

REF: NS/IN(20002664/F9/3N2

## 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: SJV 358J

Policy No. 5115444753 (10/01/2000-09/01/2011)

Claims No. M7/1093840-002



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:	<u>3</u> days	Res.:	Yes or No
Lum Sum:	%	3 Val.:	Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 35125 Yr Regn: 20/03/2014  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer of \_\_\_\_\_

Make:	Mercedes Benz E220		c.c	2143
Colour	white	A/C:	Insured / Std / NI / NA	
Sp. Reading	935021	T/Radio:	Insured / Std / NI / NA	
Eng/No:	-			
C/No:	WDD2120022A9754561.			

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 R15  
R: —

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	10/02/2020	D.O.I.	11/02/2020

Survey held at comfort lodge (Layang)

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
	S4C 3512J - X
	SJ6 358J - X
	RECEIVED 09 MAR 2020
	L/S: \$4900/= with 3 repair days (Red @ 3010.88, 38%.)
	confirm on 27/02/2020 with client.

Date/Time, File Pass to?

1) 09/3 түмис

Date/Time: File Return to?

3

Report Formist :

Lump Sum / I.R.A.: 0%

☐: Prelim. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

☐ : Site Insp (\$

☐ Interview (\$

Tech. Invs (\$

	Weekend (%)
1	10.0
2	10.0
3	10.0
4	10.0
5	10.0
6	10.0
7	10.0
8	10.0
9	10.0
10	10.0
11	10.0
12	10.0
13	10.0
14	10.0
15	10.0
16	10.0
17	10.0
18	10.0
19	10.0
20	10.0
21	10.0
22	10.0
23	10.0
24	10.0
25	10.0
26	10.0
27	10.0
28	10.0
29	10.0
30	10.0
31	10.0
32	10.0
33	10.0
34	10.0
35	10.0
36	10.0
37	10.0
38	10.0
39	10.0
40	10.0
41	10.0
42	10.0
43	10.0
44	10.0
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83	10.0
84	10.0
85	10.0
86	10.0
87	10.0
88	10.0
89	10.0
90	10.0
91	10.0
92	10.0
93	10.0
94	10.0
95	10.0
96	10.0
97	10.0
98	10.0
99	10.0
100	10.0

Survey Fee:

Transportation:

Photos

Cyber

TOTAL

160

## Denise Tay (LKKAUTO)

**From:** MTCL@income.com.sg  
**Sent:** Thursday, 27 February 2020 4:20 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Please refer below

Please allow the claim officer 2-3 working days to respond to your case.

We appreciate if you do not respond to this email. Thank you

Best regards,

Diana Tay  
Senior Admin Assistant  
[www.income.com.sg](http://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](http://income.com.sg/careers)

in wi  
yc

**From:** Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]  
**Sent:** Thursday, 27 February 2020 11:59 AM  
**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	MT/1083840-002	Comfort Transportation PTE LTD	SHC 3512J	SJV 358J	10/02/2020	18:40	7910.88	4900
2	MT/1077694-003	SMRT TAXIS	SHB 1651J	SFJ 282D	29/12/2019	22:25	10,452.68	4350

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 type="radio"/>	5115444753		THIA WEIKANG JOEL	S9331073Z	GPC	drive CLASSIC	SJV358J	SJV358J	10/01/2020	09/01/2021



## 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 10:40
Date Of Accident	10/02/2020 18:40
Exact Location Of Accident	ALONG XILIN AVENUE TOWARDS UPPER CHANGI RD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3512J
<b>Insured/Policyholder</b>	
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	MERCEDES-BENZ
Model	E220
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	TAN THIAN SENG
NRIC No	SXXXX164I
Date Of Birth	07/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1984
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82280006
Fax Number	
Contact Number	
Email Address	MTTS156@GMAIL.COM

Address	BLK 56 CHAI CHEE DRIVE #10-156
Postcode	460056
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200210/2153

#### 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	SJV358J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THIA WEIKANG JOEL
NRIC/Passport Number	
Contact Number	87528732
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAN THIAN SENG

Approximate Age

54

Injuries Sustain

BACK AND RIGHT SHOULDER PAIN NUMBNESS LOWER BACK. ON 5 DAYS MC.

Injured person in which vehicle?

SHC3512J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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  
EO, REG. NO. 109303821R

Policyholder's Signature  
Date & Time:

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

Olivia Wendy

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



A = SHC 35123

B = SJV 3583  
(KIA)

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report

② T/20200210/2153

DECLARATION

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

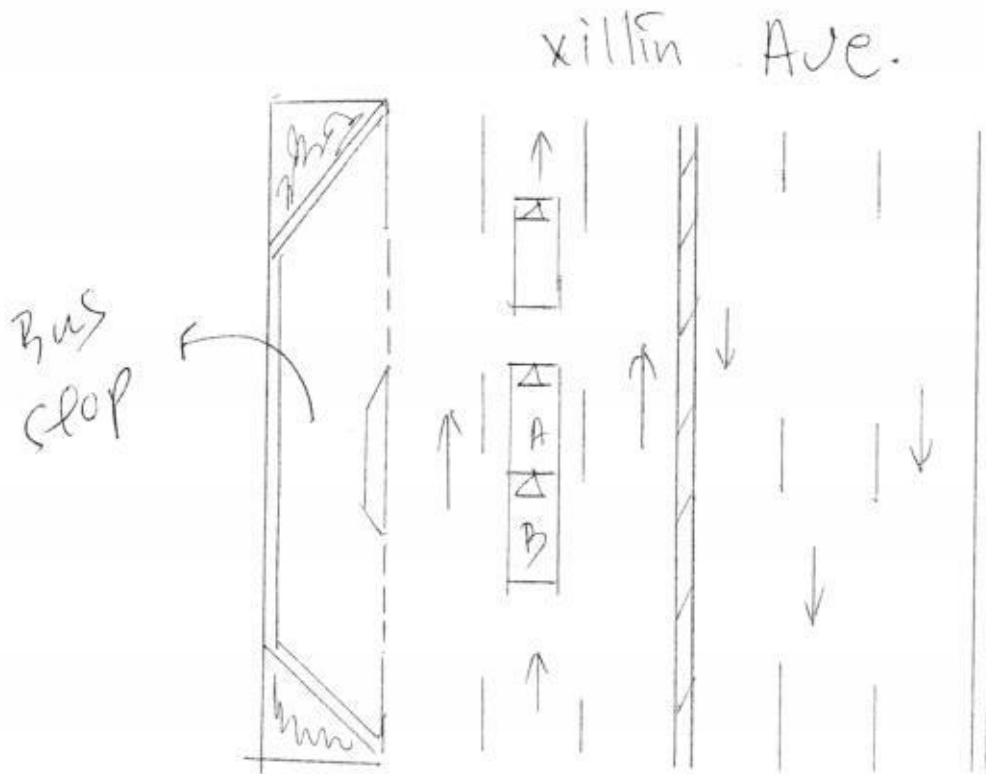
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. T09303621H

Policyholder's Signature  
Date & Time:

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

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

3/1/2020 10:00 AM



A - SHC-3512-J.

B - SJV-358-J.



**SINGAPORE  
POLICE FORCE**



T/20200210/2153

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200210/2153

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2020 21:11	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: TAN THIAN SENG			Address: APT BLK 56 CHAI CHEE DRIVE #10-156 SINGAPORE 460056	
ID Type / ID No.: NRIC NO / S1715164I			Contact No.:	Mobile: 82280006
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 07/05/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2020 18:40	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 XILIN AVENUE UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHC3512J	Car	MERCEDES BENZ	E220	White	Slightly Damaged	1
SJV358J	Car	KIA	CERATO	Blue	Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200210/2153

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200210/2153

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN THIAN SENG	ID No.	S1715164I
Related Vehicle	SHC3512J (Car)	Contact No.	82280006
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2020	Date Discharge	10/02/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	THIA WEIKANG JOEL	ID No.	S9331073Z
Related Vehicle	SJV358J (Car)	Contact No.	87528732
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 the above mentioned date, time and place, I was travelling along Xilin Avenue and approached a traffic light just at the junction of Xilin and Upper Changi Road East. The car in front of me slowed down, and I followed suit. Suddenly, the other vehicle SJV358J hit my vehicle from the rear. Fortunately my car did not move forward to hit the car in front. At that moment I was feeling a headache. I went out to obtain particulars from the other vehicle. I started feeling dizzy so I went back into my vehicle after I exchanged particulars with the other driver. My vehicle rear was damaged with dents but was still able to be operated.

My vehicle is installed with CCTV at the front.

I then went to see a doctor at about 2030hrs for my injuries. The doctor gave me 5 days MC as I was suffering from back pain, right shoulder pain, and numbness in my lower back.



**SINGAPORE  
POLICE FORCE**



T/20200210/2153

3 of 3

Report No. T/20200210/2153

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## 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 /

Staff Sgt WONG XINGYI, SEAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2020 21:11

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 3053805

CUSTOMER

MR/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL (R) 65508755 (O)

DISCOUNT CARD NO.

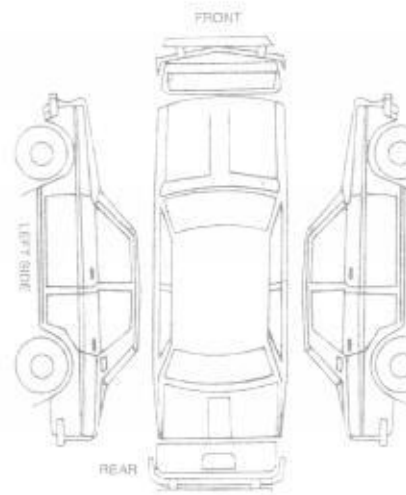
REGN NO. SHC3512J	MILEAGE
MAKE : MERCEDES BENZ	FUEL E.....1/2.....
MODEL E220CDI (E5)	DATE/TIME IN 10.02.2020 21:
YR OF MANU 20.03.2014	TARGET DATE
CHASSIS CODE WDD2120022A759561	COMPLETION DATE/TI

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:

I/C No.:

Vehicle No.:

SHC3512J

CHIANG

Vehicle No.:

SHC3512J

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

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO SHC3512J

DATE 14.01.2020

MAKE :

CHIANG /NTUC

MODEL MERC E6

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	BOOTLID <i>DD</i>			\$2,470.00
1	BOOTLID LOCK <i>Pxn</i>			\$275.00
1	BOOTLID STRICKER <i>Pxn</i>			\$90.00
1	BOOTLID E 220 EMBLEM <i>hec</i>			\$54.30
1	BOOTLID STAR LOGO <i>hec</i>			\$45.00
1	REAR BUMPER ASSY <i>cut/crg</i>			\$1,510.00
1	REAR BUMPER REINFORCEMENT <i>BT</i>			\$1,150.00
1	REAR BUMPER LOWER COVER <i>scr/DEF</i>			\$325.00
1	REAR BUMPER BRACKET LH/RH <i>Pxn</i>		\$135.00	\$270.00
1	REAR PANEL END <i>Pxn</i>			\$1,380.00
1	REAR PANEL GARNISH <i>Pxn</i>			\$240.00
1	BOOTLID CDI EMBLEM <i>hec</i>			\$54.30
SUB TOTAL				\$7,863.60
LESS 20%				\$1,572.72
				\$6,290.88
1	REVERSE SENSOR <i>dm</i>			\$388.00
1	BUMPER MAT <i>hec</i>			\$50.00
				\$438.00
Labour Charge				
Panel Beating				\$840.00
Spray Painting Charge				\$560.00
Tuff kote				\$80.00
Check Wiring				\$60.00
Remove/refix reverse sensor				\$80.00
TOTAL LABOUR				\$1,620.00
ESTIMATE TOTAL				\$7,910.88
				\$8348.88

LKK Auto Consultants hence notify the Repairer of the following:

• To resurvey after the repair work.

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.

• No illegal modifications is allowed

• Supplier's invoice must be submitted and

• All work must be done in accordance with the company

• All work must be done in accordance with the company

• All work must be done in accordance with the company

• All work must be done in accordance with the company

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• All work must be done in accordance with the company

• All work must be done in accordance with the company

• All work must be done in accordance with the company



Our Job Ref No : 305380525

Date : 12/02/20

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : RAM

: SHC3512J

10/02/20

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

2. The repair job shall bill to: NTUC SJV358J
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** \$4,900.00

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 amountSignature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : RAM

Date : 21/02/2020

## 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		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/INC20002664/Fqf3n2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 10-03-2020  
189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJV 358J	Veh. Inspected	SHC 3512J
Policy No.	5115444753	Coverage (\$)	0.00
Claim No.	MT/1083840-002	Excess (\$)	0.00
Assign From		Assign Date	11/02/2020

### 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	WDD2120022A759561	Colour	WHITE
Odometer	935021	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R15	WEST LAKE	6 mm
L/H Front Tyre	205/60 R15	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R15	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R15	WEST LAKE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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### 5. General Information

Accident Date	10/02/2020	Inspection Date	11/02/2020
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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3512J**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BOOTLID	DENTED	2,470.00	2,470.00
1	BOOTLID LOCK	NOT NECESSARY	275.00	-
1	BOOTLID STRICKER	NOT NECESSARY	90.00	-
1	BOOTLID E 220 EMBLEM	NECESSARY	54.30	54.30
1	BOOTLID STAR LOGO	NECESSARY	45.00	45.00
1	REAR BUMPER ASSY	CUT / CRACKED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	BENT	1,150.00	1,150.00
1	REAR BUMPER LOWER COVER	SCRATCHED / DEFORMED	325.00	325.00
2	REAR BUMPER BRACKET LH/RH @\$135.00	NOT NECESSARY	270.00	-
1	REAR PANEL END	NOT NECESSARY	1,380.00	-
1	REAR PANEL GARNISH	NOT NECESSARY	240.00	-
1	BOOTLID CDI EMBLEM	NECESSARY	54.30	54.30
	LESS 20% DISCOUNT		-1,572.72	-1,121.72
			6,290.88	4,486.88
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REVERSE SENSOR (SN)	DAMAGED	388.00	388.00
1	BUMPER MAT (SN)	NECESSARY	50.00	50.00
			438.00	438.00
	<b><u>LABOUR</u></b>			
	REMOVE/REFIX REVERSE SENSOR.		80.00	50.00
	PANEL BEATING.		840.00	720.00
	SPRAY PAINTING CHARGE.		560.00	400.00
	TUFF KOTE.		80.00	50.00
	CHECK WIRING.		60.00	50.00
	-		-	-
			1,620.00	1,270.00
	<b>GRAND TOTAL</b>		<b>8,348.88</b>	<b>6,194.88</b>

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RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			4,900.00
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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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