

ASS. REC. BY:

Ram

REF:

NS/INC 20002940/Fqd302

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:

SGD3686Y

Policy No.

5111702763

(5/8/19-15/8/2020)

Claims No.

MT/1084963-002

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
	X

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHA 6962J

Yr Regn:

80/04/2019

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

Truck / Trailer or

Make:

Hyundai ianig (G2)

c.c 1580

Colour:

blue

A/C:

Insured / Std / NI / NA

Sp. Reading

149276

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

14MH0851CVK0146204

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:

2195/65 R15

R:

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

TOYO / YOKO or

DAWANTI

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

17/02/2020

D.O.I.

19/02/2020

Survey held at

Pembungkusan (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

SHA 6962J-NA/4011020599/52

SGD3686Y-NBA/INC/5015947/01

RECEIVED 25 FEB 2020

P/P. \$412.20 with 2 repair days (Red 617.52, 40%)

Confirmed 21/02/2020 with Summi

Date/Time, File Pass to?

☐

: Preli. Report

1)

24/2/2020

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

160

Transportation:

S + RS \$

Photos

Others

TOTAL

160

Report Format:

7P

Lump Sum / L&L:

912.20

TP Claims against NTUC Income: Follow-Through Survey

Date : 24/02/2020

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	1083582-002	COMFORT TRANSPORTATON PTE LTD	SHA 7884U	SHD 1224Z	09/02/2020	16:20	\$ 2,453.17
2	1084963-002	COMFORT TRANSPORTATON PTE LTD	SHA 6962J	SGD 3686Y	17/02/2020	19:55	\$ 1,529.72
3	1084696-002	COMFORT TRANSPORTATON PTE LTD	SHA 7706B	SKG 3465E	16/02/2020	11:25	\$ 2,245.56
4	1084759-002	CITYCAB PTE LTD	SHC 526P	GBC 5665J	16/02/2020	18:25	\$ 3,325.76
5	1084707-002	COMFORT TRANSPORTATON PTE LTD	SHA 5220Z	YP 4993C	14/2/2020	15:35	\$ 7,430.02
6	1084878-002	COMFORT TRANSPORTATON PTE LTD	SHD 3261C	SMG 5846C	17/2/2020	15:15	\$ 1,494.53

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="17/02/2020 16:12"/>							
Vehicle No.(For Motor)	<input type="text" value="SGD3686Y"/>	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 type="checkbox"/>	5111702763		VELOCITY CAR RENTAL PTE. LTD.	201914851K	GPC	drive CLASSIC	SGD3686Y	SGD3686Y	05/08/2019	15/08/2020
				<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	18/02/2020 14:30
Date Of Accident	17/02/2020 19:55
Exact Location Of Accident	T JUNCTION OF LOR 20 GEYLANG RD TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6962J
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	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	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	JUMAT BIN SALIM
NRIC No	SXXXX863J
Date Of Birth	21/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639130
Fax Number	
Contact Number	
EMail Address	ESTHERJUTA@GMAIL.COM

Address	BLK 180B BOON LAY DRIVE #02-652
Postcode	642180
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 [OTHER]	JURONG WEST N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200218/2030

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	SGD3686Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JUMAT BIN SALIM
Approximate Age	60
Injuries Sustain	BACK AND HEAD PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SHA6962J
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

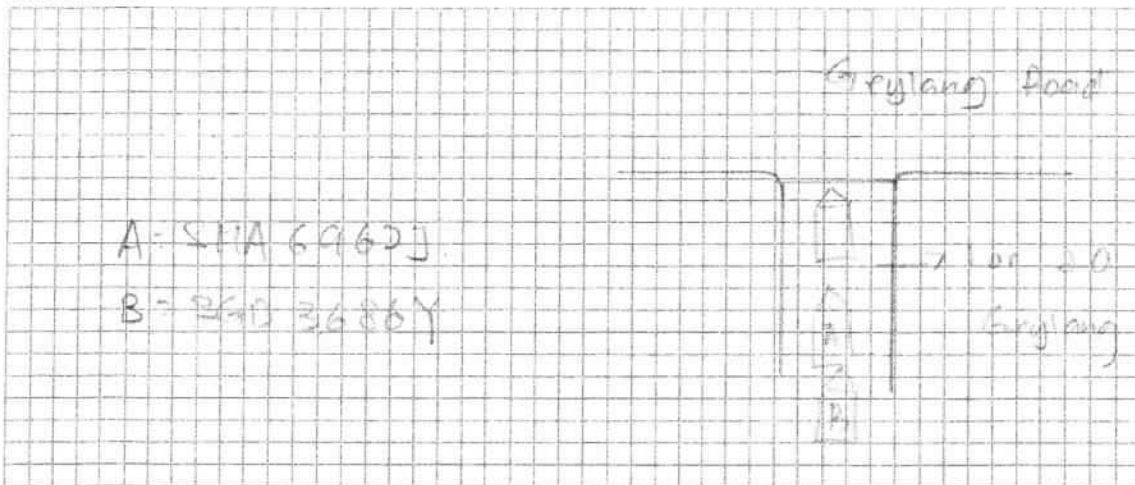
Policyholder's Signature
Date & Time:


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

 18/2/2020
Reporting Centre Personnel's Signature
Name: **Loka Wai Yien**
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report

7/20200218/2030

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 1993038211

Policyholder's Signature
Date & Time:

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

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

9500000 SketchPlanForm_73



**SINGAPORE
POLICE FORCE**



T/20200218/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200218/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2020 11:19	Vide Report No.:	Station Diary No.: 53
--	------------------	--------------------------

Informant's Particulars

Name of Informant: JUMAT BIN SALIM			Address: APT BLK 180B BOON LAY DRIVE #02-652 SINGAPORE 642180		
ID Type / ID No.: NRIC NO / S1392863J			Contact No.: Home/Office: Mobile: 81639130		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 21/10/1959	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/02/2020 19:55	Type of Location: Straight Road
Location: Along Road 1 LORONG 20 GEYLANG Outside the coffeeshop of 364 Geylang Road S(389369) Al Bidayah.				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SGD3686Y	Car	TOYOTA	VIOS 1.5E A	Silver	Slightly Damaged	2
SHA6962J	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200218/2030

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20200218/2030

CONTINUATION OF REPORT

Driver			
Name	JUMAT BIN SALIM	ID No.	S1392863J
Related Vehicle	SHA6962J (Car)	Contact No.	81639130
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/02/2020	Date Discharge	18/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 17/02/2020 at around 07:55pm, I was driving V1) SHA6962J along Lorong 20 Geylang. As there were full of pedestrian crossing the road, I began to move slowly. Subsequently, I felt an impact on the rear of my V1 and hurt my neck due to the impact. I stopped V1 and went down to make a check. I then realized that V2) SGD3686Y had collided on the rear of V1. I then took photo of the scene and approached the driver of V2 on how should we settled this issues and he began to raise his voice as for his point of view there were no damages of injuries. Members of public around the vicinity also began to barge in regarding the issues and kept on insisting that this incident is a small issues. Without hesitation, to avoid other conflict I left the scene immediately and went back home to have a rest since I am suffering pain on my head and neck.

On the 18/02/2020 at about 08:30am, I had drop of a passenger to its destination and suddenly I felt pain on my neck and head. I then decided to head down to the nearest clinic and received 03 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200218/2030

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20200218/2030

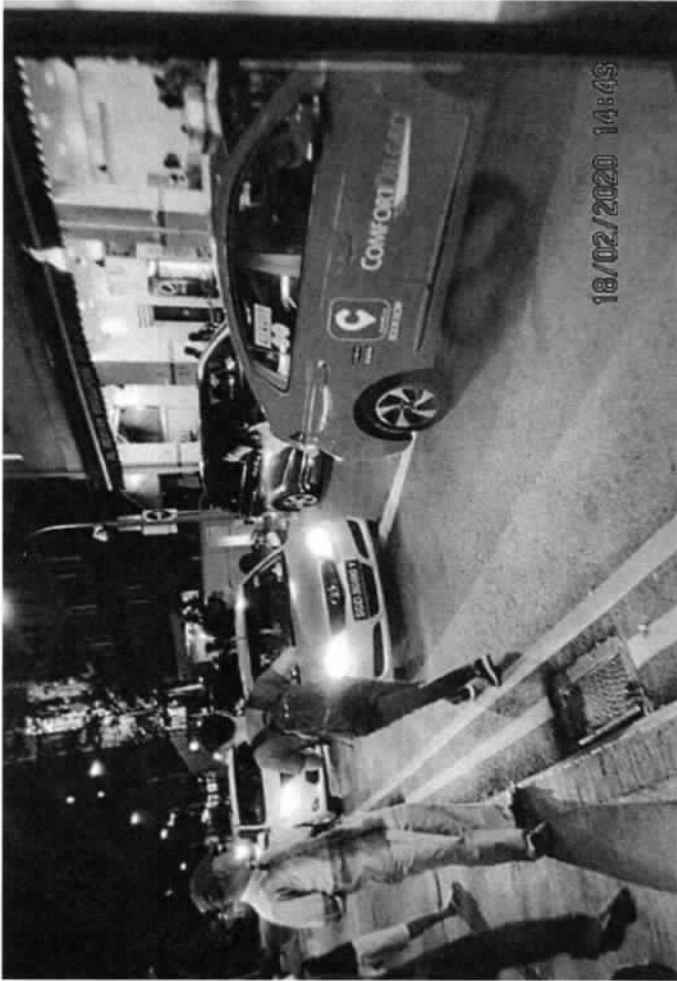
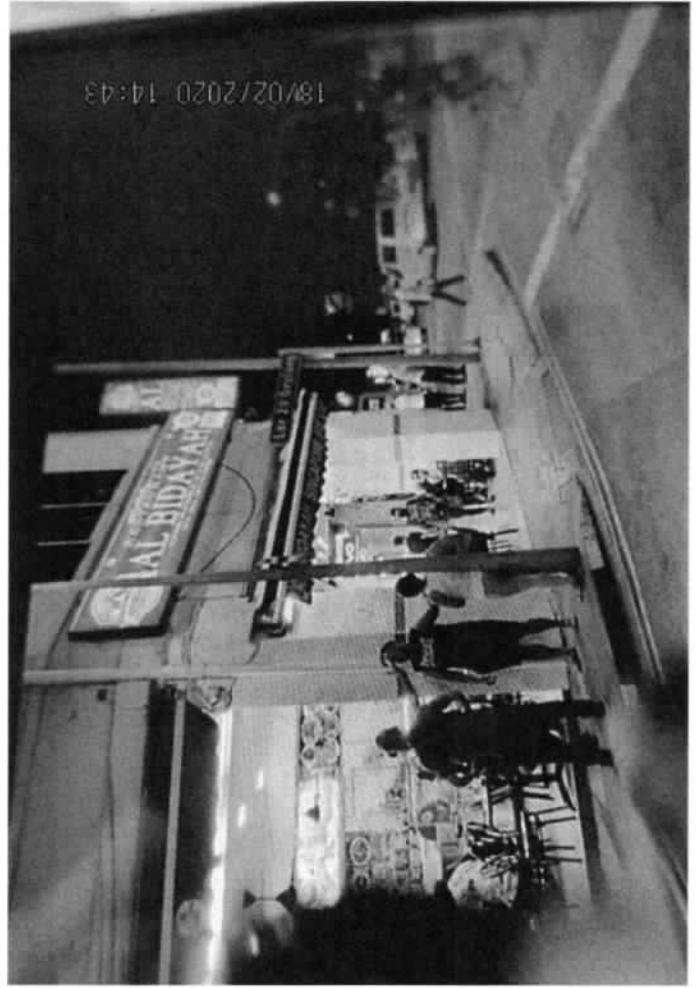
CONTINUATION OF REPORT

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: J / SC2 MUHAMMAD NAZRI BIN MOHAMED SANT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2020 11:19
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219 SN 126	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	



Date/Time: 18.02.2020 16:55

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305382275

OMER

S

OMER NO.

ESS

(R)

(P)

OUNT CARD NO.

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO.:

SHA6962J

MILEAGE

MAKE:

HYUNDAI

FUEL

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

MODEL

IONIQ(G2)

DATE/TIME IN: 18.02.2020 13:25

YR OF MANU

30.04.2019

TARGET DATE

CHASSIS CODE

KMHC851CVKU146264

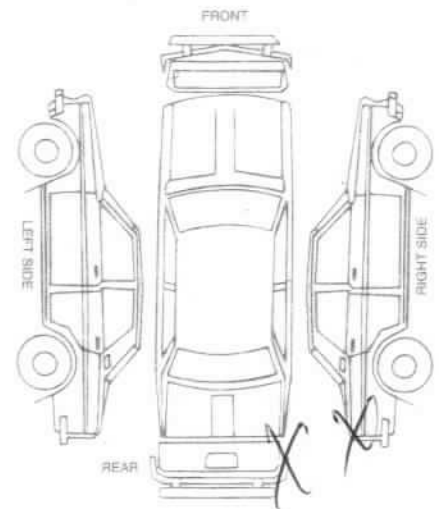
COMPLETION DATE/TIME:

Accident Date: 17.02.2020

NATURE: 3P 17.02.2020

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

idgement Slip

Exit Pass

o.:

SHA6962J

JU NTUC LKK

Vehicle No.:

SHA6962J

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned 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 : 305382275
 REGN NO : SHA6962J
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 30.04.2019
 DATE/TIME IN : 18.02.2020 13:25
 ACCIDENT DATE : 17.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2282-G	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52	x= (R)
0002 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	415.25	20.00	332.20	CA
0003 04-01-0104-1150-A	IONIQVC PROTECTOR MAT	1 N	50.00	2.00-	50.00	x=

SUB-TOTAL : 749.72

JOB NATURE

0000 PB	PANEL BEATING	400	40.00		\$320
0001 SP	SPRAYPAINT CHARGE		300.00		\$200
0002 L	REMOVE/REFIX REVERSE SENSOR		80.00		\$60

SUB-TOTAL : 420.00

TOTAL : 1,169.72 1329.72

Jumani

AUTHORISED : YES / NO

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

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:

[Signature]
 2/2/2020

[Signature]
 19/02/2020 1255
 Paralelram@lkkauto.com
 add repair photo
 2 repair days

Our Job Ref No 305382275
Date : 21/02/2020

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : RAM
: SHA6962J

Fax :

DOA: 17/02/2020

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

1. The repair job shall bill to: NTUC --- SGC3686Y
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$332.20 ✓
 - (b) Labour Charges ## \$580.00 ✓
 - Total for Part-By-Part Repair Cost** \$912.20 ✓
###
 - (c.) Lumpsum Repair (if applicable) N
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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name :
Date : 24/02/2020

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:

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

JOB NO : 305382275
REGN NO : SHA6962J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 30.04.2019
DATE/TIME IN : 18.02.2020 13:25
ACCIDENT DATE : 17.02.2020

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 415.25 20.00 332.20 *chk*

SUB-TOTAL : 332.20

JOB NATURE

0000 PB PANEL BEATING

320.00

0001 SP SPRAYPAINT CHARGE

200.00

0002 L REMOVE/REFIX REVERSE SENSOR

60.00

SUB-TOTAL : 580.00

TOTAL : 912.20

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :




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/INC20002940/Fqd3e2				
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.	SGD 3686Y	Veh. Inspected	SHA 6962J	
Policy No.	5111702763	Coverage (\$)	0.00	
Claim No.	MT/1084963-002	Excess (\$)	0.00	
Assign From		Assign Date	19/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU146264	Colour	BLUE	
Odometer	149276	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	DAVANTI	8 mm	
L/H Front Tyre	195/65 R15	DAVANTI	8 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/02/2020	Inspection Date	19/02/2020	
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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 6962J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	IONIQC COVER-RR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	IONIQV2 MOULDING ASSY-RR	CUT	415.25	415.25
	LESS 20% DISCOUNT		-174.93	-83.05
			699.72	332.20
	<u>SPECIAL NETT ITEMS</u>			
1	IONIQC PROTECTOR MAT (SN)	NOT NECESSARY	50.00	-
			50.00	-
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF IONIQC COVER-RR BUMPER.		400.00	320.00
	SPRAYPAINT CHARGE.		300.00	200.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	60.00
			780.00	580.00
GRAND TOTAL			1,529.72	912.20

RECOMMENDED COST OF REPAIRS (CONFIRMED)			912.20
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Report Ref No. NS/INC20002940/Fqd3e2

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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