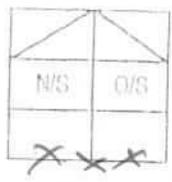


Ram

NS/INC20001862/Fvd3lv

ASSIGNMENT

Firm: _____ State: _____
 Estimated Cost: _____
 OD: WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no: _____
 Insured: **GBF89P**
 Policy No: _____
 Claim No: **MT/1081845-002**
 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
 CIA / PR. Sect: _____ Consistent? Yes or No
 Est. Repairs: _____ days Res. Yes or No
 Lump Sum: _____ % 3 Yr Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle IN / OUT



Veh No: **SHA 35685** Reg No: **07/05/2015**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai I40** CC: **1685**
 Colour: **blue** AGI: Insured / Std / NI / NA
 Sp.Heading: **622374** T/Radio: Insured / Std / NI / NA
 Eng.No: _____
 C/N: **KMHLBA1UMFUD68836**
 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: **205/65R16**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **HANKOOK**
 Front: _____ Rear: _____
 R/Bal: **6** mm R/Bal: **6** mm
 L/Bal: **6** mm L/Bal: **6** mm
 D.O.A: **27/01/2020** D.O.I: **2/02/2020**
 Survey held at: **comfortdelgro (Loyang)**
 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
No policy found
SHA 3568J - NBA/CTI1010575/Y
GBF-84P - CC4/AXA16015535/R1pb3q2
RECEIVED 10 FEB 2020
HS: \$2050/- with 3 repair days (Red 1108.93, .35%)
confirm on 17/2/2020 with 2 repair days
 D.O.A: 18/01/2019
 P.O.A: 17/05/2016
NTUC
HS

Date/Time, File Pass to: Prel. Report Days Of Repair: **3**
 Final Report Resurvey No. of Trip: **1**
 Date/Time, File Return to:
 Add Fee: Site Insp (\$) Interview (\$) Tech Insp (\$) Weekend (\$)
 Report Format: **TP**
 Lump Sum / I.B.J: (\$) **2050/-**
 Survey Fee: **160**
 Transportation: _____
 Photo: _____
 Other: _____
160

17/2 - typst

Veron Chen (LKKAuto)

From: MTCL@income.com.sg
Sent: Monday, 17 February 2020 4:12 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, 17 February 2020 12:37 PM
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.	Incor Vehicle
1	MT/1081845-002	COMFORT TRANSPORTATION PTE LTD	SHA 3568J	GBF 8

D.O.A	Time of Accident	Estimate	Tentative repair cost
27/1/2020	22:30	\$3158.93	\$2050.00

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.

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	29/01/2020 08:58
Date Of Accident	27/01/2020 22:30
Exact Location Of Accident	NEIL ROAD X CANTONMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3568J
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	CHUA KIM CHAI
NRIC No	SXXXX991H
Date Of Birth	02/03/1948
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1971
Driving Experience	48 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97771943
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 34 MARSILING DRIVE #10-377
Postcode	730034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	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: : FEMALE

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	GBF89P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA SINONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

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
CO. REG NO. 199303821R

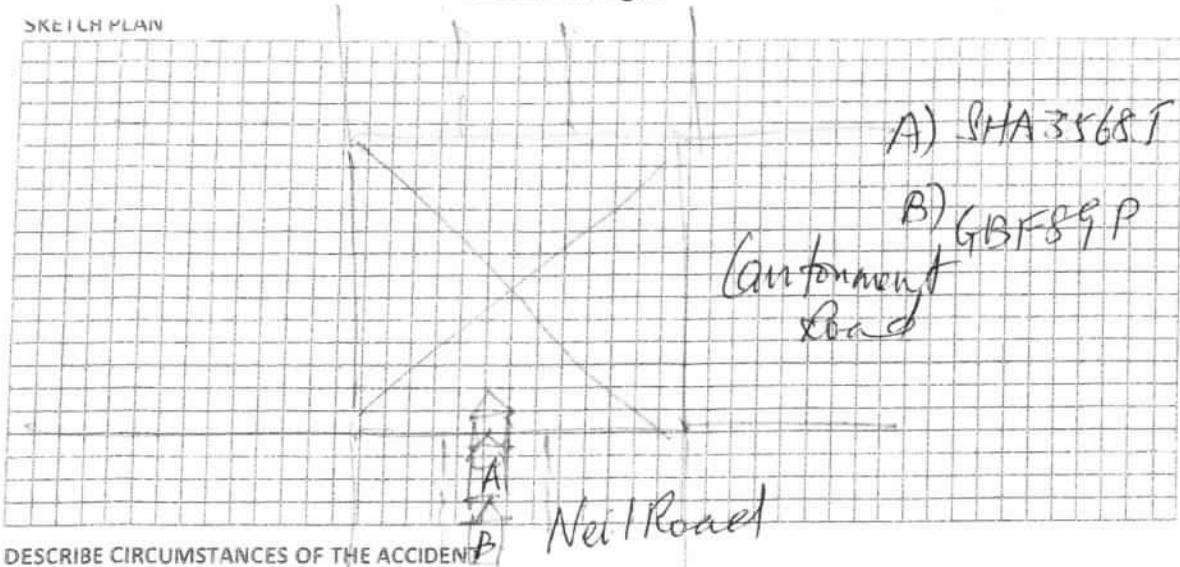
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/1/20 at about 20:30h when I Veh A was stationary waiting at the traffic junction (Red), Veh B collided onto 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.

S/R Moorthy
CSO
28/1/20



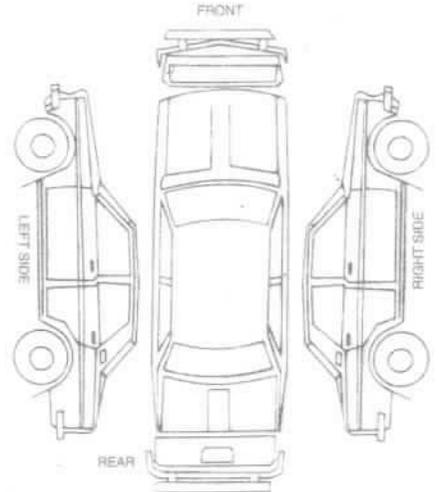
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305378625

DMER S DMER NO. ESS (R) (P) UNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.:	SHA3568J	MILEAGE	
		MAKE :	HYUNDAI	FUEL	
		MODEL	I-40	DATE/TIME IN	03.02.2020 10:20
		YR OF MANU	07.05.2015	TARGET DATE	
		CHASSIS CODE	KMHLB41UMFU068836	COMPLETION DATE/TIME:	
		<i>NTUC</i>			

JOB DESCRIPTION

Accident Date: 27.01.2020
 NATURE: 3P 27.01.2020

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



ISSUED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Identification Slip
 No.: **SHA3568J**
 LKE
RAM
 Signature/Date

Exit Pass
 Vehicle No.: **SHA3568J**
 Name of Service Advisor
 Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

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

JOB NO : 305378625
 REGN NO : SHA3568J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 07.05.2015
 DATE/TIME IN : 03.02.2020 10:2
 ACCIDENT DATE : 27.01.2020

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 20-05 REAR BUMPER ADVERTISMENT LOGO	50.00		new		
0001 20-05 REAR FENDER ADVERTISMENT LOGO LH	100.00		new		
0002 20-05 REAR FENDER ADVERTISMENT LOGO RH	100.00		new		
0003 L PANEL BEATING	600.00		\$500		
0004 23-502 SPRAYPAINT ON AFFECTED AREA	500.00		\$400		
0005 17-01 CHECK ALL LIGHTING	50.00				
0006 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				
0007 20-22 REMOVE/REFIX REVERSE SENSOR	120.00		\$60 \$60		
SUB-TOTAL :					1,570.00

Handwritten notes:
 Ram (LKR)
 3/2/2020 1500 hrs
 Pooresurem@lkr-auto.com
 88822772 (LIS)
 30 repair days
 aft repair photo

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

Acknowledged by Repairer
 Signature: _____
 Date: _____

Faint mirrored text from the reverse side of the page:
 Acknowledged by Repairer
 Signature: _____
 Date: _____

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

JOB NO : 305378625
REGN NO : SHA3568J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.05.2015
DATE/TIME IN : 03.02.2020 10:2
ACCIDENT DATE : 27.01.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,158.93

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Our Job Ref No 305378625

Date : 15.02.20

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr RAM

Vehicle Reg No. SHA3568J CTPL

27.01.20

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

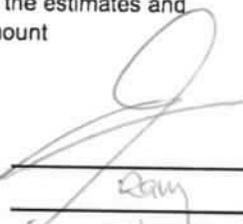
1. The repair job shall bill to: NTUC --- GBF89P
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$2,050.00
Final Lumpsum Repair cost \$2,050.00
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 : RAM

Date : 17/02/2020

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:

WY/Kam HFE

NIMC

COMFORTDELGRO ENGINEERING PTE LTD

Date: 03.02.2020

Time: 14:47:57

REPAIR ESTIMATE

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 : 305378625
REGN NO : SHA3568J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.05.2015
DATE/TIME IN : 03.02.2020 10:20
ACCIDENT DATE : 27.01.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00 20.00 442.40	cut
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00 20.00 17.60	rec
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1 L	228.00 20.00 182.40	scr
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00 2.00- 50.00	rec
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70 10.00 122.13	?
0006	04-01-0103-0784-G	I40VC MLDG-BACK PANEL	1 L	227.90 20.00 182.32	Xnn
0007	04-01-0103-0785-G	I40VC MLDG-CR PIECE	1 L	56.30 20.00 45.04	Xnn
0008	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1 L	27.90 20.00 22.32	rec
0009	04-01-0103-0787-G	I40VC EMBLEM-I40	1 L	27.90 20.00 22.32	rec
0010	04-01-0103-0585-A	I40VC LAMP ASSY-RR COMB O	1 L	556.80 20.00 445.44	crs
0011	04-01-0103-0907-G	I40VC BRKT ASSY-RR BUMPER	1 L	35.60 20.00 28.48	?
0012	04-01-0103-0783-G	I40VC BRKT ASSY-RR BUMPER	1 L	35.60 20.00 28.48	?

1,415.60
-20%

1,132.48
+ 50 Net

1,122.48

SUB-TOTAL : 1,588.93

JOB NATURE

8

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

JOB NO : 305378625
 REGN NO : SHA3568J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 07.05.2015
 DATE/TIME IN : 03.02.2020 10
 ACCIDENT DATE : 27.01.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 20-05 REAR BUMPER ADVERTISMENT LOGO	50.00				500.00 <i>new</i>
0001 20-05 REAR FENDER ADVERTISMENT LOGO LH	100.00				100.00 <i>new</i>
0002 20-05 REAR FENDER ADVERTISMENT LOGO RH	100.00				100.00 <i>new</i>
0003 L PANEL BEATING	600.00				600.00 <i>\$560</i>
0004 23-502 SPRAYPAINT ON AFFECTED AREA	500.00				500.00 <i>\$400</i>
0005 17-01 CHECK ALL LIGHTING	50.00				50.00
0006 20-00 TUFF COAT ON AFFECTED PARTS.	50.00				50.00
0007 20-22 REMOVE/REFIX REVERSE SENSOR	120.00				120.00 <i>\$60</i>
SUB-TOTAL : 1,570.00					1,182.4
					1,370
					2,552.4
					-20%
					2,041.92

RAM (LH)
 3/2/2020 1500 hrs
 Presurem @ photo. co.
 88622728 **LS** \$2,05
 3 repair days
 aft repair photo



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/INC20001862/Fvd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 18-02-2020	
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBF 89P	Veh. Inspected	SHA 3568J
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1081845-002	Excess (\$)	0.00
Assign From		Assign Date	03/02/2020
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068836	Colour	BLUE
Odometer	622374	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/65 R16	HANKOOK	6 mm
L/H Front Tyre	205/65 R16	HANKOOK	6 mm
R/H Rear Tyre	205/65 R16	HANKOOK	6 mm
L/H Rear Tyre	205/65 R16	HANKOOK	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/01/2020	Inspection Date	03/02/2020
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. SHA 3568J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	I40VC COVER ASSY-RR BUMPE	CUT	553.00	553.00
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
1	I40VC COVER-RR BUMPER LWR	SCRATCHED	228.00	228.00
1	I40VC MLDG-BACK PANEL	NOT NECESSARY	227.90	-
1	I40VC MLDG-CR PIECE	NOT NECESSARY	56.30	-
1	I40VC EMBLEM-CRDI	NECESSARY	27.90	27.90
1	I40VC EMBLEM-I40	NECESSARY	27.90	27.90
1	I40VC LAMP ASSY-RR COMB O	CRACKED	556.80	556.80
1	I40VC BRKT ASSY-RR BUMPER	NOT NECESSARY	35.60	-
1	I40VC BRKT ASSY-RR BUMPER	NOT NECESSARY	35.60	-
	LESS 20% DISCOUNT		-354.20	-283.12
			1,416.80	1,132.48
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
SPECIAL NETT ITEMS				
1	I40VC PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO LH (SN)	NECESSARY	100.00	100.00
1	REAR FENDER ADVERTISEMENT LOGO RH (SN)	NECESSARY	100.00	100.00
			300.00	300.00
LABOUR				
	PANEL BEATING.		600.00	560.00
	SPRAYPAINT ON AFFECTED AREA.		500.00	400.00
	CHECK ALL LIGHTING.		50.00	50.00
	TUFF COAT ON AFFECTED PARTS.		50.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	80.00
			1,320.00	1,140.00

Report Ref No. NS/INC20001862/Fvd3e2

GRAND TOTAL		3,158.93	2,572.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			2,050.00

Report Ref No. NS/INC20001862/Fvd3e2

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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