

ASS. REG. BY: Tanph

REF:

INC

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: SFG 4581 E
 Policy No. 5110724185 (28/7/2019-27/07/2020)
 Claims No. MT/1083495-002
 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: SHA 7189T Yr Regn: 2015, 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: 693928 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH LB414MF 4069550
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SRM / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: 205/60R16
 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. 7/2/20 D.O.I. 10/2/200435
 Survey held at CDGE 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
	SHA 7189T - CS / FC I 1102 / 1116 / Cgn
	SFG 4581 E - CC3 / M14 / 1101 / 9334 / H13.192
	D.O.A. 13/10/2011
	D.O.A. 19/09/2011
18/2/20	LS \$850 confirmed by email (Red 27.21, 2419)

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: 2
 Resurvey No. of Trip: 1

2) job - typist

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Rep. Form: TP
 Lump Sum / F.P. / P: 850/2

Survey Fee:	<u>160</u>
Transportation:	
\$ + RS. \$	
Photos	
Others	
TOTAL	<u>160</u>

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/1083802-002	COMFORT TRANSPORTATION PTE LTD	SHC 1168H	SGF 6432H	8/2/2020	2:45	\$1,488.40	\$984.45
2	MT/1083717-002	COMFORT TRANSPORTATION PTE LTD	SHA 1279G	SGL 7978L	8/2/2020	18:05	\$2,428.94	\$1,150.00
3	MT/1083495-002	COMFORT TRANSPORTATION PTE LTD	SHA 7189T	SFG 4581E	7/2/2020	16:50	\$2,202.21	\$850.00

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110724185		TEO THIAN LYE	S1137603G	GPC	drivo PREMIUM	SFG4581E	SFG4581E	28/07/2019	27/07/2020

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SHA7189T
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7L CRDI AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDDU360987
Chassis No.:	KMHLB41UMFU069550
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$19,888.00
Original Registration Date:	18 Jun 2015
First Registration Date:	18 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$12,388.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jun 2023
PARF Rebate Amount:	\$9,291.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jun 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,886.00
COE Rebate Amount:	\$22,146.00
Total Rebate Amount:	\$31,437.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 11 Feb 2020

OK

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	08/02/2020 11:15
Date Of Accident	07/02/2020 16:50
Exact Location Of Accident	BEACH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7189T
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	MAK CHEE KHAN
NRIC No	SXXXX527D
Date Of Birth	30/12/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1976
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81823377
Fax Number	
Contact Number	
EMail Address	CKMAK36@GMAIL.COM

Address	BLK 89 TANGLIN HALT ROAD #31-360
Postcode	141089
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	SFG4581E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO THIAN LYE
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)

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 199203321R

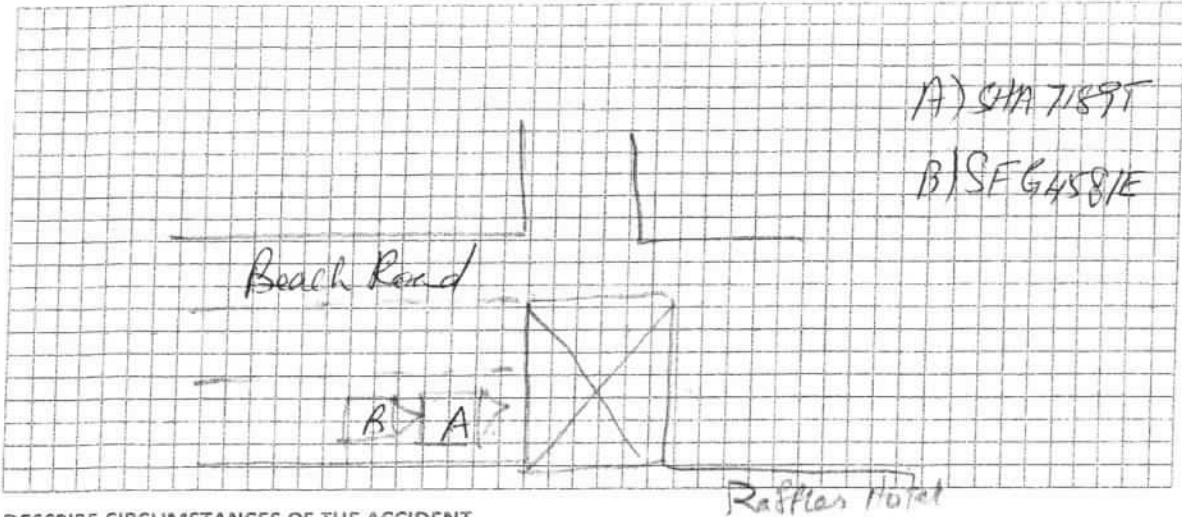
Policyholder's Signature
Date & Time:

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

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

GIA/AC Sketch Plan Form_V3

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/2/20 at about 1600hrs when I Veh A was stationary waiting before the yellow box as there were vehicles waiting after the yellow box. Veh B collided onto the rear of my vehicle twice. The rear portion of my vehicle was damaged.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19303321R

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
CSO₂



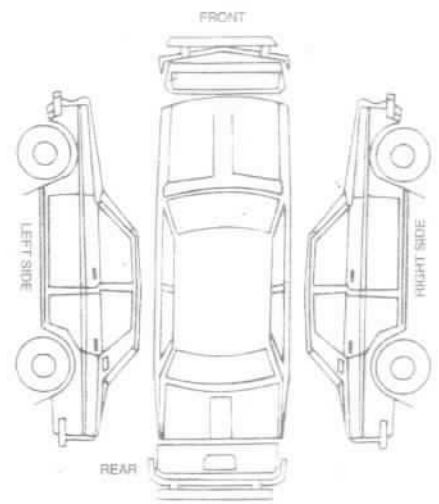
Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO.: 305380151
OMER	REGN NO.: SHA7189T	MILEAGE	
3 COMFORT TRANSPORTATION PTE LTD	MAKE : HYUNDAI	FUEL	
OMER NO. 7010045	MODEL I-40	E.....1/2.....F	
ESS 383 SIN MING DRIVE	YR OF MANU 18.06.2015	DATE/TIME IN 08.02.2020 10:20	
ESS Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMFU069550	TARGET DATE	
(R) 65508755 (O)	COMPLETION DATE/TIME:		
(P)			
UNT CARD NO.			

NTUC

Accident Date: 07.02.2020
NATURE: 3P 07.02.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

dgement Slip	Exit Pass
SHA7189T LKE	Vehicle No.: SHA7189T
Service Advisor	Name of Service Advisor
Signature/Date	Date
med to Service Reception upon collection	To be kept by Security Guard

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

JOB NO : 305380151
 REGN NO : SHA7189T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 18.06.2015
 DATE/TIME IN : 08.02.2020 10:20
 ACCIDENT DATE : 07.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40	Revised ✓
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	new ✓
0003 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	X 111
0004 04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	1.00-	50.00	new ✓
0005 04-01-0103-0585-A	I40VC LAMP ASSY-RR COMB O	1 L	556.80	20.00	445.44	556.80 X Not consistent. CNA
0006 04-01-0103-0787-G	I40VC EMBLEM-I40	1 L	27.90	20.00	22.32	X 111
0007 04-01-0103-0786-G	I40VC EMBLEM-CRDI	1 L	27.90	20.00	22.32	X 111

SUB-TOTAL : 1,122.21

JOB NATURE

0000 L	PANEL BEATING (adjust Bootlid misalign)	500.00	280
0001 23-502	SPRAYPAINT ON AFFECTED AREA	450.00	200
0002 17-01	CHECK ALL LIGHTING	50.00	30
0003 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	30

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:

Tauplin 97495749
 WP1

10/2/2020 455

02 days

Impress

Resurvey after repair
 sure/insurance.

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 : 305380151
REGN NO : SHA7189T
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.06.2015
DATE/TIME IN : 08.02.2020 10:2
ACCIDENT DATE : 07.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,080.00

TOTAL : 2,202.21

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

Date : 18.02.20

Fax :

Vehicle Reg No. SHA7189T CTPL

07.02.20

\$850.00

Fax : 65468156

Remarks:

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

JOB NO : 305380151
 REGN NO : SHA7189T
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 18.06.2015
 DATE/TIME IN : 08.02.2020 10:20
 ACCIDENT DATE : 07.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1 L	553.00	20.00	442.40	Revised ✓
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	re ✓
0003	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	X
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1 N	50.00	1.00	50.00	re ✓
0005	04-01-0103-0585-A	I40VC LAMP ASSY-RR COMB O	1 L	556.80	20.00	445.44	Not X Not consistent.
0006	04-01-0103-0787-G	I40VC EMBLEM-I40	1 L	27.90	20.00	22.32	X
0007	04-01-0103-0786-G	I40VC EMBLEM-CRDI	1 L	27.90	20.00	22.32	X

SUB-TOTAL : 1,122.21
 575
 -20%
 460
 50 Net
 510

JOB NATURE

0000	L	PANEL BEATING (adjust Bootlid misalign)	500.00	280
0001	23-502	SPRAYPAINT ON AFFECTED AREA	450.00	200
0002	17-01	CHECK ALL LIGHTING	50.00	30
0003	20-22	REMOVE/REFIX REVERSE SENSOR	80.00	30

540
 1,050
 -20%
 840

Taughlin 97495749

WP

10/2/2020 455

02 days

Imp sum \$850

Resum after repair
 sure/handover

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Tuesday, 18 February 2020 2:25 PM
To: Lim Kwok Eng; Taufikh (LKKAUTO); SUR
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: RE: SHA7189T - PENDING FINALISE

Dear Mr Lim,

WITHOUT PREJUDICE

Confirmed Lump Sum \$850 @ 2 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: Tuesday, 18 February 2020 2:14 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: SHA7189T - PENDING FINALISE

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: Tuesday, 18 February 2020 12:10 PM
To: Lim Kwok Eng <limke@cdge.com.sg>; Jumanibin Masudin <jumanibm@cdge.com.sg>; Chiang Liat Choon <chianglc@cdge.com.sg>
Subject: RE: PENDING FINALISE

Dear Sir,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

	<u>VEHICLE</u>	<u>DOA</u>
--	----------------	------------

- | | | |
|----|-----------|--------|
| 1. | SHA 7189T | 7/2/20 |
| 2. | SHC 1168H | 8/2/20 |
| 3. | SHA 1279G | 8/2/20 |

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: Veron Chen (LKKAuto)

Sent: Friday, 14 February 2020 10:02 AM

To: Lim Kwok Eng <limke@cdge.com.sg>; Jumanibm Masudin <jumanibm@cdge.com.sg>; Chiang Liat Choon <chianglc@cdge.com.sg>

Subject: PENDING FINALISE

Dear Sir,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

	<u>VEHICLE</u>	<u>DOA</u>
--	----------------	------------

- | | | |
|----|-----------|---------|
| 1. | SHA 7189T | 7/2/20 |
| 2. | SHC 1168H | 8/2/20 |
| 3. | SHA 1279G | 8/2/20 |
| 4. | SHA 3568J | 27/1/20 |

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)



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/INC20002317/T1vd3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 21-02-2020



189556

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFG 4581E	Veh. Inspected	SHA 7189T
Policy No.	5110724185	Coverage (\$)	0.00
Claim No.	MT/1083495-002	Excess (\$)	0.00
Assign From		Assign Date	10/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069550	Colour	BLUE
Odometer	693928	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
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 REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	07/02/2020	Inspection Date	10/02/2020
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:	2 Working Days
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**National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7189T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	I40VC COVER ASSY-RR BUMPE	DEFORMED	553.00	553.00
10	HYUNDAI BUMPER COVER CLIP	NECESSARY	22.00	22.00
1	I40VC LAMP ASSY-RR COMB O RH (CRACKED)	NOT CONSISTENT WITH THE IMPACT	556.80	-
1	I40VC EMBLEM-I40	NOT NECESSARY	27.90	-
1	I40VC EMBLEM-CRDI	NOT NECESSARY	27.90	-
	LESS 20% DISCOUNT		-237.52	-115.00
			950.08	460.00
	<u>NETT ITEMS</u>			
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
	LESS 10% DISCOUNT		-13.57	-
			122.13	-
	<u>SPECIAL NETT ITEMS</u>			
1	I40VC PROTECTOR MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING (ADJUST BOOTLID MISALIGN).		500.00	280.00
	SPRAYPAINT ON AFFECTED AREA.		450.00	200.00
	CHECK ALL LIGHTING.		50.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,080.00	540.00
	GRAND TOTAL		2,202.21	1,050.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				850.00

Report Ref No. NS/INC20002317/T1vd3e2

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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