

SURVIVE

Kalvin

REF:

NS/TNC17024735/K1vbnz

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: **SJE 2095T**
 Policy No: **5074903991-01 39042017**
 Claims No: **MT/0974441-002**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

| | |
|-----|-----|
| / | |
| N/S | O/S |
| | |

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 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

Veh No: **SH 7288 Z** Vr Regn: **3 Oct 2017**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota Prius** CC: **1798**
 Colour: **Blue** A/C: Ins'd / Std / NI / NA
 Sp Reading: **31092** T Radio: Ins'd / Std / NI / NA
 Eng No: _____
 C No: **JTDKB3F4403564988**
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: **195/65R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YZ60 or _____
 Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **7** mm
 L.Bal: **7** mm L.Bal: **7** mm
 D.O.A: **19/12/17** D.O.I: **21/12/17**
 Survey held at: **(OHE (Lotus))**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear M/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|--|
| 27/12/17 | SH 7288Z - (C3/17172023245/H19292) - DCA: 30.11.12 ZAK |
| | SJE 2095T - NS/TNC17011683/H191357 - O.A: 140617 PIP |
| | Contract PIP \$1790.78 / 2 Pys (Reel 744.80, 2990) |

RECEIVED 2017

Date/Time File Pass to? : Preli. Report
 : Final Report
 Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Survey Fee: _____
 Transporter: _____
 Add Fee: Site Insp \$
 Interview \$
 Tech Insp \$
 Weekend \$
 Report Format: _____
 Lump Sum / I.B.I. \$: **1790.78**
 Survey Fee: **160**
 Transporter: **35**
195

27/12- typist

Survey Department Check List (Case Handler)

Reference No.: NS/INC(7024235)/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.

| | | Case Handler | | Typist | |
|------------------------------|---------------------------------------|--------------|--------|--------|--------|
| | | Y-Date | N-Date | Y-Date | N-Date |
| 1) Office Assign Form | | | | | |
| 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.

| | | Case Handler | | Typist | |
|----------------------------|------------------------|--------------|--------|--------|--------|
| | | Y-Date | N-Date | Y-Date | N-Date |
| (1) Assignment Form | | | | | |
| 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 27/05/14
 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/INC17024235/K1vb | | | |
| 73 BRAS BASAH ROAD | | Date: 21-12-2017 | |
| #05-01 NTUC TRADE UNION HOUSESINGAPORE | |  | |
| 189556 | | Code: INC4 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJE 2095T | Veh. Inspected | SH 7288Z |
| Policy No. | 5079903991-01 | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 21/12/2017 |
| 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 | 21/12/2017 |
| 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

Date : 27/12/2017

| 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/0972645-002 | COMFORT TRANSPORTATION | SHC 8177K | FX 9366M | 05/12/2017 | 21:05 | \$ 2,900.10 | \$ 785.70 |
| 2 | MT/0973212-002 | COMFORT TRANSPORTATION | SHA 3634B | SJE 5833K | 09/12/2017 | 3:30 | \$ 1,576.08 | \$ 1,246.08 |
| 3 | MT/0974344-002 | COMFORT TRANSPORTATION | SHA 5827Z | GX 6775Z | 18/12/2017 | 13:50 | \$ 1,471.75 | \$ 1,144.70 |
| 4 | MT/0975372-001 | COMFORT TRANSPORTATION | SHD 3174X | FY 8286L | 21/12/2017 | 5:10 | \$ 3,250.92 | \$ 2,455.26 |
| 5 | MT/0973951-002 | COMFORT TRANSPORTATION | SHC 8634H | FBI 157U | 15/12/2017 | 19:10 | \$ 3,753.56 | \$ 1,200.00 |
| 6 | MT/0974441-002 | COMFORT TRANSPORTATION | SH 7288Z | SJE 2095T | 19/12/2017 | 15:00 | \$ 2,535.58 | \$ 1,790.78 |

Claim received from LKK

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 checked="" type="radio"/> | 5079903991-01 | JUZ RENT PTE LTD | 201309705W | GFT | drivo CLASSIC | SJE2095T | SJE2095T | 29/04/2017 | |

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 13:32 |
| Date Of Accident | 19/12/2017 15:00 |
| Exact Location Of Accident | MT ELIZABETH X DRIVEWAY OF MT ELIZABETH HOSPITAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SH7288Z |
| 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-1572701MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | MAH KAH YU |
| NRIC No | S0575066J |
| Date Of Birth | 03/11/1949 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/03/1975 |
| Driving Experience | 42 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | 407 BEDOK NORTH AVENUE 3 #18-185 |
| Postcode | S460407 |
| 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 |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | SJE2095T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ALBERT |
| NRIC/Passport Number | |
| Contact Number | 96321475 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | FRT RHT |
| No. Of Passenger (Including Driver) | |

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 102320010

R. 20/12

Lim Ee Soon
CSO

Policyholder's Signature
Date & Time:

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

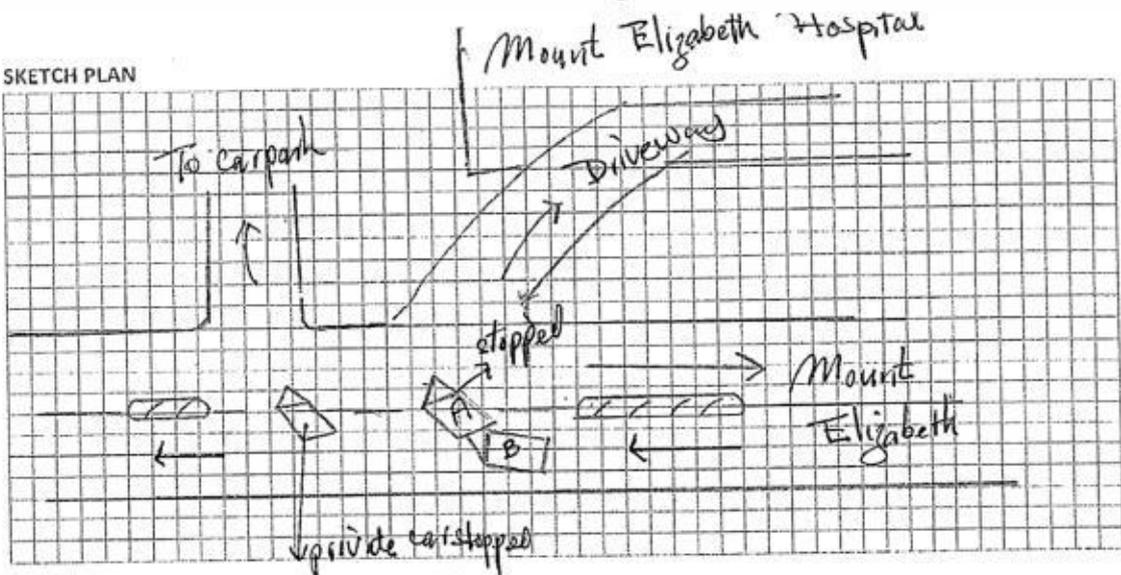
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIAIIMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As
attached

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:

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

20/12

Lim Ee Soon
CSG

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

SH 7288 Z

- ACCIDENT STATEMENT

Yesterday afternoon (19/12/2017), I ferried a male Caucasian passenger from Pan Pacific Suit for a trip to Mount Elizabeth Hospital.

As seen in the video footage, upon arrival at the destination, I stopped on Mount Elizabeth to give way to an oncoming car before turning into the driveway of the hospital.

While I did not move, suddenly I felt a jerk and an impact after car B (SJE 2095T) behind banged into the rear of my taxi.

I exchanged particulars with the driver of car B.

I noticed the front right to car B, a Toyota, sustained dents.

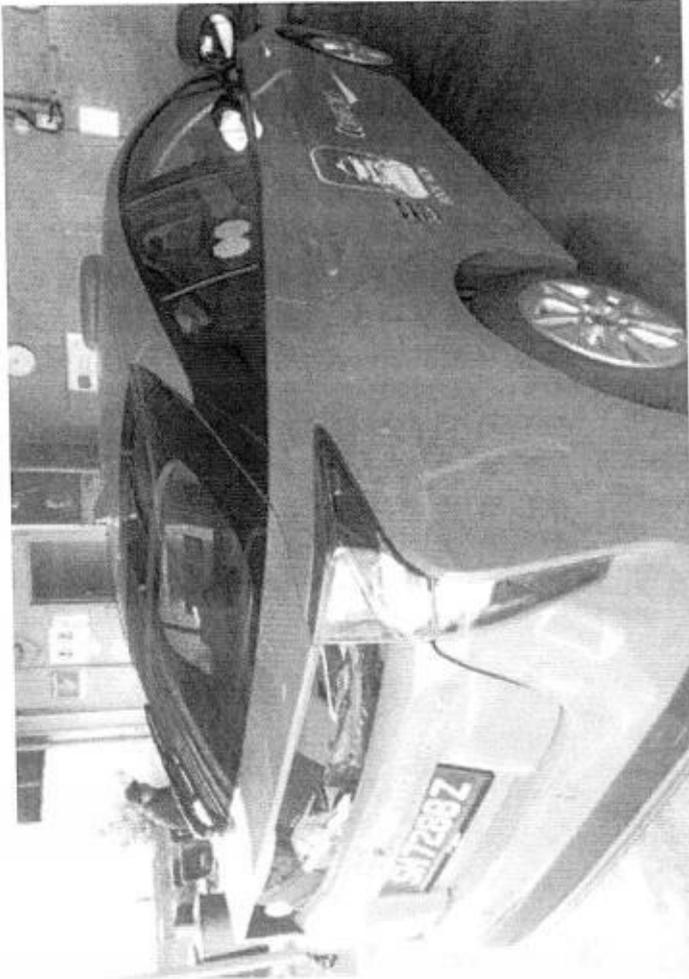
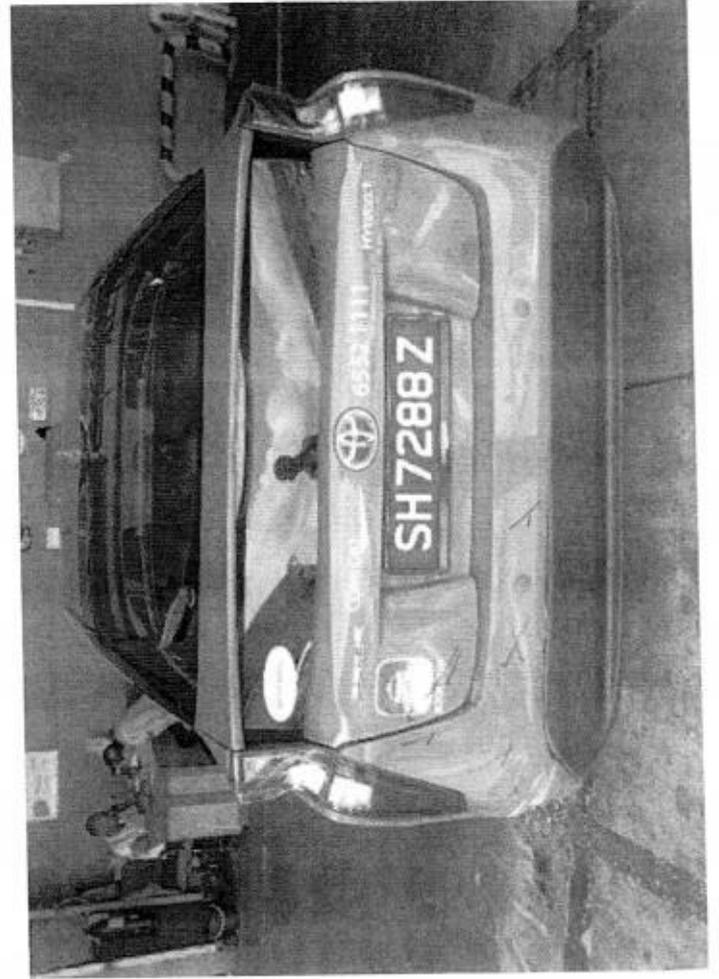
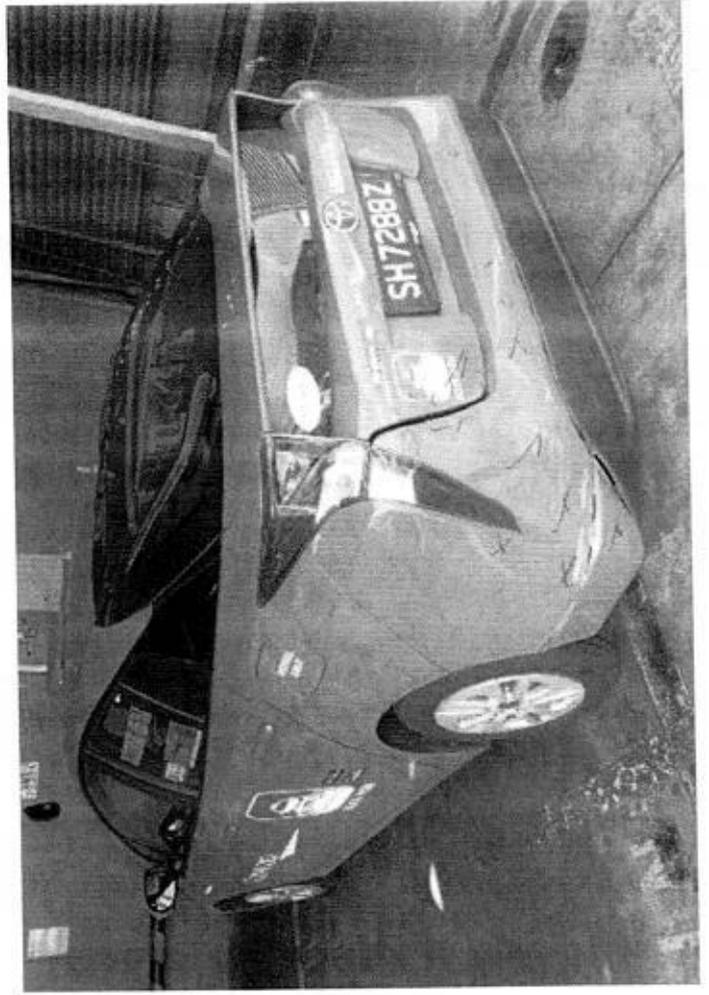
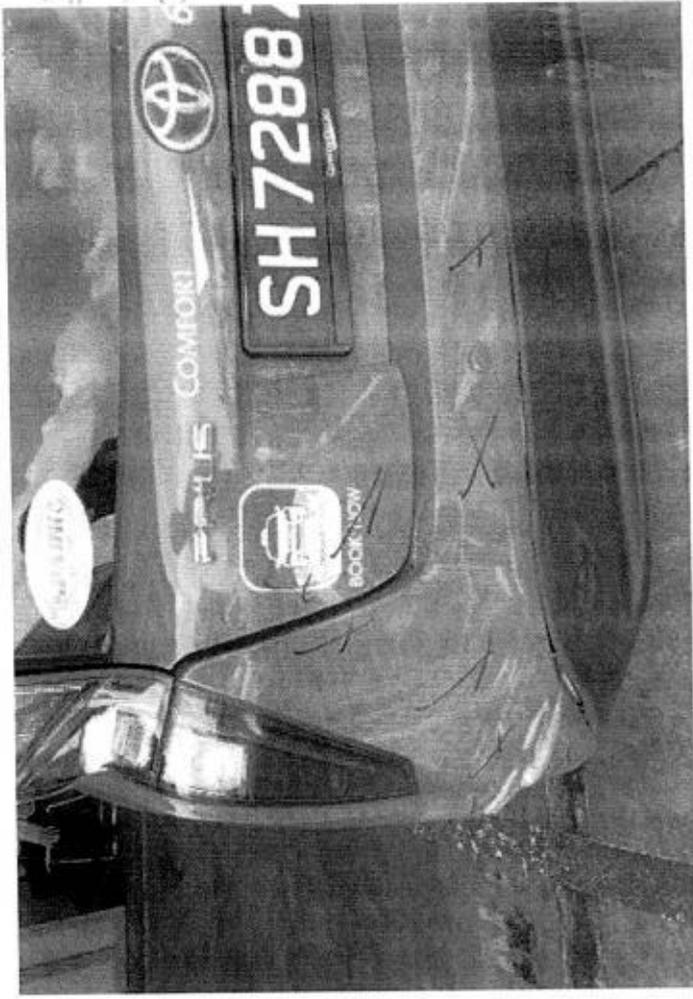
No report of injury at the time of accident.

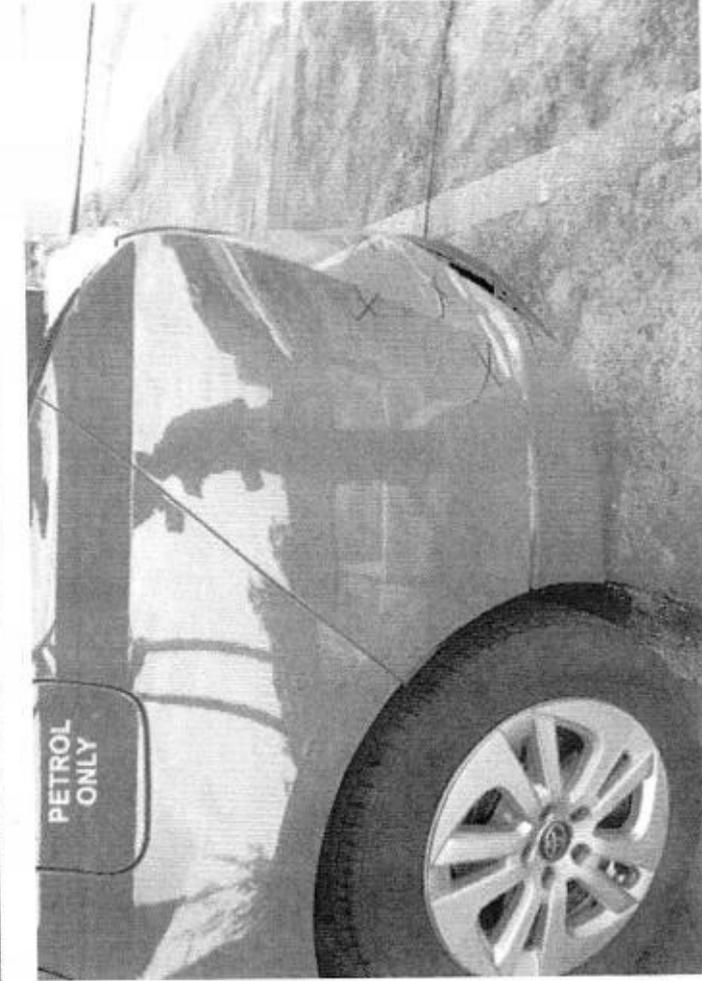
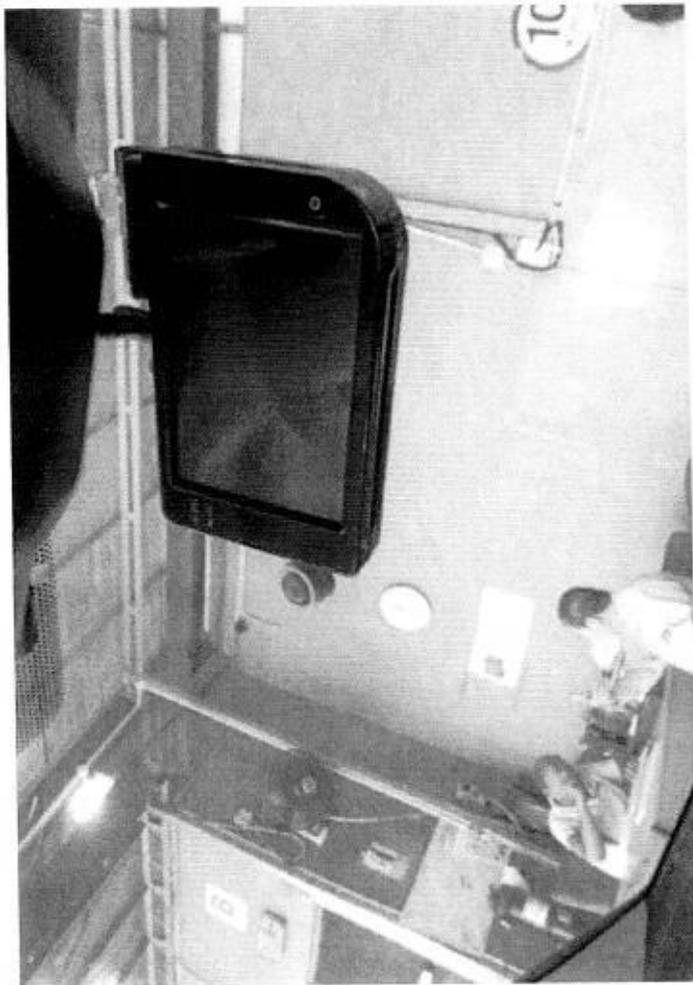
I affirmed the above-statement is true and correct.


Driver name : Mah Kah Yu
NRIC NO : S 0575066J
Date: 20/12/2017

Recorded by Alex Lim







Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305099753

| | | |
|--|------------------------------------|-------------------------------|
| CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD CUSTOMER NO: 7010045 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL: (R) 65508755 (O) (P) SCOUNT CARD NO. | REGN NO: SH 7288Z | MILEAGE |
| | MAKE: TOYOTA | FUEL E.....1/2.....F |
| | MODEL: PRIUS HYBRID(G4)20 | DATE/TIME IN 12.2017 11:55 |
| | YR OF MANU: 03.10.2017 | TARGET DATE |
| | CHASSIS CODE: JTDKB3FU403564988 | COMPLETION DATE/TIME: |

JOB DESCRIPTION

Accident Date: 19.12.2017

NATURE: 3P 19.12.2017

| S/NO | LABOR CODE | DESCRIPTION |
|------|----------------|------------------|
| | NTUC - Taxi | Rear Left Damage |
| | LARRY KALVIN - | |

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SH 7288Z

Name of Service Advisor: LARRY

Signature/Date: Larry Ng

Vehicle returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7288Z

Name of Service Advisor: _____

Date: _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

21/12/2017 10:28

VEHICLE NO : SH 7288Z

MAKE :

MODEL : TOYOTA PRIUS

DOA: 19.12.17

| PARTS DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|--|-----|------------|-------------|
| REAR TRUNK LID LOGO(PRIUS) — <i>ne</i> | | | \$ 60.80 |
| REAR TRUNK LID LOGO(HYBRID) — <i>ne</i> | | | \$ 52.40 |
| REAR TRUNK LID LOGO(TOYOTA STAR) — <i>ne</i> | | | \$ 52.90 |
| REAR BUMPER — <i>Detail</i> | | | \$ 458.60 |
| REAR BUMPER RE-INFORCEMENT <i>X</i> | | | \$ 318.80 |
| REAR BUMPER UNDER COVER — <i>1</i> | | | \$ 552.60 |
| REAR BUMPER CLIPS — <i>ne</i> | | | \$ 22.00 |
| SEAL, REAR BUMPER SIDE, LH <i>X</i> | | | \$ 148.40 |
| SUB TOTAL | | | \$ 1,666.50 |
| LESS 25% DISCOUNTED TOTAL | | | \$ 416.63 |
| | | | \$ 1,249.88 |
| REAR TRUNK LID APPS STICKER — <i>ne</i> | | | \$ 40.00 |
| REAR TRUNK LID COMFORT & TEL NO. STCIKER — <i>ne</i> | | | \$ 60.00 |
| REAR BUMPER REVERSE SENSOR <i>X</i> | | | \$ 135.70 |
| | | | \$ 235.70 |
| Labour Charge | | | \$ 300 |
| Panel Beating | | | \$ 400.00 |
| Spray Painting Charge | | | \$ 480.00 |
| Wiring Charge | | | \$ 50.00 |
| Remove/Refix Reverse Sensor | | | \$ 120.00 |
| TOTAL LABOUR | | | \$ 1,050.00 |
| ESTIMATE TOTAL | | | \$ 2,535.58 |

NETT
NETT
NETT

LKK 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 survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Labour Charge
Panel Beating
Spray Painting Charge
Wiring Charge
Remove/Refix Reverse Sensor

Kalina 16/11/17
21/12/17 1515hrs
2 Days
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.

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

JOB NO : 305099753
 REGN NO : SH 7288Z
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 03.10.2017
 DATE/TIME IN : 20.12.2017 11:55
 ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | |
|------|-------------------|---------------------------|----|--------|------------------|----------|
| 0001 | 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER | 1 | 458.60 | 25.00 | 343.95 |
| 0002 | 04-01-0302-2287-G | PRIG4 GUARD-REAR BUMPER C | 1 | 552.60 | 25.00 | 414.45 |
| 0003 | 28-01-0302-0006-A | PRIVC REAR BOOT 65521111 | 1 | 60.00 | 25.00 | 45.00 60 |
| 0004 | 28-01-0302-2013-A | PRIVC REAR BONNET APP TAX | 1 | 40.00 | 2.50 | 40.00 |
| 0005 | 04-01-0302-2267-G | PRIVC BUMPER PIECE | 10 | 22.00 | 25.00 | 16.50 |
| 0006 | 04-01-0302-2269-G | PRIG4 ORNAMENT SUB-ASSY B | 1 | 52.90 | 25.00 | 39.67 |
| 0007 | 04-01-0302-2270-G | PRIG4 PLATE-BACK DOOR NAM | 1 | 52.40 | 25.00 | 39.30 |
| 0008 | 04-01-0302-2271-G | PRIG4 PLATE-BACK DOOR NAM | 1 | 60.80 | 25.00 | 45.60 |
| 0009 | 04-01-0302-2865-G | PRIG4 FILLER-REAR BUMPER | 1 | 148.40 | 25.00 | 111.30 |

SUB-TOTAL : 1,095.77

JOB NATURE

| | | |
|-------------|-----------------------------|--------|
| 0000 L | PANEL BEATING | 300.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 360.00 |

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.12.2017

REPAIR ESTIMATE

Time: 08:49:28

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 : 305099753
REGN NO : SH 7288Z
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 03.10.2017
DATE/TIME IN : 20.12.2017 11:55
ACCIDENT DATE : 19.12.2017

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

0002 L REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL : 680.00

TOTAL : 1,775.77

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305099753
Date : 27.12.2017

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

FINALIZATION FORM

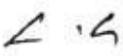
To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SH 7288Z Date of Accident: 19.12.2017

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

- The repair job shall bill to: NTUC SJE2095T
- The finalized amount shall be:

| | |
|---|------------------|
| (a) Spare Parts after List discount | <u>\$1110.78</u> |
| (b) Labour Charges | <u>\$680.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1790.78</u> |
| (c.) Lumpsum Repair (If applicable) | |
| Total for Lumpsum repair cost after Less: _____ | |
| Final Lumpsum Repair cost | |
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 27/12/17

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:



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/INC17024235/K1vbn2 | | | |
| 73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 | | Date: 04-01-2018 |  |
| Code: INC4 | | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SJE 2095T | Veh. Inspected | SH 7288Z |
| Policy No. | 5079903991-01 | Coverage (\$) | 0.00 |
| Claim No. | MT/0974441-002 | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 21/12/2017 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA PRIUS | c.c | 1798 |
| Engine No. | HIDDEN | Year of Reg. | 2017 |
| Chassis No. | JTDKB3FU403564988 | Colour | BLUE |
| Odometer | 31092 | 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 | YOKOHAMA | 7 mm |
| L/H Front Tyre | 195/65 R15 | YOKOHAMA | 7 mm |
| R/H Rear Tyre | 195/65 R15 | YOKOHAMA | 7 mm |
| L/H Rear Tyre | 195/65 R15 | YOKOHAMA | 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 | 21/12/2017 |
| 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: | | 2 Working Days | |



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. SH 7288Z

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 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 | REAR BUMPER | DEFORMED | 458.60 | 458.60 |
| 1 | REAR BUMPER RE-INFORCEMENT | SERVICEABLE | 318.80 | - |
| 1 | REAR BUMPER UNDER COVER | CUT | 552.60 | 552.60 |
| 10 | REAR BUMPER CLIPS | NECESSARY | 22.00 | 22.00 |
| 1 | SEAL,REAR BUMPER SIDE,LH | CRACKED | 148.40 | 148.40 |
| | LESS 25% DISCOUNT | | -416.62 | -336.92 |
| | | | 1,249.88 | 1,010.78 |
| SPECIAL NETT ITEMS | | | | |
| 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) | NOT NECESSARY | 135.70 | - |
| | | | 235.70 | 100.00 |
| LABOUR | | | | |
| | THATCHAM STANDARD REPAIR TIME ON BODY WORKS. | | 570.00 | 320.00 |
| | THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR. | | 480.00 | 360.00 |
| | | | 1,050.00 | 680.00 |
| GRAND TOTAL | | | 2,535.58 | 1,790.78 |
| RECOMMENDED COST OF REPAIRS (CONFIRMED) | | | | 1,790.78 |

Report Ref No. NS/INC17024235/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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