

Kalin

REF:

NS/INC17024066/Klvbnz

## 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: GZ 210R

Policy No. 5074955388-02 15-10-2017

Claims No. MT/0975147-001

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 Report: \_\_\_\_\_ 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: SHC1015R

Vr Regn: 5ILY 2017

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

Truck / Trailer or

Make: Toyota Prius

cc

1798

Colour: P/L

A/C

Insured / Std / NI / NA

Sp. Reading: —

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTD KD3F4803-61226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F:

R:

195/65R15

—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal: 2

mm

R/Bal: 2

mm

L/Bal: 2

mm

L/Bal: 2

mm

D.O.A: 16/2/17

D.O.I: 19/2/17

Survey held at: (DSE (6.1.17))

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Front

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

SHC 1015R - 03/msh17022193/Klvbnz

Def: 18117Vela D. Hany, Inc

GZ 210R - X

P/P

26/12/17 Confirmed P/P \$ 2299.43 / SP. (Red 1144.37, 2990)

RECEIVED 17 DEC 2017

Date/Time File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time File Return to?

2)

27/12-typhst

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee

Transportation

S-RE-SI

Fees

Total

Total

Total

160

35

195

Report Format :

Lump Sum / I.B.I. / S

2299.43

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Weekend (\$

## Survey Department Check List (Case Handler)

Reference No. : NS/INC/7024066/KMB

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

### (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

### (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

### (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 26/12/17  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



## 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/INC17024066/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-12-2017

189556



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GZ 210R	Veh. Inspected	SHC 1015R
Policy No.	5074955388-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

### 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	16/12/2017	Inspection Date	19/12/2017
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	D.O.A	Time of Accident	Estimate	Tentative repair cost
1	MT/0972815-002	CITYCAB PTE LTD	SHB 2278Y	FBJ 2964D	6/12/2017	22:15	\$2,394.00	\$2,068.40
2	MT/0973808-002	COMFORT TRANSPORTATION PTE LTD	SHA 5875J	SHC 6453B	14/12/2017	20:15	\$3,524.64	\$1,450.00
3	MT/0975146-001	COMFORT TRANSPORTATION PTE LTD	SHA 7365B	SJB 516A	16/12/2017	2:40	\$900.00	\$550.00
4	MT/0972947-002	COMFORT TRANSPORTATION PTE LTD	SHC 8625J	SGJ 4049Z	8/12/2017	20:20	\$2,461.58	\$1,086.18
5	MT/0975147-001	COMFORT TRANSPORTATION PTE LTD	SHC 1015R	GZ 210R	16/12/2017	15:00	\$3,243.80	\$2,299.43
6	MT/0975149-001	COMFORT TRANSPORTATION PTE LTD	SH 8328K	SJU 3979C	20/12/2017	21:50	\$2,077.25	\$810.95

Claim received from LKK

eBaoTech

General Claim

Hello, NAC\_PAYA\_UB1\_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="16/12/2017 17:37"/>						
Vehicle No.(For Motor)	<input type="text" value="GZ210R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5074955388-02	PAN PACIFIC VAN & TRUCK LEASING PTE LTD	201511635R	GFT	Third Party	GZ210R	GZ210R	15/10/2017	
<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 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	18/12/2017 07:20
Date Of Accident	16/12/2017 15:00
Exact Location Of Accident	CTE > AYE EXIT TO OUTRAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1015R
<b>Insured/Policyholder</b>	
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	CHUA KEONG HIN
NRIC No	S1744531F
Date Of Birth	03/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/02/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHUAKEONGHIN@YAHOO.COM.SG

Address	651 PUNGGOL CENTRAL #10-306
Postcode	S820651
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	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) 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 SEE 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	GZ210R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MUHAMMAD RED ZUAN BIN MOHD SABRI
NRIC/Passport Number	S8801444H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT CENTRE
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	



## Sketch Plan Pg. 1

### 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 190300011R

Policyholder's Signature  
Date & Time:

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

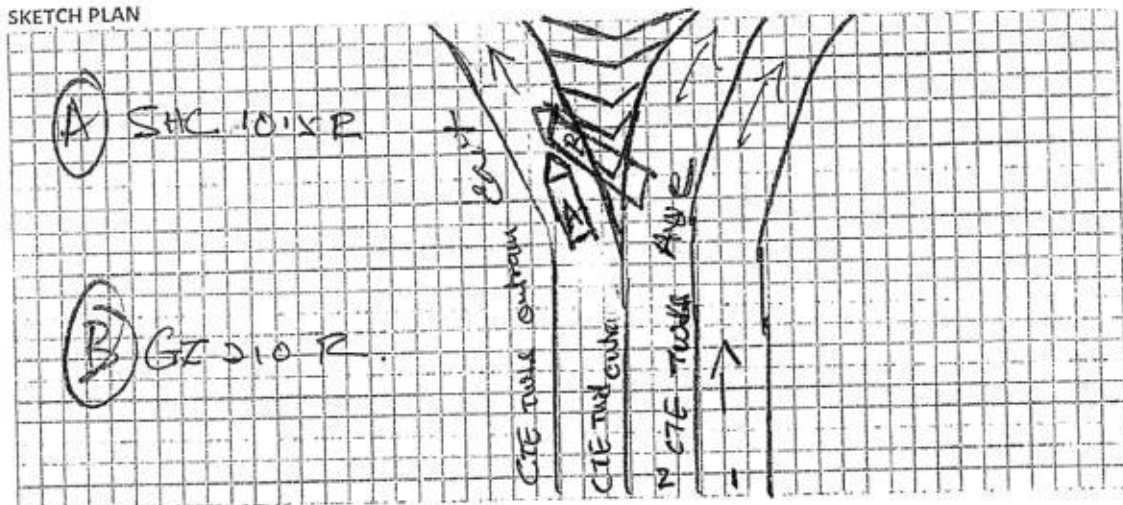
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/MAC SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 16 Dec 2017 @ 1200h. I veh.

A was driving along CIE truck AYC, I veh.

A EXIT to outboard ~~at~~ Slip Rd, Suddenly

Veh-B from 2 lane cut across the chevron

mark and hit veh A Right front. at the

point of accident I veh A carry a female

passenger she was OK went veh A chk

with her.

## DECLARATION

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

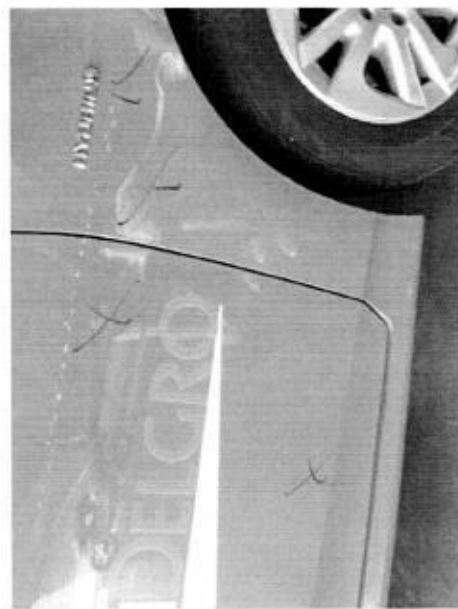
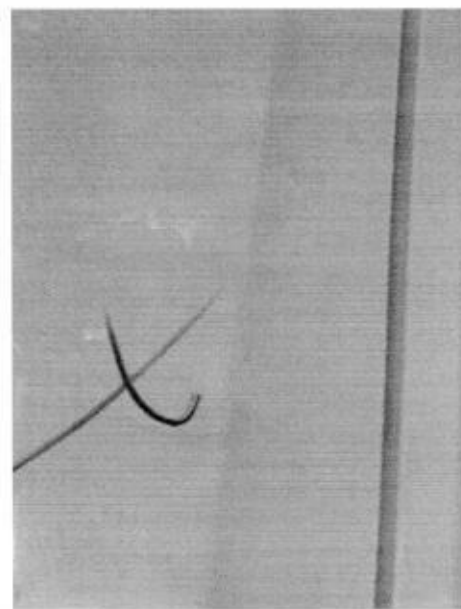
COMFORT TRANSPORTATION PTE LTD  
CO REG NO 1000000000

Policyholder's Signature  
Date & Time:

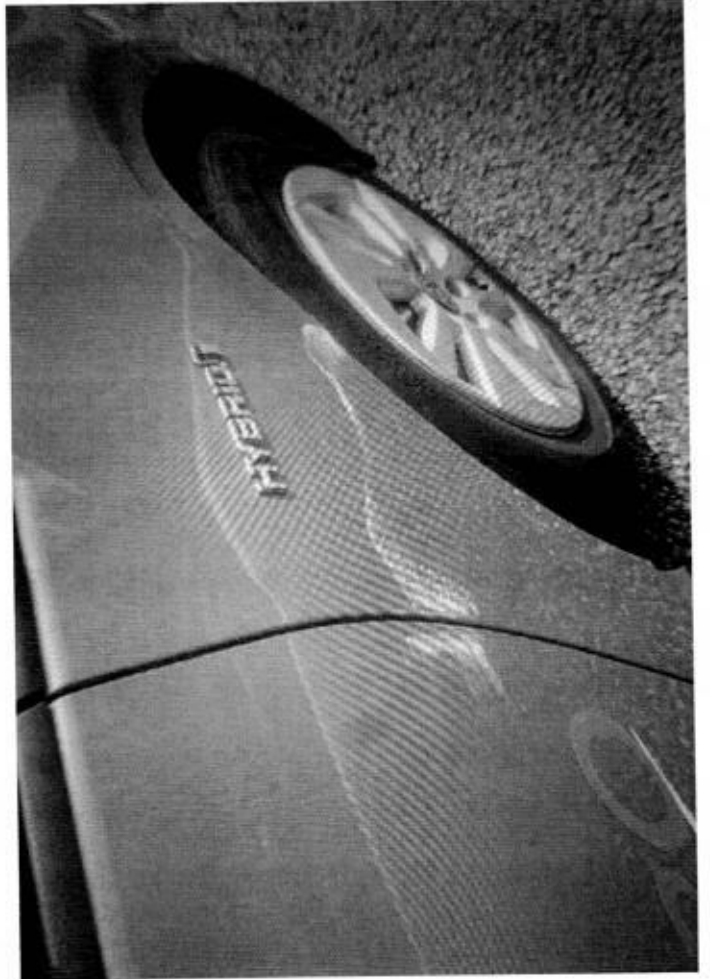
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

COMBAT Sketch Plan Form V2







Date/Time: 18.12.2017 17:54 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305098713

CUSTOMER VMS CUSTOMER NO ADDRESS L (R) (P) SCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO: SHC1015R	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)16.	DATE/TIME IN 12.2017 15:45
		YR OF MANU 05.07.2017	TARGET DATE
		CHASSIS CODE JTDKB3FU803561236	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 16.12.2017  
NATURE: 3P 16.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - taxi whole Right Side damage LICK/ Kalmi -

CHECKED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
Acknowledgement Slip e: to: cle No.:  LARRY Ng	SHC1015R	LARRY	Exit Pass
			Vehicle No.: SHC1015R
Signature/Date _____		Name of Service Advisor _____	
To be returned to Service Reception upon collection		Date _____	
		To be kept by Security Guard	

REPAIR ESTIMATE

18/12/2017 14:16

VEHICLE NO : SHC 1015R

MAKE :

MODEL : TOYOTA PRIUS

NTUC

Date: 16.12.17

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER — <i>Paint</i>			\$ 490.50
BRACKET, FRONT BUMPER SIDE, RH <i>X<sub>1</sub></i>			\$ 77.00
FENDER SUB-ASSY, FRONT RH — <i>Paint</i>			\$ 933.10
FRONT FENDER SHIELD <i>X<sub>1</sub></i>			\$ 198.50
FRONT FENDER SHIELD CLIP <i>X<sub>1</sub></i>			\$ 14.90
FRONT FENDER HYBRID EMBLEM, RH — <i>on</i>			\$ 86.50
FRONT WHEEL HUB CAP — <i>brush</i>			\$ 175.80
			<del>\$ 84.70</del>
<i>Front RH door x repair</i>			
<i>RH wing mirror x repair</i>			
SUB TOTAL			\$ 2,061.00
LESS 20% <i>25%</i>			\$ 412.20
DISCOUNTED TOTAL			\$ 1,648.80
FRONT DOOR COMFORT LOGO — <i>on</i>			\$ 75.00
			NETT
LABOUR CHARGE			
Panel Beating			\$ 600.00
Spray Painting Charge			\$ 700.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
FRT Wheel Alignment			\$ 120.00
TOTAL LABOUR			\$ 1,520.00
ESTIMATE TOTAL			\$ 3,243.80
			3176.04

LKK Auto Con-  
the Repairer of:  
• To survey before an  
• To display damaged part  
• Parts prices are subject to  
• Third party survey is on a "not to exceed" basis  
• No verbal modifications allowed  
• Supplier's warranty must be surveyed and  
is subject to the approval from Insurance Company

1/2/17/10/50/6

19/12/17 10:50/6

3875

PIP

Before Paint photo

Larry Ng

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.

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 22.12.2017

Time: 21:32:43

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 : 305098713  
REGN NO : SHC1015R  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 16.12.2017 15:45  
ACCIDENT DATE : 16.12.2017

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	490.50	25.00	367.87
0002 04-01-0302-0573-G	PRIG4 FENDER SUB-ASSY FRO	1	933.10	25.00	699.82
0003 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (	1	86.50	25.00	64.87
0004 03-01-0302-2057-G	PRIG4 CAP WHEEL	1	175.80	25.00	131.85
0005 28-01-0103-0003-A	(140)FRT DOOR LOGO SONATA	1	75.00		75.00

SUB-TOTAL : 1,339.41

## JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	540.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 960.00



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.12.2017

Time: 21:32:43

Page: 2

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

JOB NO : 305098713  
REGN NO : SHC1015R  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 05.07.2017  
DATE/TIME IN : 16.12.2017 15:45  
ACCIDENT DATE : 16.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,299.41

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305098713  
Date : 22.12.2017

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

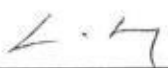
## FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHC1015R Date of Accident: 16.12.2017

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

1. The repair job shall bill to: NTUC GZ210R
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,339.43
  - (b) Labour Charges \$960.00
  - Total for Part-By-Part Repair Cost \$2,299.43**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_
3. Estimated normal period for repairs: 3 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 : K. L. N.  
Date : 26/12/17

### 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	\$5.35			
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 describe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024066/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 03-01-2018



Code: INC4

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	GZ 210R	Veh. Inspected	SHC 1015R
Policy No.	5074955388-02	Coverage (\$)	0.00
Claim No.	MT/0975147-001	Excess (\$)	0.00
Assign From		Assign Date	19/12/2017

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU803561236	Colour	BLUE
Odometer	-	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	16/12/2017	Inspection Date	19/12/2017
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:	3 Working Days
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## 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. SHC 1015R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER COVER	DEFORMED	490.50	490.50
1	BRACKET,FRONT BUMPER SIDE,RH	SERVICEABLE	77.00	-
1	FENDER SUB-ASSY,FRONT RH	DENTED	933.10	933.10
1	FRONT FENDER SHIELD	SERVICEABLE	198.50	-
1	FRONT FENDER SHIELD CLIP	NOT NECESSARY	14.90	-
1	FRONT FENDER HYBRID EMBLEM,RH	NECESSARY	86.50	86.50
1	FRONT WHEEL HUB CAP	GRAZED	175.80	175.80
1	FRONT RH DOOR (NPA)	TO REPAIR	-	-
1	RH WING MIRROR (NPA)	TO REPAIR	-	-
	LESS 20% DISCOUNT		-395.26	-
	LESS 25% DISCOUNT		-	-421.47
			1,581.04	1,264.43
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT DOOR COMFORT LOGO (SN)	NECESSARY	75.00	75.00
			75.00	75.00
	<b><u>LABOUR</u></b>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		770.00	400.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		750.00	560.00
			1,520.00	960.00
	<b>GRAND TOTAL</b>		<b>3,176.04</b>	<b>2,299.43</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,299.43</b>

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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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