

SYDNEY

Kalvin

REF:

NS/INC 17024237 / K1vbn2

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: SJU 3979C  
 Policy No: 5068556164-03 031217-021218  
 Claims No: MT/0975/49-001  
 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 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: SH 8328K Reg: 26 July 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Prius CC: 1798  
 Colour: Blue A/C: Ins / Std / NI / NA  
 Sp Reading: 65321 T Radio: Ins / Std / NI / NA  
 Eng No: \_\_\_\_\_  
 C/No: JTKB3F41035608x  
 Gen. Cond: Good / 5 / Poor / Burnt  
 Steering: Ins / Jammed / Leaked / Burnt or  
 Brake: Ins / Jammed / Leaked / Burnt or  
 Modi: Nil / S/Rim / Ins A/Rim or  
 Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_  
 BS / 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: 20/12/17 D.O.I: 21/12/17  
 Survey held at: WSE (1077)  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or  
Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
SH 8328K - X  
SJU 3979C - X  
26/12/17 6 hrs PIP \$ 810.95 / 2 Pys. (Red 1266.30, 619)  
 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 \$  
 Inter. ev \$  
 Tech. Insp \$  
 Week-end \$  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.I. : 810.95  
 27/12 - typist  
 160  
 35  
 195

## Survey Department Check List (Case Handler)

Reference No.: NS / INC / 7024237 / Klvb  
 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)		Y-Date	N-Date	Y-Date	N-Date
C	Damaged Vehicle Photographs Uploaded	✓			

(3) Workshop Estimate/Assignment Form		Y-Date	N-Date	Y-Date	N-Date
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)		Y-Date	N-Date	Y-Date	N-Date
C	Resurvey photo Uploaded	✓			

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

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



# 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/INC17024237/K1vb	
73 BRAS BASAH ROAD		Date: 21-12-2017	
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJU 3979C	Veh. Inspected	SH 8328K
Policy No.	5068556164-03	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	21/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	20/12/2017	Inspection Date	21/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
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

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5068556164-03	KIEW KUAY SEOW	S1288700J	GPC	drive CLASSIC	SJU3979C	SJU3979C	03/12/2017	02/12/2018

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	21/12/2017 10:52
Date Of Accident	20/12/2017 21:50
Exact Location Of Accident	NICOLL HIGHWAY > KPE ON MERDEKA BRIDGE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8328K
<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	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	CHIN NYUK LEONG
NRIC No	S1645390J
Date Of Birth	12/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1982
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NLCHIN@SINGNET.COM.SG

Address 141 PASIR RIS STREET 11 #10-163  
 Postcode S510141  
 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? 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) 4

Passenger 1 NAME: : -  
 GENDER: : FEMALE

Passenger 2 NAME: : -  
 GENDER: : FEMALE

Passenger 3 NAME: : -  
 GENDER: : FEMALE

**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 SJU3979C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

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 TRANSPORTS  
CO REG NO 1004

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

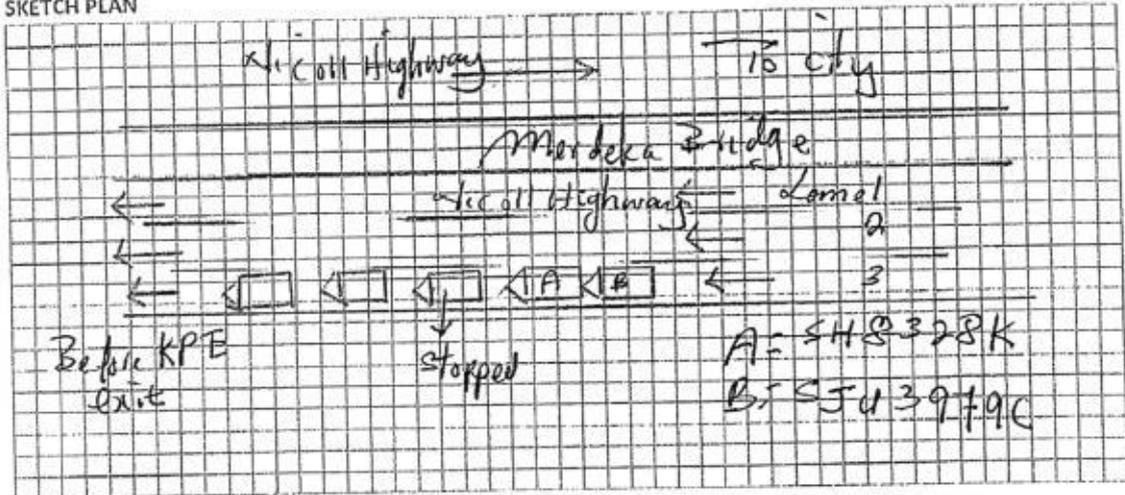
21/12/17  
\_\_\_\_\_  
Lim Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

4-1-1  
2-1-1

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.

DAIFORY TRANSPORTATION PTE LTD  
CO. REG NO. 102326719

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.:

Lim Ee Soon

Sketch Plan Pg. 3

SH 8328 K

- ACCIDENT STATEMENT

Last night( 20/12/2017), I ferried 3 female passengers from city for a trip to Hougang Ave 5.

During the journey, I travelled on Nicoll Highway to the destination.

As seen in the video footage, when a private car stopped abruptly in front on Merdeka Bridge, I followed suit but I had barely halted my car behind when I felt a jerk and impact after car B( SJU 3979C) hit into the bumper of taxi.

I found damage on the rear bumper of my taxi.

But the driver of car B, a male Chinese, claimed that although his car had collided into my taxi but there was no visible damage to his car.

For the same reason, he declined exchange of particulars. I managed to snap photo of car B, a Honda, before the driver moved off from the scene.

No report of injury at the time of accident.

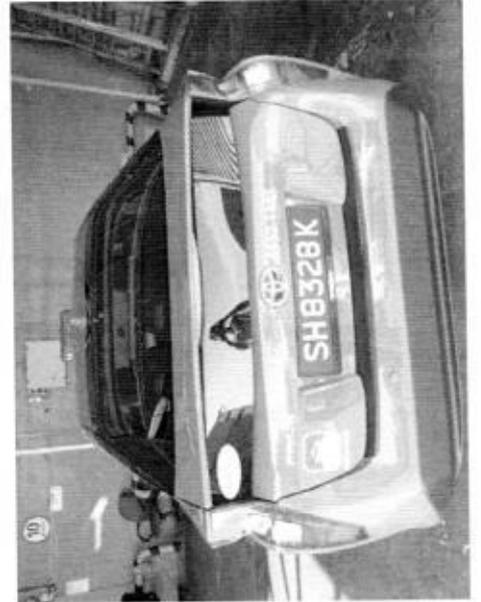
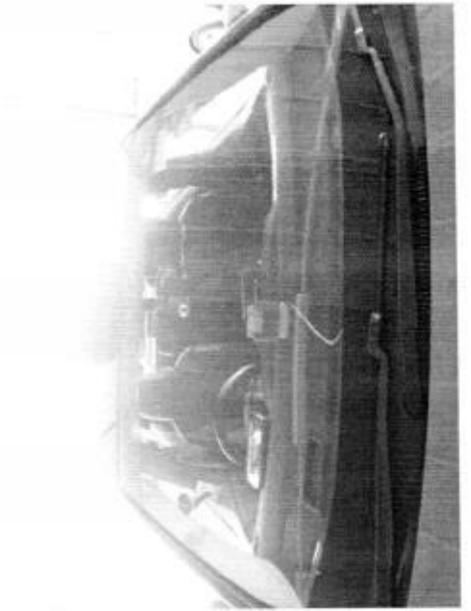
I affirmed the above-statement is true and correct.



Driver name : Chin Nyuk Leong  
NRIC NO : S 1645390J  
Date: 21/12/2017

Recorded by Alex Lim







A member of COMFORTDELGRO

Date/Time: 21.12.2017 14:50 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC No.305100045

CUSTOMER COMFORT TRANSPORTATION PTE LTD 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65508755 L. (R) (O) (P) SCOUNT CARD NO.	REGN NO: SH 8328K	MILEAGE
	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL: PRIUS HYBRID(G4)21	DATE/TIME IN 12.2017 09:05
	YR OF MANU 26.07.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU103560784	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 20.12.2017  
 NATURE: 3P 20.12.2017

S/NO	LABOR CODE	DESCRIPTION
		NTUC - Taxi Rear damage
		Leak/Kalium -

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip  
 Name: \_\_\_\_\_  
 Job No.: SH 8328K  
 Vehicle No.: LARRY  
 Signature/Date: Larry Ng  
 To be returned to Service Reception upon collection

Exit Pass  
 Vehicle No.: SH 8328K  
 Name of Service Advisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

NTUC

21/12/2017 11:56

VEHICLE NO : SH 8328K

DATE: 20.12.17

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>X Repair</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>X succ</i>			\$ 318.80	
REAR BUMPER UNDER COVER <i>LT</i>			\$ 552.60	
REAR BUMPER SPONGE <i>X</i>			\$ 143.40	
REAR BUMPER CLIPS <i>X / X</i>			\$ 22.00	
SUB TOTAL			\$ 1,495.40	
LESS 25%			\$ 373.85	
DISCOUNTED TOTAL			\$ 1,121.55	
REAR BUMPER REVERSE SENSOR <i>X succ</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>X</i>			\$ 50.00	NETT
			\$ 185.70	
Labour Charge			\$ 200	
Panel Beating			\$ 400.00	
Spray Painting Charge			\$ 200.00	180
Wiring Charge			\$ 50.00	X
Remove/Refix Reverse Sensor			\$ 120.00	X
TOTAL LABOUR			\$ 770.00	
ESTIMATE TOTAL			\$ 2,077.25	

*Kalin LKKH*  
*U 20/12/17 1525hr*  
*2045*  
*PIP*  
*After Repair LK*

Larry Ng

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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

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

Date: 22.12.2017

REPAIR ESTIMATE

Time: 21:13:49

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 : 305100045  
REGN NO : SH 8328K  
MILEAGE : 000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 26.07.2017  
DATE/TIME IN : 21.12.2017 09:05  
ACCIDENT DATE : 20.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

0002 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

SUB-TOTAL : 430.95

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 380.00

TOTAL : 810.95

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

## COMFORTDELGRO ENGINEERING

Our Job Ref No . 305100045  
Date : 22.12.2017

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

### FINALIZATION FORM

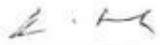
To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SH 8328K Date of Accident: 20.12.2017

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

1. The repair job shall bill to: NTUC SJU3979C
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$430.95
(b) Labour Charges	\$380.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$810.95</b>
(c.) Lumpsum Repair (if applicable)	_____
Total for Lumpsum repair cost after Less:	_____
<b>Final Lumpsum Repair cost</b>	_____
3. Estimated normal period for repairs: 2 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 Neo  
Tel : 6214 8316  
Fax : 6546 8156

Signature :   
Name : Kelvin  
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 escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC17024237/K1vbn2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 03-01-2018	
Code: INC4			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJU 3979C	Veh. Inspected	SH 8328K
Policy No.	5068556164-03	Coverage (\$)	0.00
Claim No.	MT/0975149-001	Excess (\$)	0.00
Assign From		Assign Date	21/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103560784	Colour	BLUE
Odometer	65321	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	20/12/2017	Inspection Date	21/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



# National Assessment Centre Services

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



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8328K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-373.85	-143.65
			1,121.55	430.95
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		570.00	200.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		200.00	180.00
			770.00	380.00
<b>GRAND TOTAL</b>			<b>2,077.25</b>	<b>810.95</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>810.95</b>

Report Ref No. NS/INC17024237/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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