

NAZ

REF:

NSI INC 1600 27 26 / NV 4302

INC

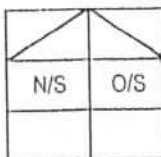
LKE

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspct Vehicle No: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: GB139179P  
 Policy No: 5060994484-06 (01/01/2020-31/12/2020)  
 Claims No: MT 1085554-001  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SH 6999L Yr Regn: 1 Aug 2019  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: HYUNDAI IONIQ (G2) C.C. 1,580  
 Colour: BLUE A/C: Insured / Std / NI / NA  
 Sp. Reading: 51,493 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMH851C VKU164827  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Loaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 195 / 65 R15  
 R: 11

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.



Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 2 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or M0220 (F), MIC (R)  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 14/02/2020 D.O.I. 14/02/2020  
 Survey held at CDGE COYANLT  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
21/12/2020	SN 6999L - CCB / AIG 13015496 / misb 342 R0A - 21/03/2013 GBB 9379P - X FINALIZED PART BY PART REPAIR A1,279.82 / 2 REPAIR DAY (Red 700.25, 3590)

RECEIVED 25 FEB 2020

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

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

Date/Time, File Return to?  
 2) 14/2 - typist

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

Report Format : TP  
 Lump Sum / I.B.I. (\$) 1279.82

Survey Fee: 160  
 Transportation: \_\_\_\_\_  
 S + RS SI  
 Photos  
 Others  
 TOTAL 160

INC PIP

**Veron Chen (LKKAuto)**

**From:** MTCL@income.com.sg  
**Sent:** Monday, 24 February 2020 2:58 PM  
**To:** Veron Chen (LKKAuto)  
**Subject:** RE: REQUEST FOR CLAIM NUMBER

Dear Sir/Mdm,

Claim created refer to below for our reference no.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1085554-001	COMFORT TRANSPORTATION PTE LTD	SH 6999L	GBB 9379P
2	MT/1082630-002	CITYCAB PTE LTD	SHC 569R	SMP 8627B

D.O.A	Time of Accident	Estimate	Tentative repair cost
14/2/2020	8:10	\$1982.07	\$1279.82
1/2/2020	9:45	\$3206.34	\$2350.00

With Regards

**Joreen Ang**  
Senior Admin Assistant  
Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)

**income**  
made different



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** with you

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"/>	5060994484-06		SOH WENG THIN	S1181368B	GMC	Third Party	FJ5419U	FJ5419U	01/01/2020	31/12/2020

## 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	14/02/2020 11:53
Date Of Accident	14/02/2020 08:10
Exact Location Of Accident	BARTLEY ROAD EAST FLYOVER BARTLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6999L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	WONG CHIN HOE
NRIC No	SXXXX392J
Date Of Birth	14/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1986
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83999972
Fax Number	
Contact Number	
EMail Address	ANWONGCH@SINGNET.COM.SG

Address	BLK 213 PASIR RIS STREET 21 #11-210
Postcode	510213
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### 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

REFER 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	GBB9379P
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOHAR BIN ABDUK RAHMAN
NRIC/Passport Number	
Contact Number	87923915
Address	

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

SEE ZHE KHAI (PAX)

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SH6999L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

MIRANDA DANIEL BENJAMIN CATAPIA (PAX)

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SH6999L

Were seat belts worn?

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.

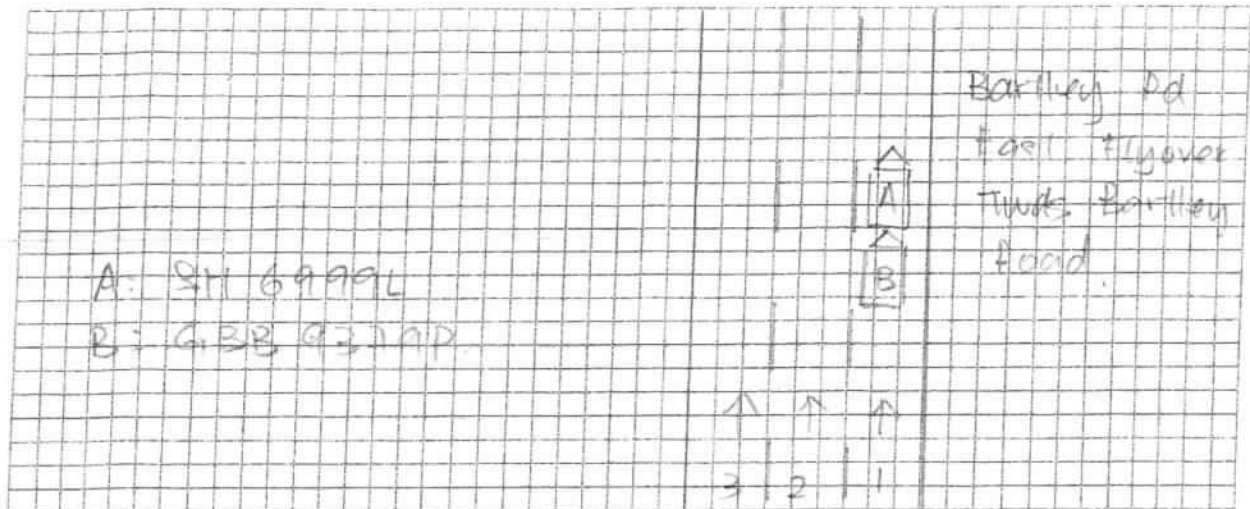
COMFORT DESIGN AND PRINTING  
CO. 8000 000 000 000 000

Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/2/2020 at about 08:10 hrs, I

veh A ferrying 2 male passenger at above said location. Shortly vehicle instant slow down and I follow suit. A few second later, I felt an impact from behind followed by a jerk. Veh B front portion collided into the rear portion of my car.

Later on my passenger called me that both of them suffered pain on neck and back, will go for medical check up.

## DECLARATION

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

COMI DAT 14 FEB 2020 10:00 AM (Tg) (TD)  
CO. REG. NO. 123456789

Policyholder's Signature  
Date & Time:

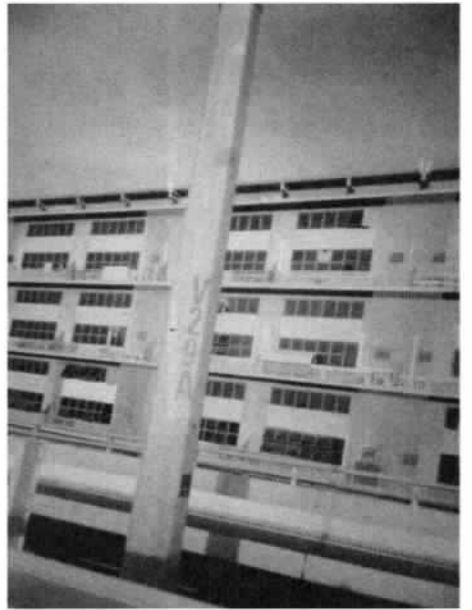
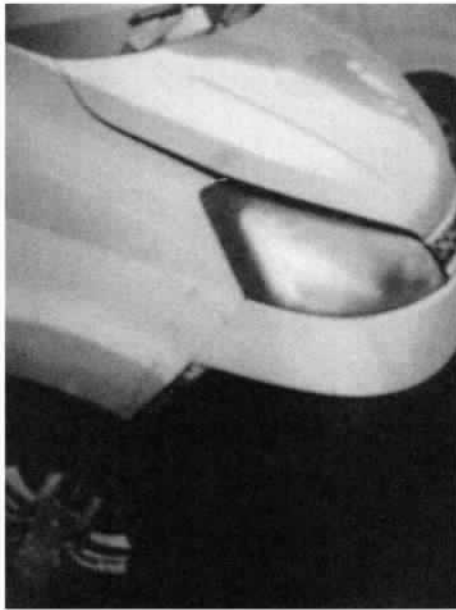
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Loke Wei Yeng

14/2/2020.





Date/Time: 14.02.2020 14:44

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305381450

COMER

AS

COMER NO.

LESS

(R)

(P)

OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

NTUC

REGN NO.:

SH 6999L

MILEAGE

MAKE :

HYUNDAI

FUEL

E.....1/2.....F

MODEL

IONIQ(G2)

DATE/TIME IN

14.02.2020 11:00

YR OF MANU

01.08.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU164827

COMPLETION DATE/TIME:

JOB DESCRIPTION

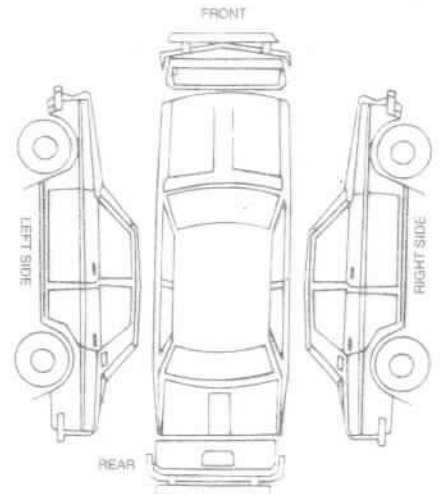
Accident Date: 14.02.2020

NATURE: 3P 14.02.2020

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

dgement Slip

o.:

SH 6999L

LKE

NA3

Exit Pass

Vehicle No.:

SH 6999L

Service Advisor

Signature/Date

Name of Service Advisor

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 : 305381450  
 REGN NO : SH 6999L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 01.08.2019  
 DATE/TIME IN : 14.02.2020 11:00  
 ACCIDENT DATE : 14.02.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	X R
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X SVC
0003	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	/ CRK
0004	04-01-0104-2545-G	IONIQVC MOULDING-REAR BUM	1 L	47.50	20.00	38.00	? X SVC
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	X SVC
0006	FNPS	NO PLATE(S)	1 N	25.00	10.00	22.50	/ CRK
0007	FNPS	NO PLATE TRIM COVER	1 N	30.00	10.00	27.00	X SVC

SUB-TOTAL : 955.75

## JOB NATURE

0000 L	PANEL BEATING	350.00	320
0001 23-502	SPRAYPAINT ON AFFECTED AREA	250.00	200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	80.00	30

SUB-TOTAL : 680.00

LKr 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:

18/2/2020  
 NAZ LKR

14/2/2020 1615

P/P

2 DAYS

CHECK ITEM PHOTO

AFTER REPAIR PHOTO

## COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.02.2020

## REPAIR ESTIMATE

Time: 15:44:23

Page: 2

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

JOB NO : 305381450  
REGN NO : SH 6999L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.08.2019  
DATE/TIME IN : 14.02.2020 11:0  
ACCIDENT DATE : 14.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,635.75

1982.07

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

is subject to final approval from Insurer's company  
• Subsequent repairs must be authorised and  
• No repair modification(s) is allowed  
• Third party survey report is required prior to  
• Parts purchase subject to confirmation  
• (to be filled in by Insurer's company) during survey  
• Insurer's company must display identification  
The following information must be provided:  
This form must be filled in by Insurer's company  
Acknowledged by Insurer's company

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305381450

Date : 20.02.20

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr NAZ

Vehicle Reg No. : SH6999L CTPL

14.02.20

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

1. The repair job shall bill to: NTUC --- GBB9379P

2. The finalized amount shall be:

(a) Spare Parts after List discount \$729.82

(b) Labour Charges \$550.00

**Total for Part-By-Part Repair Cost** \$1,279.82

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 21/2/2020

### 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:

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

JOB NO : 305381450  
 REGN NO : SH 6999L  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : IONIQ(G2)  
 DATE OF REGN : 01.08.2019  
 DATE/TIME IN : 14.02.2020 11:00  
 ACCIDENT DATE : 14.02.2020

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1 L	459.40	20.00	367.52	X R
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	X SVL
0003 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	/ CRK
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0006 FNPS	NO PLATE(S)	1 N	25.00	10.00	22.50	/ CRK
0007 FNPS	NO PLATE TRIM COVER	1 N	30.00	10.00	27.00	X SVL
BR S Rear Bumper Reinforcement #294.80						SUB-TOTAL : 955.75
JB NATURE BR S u 4 stay Bracket LH #138.10						

0000 L	PANEL BEATING	<del>350.00</del>	320
0001 23-502	SPRAYPAINT ON AFFECTED AREA	<del>250.00</del>	200
0002 20-22	REMOVE/REFIX REVERSE SENSOR	<del>80.00</del>	30
SUB-TOTAL :		680.00	

NAZUKK

14/2/2020 1615

PIF

2 DAYS

CHECK ITEM PHOTO

AFTER REPAIR PHOTO

TYPE OF CASE : TP-GBB9379P  
SURVEY BY : LKK/Na3  
DATE : 14/2/2020

[illegible]

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 18.02.2020

Time: 18:15:08

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 : 305381450  
REGN NO : SH 6999L  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 01.08.2019  
DATE/TIME IN : 14.02.2020 11:00  
ACCIDENT DATE : 14.02.2020

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	✓ CRK
0002 FNPS	NO PLATE(S)	1 N	25.00	10.00	22.50	✓ CRK
0003 04-01-0104-3819-G	IONIQ STAY-RR BUMPER LH	1 L	138.10	20.00	110.48	✓ BR
0004 04-01-0104-2288-G	IONIQ BEAM-RR BUMPER	1 L	294.80	20.00	235.84	✓ BR

SUB-TOTAL : 729.82

## JOB NATURE

0000 L	PANEL BEATING	320.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0002 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

SUB-TOTAL : 550.00

TOTAL : 1,279.82

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



## Veron Chen (LKKAUTO)

---

**From:** Naz (LKKAUTO)  
**Sent:** Friday, 21 February 2020 4:14 PM  
**To:** Lim Kwok Eng  
**Cc:** Veron Chen (LKKAUTO); SUR  
**Subject:** Re: SH 6999L - finalize  
**Attachments:** FINALIZED.pdf

Dear Mr Lim,

Finalized Part by Part Repair \$1,279.82 / 2 Repair Days subject to insurance approval.

Thank you.

Best Regards,

**Naz** | Technical Investigator

**LKK Auto Consultants**

Phone: 6841-2157 | Email: [Naz@lkkauto.com](mailto:Naz@lkkauto.com) | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Lim Kwok Eng <limke@cdge.com.sg>  
**Sent:** Thursday, 20 February 2020 7:57 PM  
**To:** Naz (LKKAUTO) <Naz@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:** SH6999L - finalize

Dear Naz / 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:** Thursday, 20 February 2020 4:38 PM  
**To:** Lim Kwok Eng <limke@cdge.com.sg>; Ng Nyuk Phin <ngnp@cdge.com.sg>  
**Subject:** PENDING FINALIZE (2 VEHICLES)

Dear Sir,

Kindly assist for finalise

1. SH 6999L-DOA: 14/2/2020
2. SHA 7198S-DOA: 12/2/2020

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)

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC20002726/Nvf3e2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 25-02-2020



Code: INC4

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

Insured Veh.	GBB 9379P	Veh. Inspected	SH 6999L
Policy No.	5060994484-06	Coverage (\$)	0.00
Claim No.	MT/1085554-001	Excess (\$)	0.00
Assign From		Assign Date	14/02/2020

### 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVKU164827	Colour	BLUE
Odometer	51493	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	MOZZO	5 mm
L/H Front Tyre	195/65 R15	MOZZO	5 mm
R/H Rear Tyre	195/65 R15	MICHELIN	5 mm
L/H Rear Tyre	195/65 R15	MICHELIN	5 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	14/02/2020	Inspection Date	14/02/2020
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:	2 Working Days
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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6999L**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	IONIQVC COVER-RR BUMPER	TO REPAIR SEE LABOUR	459.40	-
10	HYUNDAI BUMPER COVER CLIP	SERVICEABLE	22.00	-
1	IONIQV2 MOULDING ASSY-RR	CRACKED	451.25	451.25
1	IONIQVC MOULDING-REAR BUM	SERVICEABLE	47.50	-
1	REAR BUMPER REINFORCEMENT	BROKEN	294.80	294.80
1	REAR BUMPER STAY BRACKET LH	BROKEN	138.10	138.10
	LESS 20% DISCOUNT		-282.61	-176.83
			1,130.44	707.32
<b><u>NETT ITEMS</u></b>				
1	HYUNDAI REVERSE SENSOR AS (N)	SERVICEABLE	135.70	-
1	NO PLATE (S) (N)	CRACKED	25.00	25.00
1	NO PLATE TRIM COVER (N)	SERVICEABLE	30.00	-
	LESS 10% DISCOUNT		-19.07	-2.50
			171.63	22.50
<b><u>LABOUR</u></b>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF IONIQVC COVER-RR BUMPER.		350.00	320.00
	SPRAYPAINT ON AFFECTED AREA.		250.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			680.00	550.00
<b>GRAND TOTAL</b>			<b>1,982.07</b>	<b>1,279.82</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,279.82</b>

Report Ref No. NS/INC20002726/Nvf3e2

MUHAMMAD NAZRIL BIN ABDULLAH

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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