

ASS. REC. BY: Taylor

REF:

INC NS/INC 20002503/T14f3/12

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: SGQ 9829 U
Policy No: 511395676 9 (08/11/2019 - 12/11/2020)
Claims No: MT/1086772-001
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: Ching Vehicle: IN / OUT

Veh No: SHA 8610 L Yr Regn: 2016 May
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Hyundai 140 c.c. 1685
Colour: Yellow A/C: Insured / Std / NI / NA
Sp. Reading: 463110 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KM HLB414M614087457
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 / 60 R16
R: 1 - -
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. _____ D.O.I. 12/2/20
Survey held at Comfort Lodge
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 8610 L - CS/ PC3 19011801 / Rvd3n2 D.O.A. - 01/07/2019
	SGQ 9829 U - CC3/ A2G 1401240 3/ Rvd3n3 D.O.A. - 01/07/2014
28/2	4/5/650, 2 days, e-mail to Ching (Red: 1233-06; 66%)

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

1) 43 Typist
Date/Time, File Return to?

2) _____

Rep. Form: _____
Lump Sum / F.B.J. / % 650

Days Of Repair: 2
Reserve No. of Trip: 1
Survey Fee: 160
Transportation: _____
Signature: _____
Acknowledged by Repairer: _____
Add Fee: ☐ : Site Insp (\$) ☐ : Interview ☐ : Tech. Insp (\$) ☐ : Wheel end
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
• Interview

eBaoTech

General Claim

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 checked="" type="radio"/>	5113956769		SNG YECK BENG	S1190996E	GPC	drive CLASSIC	SGQ9829U	SGQ9829U	08/11/2019	12/11/2020

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Wednesday, 4 March 2020 9:14 AM
To: Denise Tay (LKKAUTO)
Subject: FW: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

Claim created. For your attention.

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1086772-001	Comfort Transportation PTE LTD	SHA 8610L	SGQ 9829U	10/02/2020	16:05	1,933.06	650.00

Thank you

With Regards

Joreen Ang
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



From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Tuesday, 3 March 2020 3:18 PM
To: MTCL@income.com.sg
Subject: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

Request claim number

S/No		Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1		Comfort Transportation PTE LTD	SHA 8610L	SGQ 9829U	10/02/2020	16:05	1,933.06	650.00

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	11/02/2020 15:16
Date Of Accident	10/02/2020 16:05
Exact Location Of Accident	LOR 7 TOA PAYOH TWDS KIM KEAT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8610L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	1XXXXX839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIM TECK CHIN
NRIC No	SXXXX433E
Date Of Birth	23/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/02/1980
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96175155
Fax Number	
Contact Number	
Email Address	TECKCHINL@YAHOO.COM

Address	BLK 607 YISHUN STREET 61 #06-287
Postcode	760607
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200211/2040

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	SGQ9829U
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	90069480
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

NO DAMAGED

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM TECK CHIN

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHA8610L

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.

CITYCAR PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

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

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.

CITYCAR PTE LTD
CO. REG. NO. 190502839G

Policyholder's Signature
Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20200211/2040

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20200211/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2020 12:48	Vide Report No.:	Station Diary No.: 37
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM TECK CHIN			Address: APT BLK 607 YISHUN STREET 61 #06-287 SINGAPORE 760607	
ID Type / ID No.: NRIC NO / S1422433E			Contact No.:	Mobile: 96175155
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 23/11/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2020 16:05	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 LORONG 7 TOA PAYOH KIM KEAT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SGQ9829U	Car	MERCEDES BENZ	C200 AVANTGAR DE (R17 LED)	Blue	Slightly Damaged	0
SHA8610L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200211/2040

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200211/2040

CONTINUATION OF REPORT

Brief Details.

On 10/02/2020 at around 1600hrs, I was driving along Lorong 7 Toa Payoh towards Kim Keat Avenue. I was driving my vehicle (SHA8610L) and slowly came to a stop when I came towards a red light. After a period of about 10 seconds, I felt an impact towards the rear of the vehicle. As I felt discomfort, I did not come out of the vehicle. However, upon realization that the other driver had also not came out of his vehicle, I decided to make a check. I then observed there was another vehicle (SGQ9829U) that had collided into the rear of my vehicle.

The driver (Male, Chinese, in his mid 40s) upon seeing me then came out of his vehicle. I approached him and asked for his particulars. The driver then gave me his contact number (90069480). Both our vehicles suffered slight damages. However, the said driver claimed the damage done to my vehicle was not caused by him.

I wish to inform I had tried to call the number provided by him however, the person who had picked up the call informed he was not the subject I was looking for. After the accident, I had also felt pain at my neck and back area. As such, I went to see a doctor and received 3 days of MC from 10/02/2020 to 12/20/2020.



**SINGAPORE
POLICE FORCE**



T/20200211/2040

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3
Report No. T/20200211/2040

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: L / Sgt 2 CARISSA TENG KE EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2020 12:48
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 30538065

CUSTOMER

MR/MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
TEL (R) 65551188 (O)

DISCOUNT CARD NO.

REGN NO.: SHA8610L

MILEAGE

MAKE: HYUNDAI

FUEL
E.....1/2.....

MODEL I-40

DATE/TIME IN
10.02.2020 21:..

YR OF MANU.
12.05.2016

TARGET DATE

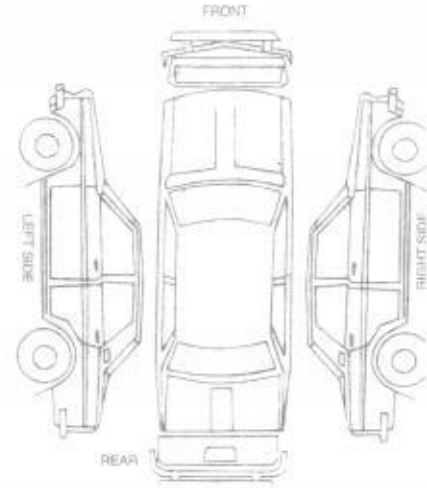
CHASSIS CODE
KMHLB41UMGU087457

COMPLETION DATE/TIM

JOB DESCRIPTION

Accident Date: 10.02.2020
NATURE: 3P 10.02.2020

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

acknowledgement Slip

Exit Pass

Name:

C No.:

Vehicle No.:

SHA8610L

CHIANG

Vehicle No.:

SHA8610L

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

CITYCAB ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO SHA8610L

10/02/20

MAKE :

MODEL HYU- 140

CHIANG/ NTUC

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER COVER			\$553.00
2	REAR BUMPER BRACKET SIDE LH/RH		\$35.60	\$71.20
10	REAR BUMPER CLIPS		\$2.20	\$22.00
1	REAR BUMPER LOWER COVER			\$225.50
SUB TOTAL			247.50	\$871.70
20.00%				\$174.34
DISCOUNTED TOTAL			198	\$697.36
1	REVERSE SENSOR			\$135.70
1	BUMPER ADVERTISEMENT			\$50.00
1	BUMPER MAT			\$50.00
			100	\$235.70
Labour Charge				
Panel Beating			280	\$480.00
Spray Painting Charge			200	\$400.00
Remove/refix reverse sensor			30	\$60.00
Tuff Kote			40	\$60.00
TOTAL LABOUR			510	\$1,000.00
ESTIMATE TOTAL			808	\$1,933.06
			4/5 \$650	
			2 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.				

Tanfer 97495749
 WP
 12/2/20 @ 445pm
 Lmmpsum
 Resurvey after repair
 02 days
 suv @ lkkauto.com

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:

Our Job Ref No : 305380653Date : 12/02/20ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156**FINALIZATION FORM**To : LKK

Fax :

Attn : NAZ: SHA8610L10/02/20

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

Z The repair job shall bill to: NTUC SGQ9829U

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:

Final Lumpsum Repair cost\$650.003. 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 amountSignature : Name : CHIANGTel : 62148314Fax : 65468156Signature : 

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

Remarks:

**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/INC20002503/T1tf3n2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 04-03-2020



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGQ 9829U	Veh. Inspected	SHA 8610L
Policy No.	5113956769	Coverage (\$)	0.00
Claim No.	MT/1086772-001	Excess (\$)	0.00
Assign From		Assign Date	12/02/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087457	Colour	YELLOW
Odometer	463110	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	HANKOOK	6 mm
L/H Front Tyre	205/60 R16	HANKOOK	6 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

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

5. General Information

Accident Date	10/02/2020	Inspection Date	12/02/2020
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
-------------------------------------	----------------

**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 8610L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER COVER	TO REPAIR SEE LABOUR	553.00	-
2	REAR BUMPER BRACKET SIDE LH/RH @\$35.60	NOT NECESSARY	71.20	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER LOWER COVER	CRACKED	225.50	225.50
	LESS 20% DISCOUNT		-174.34	-49.50
			697.36	198.00
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	BUMPER ADVERTISEMENT (SN)	NECESSARY	50.00	50.00
1	BUMPER MAT (SN)	NECESSARY	50.00	50.00
			235.70	100.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER COVER.		480.00	280.00
	SPRAY PAINTING CHARGE.		400.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		60.00	30.00
	TUFF KOTE.	NOT NECESSARY	60.00	-
			1,000.00	510.00
GRAND TOTAL			1,933.06	808.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)				650.00

Report Ref No. NS/INC20002503/T1tf3n2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

K.K. LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.