

Ram

NS/INC19021608/FtF3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLQ 8451Y

Policy No. MT

Claims No. MT/1074478-002

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC1410H Yt Regn: 06/09/2018
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai ior19 C.C. 1580

Colour: Blue A/C: Insured / Std / NI / NA

Sp Reading: 137222 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB8SICUKU107507

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15 DAVANTI
R: DAVANTI

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 05/12/19 D.O.I. 6/12/19

Survey held at comfortdelgro (10yang)

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

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

Date / Time	Action / Instruction
	<u>No Policy.</u>
	<u>SLQ 8451Y X</u>
	<u>SHC 1410H: CS/FC1KCI3731/ANBC2 DCA: 14/07/2016</u>
	<u>P/P: \$2242.61 (Red: 4019.73; 64%)</u>
	<u>3 repair days</u>
	<u>confirmation 12/12/19</u>
	<u>RECEIVED 12 DEC 2019</u>

Date/Time, File Pass to? ☐ : Preli. Report

12/12/19 ☒ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : Map/Sign (\$)

Survey Fee: _____

Transportation: _____

_____ S + RS. \$

Phone: _____

Other: _____

Report Form No: _____

Report Form File No: 2242.61

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1075394-001	COMFORT TRANSPORTATON PTE LTD	SHC 2469H	SJT 5730U
2	MT/1074777-002	COMFORT TRANSPORTATON PTE LTD	SH 6630A	SKM 6171B
3	MT/1075406-001	COMFORT TRANSPORTATON PTE LTD	SHC 8640P	SLA 1089R
4	MT/1074478-002	COMFORT TRANSPORTATON PTE LTD	SHC 1410H	SLQ 8451Y
5	MT/1075409-001	COMFORT TRANSPORTATON PTE LTD	SHC 1641H	GBA 7033E
6	MT/1074726-002	COMFORT TRANSPORTATON PTE LTD	SHA 2230P	SLD 1411C
7	MT/1075165-002	CITYCAB	SHC 970P	SKH 175G
8	MT/1075410-001	COMFORT TRANSPORTATON PTE LTD	SHC 3860D	SGL 2656Z

Our Job Ref No : 305359642

Date : 11/12/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC1410H

Date of Accident : 05-Dec-19

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

1. The repair job shall bill to: NTUC --- SLQ8451Y
2. The finalized amount shall be:
- | | | |
|---|-------------------|---|
| (a) Spare Parts after List discount | \$1,122.61 | ✓ |
| (b) Labour Charges | \$1,120.00 | ✓ |
| Total for Part-By-Part Repair Cost | \$2,242.61 | ✓ |
| | | |
| (c.) Lumpsum Repair (if applicable) | | |
| Total for Lumpsum repair cost after Less: 20% | | |
| Final Lumpsum Repair cost | | |
- Pre-uploaded*

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : RAM

Date : 12/12/19

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:

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLQ8451Y	05 Dec 2019 / 08:45:00	Successful	N12	NTUC INCOME INS CO-OP LTD

[Previous](#)

[OK](#)

SHC1410H

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

JOB NO : 305359642
 REGN NO : SHC1410H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 06.09.2018
 DATE/TIME IN : 05.12.2019 14:10
 ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0104-2539-G	TAILGATE EMBLEM-H	1	28.00	20.00	22.40	rec
0002	04-01-0104-2270-G	TAILGATE EMBLEM-HYBRID	1	24.30	20.00	19.44	rec
0003	04-01-0104-2271-G	TAILGATE EMBLEM-IONIQ	1	31.30	20.00	25.04	rec
0004	04-01-0104-2282-G	REAR BUMPER	1	459.40	20.00	367.52	cra
0005	04-01-0104-2533-G	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00	cra
0006	04-01-0104-3919-G	REAR BUMPER BEAM STAY RH	1	138.10	20.00	110.48	dis
0007	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	rec
0008	28-01-0103-0005-A	TAILGATE COMFORTDELGRO	1	20.00	10.00	18.00	rec
0009	28-01-0103-0006-A	TAILGATE 65521111	1	10.00	10.00	9.00	rec
0010	09-01-9999-0068-A	REVERSE SENSOR	1	135.70	10.00	122.13	br
0011	04-01-0104-1150-A	REAR BUMPER MAT	1	50.00		50.00	rec

SUB-TOTAL : 1,122.61

JOB NATURE

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

JOB NO : 305359642
REGN NO : SHC1410H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 06.09.2018
DATE/TIME IN : 05.12.2019 14:10
ACCIDENT DATE : 05.12.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 PB	PANEL BEATING	640.00				
0001 SP	SPRAYPAINT CHARGE	400.00				
0002 17-01	CHECK ALL LIGHTING	30.00				
0003 L	R/I REVERSE SENSOR	50.00				

SUB-TOTAL : 1,120.00

TOTAL : 2,242.61


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701

Mainline + 65 6383 8280 Facsimile + 65 6280 9758

Workshops

99 Loyang Drive Singapore 508959

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609285

200 Ubi Road 3 Singapore 408688

24 Senoko Loop Singapore 758156

7 Sungai Kadut Way Singapore 728791

501 Yishun Industrial Park A Singapore 758732

Date/Time: 06.12.2019 08:21

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305359642

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO:

REGN NO:

SHC1410H

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN
05.12.2019 14:10

YR OF MANU

06.09.2018

TARGET DATE

CHASSIS CODE

KMHC851CVKU107507

COMPLETION DATE/TIME:

JOB DESCRIPTION

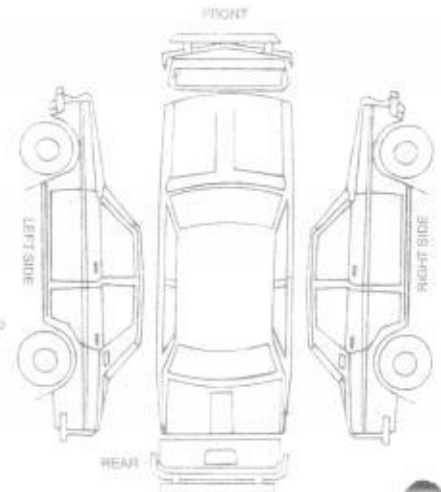
Accident Date: 05.12.2019

NATURE: 3P 05.12.19

S/NO

LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Id.: SHC1410H

LIMITS

Vehicle No.:

SHC1410H

Service Advisor

Signature/Date

Name of Service Advisor

Date

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	05/12/2019 16:29
Date Of Accident	05/12/2019 08:45
Exact Location Of Accident	ALONG SERANGOON NORTH AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1410H
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
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	QUEK TECK SEN
NRIC No	S6809787H
Date Of Birth	15/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1988
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96979859
Fax Number	
Contact Number	
Email Address	CMDLEADER@HOTMAIL.COM

Address	BLK 183 PASIR RIS STREET 11 #12-42
Postcode	510183
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - 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	SLQ8451Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAY BOON HO
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG2539P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TEOH JUN FAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAXI PASSENGER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC1410H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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

Policyholder's Signature
Date & Time:

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

Olivia Wendy

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

GIA/AMC Sketch Plan Form 1/2

Sketch Plan Pg. 2

SKETCH PLAN

A = SHC 1410 H

B = QAP 8451 Y
(BMW)

C = GBG 2539 P
(FIAT)

POPULAR HOLDINGS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEAN GEMINI AVE

Statement as per attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19930382 HK

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name: B5 HLE 50
NRIC/FIN No.:

COMFORT TRANSPORTATION PTE LTD

Sketch Plan Pg. 3

Describe Circumstances of the Accident.

On the 05/12/2019 @ about 08:45hrs, I was driving along Serangoon North Ave 5 with 1

female and 1 child passenger on board my taxi.

The front vehicle slow down to stop with signal light on to turn towards the Popular Holdings

And I slow down as well when suddenly there's an impact from behind my taxi.

I step out to checked and found out a vehicle of SLQ8451Y front left had collided onto my taxi

rear right portion. There's another vehicle of GBG2539P involved in this chain collision.


My passenger informed me that she's injured after the impact.

Declaration

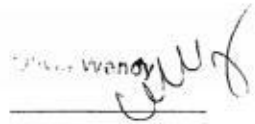
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. T99303821R

Policyholder's Signature/Date &
Time



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



Witnessed by Reporting
Centre Personnel

05/12/2019

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 1410H

DATE 6/12/2019

MAKE :

MODEL : HYUNDAI IONIQ

NTUC-45

IS

LKK - Ram

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid x (R)			\$ 2,480.40
	Boot Lid Lock Upper xnn			\$ 224.00
	Boot Lid Lock Lower xnn			\$ 51.30
	Boot Lid 'H' Emblem nec			\$ 28.00
	Emblem -Hybrid nec			\$ 24.30
	Emblem -Ioniq nec			\$ 31.30
	Rear Bumper cra			\$ 459.40
	Rear Bumper Reinforcement ? y hu			\$ 294.80
	Rear Bumper Reinforcement Bracket (LH/RH) ? y hu	\$	138.10	\$ 276.20
	Rear Bumper Centre Moulding Assy cra			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy x(R)			\$ 155.00
	Rear Bumper Stay x DIS			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) xnn	\$	33.10	\$ 66.20
	Rear Bumper Cover Clips nec			\$ 22.00
	Rear Bumper Reflector Lamp (RH) xnn			\$ 31.90
	Rear Windscreen Glass xnn			\$ 607.20
	Rear Windscreen Moulding xnn			\$ 28.20
	SUB TOTAL		\$ 923.48	\$ 5,369.55
	LESS 20%			\$ 1,073.91
	DISCOUNTED TOTAL			\$ 4,295.64
	Boot Lid Comfort Logo & Tel No. Sticker nec			\$ 30.00
	Rear No.Plake xnn			\$ 25.00
	Rear No.Plake Trim Cover xnn			\$ 30.00
	Rear Bumper Reverse Sensor x Br			\$ 135.70
	Rear Bumper Rubber Mat nec			\$ 50.00
	Rear Windscreen Sealant xnn			\$ 46.00
	Labour Charge			\$ 316.70
	Panel Beating, m			\$ 700.00
	Spray Painting Charge			\$ 500.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass			\$ 120.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 1,650.00
	ESTIMATE TOTAL			\$ 6,262.34
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.				

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

Nett 27

Nett

Nett

Nett 22.13

Nett

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Nett

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Nett

Nett

Nett

Nett



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/INC19021608/Ftf3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-12-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLQ 8451Y	Veh. Inspected	SHC 1410H
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1074478-002	Excess (\$)	0.00
Assign From		Assign Date	06/12/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107507	Colour	BLUE
Odometer	137222	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DURATURN	7 mm
L/H Front Tyre	195/65 R15	DURATURN	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	05/12/2019	Inspection Date	06/12/2019
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1410H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BOOT LID	TO REPAIR SEE LABOUR	2,480.40	-
1	BOOT LID LOCK UPPER	NOT NECESSARY	224.00	-
1	BOOT LID LOCK LOWER	NOT NECESSARY	51.30	-
1	BOOT LID 'H' EMBLEM	NECESSARY	28.00	28.00
1	EMBLEM - HYBRID	NECESSARY	24.30	24.30
1	EMBLEM - IONIQ	NECESSARY	31.30	31.30
1	REAR BUMPER	CRACKED	459.40	459.40
1	REAR BUMPER REINFORCEMENT	NOT NECESSARY	294.80	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$138.10	NOT NECESSARY	276.20	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	TO REPAIR SEE LABOUR	155.00	-
1	REAR BUMPER STAY	DISTORTED	138.10	138.10
2	REAR BUMPER SIDE BRACKET (LH/RH) @ \$33.10	NOT NECESSARY	66.20	-
10	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (RH)	NOT NECESSARY	31.90	-
1	REAR WINDSCREEN GLASS	NOT NECESSARY	607.20	-
1	REAR WINDSCREEN MOULDING	NOT NECESSARY	28.20	-
	LESS 20% DISCOUNT		-1,073.91	-230.87
			4,295.64	923.48
SPECIAL NETT ITEMS				
1	BOOT LID COMFORT LOGO & TEL NO. STICKER (SN)	NECESSARY	30.00	27.00
1	REAR NO. PLATE (SN)	NOT NECESSARY	25.00	-
1	REAR NO. PLATE TRIM COVER (SN)	NOT NECESSARY	30.00	-
1	REAR BUMPER REVERSE SENSOR (SN)	BROKEN	135.70	122.13
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			316.70	199.13



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF BOOT LID AND REAR BUMPER LOWER CENTRE MOULDING ASSY.		700.00	640.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	50.00
			1,650.00	1,120.00
	GRAND TOTAL		6,262.34	2,242.61
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,242.61

Report Ref No. NS/INC19021608/Ftf3s2

PARASURAM S/O SHANMUGAM

Asst. 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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