

Kalvin

NS/DIC17023610/Klrbnz

ASSIGNMENT

SH 7864K

18 Nov 2016

Report: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at/Workshop/mis: _____
 of: _____
 Insured: **SJE 81475R**
 Policy No: **5090891147 180B2017**
 Claims No: **MT/0473165-002**
 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

Bel. or Market Value: _____
 IDAO Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res: Yes or No
 Lum Sum: _____ % G Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: _____
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O Prime Mover
 Truck / Trailer or
 Make: **Toyota Prius** cc **1798**
 Colour: **blue** A/C In **U**ed / Std / NI / NA
 Sp. Reading: **180351** T. Radio In **U**ed / Std / NI / NA
 Eng No: _____
 C.No: **57PKDJF4903537558**
 Gen. Cond: Good / **6** / Poor / Burnt
 Steering: In order / **6** / Jammed / Leaked / Burnt or
 Brake: In order / **6** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / **6** / STD A/Rim or
 Tyre Size: F: **195/65HR5**
 R: _____
6 / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front	Rear
R.Bal. 7 mm	R.Bal. 7 mm
L.Bal. 7 mm	L.Bal. 7 mm
D.O.A. 8/12/14	D.O.A. 12/12/17
Survey held at: CP&E (6x1)	
Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or Rear	
The UIC / Chassis frame / Body Structure affected due to collision	

Date / Time Action / Instruction

SH 7864K - CC4/AXA 1701814 / Klrbnz
 SJE 81475R - NBA / INC16018339 / Y
 26/1/18 **Chd P/P \$10655.73 / 8127**
Red: \$ 4908.13, 327.

DA: 20017 Inc
 DA: 051016 P/P

Date/Time File Pass to:

☐ : Preli. Report
☒ : Final Report

Days Of Repair: **8**

Resurvey No. of Trip: **1**

Survey Fee

Date/Time File Return to:

Add Fee: ☐ Site Insp \$
☐ Interview \$
☐ Tech Insp \$
☐ Weekend \$

Transporter

Photo

Other

Report Format :

Lump Sum / T.B.I.: **TP 10655.73**

195



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/INC17023610/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 12-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 8475R	Veh. Inspected	SH 7864K
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	08/12/2017	Inspection Date	12/12/2017
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.
--

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)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5090891147	KH LEASING PTE. LTD.	201611813C	GFT	drive CLASSIC	SJE8475R	SJE8475R	18/05/2017	

TP Claims against NTUC Income: Follow-Through Survey

Date : 31/01/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0963296-002	SMRT BUSES LTD	SG 1742Z	SJE 8286U	26/09/2017	15:50	\$ 8,883.10	\$ 3,867.47
2	MT/0973165-002	COMFORTDELGRO	SH 7864K	SJE 8475R	08/11/2017	2:00	\$ 15,563.86	\$ 10,655.73

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/12/2017 07:34
Date Of Accident	08/12/2017 02:00
Exact Location Of Accident	PIE TOWARDS TUAS B4 BKE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7864K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0016
Cover Note Number	
Driver	
Name of Driver	LOH ENG HUAT
NRIC No	S0172545I
Date Of Birth	17/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/03/1973
Driving Experience	44 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	323 #04-267 YISHUN CENTRAL
Postcode	760323
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
Was any body injured in the Accident?	YES
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN N NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.(POUND)

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	SJE8475R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	HAMZAH BIN ABDULLAH
NRIC/Passport Number	S1143727C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

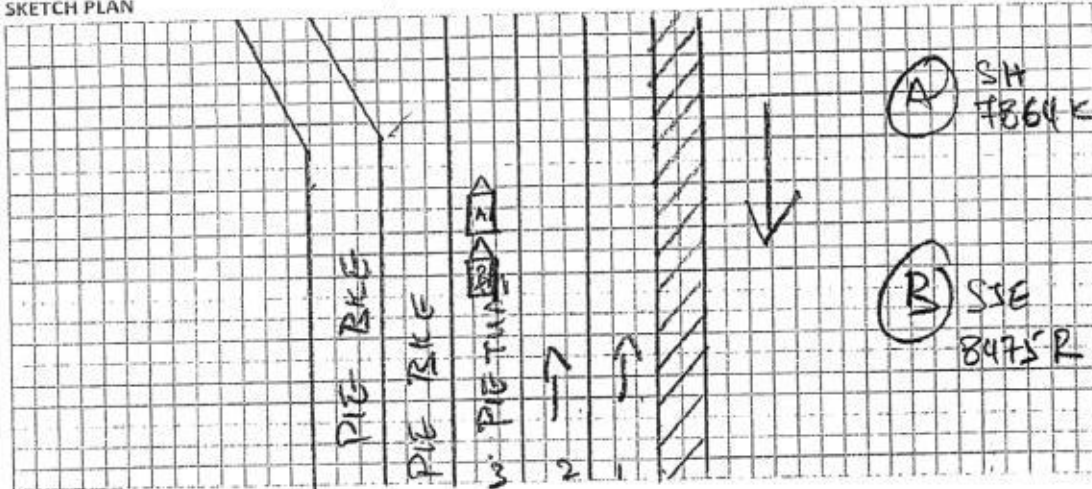
Name	LOH ENG HUAT
Approximate Age	64
Injuries Sustain	NECK,HEAD,BREATHING PROBLEM,BACK
Injured person in which vehicle?	SH7864K
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PAX
Approximate Age	
Injuries Sustain	FACE
Injured person in which vehicle?	SH7864K
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACHED
T/2017/2008/2136.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20171208/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171208/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2017 17:49		Vide Report No.: E/20171208/0035		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: LOH ENG HUAT			Address: APT BLK 323 YISHUN CENTRAL #04-267 SINGAPORE 760323		
ID Type / ID No.: NRIC NO / S0172545I			Contact No.: Home/Office: Mobile: 96729738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 17/05/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2017 02:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY				
Along PIE, about 200m before turning into BKE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7864K	Comfort - Taxi	TOYOTA	PRIUS	Blue	Seriously Damaged	1
SJE8475R	Car	HONDA	AIRWAVE	White		2

Details of Person Involved

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



POLICE FORCE



T/20171208/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171208/2136

CONTINUATION OF REPORT

Driver			
Name	LOH ENG HUAT	ID No.	S0172545I
Related Vehicle	SH7864K (Comfort - Taxi)	Contact No.	96729738
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	HAMZAH BIN ABDULLAH @ HO KIM SWEE	ID No.	S1143727C
Related Vehicle	NIL	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

Brief Details.

On 08.12.2017 at about 0200hrs, I was driving my taxi bearing registration plate number SH 7864K with one passenger on board. I was traveling on the third lane out of five lanes along PIE heading towards Jurong. I am heading towards my passenger's destination which was Jurong East. While I was driving my taxi as per normal, out of a sudden, I felt a very hard jerk from the rear. My taxi skidded and swerved due to the impact but I managed to control my steering wheel to avoid collision of other vehicles.

During the hard impact, my head jerked back and forth very hard and it makes me feel giddy and weak. I managed to stop the vehicle shortly after I controlled my steering wheel. I turned back slowly and saw my passenger was bleeding from on his mouth and nose area. I slowly stepped out of my taxi to check what happened to my passenger but I was too giddy and I stood at the side for a while.

Thereafter, one couple approached me to ask if I am fine and I told them that I was feeling giddy and pain. I then called for the Police for assistance. While waiting for the Police and Ambulance, I get to know that the couple that approached me are passengers of the vehicle that collided onto me. The vehicle registration plate number is SJE 8475R and its a private hire vehicle. The couple told me that their driver was seen closing eyes while driving and perhaps doze on and off as he seem tired. The collision happened too fast and it resulted to hitting the rear portion of my taxi.

My passenger and I were conveyed to Ng Teng Fong Hospital for medical treatment. I did not manage to contact my passenger to find out what happened to her as I was also being treated for my injuries. I was given 6 days of medical leave from 8.12.2017 till 13.12.2017 with medical certificate number 35130194. I was also given an appointment at General Orthopedics on 22.12.2017 to do a further check up on my neck and back. I suffered injuries on my head, neck and back. I also suffered difficulty in breathing after



**SINGAPORE
POLICE FORCE**



T/20171208/2136

Police Station Of Origin:
Yishun North N.P.C
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Tel No: 1800-8529999

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Report No. T/20171208/2136

CONTINUATION OF REPORT

the accident.

I wish to state that my taxi have the in-car camera and I drove my taxi with accordance to the Traffic Rules. My vehicle suffered serious damages on the rear portion. I did not managed to converse with the driver of the vehicle SJE 8475R as the ambulance already came and attended to me. That is all.



**SINGAPORE
POLICE FORCE**



T/20171208/2136

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171208/2136

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:
F /
Staff Sgt NUR AFIDA BINTE MOHAMED AYUB

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
08/12/2017 17:49

Officer In Charge Of Case:
TP / GIT /

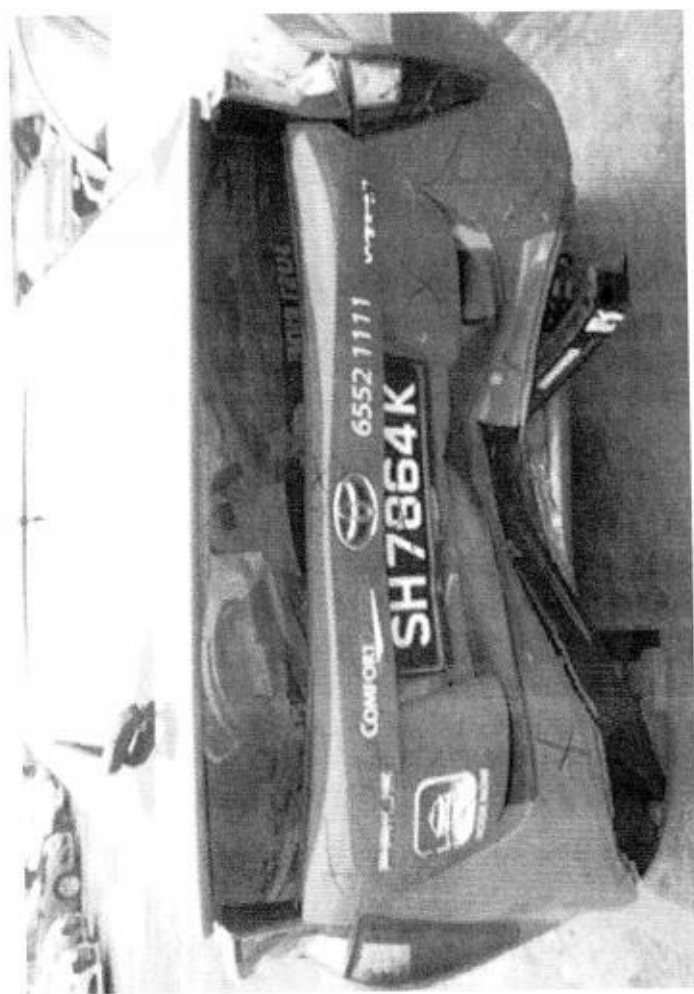
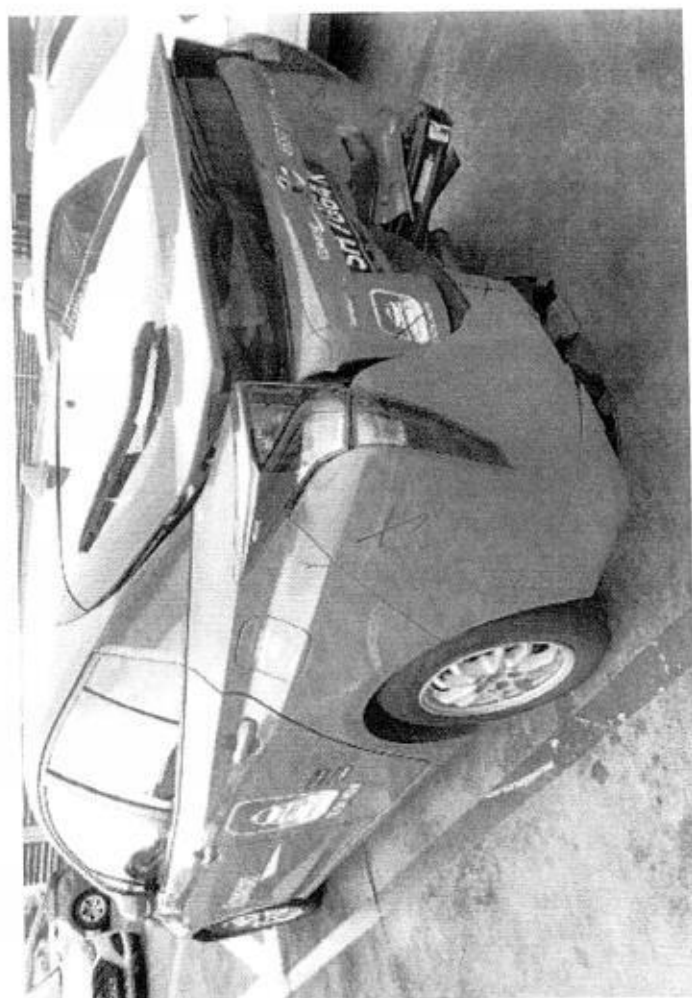
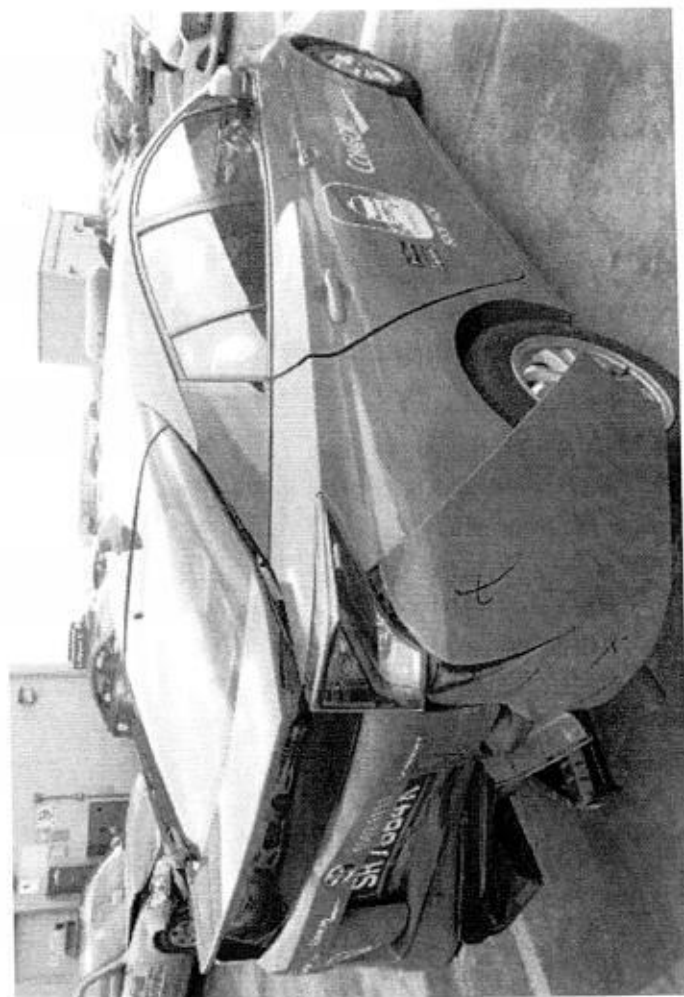
Classification Of Case:

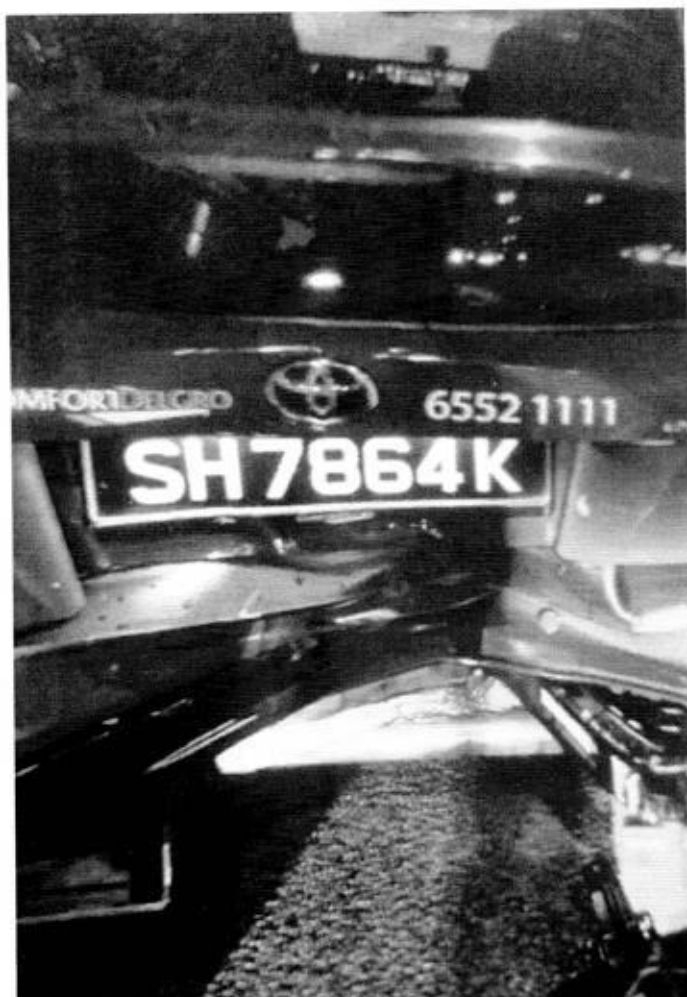
Contact No.:

SN 085

Authentication Stamp
NP168

Signature





A member of COMFORTDELGRO

Date/Time: 11.12.2017 18:40 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305096816

CUSTOMER	REGN NO: SH 7864K	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: TOYOTA	FUEL E.....1/2.....F
CUSTOMER NO. 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 (O)	MODEL PRIUS HYBRID(G4)08	DATE/TIME IN 12.2017 02:00
L (R) (P)	YR OF MANU 18.11.2016	TARGET DATE
SCOUT CARD NO.	CHASSIS CODE JTDKB3FU903537558	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.12.2017
NATURE: TP/3P 08.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi rear damage LKK/Kalvin -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip

Vehicle No.: SH 7864K LARRY

Larry Ng

Name of Service Advisor

Signature/Date

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7864K

Name of Service Advisor

Date

To be kept by Security Guard

MODEL : TOYOTA PRIUS

Page 1 of 2

Page 2 of 2

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

JOB NO : 305096816
 REGN NO : SH 7864K
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 18.11.2016
 DATE/TIME IN : 08.12.2017 02:00
 ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK	1	922.50	25.00	691.87
0002	04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F	1	721.30	25.00	540.97
0003	04-01-0302-2258-G	PRIG4 GLASS BACK DOOR	1	1,555.80	25.00	1,166.85
0004	04-01-0302-2269-G	PRIG4 ORNAMENTSUB-ASSY BA	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	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80	25.00	45.60
0007	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00		30.00
0008	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00		40.00
0009	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00		30.00
0010	04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1	889.70	25.00	667.27
0011	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0012	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0013	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02

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

JOB NO : 305096816
 REGN NO : SH 7864K
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 18.11.2016
 DATE/TIME IN : 08.12.2017 02:00
 ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION				QTY IND UNIT-PRICE DISC% AMOUNT			
0014	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10	
0015	04-01-0302-2383-G	PRIG4 PANEL SUBASSY BODY	1	602.10	25.00	451.57	
0016	04-01-0302-2865-G	PRIG4 FILLER-REAR BUMPER	1	139.60	25.00	104.70	
0017	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	139.60	25.00	104.70	
0018	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50	
0019	04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30	
0020	04-01-0302-0585-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42	
0021	04-01-0302-3937-G	PRIG4 RETAINER RR BUMPER	1	112.70	25.00	84.52	
0022	04-01-0302-3930-G	PRIG4 END PANEL GARNISH	1	121.60	25.00	91.20	
0023	09-01-0302-2133-G	PRIG4 REVERSE SENSOR	1	135.70		135.70	
0024	04-01-0302-2380-G	PRIG4 LOCK ASSY BACK DOOR	1	447.70	25.00	335.77	
0025	04-01-0302-2420-G	PRIG4 COVER DECK TRIM REA	1	216.50	25.00	162.37	

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

JOB NO : 305096816
 REGN NO : SH 7864K
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 18.11.2016
 DATE/TIME IN : 08.12.2017 02:00
 ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0026 04-01-0302-3827-G PRIG4 REAR BUMPER UNDERSI	1	232.00	25.00	174.00	
0027 04-01-0302-2413-G PRIG4 INSULATOR MAIN MUFF	1	314.60	25.00	235.95	
0028 04-01-0302-2404-G PRIG4 PIPE ASSY EXHAUST T	1	1,163.40	25.00	872.55	
0029 FNPS NO PLATE & COVER 1 N	50.00	50.00			
0030 04-01-0302-2347-G PRIG4 COVER REAR FLOOR	1	220.50	25.00	165.37	
SUB-TOTAL :					8,165.67

JOB NATURE

0000 L	PANEL BEATING	1000.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	1080.00
0002 17-01	WIRING CHARGE	20.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

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

JOB NO : 305096816
REGN NO : SH 7864K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 18.11.2016
DATE/TIME IN : 08.12.2017 02:00
ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0004 L	REMOVE/REFIX REAR WINDSCREEN			100.00		
0005 L	REMOVE/REFIX REVERSE SENSOR			20.00		
0006 L	Advetisement - Rear Fenders- LH/RH			200.00		
0007 L	Rear Bumper Rubber Mat			50.00		
SUB-TOTAL						: 2,490.00
TOTAL						: 10,655.67

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305096816
Date : 25.01.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 7864K

Fax :
Date of Accident: 08/12/17


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


1. The repair job shall bill to: NTUC SJE8475R
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$8,415.73
(b) Labour Charges	\$2,240.00
Total for Part-By-Part Repair Cost	\$10,655.73
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 8 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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kalvin
Date : 26/1/18

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				
3. Survey Fees				
4. LTA Search Fee				
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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17023610/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 07-02-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJE 8475R	Veh. Inspected	SH 7864K
Policy No.	5090891147	Coverage (\$)	0.00
Claim No.	MT/0973165-002	Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU903537558	Colour	BLUE
Odometer	180351	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	BRIDGESTONE	7 mm
L/H Front Tyre	195/65 R15	BRIDGESTONE	7 mm
R/H Rear Tyre	195/65 R15	BRIDGESTONE	7 mm
L/H Rear Tyre	195/65 R15	BRIDGESTONE	7 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	08/12/2017	Inspection Date	12/12/2017
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:	8 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7864K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID COVER	DENTED	922.50	922.50
1	REAR TRUNK LID LOCK	BENT	447.70	447.70
1	REAR TRUNK LID COVER TRIM BOARD	CRACKED	216.50	216.50
1	REAR TRUNK LID RUBBER	SERVICEABLE	357.00	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NECESSARY	721.30	721.30
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	60.80	60.80
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.40	52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	52.90	52.90
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CRACKED	889.70	889.70
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
2	REAR BUMPER SIDE RETAINER @\$112.70	O/S CRACKED	225.40	112.70
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (RH)	SERVICEABLE	167.60	-
1	REAR BUMPER UNDER SIDE COVER (LH)	CRACKED	232.00	232.00
1	REAR BUMPER UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	-
1	REAR BUMPER TOWING COVER	MISSING	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	ARM SUB-ASSY, REAR BUMPER, RH	MISSING	139.60	139.60
1	ARM SUB-ASSY, REAR BUMPER, LH	MISSING	139.60	139.60
1	SEAL, REAR BUMPER SIDE, RH	NOT NECESSARY	148.40	-
2	TAIL LAMP ASSY (UPPER), LH/RH @\$557.90	O/S CRACKED / N/S SERVICEABLE	1,115.80	557.90
1	TAIL LAMP ASSY (LOWER) RH	CRACKED	548.40	548.40
1	REAR END PANEL	DENTED	602.10	602.10
1	REAR END PANEL GARNISH	CRACKED	121.60	121.60
1	REAR SPARE TYRE PANEL	TO REPAIR	667.70	-
1	REAR SPARE TYRE CUSHION (FLR BOARD CENTRE)	CRACKED	220.50	220.50
1	REAR FLOOR BOARD (RH)	TO REPAIR	301.30	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR CHASSIS MEMBER,RH	TO REPAIR	1,180.80	-
1	REAR EXHAUST PIPE	BENT	1,163.40	1,163.40
1	REAR EXHAUST PIPE HANGER	TO REPAIR	40.70	-
1	REAR EXHAUST PIPE INSULATOR	TORN	314.60	314.60
1	REAR WINDSCREEN GLASS	NECESSARY	1,555.80	1,555.80
1	REAR WINDSCREEN GLASS MOULDING	NOT NECESSARY	60.00	-
	LESS 20% DISCOUNT		-2,959.36	-
	LESS 25% DISCOUNT		-	-2,626.67
			11,837.44	7,880.03
	<u>SPECIAL NETT ITEMS</u>			
1	REAR NO PLATE WITH TRIM COVER (SN)	CRACKED	100.00	50.00
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			631.70	535.70
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		1,940.00	1,140.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		1,250.00	1,100.00
			3,190.00	2,240.00
	GRAND TOTAL		15,659.14	10,655.73
RECOMMENDED COST OF REPAIRS (CONFIRMED)				10,655.73

Report Ref No. NS/INC17023610/K1rbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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