

National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315



AUTOMOBILE INSPECTION REPORT



| | | AUTOMOBILE INSI | LOTI | ON KLFOKT | | |
|---|--|--|---------|-----------------------|--------------------|--|
| INCC | ME INSURANCE | LTD | Ref: | NS/INC23002065/Svp3e2 | | |
| 75 BRAS BASAH ROAD INCOME CENTRESINGAPORE 189557 | | | Date: | 17-03-2023 | | |
| | | | Code: | INC4 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | | | |
| | Insured Veh. | SLH 9481B | Veh. Ir | nspected | SHC 8288Z | |
| | Policy No. | | | age (\$) | 0.00 | |
| | Claim No. | MT/1211701-001 | Exces | · · · / | 0.00 | |
| | Assign From | | Assig | n Date | 20/02/2023 | |
| 2. Vehicle Particulars & Condition | | | | | | |
| | Make & Model | HYUNDAI IONIQ | c.c | | 1580 | |
| | Engine No. | HIDDEN | Year o | of Reg. | 2021 | |
| | Chassis No. | KMHC851CVLU191835 | Colou | r | BLUE | |
| | Odometer | 266164 | Steeri | ng | IN ORDER | |
| | Brakes | IN ORDER | Modifi | cation | STANDARD ALLOY RIM | |
| | General | GOOD | | | | |
| 3. | 3. Conditions of Tyres | | | | | |
| | | Size | Make | | Balance | |
| | R/H Front Tyre | 195/65 R15 | WEST | LAKE | 5 mm | |
| | L/H Front Tyre | 195/65 R15 | WEST | LAKE | 5 mm | |
| | R/H Rear Tyre | 195/65 R15 | WEST | LAKE | 5 mm | |
| | L/H Rear Tyre | 195/65 R15 | WEST | LAKE | 5 mm | |
| 4. | Description of Damages | | | | | |
| | THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. | | | | | |
| | DAMAGES SEE DETAILS. | | | | | |
| 5. | General Information | | | | | |
| | Accident Date | 17/02/2023 | Inspec | tion Date | 20/02/2023 | |
| | 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. | D. Estimate Days of Repair | | | | | |
| | ESTIMATED NORMAL PERIOD FOR REPAIR: 1 Working Days | | | | | |
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