195

CP. 83/4 >168.40



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

NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: NS/INC1702324	3/K1rb		
73 B #05- 1895) INION HOUSESINGAPORE	Date: 07-12-2017 Code: INC4			
1.		Policy Particulars	:- THIRD PARTY CLAIM			
	Insured Veh.	SJD 4488K	Veh. Inspected	SHD 3777G		
	Policy No.	5082615606-01	Coverage (\$)	0.00		
	Claim No.		Excess (\$)	0.00		
	Assign From		Assign Date 06/12/2017			
2.		Vehicle Parti	culars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No. Colour					
	Odometer	•	Steering			
	Brakes		Modification			
	General					
3.		Condit	ions of Tyres	mar and an excess of		
		Size	Make	Balance		
	R/H Front Tyre			mm		
	L/H Front Tyre			mm		
	R/H Rear Tyre			mm		
	L/H Rear Tyre			mm		
4.	All the artic	Descript	ion of Damages			
			TO CONTRACT OF THE PARTY OF THE			
5.		STATE OF THE PARTY	al Information	00/40/0047		
	Accident Date	06/12/2017	Inspection Date	06/12/2017		
	Survey held at	COMFORTDELGRO ENGINEE	ERING PTE LTD			
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	建建设表现	GENERAL SINGRAL SI ALAMO COCCOSCOCIO	Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, I	ITHOUT PREJUDICE" BASIS WE HAVE NOT AUTHORISE	S. ED REPAIRS.		

eBaoTech				S and				Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.		Change Lar	nguage	· Change Password	
My Desktop	Policy Query								
Notice of Loss	Policy No.				Date of Acc	ident	06/12	2/2017 17:49	
	Vehicle No.(For Motor)	SJD4488K							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5082615606-01	VISIOR CAR PTE, LTD.	201619978W	GFT	drivo PREMIUM	5]D4488K	SJD4488K	25/07/2017	
					Continue				

TP Claims against NTUC Income: Follow-Through Survey

Date: 11/01/2018

Tentative repair cost	80 \$ 7,767.41			•	-		*	-				
Ertine 100	Cautifiedic		\$ 16,691.80			7 873 (10)	A CONTRACT		2 5 3 4 44	- Control of		
The second second	ent Time of Accident		22:16		15:00			8:20				
Date of Accident		13/12/2017		13/17/701/		Party of the party	/107/71/6/	1000	The State of the State of	06/17/201/		
	Claimant (Canadalv) Claimant Vehicle No. Income Vehicle No.			SCEK 32305	2000 2000		CCM 3CO3	SCOOL MISS		SID 4488K	200	
				360 302	241 325		200 44 300	SHC 4130E		SELECTION STATE	SHUSYLVA	
			Caimant Council Javi Company		CAADT TAVI DTE I TD	SMINI IANI FILLIO		CAADT TAVI DIE I TD	SMINI IAMI LIE CIO		COMEDET TRANSPORTATION	COMPONENT TO A STATE OF THE PARTY OF THE PAR
			The Income Deferred	S/NO INCOME NEIGHBE		4 NAT MO73659_MM7	Too conticolina T		2 (AAT/N075579,007	7 WIND COOK 150/1101 7	TOO SOUTH ON THE	3 MT/09/3633-003

Claim received from LKK

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date

Date/Time: 06.12.2017 11:45

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.305095370
STOMER	ARC Repair TP(CLSO)1 COMFORT TRANSPORTATION PTE 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717		REGN NO. SHD3777G	MILEAGE
/MS	7010045	E LTD	MAKE : TOYOTA	FUEL
STOMER DRESS	NO 383 SIN MING DRIVE Singapore SINGAPORE 57571	.7	MODEL PRIUS HYBRID(G4)06.	12.2017 09:35
(R)	65508755 (o)	**	YR OF MANU. 2017	TARGET DATE
(P)	COMFORT TRANSPORTATION PT 7010045 383 SIN MING DRIVE Singapore SINGAPORE 57571 65508755 (0)		CHASSIS CODE JTDKB3FU703569196	COMPLETION DATE/TIME:
SCOUNT (CARD NO.			

JOB DESCRIPTION

Accident Date: 06.12.2017 NATURE: 3P 06.12.2017

ie of Service Advisor

e returned to Service Reception upon collection

S/NO

LABOR CODE

NTUC- toni Front o Pear domage LKK/Kalnin -

ECKED & PASSED	O OUT BY:			
	SERVICE ADVISOR			CUSTOMER'S SIGNATURE
owledgement Slip			Exit Pass	
e: lo.: cle No.: SHD	3777G	LARRY	Vehicle No.: SHD3777G	
Larry	, Ng			-

Signature/Date

Name of Service Advisor

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

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м	v	•		_				_		_		

Date Of Report

06/12/2017 10:39

Date Of Accident

06/12/2017 08:20

Exact Location Of Accident

THOMSON RD TWDS BT. TIMAH

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD3777G

Insured/Policyholder

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R

Email Address

Co Reg No

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Alternative Phone No

OFFICE-65508768

Vehicle Particulars

Manufacturer

TOYOTA

Model

PRIUS

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

FIRST CAPITAL INSURANCE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

D-1572701MFSH

Cover Note Number

Driver

Name of Driver

KOH LIANG KHING

NRIC No

S0372317H

Date Of Birth

22/12/1950

Occupation

OUTDOOR

Date Of Driving Pass

03/05/1969

Driving Experience

48 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number EMail Address

NOEMAIL

Address

BLK 309 SHUNFU ROAD #11-201

Postcode

570309

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

CHAIN COLLISION

Weather Conditions

CLEAR DRY

Road Surface

Other Information

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

Was any foreign vehicle involved in this accident?

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

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

PLS REFER TO 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

SJD4488K

Vehicle Make/Model/Colour

Details Of Properties

AZMAN BIN MOHAMED SANWAN

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

Insurance Company Name

FRT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM3309E

Page 2 of 14

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

REAR

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder 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
- 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:

- 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)
 - (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
- (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
- 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.
- 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.
- 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. 197201321R

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 .:

emetal tendenden To

b. 4

Sketch Plan Pg. 2

SKETCH PLAN Newton Rd DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON 8 DEC 2017 @ 08.20 I VOH Driving along Thousan twile Bakit timah usas war relocating shapping contre. I uses a lane of awatring green ligget to change Subbenely veh B from the Koar hit well A Row vel. A due to the Impact Surger forward and hit beh c infant. When I well to came down velocie c drive off, at the point of accident I ferry are marie pussely he was ok. factor DECLARATION I/We declare the foregoing particulars are true in every respect. Sackson Hene COMFORT TRANSPORTATION PTE LTD CO REG NO 192203321R CSO Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:







NTGC

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE 6/12/2017 15:55

VEHICL: SHD 3777G

MAKE :

Larry.

DESCRIPTION	QTY	UNIT PRICE		AMOUNT
FRONT BUMPER COVER X 149.17			\$	490.50
FRONT BUMPER REINFORCEMNENT XJ			\$	691.50
FRONT BUMPER COVER X F49.57 FRONT BUMPER REINFORCEMNENT XJV FRONT BUMPER SPONGE XJV			S	78.80
SUB TOTAL			\$	1,260.80
LESS 20%			\$	252.16
DISCOUNTED TOTAL			S	1,008.64
FRONT NO.PLATE GARNISH FRONT BUMPER LOGO FRONT NO. PLATE			S	-25% 99.00 -25% 87.10 25.00
LICENSE PLATE TRIM COVER			S	30.00
			s	241.10
Labour Charge Panel Beating Spray Painting Charge TOTAL LABOUR		-	\$ \$	202.00 200.00 (8 c
			7.00	1,849.7
ESTIMATE TOTAL			S	1,047.7

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.

2

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICI: SHD 3777G

DATE 6/12/2017 15:59

DOA: 06.12.17

MODEL: TOYOTA PRIUS

QTY	PARTS DESCRIPTION	TYPE	UNIT PRICE	AMO	DUNT	
	REAR TRUNK LID LOGO(PRIUS)			\$	60.80	*
- 1	REAR TRUNK LID LOGO(HYBRID)			\$	52.40	
	REAR TRUNK LID LOGO(TOYOTA STAR)			\$	52.90	
- 1	300 100 100 100 100 100 100 100 100 100			\$	458.60	
	REAR BUMPER X Y COT TO THE REAR BUMPER RE-INFORCEMENT COT TO THE REAR BUMPER UNDER COVER TO THE REAR BUMPER UNDER TO THE REAR BUMPER UNDER COVER TO THE REAR BUMPER UNDER COVER TO THE REAR BUMPER UNDER TO THE REAR BUMPER UN			\$	318.80	
	REAR BUMPER UNDER COVER -			S	552.60	
	REAR BUMPER UNDER COVER REAR BUMPER TOWING COVER PEAD BUMPER CLIPS			\$	82.70	
	REAR BUMPER CLIPS X An Franch Stepen			s	22.00	
	Ken Mack Lid 1800	1		s	1,600.80	1
	SUB TOTAL LESS 20%	256		S	320.16	1
ì	DISCOUNTED TOTAL			S	1,280.64	-
	Discoentia				· ·	
				•	40.00	NE
	REAR TRUNK LID APPS STICKER /	- **		\$	40.00 60.00	0.55
	REAR TRUNK LID COMFORT & TEL NO. STCIKER REAR BUMPER REVERSE SENSOR			S		1.5
				S	135.70	
	REAR BUMPER RUBBER MAT + +~			\$	50.00	NE
		A		S	285.70	
	Labour Charge				200	
	Panel Beating			\$	400.00	
	Spray Painting Charge			S	400.00 400.00 50.00	13
	Wiring Charge			s	50.00	HX
	Remove/Refix Reverse Sensor			S	120.00	72
	TOTAL LABOUR			s	970.00)
	ESTIMATE TOTAL			S	2,536.34	4
W Ma	Kalvin (((K) ESTIMATE TOTAL 16/12/12 1620 hrs 3 0075	the Repa • To resurv • To displa • Parts por	O Consultants he airer of the follow yey before after spra y damaged partis) d les are subject to co ty survey is on a "Wi	ring: y bainting using resurvey ntrmation	4386 .08	3
	Ather Repair pla	No illega Supplem	modification(s) is at entary item(s) must to no final approval fro	lowed od resurveyed a	and .	

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.01.2018 Time: 17:09:32

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO : 305095370

REGN NO : SHD3777G

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(G4)

DATE OF REGN : 06.10.2017

DATE/TIME IN : 06.12.2017 09:35

ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2170-G	PRIG4 BRACKET FRT BUMPER	1	99.00 25.00	74.25
0002 FNPS NO	PLATE(S) & TRIM COVER 1 N	55.00	55.00	
0003 04-01-0302-0988-G	PRIG4 EMBLEM ASSY RADIATO	1	87.10 25.00	65.32
0004 04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	52.90 25.00	39.67
0005 04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.40 25.00	39.30
0006 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	40.00
0007 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60 25.00	414.45
0008 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	135.70
0009 28-01-0302-0006-A	PRIVC REAR BOOT 65521111	3	0.00 . 30	0.00
0010 28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	30.00
0011 04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80 25.00	45.60
0012 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80 25.00	239.10

SUB-TOTAL : 1,208.39

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.01.2018 Time: 17:09:32

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305095370

REGN NO

: SHD3777G

MILEAGE

: 0000000000

: TOYOTA

MODEL

MODEL : PRIUS HYBRID(C DATE OF REGN : 06.10.2017 DATE/TIME IN : 06.12.2017 09:35

ACCIDENT DATE : 06.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 L

PANEL BEATING (FRONT)

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

180.00

0002 L

PANEL BEATING (REAR)

200.00

0003 23-502

SPRAYPAINT ON AFFECTED AREA

360.00

0004 L

REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL : 960.00

TOTAL : 2,168.39

AUTHORISED: YES/NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

Our J	lob Ref No	30509	95370		ENGINEERING				
Date		:10/0	1/18		ComfortD 59 Loyan Fax: 6546	celGro Engineering Pte Ltd g Drive Singapore 508969			
FINA	LIZATION	FORM			Pax: 6540	8136			
То	1	LI	KK		Fax:				
Attn			ALVIN						
Vehic	cle Reg N	o. : SHD37	77G	Date	of Accident:	06/12/17			
The:	survev an	d estimates of the	e repairs of the at	bove-mentioned	vehicle are as fo	ollows:-			
1.	The rep	air job shall bill to):	NTUC		5JD4400K			
2.	The fina	alized amount sha	all be:						
	(a) S	Spare Parts after	List discount			\$1,208.40			
	(b) L	abour Charges				\$960.00			
	7	otal for Part-By	-Part Repair Cos	st		\$2,168. 4			
	25.1	Develo	/if anniinable\						
	1		n repair cost after	r Less:					
	F	inal Lumpsum	Repair cost	10.					
3.	Entire	ad namal pariad	for repairs:	3 400	rkina deve				
3.	Esumai	ed normai period		o wo	KING Gays.				
			5.0 5.72	- 2					
4.	We sha within	all treat the abov 7 working days	e amount as Co	rrect and Confi	rmed if there is	no reply from you			
4.	We sha within	III treat the abov	e amount as Co	rrect and Confi					
4.	We sha within	all treat the abov 7 working days	e amount as Co	rrect and Confi	rmed if there is				
4.	We sha within	all treat the above working days you for your assistance:	stance.	rrect and Confi We fina	rmed if there is				
4.	We sha within Thank	all treat the above working days you for your assistance:	stance.	rrect and Confl We find	rmed if there is confirm the esti lized amount				
4.	We sha within Thank y	all treat the above working days you for your assistance:	e amount as Co	rrect and Confl We find	med if there is confirm the esti- alized amount mature:	imates and			
4.	We sha within thank y Thank y Signatu Name Tel	all treat the above working days you for your assistance :	stance.	rrect and Confi	med if there is confirm the esti- alized amount mature:	imates and			
4.	We sha within Thank y Signatu Name Tel Fax	till treat the above working days you for your assistance : Larry: 6214 8316 6546 8156	stance.	rrect and Confi	med if there is confirm the esti- alized amount mature:	imates and			
4.	We sha within thank y Thank y Signatu Name Tel	till treat the above working days you for your assistance : Larry: 6214 8316 6546 8156	stance.	rrect and Confi	rmed if there is confirm the esti- alized amount anature: me :	imates and			
4.	We sha within Thank y Signatu Name Tel Fax	till treat the above working days you for your assistance : Larry: 6214 8316 6546 8156	stance.	rrect and Confi	med if there is confirm the esti- alized amount mature:	imates and			
4. 5.	We sha within Thank y Signatu Name Tel Fax	Ill treat the above working days you for your assistance: Larger	stance.	rrect and Confi	rmed if there is e confirm the esti- alized amount anature: me : te :	Kalin			
4. 5.	We sha within Thank y Signatu Name Tel Fax Official U	Ill treat the above working days you for your assistance: Larger	stance.	rrect and Confi	rmed if there is e confirm the esti- alized amount anature: me : te :	Kalin			
4. 5. 1. For 2. L	We sha within Thank y Signatu Name Tel Fax Official U	Ill treat the above working days you for your assistance; Eart; 6214 8316; 6546 8156 See Only em the P/Day come Pald	stance.	rrect and Confi	rmed if there is e confirm the esti- alized amount anature: me : te :	Kalin			
4. 5. 1. For 2. 1. 3. \$ 4. 1	We sha within Thank y Signatu Name Tel Fax Official U It Rental Rat Loss of Inc.	Ill treat the above working days you for your assistance: Larce: 6214 8316 6546 8156 See Only em the P/Day come Paid es th Fee	stance.	rrect and Confi	rmed if there is e confirm the esti- alized amount anature: me : te :	Kalin			
4. 5. 1. For 2. 1. 5. 1. 5. 1. 5. 1.	We sha within Thank y Signate Name Tel Fax Official U It Rental Rate oss of Income Tel Searce Wedical Fee Tel Searce Wedical Fee Tel Searce Wedical Fee Tel Searce Medical Fee Tel S	Ill treat the above working days you for your assistance: Larger	stance.	rrect and Confi	rmed if there is e confirm the esti- alized amount anature: me : te :	Kalin			



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref. NS/INC17023243/K1rbn2 73 BRAS BASAH ROAD 17-01-2018 #05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 189556 Code: INC4 1. Policy Particulars :- THIRD PARTY CLAIM SJD 4488K Insured Veh. Veh. Inspected SHD 3777G 0.00 5082615606-01 Policy No. Coverage (\$) MT/0973633-003 0.00 Claim No. Excess (\$) Assign From Assign Date 06/12/2017 2. Vehicle Particulars & Condition TOYOTA PRIUS 1798 Make & Model C.C Engine No. HIDDEN Year of Reg. 2017 Chassis No. JTDKB3FU703569196 Colour BLUE Odometer 20454 Steering IN ORDER Brakes IN ORDER Modification STANDARD ALLOY RIM General FAIR **Conditions of Tyres** 3. Size Balance Make 195/65 R15 YOKOHAMA 7 mm R/H Front Tyre YOKOHAMA L/H Front Tyre 195/65 R15 7 mm YOKOHAMA 195/65 R15 7 mm R/H Rear Tyre 7 mm 195/65 R15 YOKOHAMA L/H Rear Tyre 4. **Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION. DAMAGES SEE DETAILS. **General Information** 5. 06/12/2017 06/12/2017 Inspection Date **Accident Date** COMFORTDELGRO ENGINEERING PTE LTD Survey held at 59 LOYANG DRIVE SINGAPORE 508969 Remarks 5a. A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. Estimate Days of Repair 5b.

ESTIMATED NORMAL PERIOD FOR REPAIR:

3 Working Days



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Reg. No: 52983356E GST Reg. No. 20-0405911-H



ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3777G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	60.80	60.80
	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.40	52.40
	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	52.90	52.90
	REAR BUMPER	TO REPAIR	458.60	8
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER TOWING COVER	SERVICEABLE	82.70	
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	
1	REAR TRUNK LID LOWER GARNISH (NPA)	TO REPAIR		
1	FRONT BUMPER COVER	TO REPAIR	490.50	
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	691.50	
1	FRONT BUMPER SPONGE	SERVICEABLE	78.80	
	LESS 20% DISCOUNT		-572.32	
	LESS 25% DISCOUNT		:-	-259.38
	production of the production o		2,289.28	778.12
1	FRONT NO PLATE GARNISH	CRACKED	99.00	99.00
4	FRONT BUMPER LOGO	NECESSARY	87.10	87.10
85	LESS 25% DISCOUNT		94	-46.52
			186.10	139.58
	SPECIAL NETT ITEMS			
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	10.000
3	REAR TRUNK LID COMFORT & TEL NO STICKER (SN)	NECESSARY	60.00	60.0
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.7
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	
1	FRONT NO PLATE (SN)	DENTED	25.00	25.0
1	LICENSE PLATE TRIM COVER (SN)	CRACKED	30.00	30.0
	State of the state		340.70	290.70



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		970.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	540.00
			1,570.00	960.00
	GRAND TOTAL		4,386.08	2,168.40

RECOMMENDED COST OF REPAIRS	(CONFIRMED)	2,168.40

Report Ref No. NS/INC17023243/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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