FRONT WHEEL HUB CAP (RH)	CUT	346.40	346.40
	LESS 20% DISCOUNT		-204.26	-195.98
			817.04	783.92
	<u>NETT ITEMS</u>			
1	FRONT DOOR COMFORT LOGO (RH)(N)	NECESSARY	75.00	75.00
	LESS 10% DISCOUNT		-	-7.50
			75.00	67.50
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH)(SN)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING.		560.00	320.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,480.00	940.00
	GRAND TOTAL		2,472.04	1,891.42
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,891.42

Report Ref No. NS/INC19021424/Gqf3n2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

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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