

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: SKG 6516Y

Policy No. 6091742723 080617 - J70618

Claims No. MT/0974434-002

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 |
| | |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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

Date / Time Action / Instruction

e.g. 8958 S - X

SKG 6516Y - X

28/12/17 Contract P/P \$3905.48 / 4 Dg (Red 5796.95, 5990)

Veh No: SH 89585 Yr Regn: 15 Jan 27

Type M.Car / M.Cycle / Bus / Van / Lorry / T~~0~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius

Colour: Blue

Sp Reading: 10 1514

Eng/No: _____

C/No: JTPKBJF4503558665

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 / Rim or

Tyre Size: F: _____

R: _____

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

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 19/12/17

Survey held at

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

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

Rear

R/Bal. 2 mm

L/Bal. 2 mm

D.O.A. 20/12/17

CPKE (167-1)

Rear N/S.

RECEIVED 29 DEC 2017

Date/Time File Pass to:

☐

Preli. Report

1)

☐

Final Report

Date/Time File Return to:

2) 29/12 - typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee

Transportation

Y. S + RS \$

Photo

Others

Report Format:

Lump Sum / I.B.I. (\$) 3905.48

Add Fee:

☐

Site Insp. (\$

☐

Interview (\$

☐

Tech Insp. (\$

☐

Weekend (\$

160

35

195

Survey Department Check List (Case Handler)

Reference No.: NS/INC 1702466/K/vb
 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 28/10/17
 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/INC17024166/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-12-2017

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------|----------------|------------|
| Insured Veh. | SKG 6516Y | Veh. Inspected | SH 8958S |
| Policy No. | 5091742723 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 20/12/2017 |

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 | 19/12/2017 | Inspection Date | 20/12/2017 |
| 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. |
|--|

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Thursday, 28 December, 2017 3:27 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi

All claim created

With Regards

Azlin Rani
Senior Administrator, Motor Insurance
www.income.com.sg



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Thursday, 28 December, 2017 10:41 AM
To: mtreg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

| S/NO | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle |
|------|-----------------------|---------------------------------|----------------------|----------------|
| 1 | MT/0975496-001 | COMFORT TRANSPORTATION PTE LTD | SHB 4495Z | SGG 7072F |
| 2 | MT/0974434-002 | COMFORT TRANSPORTATION PTE LTD | SH 8958S | SKG 6516Y |

| D.O.A | Time of Accident | Estimate | Tentative repair cost |
|------------|------------------|------------|-----------------------|
| 24/12/2017 | 4:15 | \$2,461.58 | \$950.48 |
| 19/12/2017 | 16:05 | \$9,702.43 | \$3,905.48 |

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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"/> | 5091742723 | HO SENG KEE | S1528829I | GPC | drive CLASSIC | SKG6516Y | SKG6516Y | 08/06/2017 | 27/06/2018 |

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 | 20/12/2017 10:01 |
| Date Of Accident | 19/12/2017 16:05 |
| Exact Location Of Accident | BRADDELL ROAD AT UPP SERANGOON ROAD JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH8958S |
| 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 | FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | YES |
| Policy Number | D-15072701MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | GOH YONG KWEE |
| NRIC No | S0094707E |
| Date Of Birth | 24/12/1952 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/1974 |
| Driving Experience | 43 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-95521111 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | 373 08-204 CLEMENTI AVENUE 4 |
| Postcode | 120373 |
| 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 | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|---------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| 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) | 3 |
| Passenger 1 | NAME: : NIL GENDER: : FEMALE |
| Passenger 2 | NAME: : NIL GENDER: : FEMALE |

Details of Police Action

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

Circumstances of Accident

SEE POLICE REPORT.

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 | SKG6516Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HO SENG KEE |
| NRIC/Passport Number | S1528829I |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GOH YONG KWEE

Approximate Age

65

Injuries Sustain

BACK,NECK,BODY

Injured person in which vehicle?

SH8958S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

As
attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police
Report
attached

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303821R

Policyholder's Signature
Date & Time:

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

20/12
Lim Ee Soon
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20171219/2172

1 of 3

Report No. T/20171219/2172

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made: 19/12/2017 22:12 | | Vide Report No.: | | Station Diary No.: 30 |
| Informant's Particulars | | | | |
| Name of Informant: GOH YONG KWEE | | Address: APT BLK 373 CLEMENTI AVE 4 #08-204 SINGAPORE 120373 | | |
| ID Type / ID No.: NRIC NO / S0094707E | | Contact No.: Home/Office: Mobile: 96488633 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 64 | Date of Birth: 24/12/1952 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/12/2017 16:05 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 BRADDELL ROAD LORNIE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
|-------------|------|--------|--|-------|----------------------|-----------------|
| SH8958S | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | Blue | Slightly Damaged | 2 |
| SKG6516Y | Car | BMW | 520I AUTO ABS AIRBAG 2WD XENON HEADLAMP | Black | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20171219/2172

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20171219/2172

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | GOH YONG KWEE | ID No. | S0094707E |
| Related Vehicle | SH8958S (Car) | Contact No. | 96488633 |
| Hospital/Clinic | OEI FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 19/12/2017 | Date Discharge | 19/12/2017 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Name | | | |
| Name | HO SENG KEE | ID No. | S1528829I |
| Related Vehicle | SKG6516Y (Car) | 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 19/12/2017 at 1605hrs, I was travelling on the most right lane of Braddell Road towards Lornie Road, with 2 passengers onboard near to Toa Payoh Exit. As the traffic was heavy, all the vehicles were moving slowly.

At one point of time, as the vehicle in front of me slowed down, I also gradually reduced my speed. As I was going to a complete stop, a vehicle (SKG6516Y) from behind collided to my rear left. After that, we exchanged our particulars, took photos and left the scene.

My left rear bumper was slightly damaged. The other vehicle's front right bumper was dented as well.

There is a camera in my vehicle. Due to the accident, I went to Oei Family Clinic and was given 5 days of MC from 19/12/2017 to 23/12/2017.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20171219/2172

3 of 3

Report No. T/20171219/2172

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:
G /
Sgt 2 NG ZHONG QIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP 68

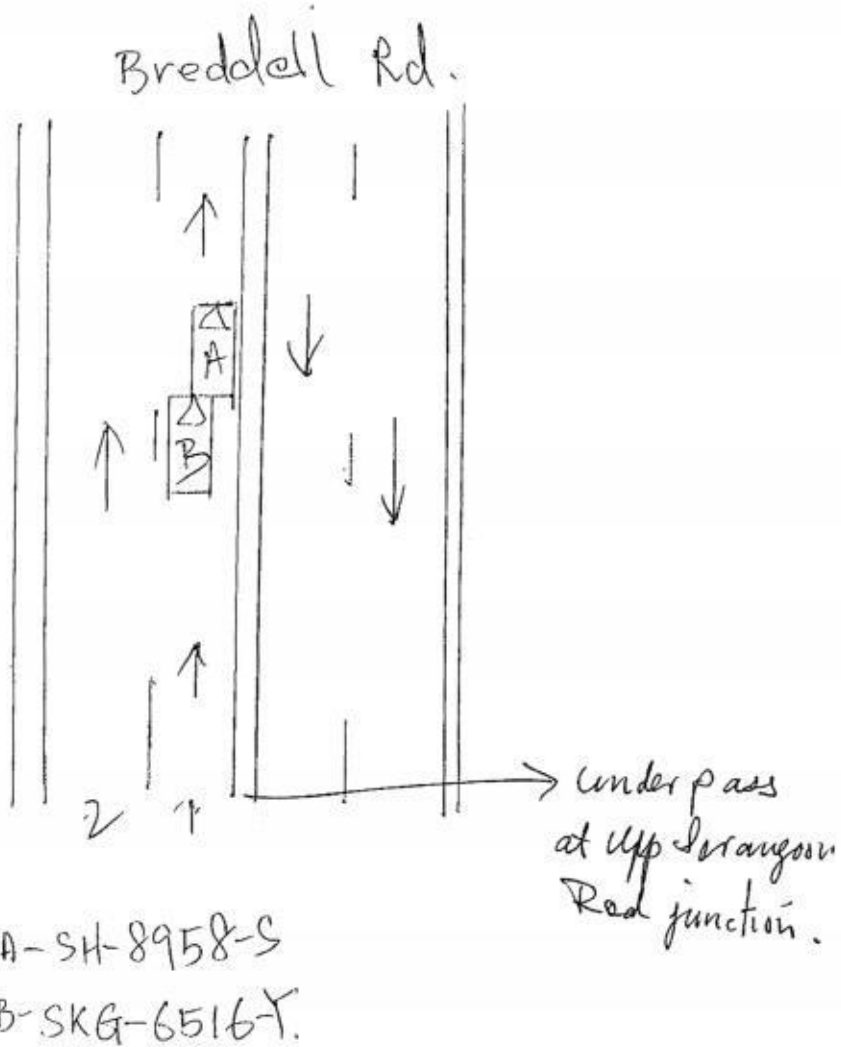
Signature Of Informant:

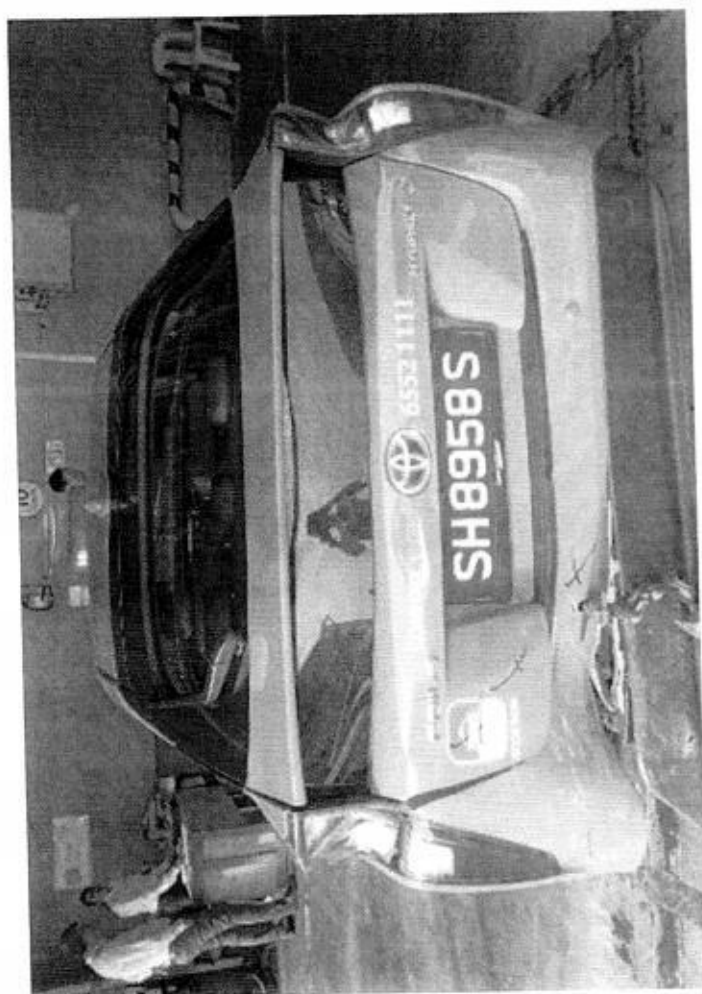
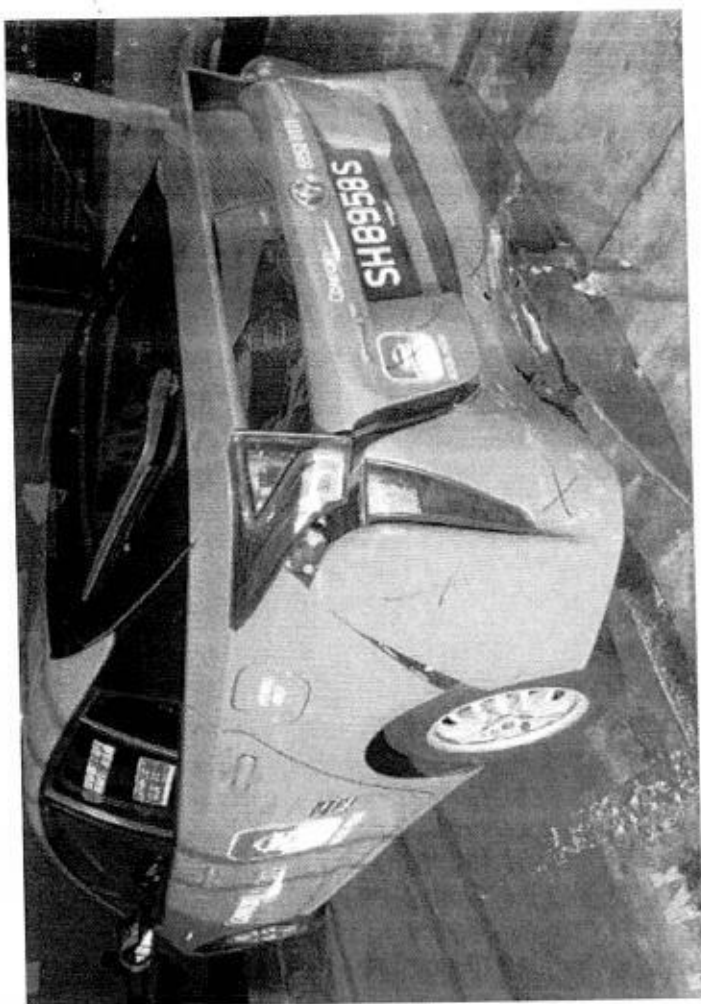
Date/Time:
19/12/2017 22:12

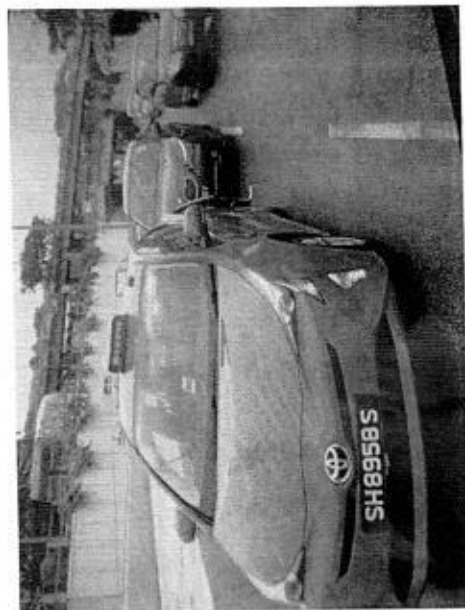
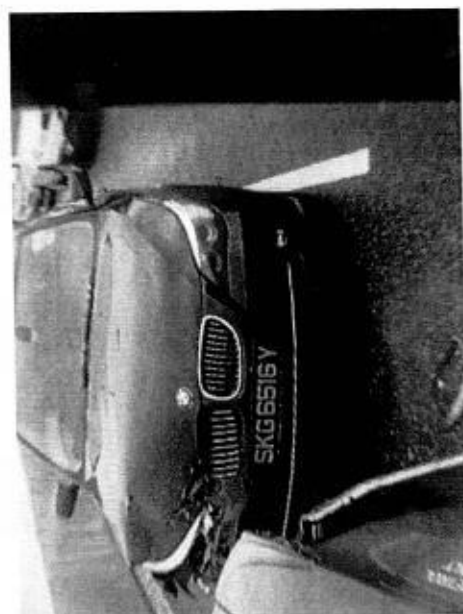
Classification Of Case:



**SINGAPORE
POLICE FORCE**







Job: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO 305099674

Customer: COMFORT TRANSPORTATION PTE LTD
 S 7010045
 OMER NO 383 SIN MING DRIVE
 ESS Singapore SINGAPORE 575717
 65508755

| | |
|-----------------------------------|-------------------------------|
| REGN NO: SH 8958S | MILEAGE |
| MAKE: TOYOTA | FUEL E.....1/2.....F |
| MODEL PRIUS HYBRID(G4)19 | DATE/TIME IN 12.2017 18:10 |
| YR OF MANU 15.06.2017 | TARGET DATE |
| CHASSIS CODE JTDKB3FU503558665 | COMPLETION DATE/TIME: |

NTUC

PRINT CARD NO.

JOB DESCRIPTION

Accident Date: 19.12.2017
 ATURE: 3P 19.12.2017

| /NO | LABOR CODE | DESCRIPTION |
|-----|------------|-------------|
|-----|------------|-------------|

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: SH 8958S LKE/KALVIN

Vehicle No.: SH 8958S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SH 8958S

MAKE :

MODEL : TOYOTA PRIUS

WKK/Kalvin PbyP
20/12/2017 15:15
Like NTUC

| | PARTS DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|--|---|-----|------------|------------------------|
| | REAR TRUNK LID COVER <i>X repair</i> | | | \$ 922.50 |
| | REAR TRUNK LID LOCK <i>X su</i> | | | \$ 447.70 |
| | REAR TRUNK LID RUBBER <i>X su</i> | | | \$ 357.00 |
| | REAR TRUNK LID GLASS (BLACK COLOR) <i>X su</i> | | | \$ 721.30 |
| | GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>cr</i> | | | \$ 889.70 ✓ |
| | REAR TRUNK LID LOGO(PRIUS) <i>nc</i> | | | \$ 60.80 ✓ |
| | REAR TRUNK LID LOGO(HYBRID) <i>nc</i> | | | \$ 52.40 ✓ |
| | REAR TRUNK LID LOGO(TOYOTA STAR) <i>cr</i> | | | \$ 52.90 ✓ |
| | REAR BUMPER <i>Panel</i> | | | \$ 458.60 ✓ |
| | REAR BUMPER RE-INFORCEMENT <i>+ su</i> | | | \$ 318.80 X |
| | REAR BUMPER UNDER COVER <i>cr</i> | | | \$ 552.60 ✓ |
| | REAR BUMPER SIDE RETAINER, LH <i>+ su</i> | | | \$ 112.70 X |
| | REAR BUMPER SPONGE <i>X</i> | | | \$ 143.40 |
| | REAR BUMPER UNDER SIDE COVER (LH) <i>cr</i> | | | \$ 232.00 ✓ |
| | REAR BUMPER UNDER SIDE CENTRE COVER <i>+ su</i> | | | \$ 552.60 X |
| | REAR BUMPER CLIPS <i>nc</i> | | | \$ 22.00 ✓ |
| | SEAL, REAR BUMPER SIDE, LH <i>cr</i> | | | \$ 148.40 ✓ |
| | TAIL LAMP ASSY (UPPER, LH) <i>X su</i> | | | \$ 557.90 |
| | TAIL LAMP ASSY (LOWER), LH <i>cr</i> | | | \$ 548.40 ✓ |
| | REAR END PANEL <i>X repair</i> | | | \$ 602.10 |
| | REAR END PANEL GARNISH <i>X su</i> | | | \$ 121.60 |
| | REAR FENDER AIR DUCT <i>X su</i> | | | \$ 165.10 |
| | REAR WINDSCREEN GLASS <i>X su</i> | | | \$ 1,555.80 |
| | REAR WINDSCREEN GLASS MOULDING <i>X</i> | | | \$ 60.00 |
| | REAR WINDSCREEN SEALANT <i>X</i> | | | \$ 46.00 |
| | SUB TOTAL | | | \$ 9,702.30 |
| | LESS 25% | | | \$ 2,425.58 |
| | DISCOUNTED TOTAL | | | \$ 7,276.73 |
| | REAR TRUNK LID APPS STICKER <i>nc</i> | | | \$ -10% 40.00 |
| | REAR TRUNK LID COMFORT & TEL NO STICKER <i>nc</i> | | | \$ -10% 60.00 |
| | REAR BUMPER REVERSE SENSOR <i>nc</i> | | | \$ -10% 135.70 |
| | REAR BUMPER RUBBER MAT <i>nc</i> | | | \$ 50.00 |
| | | | | \$ 285.70 |
| | Labour Charge <i>Kalvin 16K14</i> | | | \$ 1,000.00 <i>600</i> |
| | Panel Beating <i>20/12/17 15:35 hrs</i> | | | \$ 800.00 <i>720</i> |
| | Spray Painting Charge <i>4 Days</i> | | | \$ 50.00 <i>20</i> |
| | Wiring Charge <i>PIP</i> | | | \$ 50.00 <i>20</i> |
| | Tuff Kote <i>Before Paint photo</i> | | | \$ 120.00 <i>X</i> |
| | Remove/Refix Rear Windscreen Glass | | | \$ 120.00 <i>20</i> |
| | Remove/Refix Reverse Sensor | | | |
| | TOTAL LABOUR | | | \$ 2,140.00 |
| | ESTIMATE TOTAL | | | \$ 9,702.43 |

WKK 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 Insurance claim on a "Without Prejudice" basis
- Neutral modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

NO STICKER

Date:

20/12/17

NETT 36
NETT 54
NETT 122.13
NETT ✓

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

JOB NO : 305099674
 REGN NO : SH 8958S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 15.06.2017
 DATE/TIME IN : 19.12.2017 18:10
 ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|------|--------|-------|--------|---|
| 0001 | 04-01-0302-2346-G | PRIG4 GARNISH SUB ASSY BA | 1 L | 889.70 | 25.00 | 667.27 | / |
| 0002 | 04-01-0302-2269-G | PRIG4 ORNAMENT SUB-ASSY B | 1 L | 52.90 | 25.00 | 39.67 | ✓ |
| 0003 | 04-01-0302-2270-G | PRIG4 PLATE-BACK DOOR NAM | 1 L | 52.40 | 25.00 | 39.30 | ✓ |
| 0004 | 04-01-0302-2271-G | PRIG4 PLATE-BACK DOOR NAM | 1 L | 60.80 | 25.00 | 45.60 | ✓ |
| 0005 | 28-01-0302-0006-A | PRIVC REAR BOOT 65521111 | 1 N | 30.00 | 10.00 | 27.00 | |
| 0006 | 28-01-0302-2015-A | PRIVC REAR BONNET COMFORT | 1 N | 30.00 | 10.00 | 27.00 | |
| 0007 | 28-01-0302-2013-A | PRIVC REAR BONNET APP TAX | 1 N | 40.00 | 10.00 | 36.00 | |
| 0008 | 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER | 1 L | 458.60 | 25.00 | 343.95 | |
| 0009 | 04-01-0302-2287-G | PRIG4 GUARD-REAR BUMPER C | 1 L | 552.60 | 25.00 | 414.45 | |
| 0010 | 04-01-0302-2267-G | PRIVC BUMPER PIECE | 10 L | 22.00 | 25.00 | 16.50 | |
| 0011 | 04-01-0302-2865-G | PRIG4 FILLER-REAR BUMPER | 1 L | 148.40 | 25.00 | 111.30 | |
| 0012 | 09-01-0302-2005-A | PRIG4 REVERSE SENSOR ASSY | 1 N | 135.70 | 10.00 | 122.13 | |
| 0013 | 04-01-0302-0796-G | PRIG4 LENS AND BODY REAR | 1 L | 548.40 | 25.00 | 411.30 | |

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

JOB NO : 305099674
REGN NO : SH 8958S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 15.06.2017
DATE/TIME IN : 19.12.2017 18:10
ACCIDENT DATE : 19.12.2017

| JOB / PARTS DESCRIPTION | QTY | IND | UNIT | PRICE | DISC% | AMOUNT |
|--|-----|-----|------|--------|-------|--------|
| 0014 04-01-0302-2422-G PRIG4 COVER FLOOR UNDER N | 1 | L | | 232.00 | 25.00 | 174.00 |

SUB-TOTAL : 2,475.47

JOB NATURE

| | | |
|-------------|------------------------------|----------|
| 0000 L | REAR BUMPER MAT | 50.00 |
| 0001 L | PANEL BEATING | 600.00 |
| 0002 23-502 | SPRAYPAINT ON AFFECTED AREA | 720.00 |
| 0003 17-01 | CHECK ALL LIGHTING | 20.00 |
| 0004 20-00 | TUFF COAT ON AFFECTED PARTS. | 20.00 |
| 0005 20-22 | REMOVE/REFIX REVERSE SENSOR | 20.00 |
| SUB-TOTAL : | | 1,430.00 |

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.12.2017

Time: 11:03:01

REPAIR ESTIMATE

Page: 3

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

JOB NO : 305099674
REGN NO : SH 8958S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 15.06.2017
DATE/TIME IN : 19.12.2017 18:10
ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,905.47

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305099674

Date : 25/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. : SH8958S CTPL

19.12.17

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

1. The repair job shall bill to: NTUC --- SKG6516Y
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$2,475.48
 - (b) Labour Charges \$1,430.00
 - Total for Part-By-Part Repair Cost** \$3,905.48
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 4 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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : KALVIN ANG

Date : 28/12/17

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. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:



Thatcham escribe

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/INC17024166/K1vbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 05-01-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKG 6516Y | Veh. Inspected | SH 8958S |
| Policy No. | 5091742723 | Coverage (\$) | 0.00 |
| Claim No. | MT/0974434-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 20/12/2017 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|-------------------|--------------|--------------------|
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU503558665 | Colour | BLUE |
| Odometer | 101514 | 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 N/S PORTION. |
| DAMAGES SEE DETAILS. |

5. General Information

| | | | |
|----------------|--|-----------------|------------|
| Accident Date | 19/12/2017 | Inspection Date | 20/12/2017 |
| 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. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 4 Working Days |
|-------------------------------------|----------------|

**National Assessment Centre Services**

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8958S

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----------------------------|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | REAR TRUNK LID COVER | TO REPAIR | 922.50 | - |
| 1 | REAR TRUNK LID LOCK | SERVICEABLE | 447.70 | - |
| 1 | REAR TRUNK LID RUBBER | SERVICEABLE | 357.00 | - |
| 1 | REAR TRUNK LID GLASS (BLACK COLOR) | SERVICEABLE | 721.30 | - |
| 1 | GARNISH SUB-ASSY, BACK DOOR, OUTSIDE | CRACKED | 889.70 | 889.70 |
| 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) | CRACKED | 52.90 | 52.90 |
| 1 | REAR BUMPER | DEFORMED | 458.60 | 458.60 |
| 1 | REAR BUMPER RE-INFORCEMENT | SERVICEABLE | 318.80 | - |
| 1 | REAR BUMPER UNDER COVER | CRACKED | 552.60 | 552.60 |
| 1 | REAR BUMPER SIDE RETAINER, LH | SERVICEABLE | 112.70 | - |
| 1 | REAR BUMPER SPONGE | NOT NECESSARY | 143.40 | - |
| 1 | REAR BUMPER UNDER SIDE COVER (LH) | CRACKED | 232.00 | 232.00 |
| 1 | REAR BUMPER UNDER SIDE CENTRE COVER | SERVICEABLE | 552.60 | - |
| 10 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | SEAL, REAR BUMPER SIDE, LH | CRACKED | 148.40 | 148.40 |
| 1 | TAIL LAMP ASSY (UPPER, LH) | SERVICEABLE | 557.90 | - |
| 1 | TAIL LAMP ASSY (LOWER, LH) | CRACKED | 548.40 | 548.40 |
| 1 | REAR END PANEL | TO REPAIR | 602.10 | - |
| 1 | REAR END PANEL GARNISH | SERVICEABLE | 121.60 | - |
| 1 | REAR FENDER AIR DUCT | SERVICEABLE | 165.10 | - |
| 1 | REAR WINDSCREEN GLASS | SERVICEABLE | 1,555.80 | - |
| 1 | REAR WINDSCREEN GLASS MOULDING | NOT NECESSARY | 60.00 | - |
| 1 | REAR WINDSCREEN SEALANT | NOT NECESSARY | 46.00 | - |
| | LESS 25% DISCOUNT | | -2,425.57 | -754.45 |
| | | | 7,276.73 | 2,263.35 |
| NETT ITEMS | | | | |
| 1 | REAR TRUNK LID APPS STICKER (N) | NECESSARY | 40.00 | 40.00 |
| 1 | REAR TRUNK LID COMFORT & TEL NO STICKER (N) | NECESSARY | 60.00 | 60.00 |

Report Ref No. NS/INC17024166/K1vbn2



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Page No.:2 of 2

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|-----------|---------------------------|-------------------|
| 1 | REAR BUMPER REVERSE SENSOR (N) | SHORTED | 135.70 | 135.70 |
| | LESS 10% DISCOUNT | | - | -23.57 |
| | | | 235.70 | 212.13 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 50.00 | 50.00 |
| | <u>LABOUR</u> | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 1,290.00 | 640.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 850.00 | 740.00 |
| | | | 2,140.00 | 1,380.00 |
| | GRAND TOTAL | | 9,702.43 | 3,905.48 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 3,905.48 |

Report Ref No. NS/INC17024166/K1vbn2

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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