

INS. REC. BY: Ram

NSI INC 2002746 / 24312

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: **SGU5713A**

Policy No: **506254156-06 / 18/11/2019-17/11/2020**

Claims No: **MT/1034489-002**

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: **SHA2900F** Yr Regn: **1/08/2019**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai ioniq** CC **1380**

Colour: **blue** A/C: **Insured / Std / NI / NA**

Sp. Reading: **5658** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMHCSKUKU165009**

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: 195/65 R15 MIC**

R: - duration

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

TOYO / YOKO or **duration**

Front _____ Rear _____

R/Bal. **9** mm R/Bal. **9** mm

L/Bal. **9** mm L/Bal. **9** mm

D.O.A. **14/02/2020** D.O.I. **17/2/2020**

Survey held at **comcastelero (10yav9)**

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 2900F - NSI/INC (17011503/4116F2) DCA - 01/06/2017
	SGU 5713A - NA/IN (17017224H4) DCA - 30/09/2019
	PIR: 8953501 = with 2 repairs (Red: 710.73: 42%)
	confirm with LKS on 20/2/2020

RECEIVED 21 FEB 2020

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

1) 2012 Typist ☒ : Final Report

Date/Time, File Return to?

2

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS: \$

Photos

Notes

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format:

Lump Sum / LBJ: **953.50**

Denise Tay (LKKAUTO)

From: MTCL@income.com.sg
Sent: Thursday, 20 February 2020 4:23 PM
To: Denise Tay (LKKAUTO)
Subject: RE: REQUEST CLAIM NUMBER

Dear Sir/Mdm,

We have registered the claim.

Please refer below

Thank you

Best regards,

Diana Tay
Senior Admin Assistant
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

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yo

From: Denise Tay (LKKAUTO) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 20 February 2020 11:08 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/1085128-001	Comfort Transportation PTE LTD	SHC 6621T	SJP 1644H	15/02/2020	18:45	1768.87	642.02
2	MT/1084489-002	Comfort Transportation PTE LTD	SHA 2900P	SGU 5713A	14/2/2020	16:50	1664.23	953.50

Best Regards,

Denise Tay | Case Handler

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="14/02/2020 11:49"/>							
Vehicle No. (For Motor)	<input type="text" value="SGU5713A"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5082569158-06		LEE PUI CHAI	56882851A	GPC	drive CLASSIC	SGU5713A	SGU5713A	18/11/2019	17/11/2020
<input type="button" value="Continue"/>										

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	15/02/2020 11:52
Date Of Accident	14/02/2020 16:50
Exact Location Of Accident	BUANGKOK GREEN TWDS HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2900P
Insured/Policyholder	
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
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	CHEW KOK BENG
NRIC No	SXXXX857G
Date Of Birth	22/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98392144
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	134 15-714 RIVERVALE STREET
Postcode	540134
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]	TAMPINES NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	SGU5713A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PUI CHAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

: Nature Of Damage FRT

: No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHEW KOK BENG

Approximate Age 50

Injuries Sustain BACK, ARMS

Injured person in which vehicle? SHA2900P

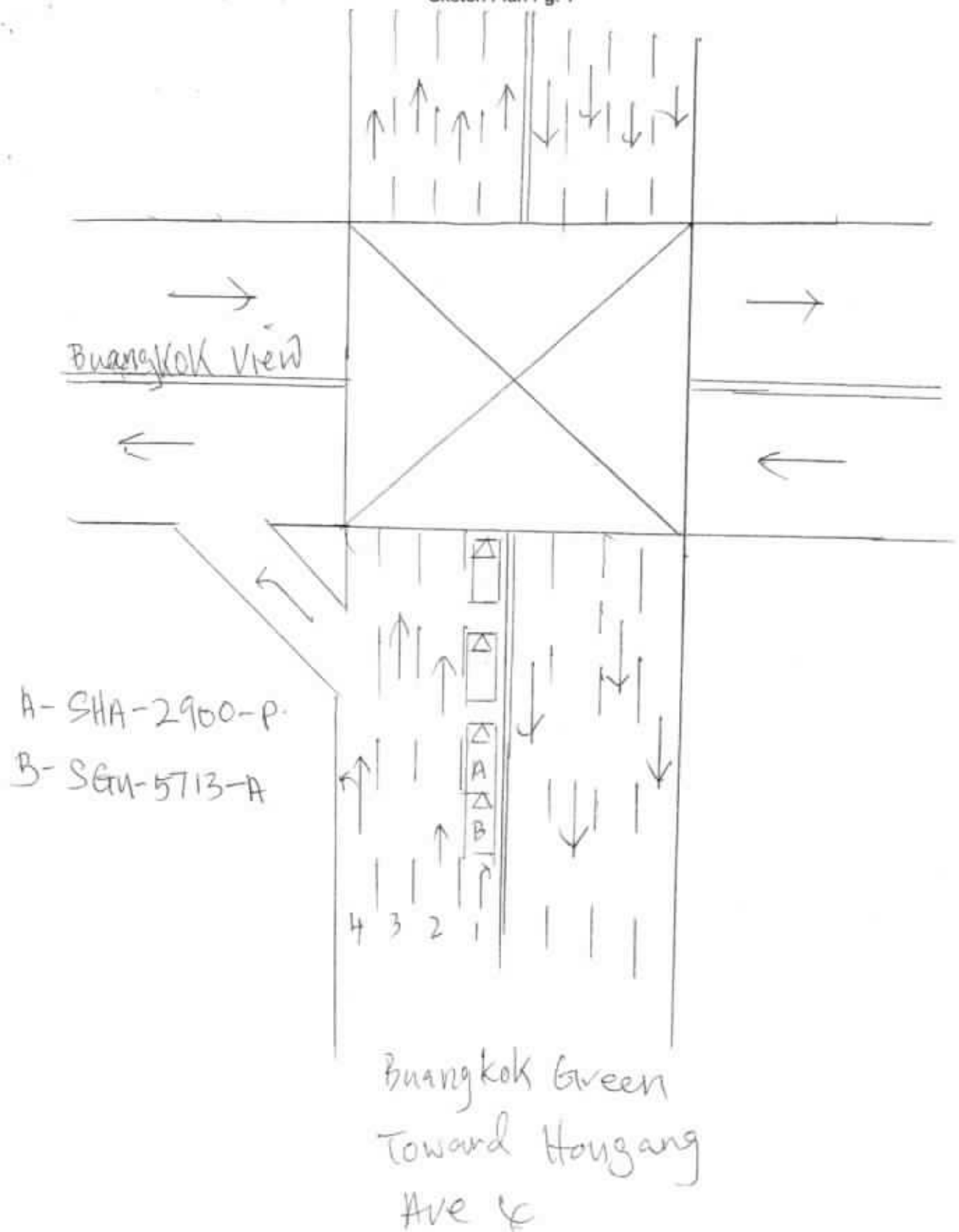
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1





**SINGAPORE
POLICE FORCE**



T/20200215/2030

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200215/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2020 10:36	Video Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: CHEW KOK BENG			Address: APT BLK 134 RIVERVALE STREET #15-714 SINGAPORE 540134		
ID Type / ID No.: NRIC NO / S7032857G			Contact No.: Home/Office: Mobile: 98392144		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 22/09/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2020 16:50	Type of Location: X-Junction
Location: Along Road 1 BUANGKOK GREEN				
Along Buangkok Green towards Hougang Ave 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SGU5713A	Car					0
SHA2900P	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200215/2030

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200215/2030

CONTINUATION OF REPORT

Driver			
Name	LEE PUI CHAI		ID No. S6882851A
Related Vehicle	SGU5713A (Car)		Contact No. NIL
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
Driver			
Name	CHEW KOK BENG		ID No. S7032857G
Related Vehicle	SHA2900P (Car)		Contact No. 98392144
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/02/2020	Date Discharge	15/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 14/02/2020 at about 1650hrs, I was driving my Taxi SHA2900P along Buangkok Green towards hougang Ave 4. Before the cross junction of Buangkok Green and Buangkok view, there were two cars in front of me at the most right lane, thus I stopped behind them when the traffic light turn red. Suddenly I felt an impact from the rear of my Taxi. I went out to make a check and discovered that a car SGU5713A had collided onto the rear of my Taxi.

We exchanged particulars and both parties left. The passenger who was in my Taxi inform he does not have any injury. All parties did not report of any injury.

On the 15/02/2020 I woke up and feel numb on my back and my both arms. I was given 3 days MC after visiting the clinic.

There are some damages to the rear of my taxi.

I have an in car camera pointing forward in my car.

No police and ambulance attended to us.



**SINGAPORE
POLICE FORCE**



T/20200215/2030

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200215/2030

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 /
Sgt 2 CHIN XUE NI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/02/2020 10:36

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP158



SINGAPORE
POLICE FORCE

OFFICIAL USE



Date/Time: 17.02.2020 09:17

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305381632

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(OI)

(R)

(P)

REGN NO.

SHA2900P

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

IONIQ(G2)

DATE/TIME IN 15.02.2020 11:15

YR OF MANU

01.08.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU165009

COMPLETION DATE/TIME

JOB DESCRIPTION

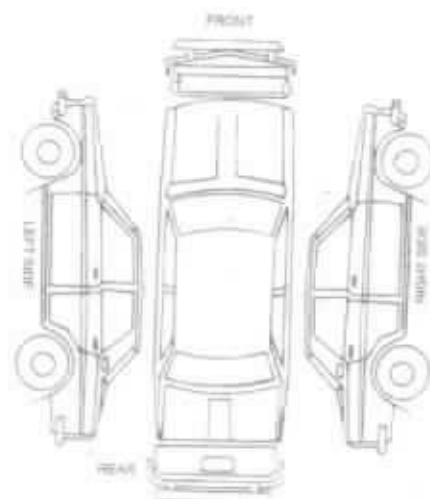
Accident Date: 14.02.2020

NATURE: 3P 14.02.2020

S/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHA2900P

LKE

Vehicle No.:

SHA2900P

Service Advisor

Signature/Date

Name of Service Advisor

Date

had 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 : 305381632
 REGN NO : SHA2900P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 01.08.2019
 DATE/TIME IN : 15.02.2020 11:15
 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	04-01-0104-2531-G	IONIQVC BRACKET ASSY-RR B	1 L	33.10	20.00	26.48	xm
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	xm
0004	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	DEF
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	xm
0006	FNPS	REAR NUMBER PLATE	1 N	25.00	10.00	22.50	CR
0007	FNPS	REAR NUMBER PLATE TRIM CO	1 N	30.00	10.00	27.00	xm
SUB-TOTAL :							944.23

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	120.00	\$50
SUB-TOTAL :				720.00

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is not a "Without Prejudice" day
- No illegal modifications allowed
- Supplementary items must be inspected and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

[Signature]
19/2/2020

Ram (UCC)
17/02/2020 1245hrs
Ram@lkkauto.com
88622748 (P/R)
Ref paint photo
2 days

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 17.02.2020
Time: 10:55:53
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 : 305381632
REGN NO : SHA2900P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 15.02.2020 11:15
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	04-01-0104-2531-G	IONIQVC BRACKET ASSY-RR B	1 L	33.10	20.00	26.48	XUN
0003	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60	XUN
0004	04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1 L	451.25	20.00	361.00	DEF
0005	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1 N	135.70	10.00	122.13	XUN
0006	FNPS	REAR NUMBER PLATE	1 N	25.00	10.00	22.50	CRA
0007	FNPS	REAR NUMBER PLATE TRIM CO	1 N	30.00	10.00	27.00	XUN

SUB-TOTAL : 944.23

OB 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	120.00	\$50
		SUB-TOTAL : 720.00	

Param (UCC)
17/02/2020 1245hrs
Param@allcarauto.com
88622744 (P)
Ref print photo
3 days
1664.23

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

JOB NO : 305381632
REGN NO : SHA2900P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2019
DATE/TIME IN : 15.02.2020 11:15
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 DEF ✓
0002 FNPS REAR NUMBER PLATE 1 N 25.00 10.00 22.50 CVA ✓

SUB-TOTAL : 383.50

JOB NATURE

0000 L PANEL BEATING 320.00 ✓
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00 ✓
0002 20-22 REMOVE/REFIX REVERSE SENSOR 120.00 \$50 ✓

SUB-TOTAL : 640.00

TOTAL : 1,023.50

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No 305381632
Date : 18.02.20

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

FINALIZATION FORM

To : LKK
Attn : Mr RAM
Vehicle Reg No. SHA2900P CTPL

Fax :

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 SGU5713A

2. The finalized amount shall be:

(a) Spare Parts after List discount

\$383.50

(b) Labour Charges

\$640.00 \$570/=

Total for Part-By-Part Repair Cost

\$1,023.50 \$1,953.50/=

(c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost

20%

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 : RAM

Date : 20/2/2020

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:

**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/INC20002746/Ft3n2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 21-02-2020	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SGU 5713A	Veh. Inspected	SHA 2900P	
Policy No.	5062569158-06	Coverage (\$)	0.00	
Claim No.	MT/1084489-002	Excess (\$)	0.00	
Assign From		Assign Date	17/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU165009	Colour	BLUE	
Odometer	56558	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	9 mm	
L/H Front Tyre	195/65 R15	MICHELIN	9 mm	
R/H Rear Tyre	195/65 R15	DURATURN	9 mm	
L/H Rear Tyre	195/65 R15	DURATURN	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	14/02/2020	Inspection Date	17/02/2020	
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 2900P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	IONIQVC COVER-RR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	IONIQVC BRACKET ASSY-RR B	NOT NECESSARY	33.10	-
10	HYUNDAI BUMPER COVER CLIP	NOT NECESSARY	22.00	-
1	IONIQV2 MOULDING ASSY-RR	DEFORMED	451.25	451.25
	LESS 20% DISCOUNT		-193.15	-90.25
			772.60	361.00
NETT ITEMS				
1	HYUNDAI REVERSE SENSOR AS (N)	NOT NECESSARY	135.70	-
1	REAR NUMBER PLATE (N)	CRACKED	25.00	25.00
1	REAR NUMBER PLATE TRIM CO (N)	NOT NECESSARY	30.00	-
	LESS 10% DISCOUNT		-19.07	-2.50
			171.63	22.50
LABOUR				
	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.		120.00	50.00
			720.00	570.00
GRAND TOTAL			1,664.23	953.50
RECOMMENDED COST OF REPAIRS (CONFIRMED)				953.50

Report Ref No. NS/INC20002746/Ftf3n2

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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