

Ram

NS/INC 2000 0629 / FV362

ASSIGNMENT

Form

Date

Estimated Cost

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

To inspect Vehicle No.

at Workshop n/s.

oil

Insured SJU 221A

Policy No. 5092655998-02 (25/07/2019 - 24/07/2020)

Claims No. MT/10T1586-002

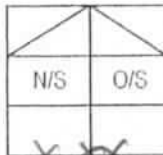
Sum Insured: Excess:

(Client's Record)

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: 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.

SHC 3058D

Regd

14/11/2019

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

Truck / Trailer or

Make:

Hyundai i0n19 (G3) C.C. 1580

Colour

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

19093

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHC8SICVL189292.

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:

195/65 R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

29/12/19

D.O.I.

31/12/19

Survey held at

Comfortdelgro (Loyang)

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

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

Date / Time

Action / Instruction

SJU 221A X

SHC 3058D: CS/1113016952/Yuu3 DR:06/09/2019

NTUC

PIP

RECEIVED 22 JAN 2020

P/P: \$1565.78 / = with 2 repair days (Red 368.80, 1990)

Confirmation 20/1/2020 with LARRY

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

20/1 - typist

Date/Time, File Return to?

Date/Time, File Return to?

TP

P/P \$ 1565.78

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Insp (\$)



Other (\$)

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

160

Transportation:

S+PS (\$)

Phone:

Other:

160

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 22 January 2020 11:18 AM
To: Veron Chen (LKKAUTO)
Subject: RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Our reference number: MT/1077586-002

Best regards

Diana Tay
Senior Admin Assistant
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: Wednesday, 22 January 2020 9:47 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		COMFORT TRANSPORTATION PTE LTD	SHC 3058D	SJU 221

D.O.A	Time of Accident	Estimate	Tentative repair cost
29/12/2019	13:10	\$1,934.58	\$1,565.78

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="29/12/2019 11:28"/>
Vehicle No.(For Motor)	<input type="text" value="SJU221A"/>	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 checked="" type="radio"/>	5092655998-02		LEE JESSIE	S7000032F	GPC	drive PREMIUM	SJU221A	SJU221A	25/07/2019	24/07/2020
<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	30/12/2019 15:50
Date Of Accident	29/12/2019 13:10
Exact Location Of Accident	BRAS BASAH RD X WATERLOO ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3058D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	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	TAN THIAM JOO
NRIC No	SXXXX555G
Date Of Birth	10/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1984
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98336475
Fax Number	
Contact Number	
EMail Address	BERNARDTAN2428@GMAIL.COM

Address	BLK 51 TAMPINES AVENUE 1 #12-06
Postcode	529771
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	4
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK SOUTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191230/2060

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	SJU221A
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JESSIE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ209J
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SHB338X
Vehicle Make/Model/Colour	SMRT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN THIAM JOO
Approximate Age	
Injuries Sustain	NECK, BACK, SHOULDER, LEFT HAND & LEFT LEG
Injured person in which vehicle?	SHC3058D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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:

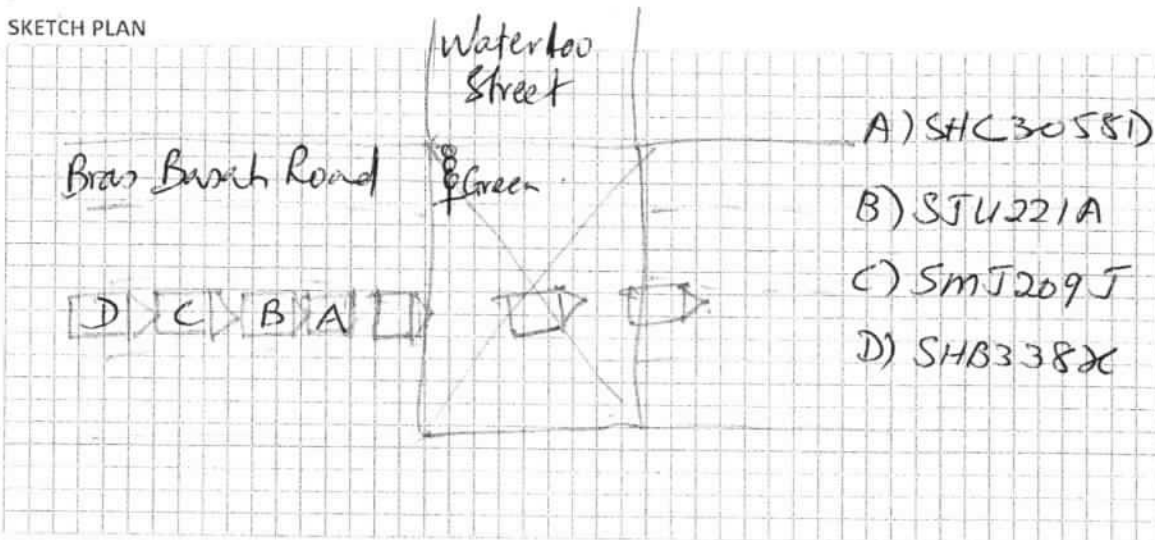
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

Refer Police Report - T/20191230/2060

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/FIN No.:

[Signature]
S. R. Looby
CCO
30/12/19



**SINGAPORE
POLICE FORCE**



T/20191230/2060

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 4

Report No. T/20191230/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2019 13:33		Vide Report No.:		Station Diary No.: 19
Informant's Particulars				
Name of Informant: TAN THIAM JOO		Address: 51 TAMPINES AVENUE 1 #12-06 SINGAPORE 529771		
ID Type / ID No.: NRIC NO / S1763555G		Contact No.: Home/Office: Mobile: 98336475		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 53	Date of Birth: 10/06/1966	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2019 13:10	Type of Location: Straight Road
Location: Along Road 1: BRAS BASAH ROAD				
Junction of Bras Basah Road and Waterloo St				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB338X	Taxi				Slightly Damaged	0
SHC3058D	Taxi				Slightly Damaged	2
SJU221A	Car				Slightly Damaged	1
SMJ209J	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20191230/2060

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20191230/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN THIAM JOO	ID No.	S1763555G
Related Vehicle	SHC3058D (Taxi)	Contact No.	98336475
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	30/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LEE JESSIE	ID No.	S7000032F
Related Vehicle	SJU221A (Car)	Contact No.	96831807
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAM WEILIANG, JACKSON	ID No.	S8500209J
Related Vehicle	SMJ209J (Car)	Contact No.	98275796
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/12/2019 at about 1310hrs, I was driving my taxi, SHC3058D, with 2 passengers sitting at the rear seat along Bras Basah on the 3rd lane. When approaching the junction at Waterloo St, I slowed down my vehicle and came to a stop as the vehicle in front of me was stationary. Suddenly I felt an impact from the rear. I made a check with my passengers and went out to make a check and discovered that there was a multiple collision. There were three other vehicles that was involved in the accident. The car directly behind me was a Mercedes vehicle bearing plate number SJU221A followed by an Audi car bearing plate number SMJ209J and lastly a taxi bearing plate number SHB338X. I managed to exchange particulars with the 2 driver behind me but not the taxi driver.



**SINGAPORE
POLICE FORCE**



T/20191230/2060

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 4

Report No. T/20191230/2060

CONTINUATION OF REPORT

No one was injured at that point of time and no police or ambulance was not at scene. After doing the necessary, I went off as I need to send my passengers to the airport.

On 30/12/2019, I went to C&K Family Clinic as I felt pain on my neck and back and received 7 days MC from 30/12/2019 to 05/01/2019.



**SINGAPORE
POLICE FORCE**



T/20191230/2060

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20191230/2060

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 3 MUHAMMAD FAZLI BIN ZAILANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/12/2019 13:33

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

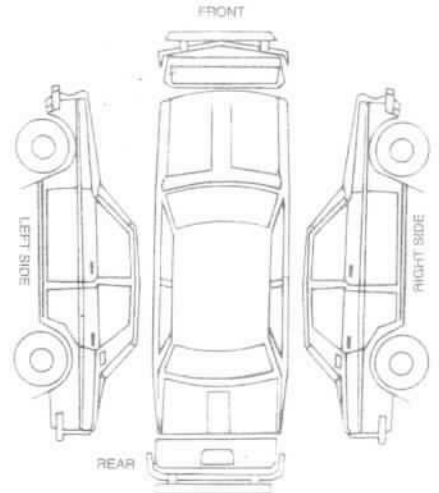
NP168

SIGNATURE

A member of COMFORTDELGRO

Date/Time: 30.12.2019 17:22 Page : 1

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305370748
TOMER COMFORT TRANSPORTATION PTE LTD VARS 7010045 TOMER NO. 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (O)		REGN NO.: SHC3058D	MILEAGE
(R) (P)		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL IONIQ(G3)	DATE/TIME IN 30.12.2019 14:00
		YR OF MANU 14.11.2019	TARGET DATE
		CHASSIS CODE KMHC851CVLU189292	COMPLETION DATE/TIME
COUNT CARD NO.			

JOB DESCRIPTION	
Accident Date: 29.12.2019 NATURE: 3P 29.12.2019	
S/NO	LABOR CODE DESCRIPTION
	NTUC - Rear LKR
	

CHECKED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
No.: SHC3058D LARRY NG	Vehicle No.: SHC3058D
Signature/Date	Name of Service Advisor
Date	Date
turned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC3058D

DATE: 30. Dec. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 29. Dec. 2019

NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>cr</i>			\$459.40
10	Rear Bumper Clips <i>xun</i>		\$2.20	\$22.00
1	Rear Bumper Centre Molding <i>cr</i>			\$451.25
SUB TOTAL				\$932.65
LESS 20%				\$186.53
DISCOUNTED TOTAL				\$746.12
1	Reverse Sensor <i>q xun</i>			\$135.70
1	Rear License Plate & Casing <i>era</i>			\$55.00
1	Rear Bumper Rubber Mat <i>DE xun</i>			\$50.00
TOTAL				\$240.70
Labour Charge				
1	Labour Charge		\$320	\$350.00
1	Spray Painting Charge		\$200	\$250.00
1	Wiring Charge		<i>xun</i>	\$50.00
1	Remove/Refix Reverse Sensor		\$50	\$80.00
TOTAL LABOUR				\$730.00
ESTIMATE TOTAL				\$1,716.82
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.				1934.58

SUB TOTAL

LESS 20%

DISCOUNTED TOTAL

- Auto Consultants hence notify
pairer 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 modification(s) is allowed
 - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Nett

Nett

Nett

TOTAL LABOUR

ESTIMATE TOTAL

Larry Ng

Ram (LKR)

31/12/19
12/5hrsPanc2000@lkr.com
8862272P/P Refpauw
8400

2 repair legs

[illegible]

[illegible]

Our Job Ref No . 305370748

Date : 20. Jan. 2020

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

FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

Vehicle Reg No. : SHC3058D

Date of Accident: 29. Dec. 2019

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

1. The repair job shall bill to: NTUC SJU221A

2. The finalized amount shall be:

(a) Spare Parts after List discount \$995.78

(b) Labour Charges \$570.00

Total for Part-By-Part Repair Cost \$1,565.78

(c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 2 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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Ram

Date : 22/1/2020

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				
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

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

JOB NO : 305370748
 REGN NO : SHC3058D
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G3)
 DATE OF REGN : 14.11.2019
 DATE/TIME IN : 30.12.2019 14:00
 ACCIDENT DATE : 29.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00	<i>Cra</i>
0002 FNPS	NO PLATE(S)	1 N	55.00	10.00	49.50	<i>Cra</i>
0003 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	<i>Cra</i>
0004 04-01-0104-2370-G	IONIQ LAMP ASSY-REAR FOG	1	201.50	20.00	161.20	<i>Cra</i>
0005 04-01-0104-2226-G	IONIQVC LAMP ASSY-LICENSE	1	30.20	20.00	24.16	<i>ton</i>
0006 09-01-0104-2133-G	IONIQ ANTENNA ASSY-SMARTK	1	40.50	20.00	32.40	<i>Bra</i>

SUB-TOTAL : 995.78

JOB NATURE

0000 PB	PANEL BEATING	320.00	<i>/</i>
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00	<i>/</i>
0002 L	REMOVE/REFIX REVERSE SENSOR	50.00	<i>/</i>

SUB-TOTAL : 570.00

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

JOB NO : 305370748
REGN NO : SHC3058D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 14.11.2019
DATE/TIME IN : 30.12.2019 14
ACCIDENT DATE : 29.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,565.78

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :




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/INC20000029/Fvf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 30-01-2020	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJU 221A	Veh. Inspected	SHC 3058D	
Policy No.	5092655998-02	Coverage (\$)	0.00	
Claim No.	MT/1077586-002	Excess (\$)	0.00	
Assign From		Assign Date	31/12/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVLU189292	Colour	BLUE	
Odometer	19093	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	8 mm	
L/H Front Tyre	195/65 R15	MICHELIN	8 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/12/2019	Inspection Date	31/12/2019	
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:		2 Working Days		

**National Assessment Centre Services**

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3058D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	CRACKED	459.40	459.40
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
1	REAR BUMPER CENTRE MOLDING	CRACKED	451.25	451.25
1	REAR FOGLAMP	CRACKED	201.50	201.50
1	LICENSE PLATE LAMP	TORN	30.20	30.20
1	SMARTKEY ANTENNA	BROKEN	40.50	40.50
	LESS 20% DISCOUNT		-240.97	-236.57
			963.88	946.28
	<u>NETT ITEMS</u>			
1	REVERSE SENSOR (N)	NOT NECESSARY	135.70	-
1	REAR LICENSE PLATE (N)	CRACKED	55.00	55.00
1	REAR BUMPER RUBBER MAT (N)	NOT NECESSARY	50.00	-
	LESS 10% DISCOUNT		-	-5.50
			240.70	49.50
	<u>LABOUR</u>			
	LABOUR CHARGE.		350.00	320.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	50.00
			730.00	570.00
	GRAND TOTAL		1,934.58	1,565.78
	RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,565.78

Report Ref No. NS/INC20000029/Fvf3e2

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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