

NS/INC 19022950/11/1/302
INC

ASS. REC. BY: Tanph

REF:

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: SJT 2460T

Policy No. 5049149064-01 (23/09/2019-22/09/2020)

Claims No. MT 10TT27-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 3019L Yr Regn: 2016 June

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

Truck / Trailer or

Make: Hyundai I40 c.c. 1685

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

Sp. Reading: 65438 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HLS414M 6.4091338

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: 205 / 60R16

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 24/12/19 D.O.I. 27/12/19 2342pm

Survey held at CDHE Agency

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

Frt w/s

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

Date / Time	Action / Instruction
	SHD 3019L - CS/ FCI 19013493/ Vsf2m2 • D.O.A - 29/07/2019
	SJT 2460T - CS/ SMU 17013596/ R1vbn2 D.O.A - 03/07/2017
6/1/2020	LS \$1950 Confirmed by email (Ref 758-48, 289)
RECEIVED 07 JAN 2020	

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 6/1 - typist

Report Format: TP

Lump Sum / U/C: 1950/-

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

160

160

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Monday, 6 January 2020 5:05 PM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR 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: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Monday, 6 January 2020 10:48 AM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1077217-002	COMFORT TRANSPORTATION PTE LTD	SHD 3019L	SJT 2460

D.O.A	Time of Accident	Estimate	Tentative repair cost
24/12/2019	9:45	\$2,708.48	\$1,950.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/12/2019 12:00"/>
Vehicle No.(For Motor)	<input type="text" value="SJT2460T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5099149064-01		ONG SOO HONG	S0071981A	GPC	drive CLASSIC	SJT2460T	SJT2460T	23/09/2019	22/09/2020
<input type="button" value="Continue"/>										

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	27/12/2019 08:51
Date Of Accident	24/12/2019 09:45
Exact Location Of Accident	KHOO TECK PUAT HOSPITAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3019L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	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	DANIEL CHIA CHIN YONG
NRIC No	SXXXX743A
Date Of Birth	20/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2006
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97484131
Fax Number	
Contact Number	
EEmail Address	AYONG_76@YAHOO.COM.SG

Address	BLK 701 CHOA CHU KANG STREET 53 #12-30
Postcode	680701
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 ON 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	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)	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 / Type Of Accident : HEAD TO SDIE

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	SJT2460T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHURK PUI
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT RIGHT

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.

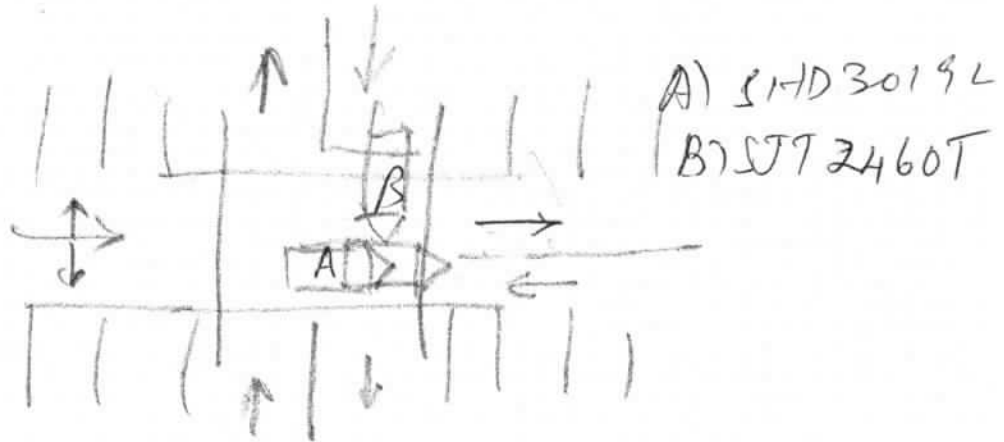
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/19 at about 0845hrs while I Veh A was driving along Khoo Tek Phat Hospital Basement carpark, Veh B from the left did not stop and the (STOP) mark and dashed forward and collided into the left front portion of my vehicle.

DECLARATION

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

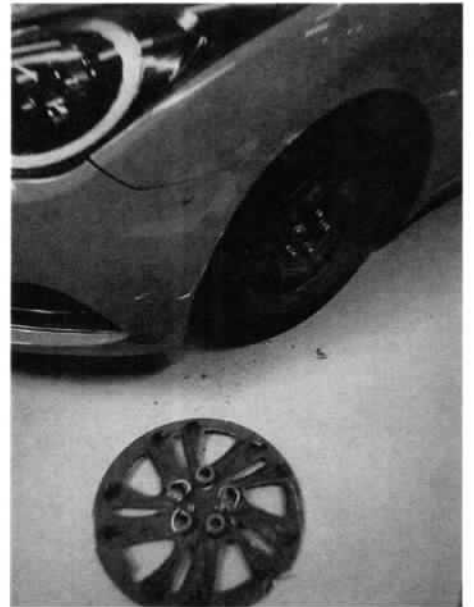
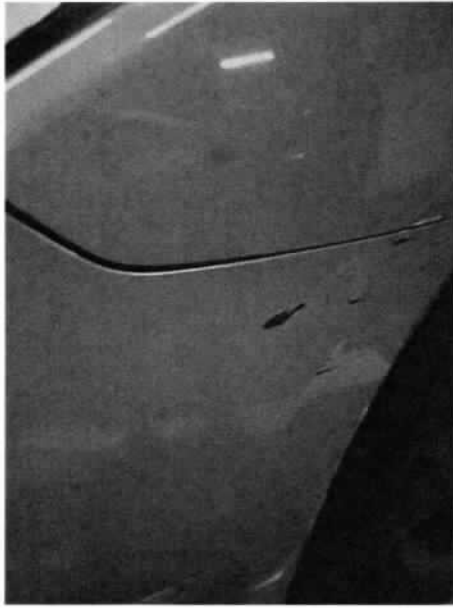
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time

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

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

[Signature]
B R Moore
CSO 20/12/19



Date/Time: 27.12.2019 13:03

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305370047

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

ESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R) (O)

(P)

DUNT CARD NO.

REGN NO.: SHD3019L

MILEAGE

MAKE: HYUNDAI

FUEL

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

MODEL I-40

DATE/TIME IN 26.12.2019 16:10

YR OF MANU 09.06.2016

TARGET DATE

CHASSIS CODE KMHLB41UMGU091338

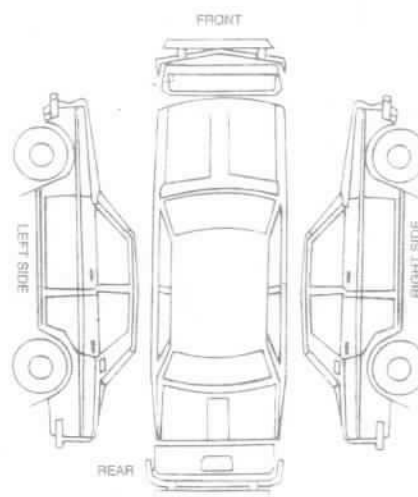
COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 24.12.2019

NATURE: 3P 24.12.2019

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

io.: SHD3019L LKE

Vehicle No.: SHD3019L

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3019L

DATE 27/12/2019 9:47

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>de</i>			\$ 1,052.20
	Front Bumper Bracket Top (LH) <i>ne</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>x nn</i>			\$ 24.60
	Front Fender (LH) <i>ht</i>			\$ 566.30
	Front Fender Shield (LH) <i>de</i>			\$ 175.90
	Front Fender Retainer <i>7 x nn</i>			\$ 24.60
	Front Wheel Hub Cap, LH <i>ana</i>			\$ 107.10
	SUB TOTAL			\$ 1,973.10
	LESS 20%			\$ 394.62
	DISCOUNTED TOTAL			\$ 1,578.48
	Labour Charge			
	Panel Beating		420 300	\$ 500.00
	Spray Painting Charge		400	\$ 500.00
	Tuff Kote		30	\$ 50.00
	Frt Wheel Alignment		60	\$ 80.00
	TOTAL LABOUR			\$ 1,130.00
	ESTIMATE TOTAL			\$ 2,708.48
	<p><i>Tanpin 97495749</i> <i>WP 27/12/19 346pm</i> <i>Lumpsum</i> <i>Resurvey after repair</i> <i>sw @ lkkauto.com</i> <i>03 days</i></p>			
	<div><p>LKK Auto Consultants hence notify the Repairer of the following:</p><ul style="list-style-type: none">• 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 modification(s) is allowed• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company<p>Acknowledged by Repairer Signature: Date:</p></div>			
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 305370047
Date : 03.01.20

COMFORTDELGRO ENGINEERING

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


FINALIZATION FORM

To : LKK
Attn : Mr TAUFIKH
Vehicle Reg No. SHD3019L CTPL

Fax :

24.12.19

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

1. The repair job shall bill to: **NTUC** --- **SJT2460T**
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$1,950.00
Final Lumpsum Repair cost \$1,950.00
 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 :

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:

COMFORT DELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3019L

DATE 27/12/2019 9:47

MAKE :

MODEL : HYUNDAI i40

Lice

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>de</i>			\$ 1,052.20
	Front Bumper Bracket Top (LH) <i>re</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>x</i>			\$ 24.60
	Front Fender (LH) <i>ht</i>			\$ 566.30
	Front Fender Shield (LH) <i>de</i>			\$ 175.90
	Front Fender Retainer <i>7</i>			\$ 24.60
	Front Wheel Hub Cap, LH <i>cu</i>			\$ 107.10
	SUB TOTAL		1,923.90	\$ 1,973.10
	LESS 20%		- 20%	\$ 394.62
	DISCOUNTED TOTAL		1,539.12	\$ 1,578.48
	Labour Charge			
	Panel Beating		420 300	\$ 500.00
	Spray Painting Charge		400	\$ 500.00
	Tuff Kote		50	\$ 50.00
	Frt Wheel Alignment		60	\$ 80.00
	TOTAL LABOUR		910	\$ 1,130.00
	ESTIMATE TOTAL		2,449.12	
			- 20%	\$ 2,708.48
			1,959.29	

Tanpin 97495749
 WP' 27/12/19 346pm
 Lumpsum \$1,950
 Resurvey after repair
 sw @ kkauto.com
 03 days

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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Monday, 6 January 2020 10:45 AM
To: Lim Kwok Eng; Taufikh (LKKAUTO); SUR
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: RE: SHD 3019L-DOA: 24/12/2019 - finalize

Dear Mr Lim,

WITHOUT PREJUDICE

Confirmed Lump Sum \$1950 @ 3 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@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: Friday, 3 January 2020 6:23 PM
To: Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Cc: Roger How Keen Meng <rogerhow@cdge.com.sg>; Tan Pei Wei <tanpw@cdge.com.sg>
Subject: Re: SHD 3019L-DOA: 24/12/2019 - finalize

Dear Taufikh / Veron,

Pls refer attachments

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156



Think Before Printing

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Thursday, 2 January 2020 3:30 PM
To: Lim Kwok Eng <limke@cdge.com.sg>
Subject: SHD 3019L-DOA: 24/12/2019

Dear Mr Lim.

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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/INC19022950/T1vf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 08-01-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJT 2460T	Veh. Inspected	SHD 3019L	
Policy No.	5099149064-01	Coverage (\$)	0.00	
Claim No.	MT/1077217-002	Excess (\$)	0.00	
Assign From		Assign Date	27/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091338	Colour	BLUE	
Odometer	654387	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm	
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	24/12/2019	Inspection Date	27/12/2019	
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3019L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (LH)	NECESSARY	22.40	22.40
1	FRONT BUMPER BRACKET (LH)	NOT NECESSARY	24.60	-
1	FRONT FENDER (LH)	BENT	566.30	566.30
1	FRONT FENDER SHIELD (LH)	DEFORMED	175.90	175.90
1	FRONT FENDER RETAINER	NOT NECESSARY	24.60	-
1	FRONT WHEEL HUB CAP, LH	CRACKED	107.10	107.10
	LESS 20% DISCOUNT		-394.62	-384.78
			1,578.48	1,539.12
	<u>LABOUR</u>			
	PANEL BEATING.		500.00	420.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	30.00
	FRT WHEEL ALIGNMENT.		80.00	60.00
			1,130.00	910.00
	GRAND TOTAL		2,708.48	2,449.12
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			1,950.00

Report Ref No. NS/INC19022950/T1vf3e2

MOHAMAD TAUFIKH

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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