

Kalvin

NS/TNC18002277 / Klgbn2

ASSIGNMENT

SHD 3596 L

14/2/2016

Report No: _____ Date: _____
 Estimated Cost: _____
 CD / TP / WS / TP RES / CD RES / EVA / INV / MV
 To inspect / Vehicle No: _____
 at Workshop / No: _____
 Insured: FW 9183D
 Policy No: 50-72511100-02 040717-030918
 Claims No: 121/0980814-002
 Sum Insured: _____ Excess: _____
 Clients Record: _____
 Make of Vehicle: _____

Vehicle: SHD 3596 L Type: MCam / MCycle / Bus / Van / Lorry / T/O Prime Mover
 Truck / Trailer or
 Make: Toyota Prous Mod: 1798
 Colour: Blue A/C: 6 Std: INT / NA
 Ser Reading: 152225 T/Facilities: 0 Std: INT / NA
 Eng No: _____
 O No: JTDKB3F4303570007
 Gen. Cond: Good / F / Poor / Burnt
 Steering: Inor / Jammed / Leaked / Burnt or
 Brakes: Inor / Jammed / Leaked / Burnt or
 Model: NH / SRim / STD / Rim or
 Tyre Size: F: 195/65R15
R: _____
 ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / RIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R.Bal: 7 mm L.Bal: 7 mm
 D.O.A: 2/2/8 D.O.I: 5/2/8
 Survey held at: COLK (hwy)
 Des. of Damages: Fr / Rear / O/S / N/S / UIC / Roof or
Rev M/s
 The UIC / Chassis frame / Body Structure affected due to collision



(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Ball or Market Value: _____
 D.O. Accident Report: _____ Consistent? (Yes or No) _____
 SIA / RR / Seen: _____ Consistent? (Yes or No) _____
 Est. Repair: 3 days Res: Yes or No _____
 Lum Sum: _____ Val: Yes or No _____
 OA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time Action / Instruction
SHD 3596 L - X
FW 9183D - NA / MSG18002166 / 21
12/2/18 Call R/P \$2670.18 / 3 hrs. (Red \$1073.45, 28%)
DOA: 030118
INC
11P

RECEIVED 4 FEB 2018

Date/Time File Pass to: _____
13/2/18 hys
 Date/Time File Return to: _____

Days Of Repair: 3
 Resurvey No. of Trip: 1

Report Form: TP
2670.18

Add Fee: _____
 Site Fee: _____
 Transporter: _____
 195



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002277/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 05-02-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FW 9183D	Veh. Inspected	SHD 3596L
Policy No.	5072511100-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

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

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5. General Information

Accident Date	02/02/2018	Inspection Date	05/02/2018
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.
--

Survey Department Check List (Case Handler)

Reference No. :

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

SHD 3596L

Case Handler

Typist

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

(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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Calvin)

Case handler to make sure the surveyor completed all required information.

(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

✓		
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(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

✓		
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Check By:

Calvin 13/1/15

Case Handler

Date

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Estimate	Tentative repair cost
1	MT/0981823-002	COMFORT TRANSPORTATION PTE LTD	SHC 1218Y	SIH 6315T	08/02/2018	\$ 1,570.56	\$ 1,240.56
2	MT/0981400-002	COMFORT TRANSPORTATION PTE LTD	SH 6491J	SIV 7934A	06/02/2018	\$ 13,598.68	\$ 6,050.00
3	MT/0981548-002	COMFORT TRANSPORTATION PTE LTD	SHA 5720Y	XD 7294S	07/02/2018	\$ 3,831.28	\$ 2,450.00
4	MT/0982165-001	COMFORT TRANSPORTATION PTE LTD	SHA 3116E	SJD 825Y	06/02/2018	\$ 2,744.72	\$ 600.00
5	MT/0982166-001	COMFORT TRANSPORTATION PTE LTD	SHC 3093B	SJE 5741S	06/02/2018	\$ 1,491.81	\$ 250.00
6	MT/0982171-001	SMRT TAXIS PTE LTD	SHF 222A	SJR 8859Z	24/01/2018	\$ 1,136.00	\$ 460.00
7	MT/0980814-002	COMFORT TRANSPORTATION PTE LTD	SHD 3596L	FW 9183D	02/02/2018	\$ 3,693.63	\$ 2,670.18
8	MT/0981591-002	COMFORT TRANSPORTATION PTE LTD	SH 6753D	SGE 2404X	08/02/2018	\$ 1,797.40	\$ 1,250.00
9	MT/0981398-002	COMFORT TRANSPORTATION PTE LTD	SHC 2157H	SLR 6449M	07/02/2018	\$ 6,534.58	\$ 3,150.00

Claims received from LXX Auto

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 checked="" type="radio"/>	5072511100-02	VINOTH S/O A GUNASHEKARRAN	S9028486Z	GMC	Third Party, Fire & Theft	FW9183D	FW9183D	04/07/2017	03/07/2018

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 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	02/02/2018 15:21
Date Of Accident	02/02/2018 08:30
Exact Location Of Accident	MANDAI RD > WOODLANDS B4 SLE/BKE EXIT NEAR LP 281
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3596L
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 HYBRID 4G

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	TEO EE SUAN
NRIC No	S1466387H
Date Of Birth	10/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 172 ANG MO KIO AVE 4
#04-569
Postcode 560172
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 CHAIN COLLISION
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? YES
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1 NAME: : -
GENDER: : MALE
Passenger 2 NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: F/20180202/2063

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 FW9183D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB2777U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	VINOTH (RIDER)
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	FW9183D
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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. 199303821R

Policyholder's Signature
Date & Time:

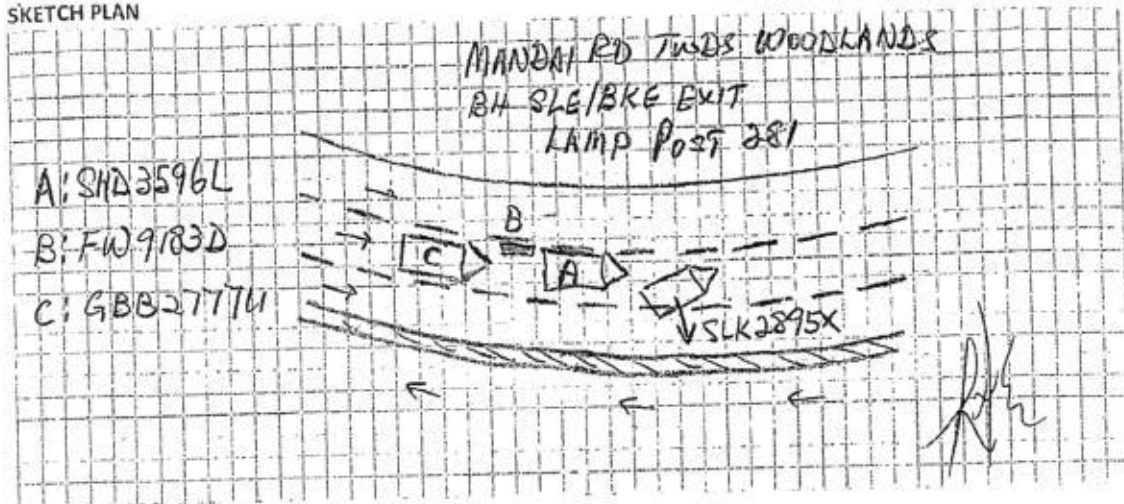
Driver's Signature
(If driver is not the policyholder)
Date & Time:

02/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/DAC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20180202/2063.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

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

C:\MSD\SketchPlanForm_V2



**SINGAPORE
POLICE FORCE**



F/20180202/2063

1 of 2

POLICE REPORT (NP299)

Report No. F/20180202/2063

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 02/02/2018 12:25	Vide Report No.	Station Diary No. 48
Name Of Informant TEO EE SUAN	Address APT BLK 172 ANG MO KIO AVENUE 4 #04-569 SINGAPORE 560172	
ID Type / ID No. NRIC NO / S1466387H	Contact No. Home/Office	Mobile 96611013
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 56
	Date of Birth 10/06/1961	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 02/02/2018 08:30	Location Of Incident MANDAI ROAD SINGAPORE Near Lampost 281	

Brief details.

On 02/02/2018 at about 0830hrs, I was on duty as a Taxi driver (Comfort, SHD3596L) driving along Mandai Road toward SLE, with 2 passenger in my vehicle. I was driving along the 2 lane. Traffic flow was heavy along the Mandai road as it was peak hour.

While travelling on the road, a dark colored vehicle (believed to be a Mercedes) who was driving along lane 1 cut into lane 2. Upon seeing the vehicle, I slow down and stop my vehicle. Suddenly, I heard a

Signature Of Officer Recording The Report:

F / Sgt 2 KERK LI PING

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt LOY JIE CHAI
Contact No.: 64849999

Authentication Stamp

Signature Of Informant

Date/Time:
02/02/2018 12:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20180202/2063

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180202/2063

"pom" sound and found out that a motorcycle (FW9183D, Rider: Vinoth S/O A Gunashekarran) had collided into my vehicle. I made a checked with my passenger and they informed that they are fine. I came out of my vehicle and made a checked with the motorist and I realized that a lorry was involved in the collision as well. The said lorry (GBB2777U, Driver: Ramalingam Ashok Kumar) collided with the motorcycle who was riding behind me.

The rider fell from his motorcycle, I made a check with him if he required ambulance but he rejected. No visible injuries seen. The rider was limping but I do not know which part of his body was injured as he was wearing jeans. The lorry driver was not injured. Due to the collision, my vehicle's left rear bumper was damaged. Subsequently, we exchange our particulars and left the scene

I wish to state that there is a front CCTV installed in my vehicle.

I am lodging this report for company record and insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 2 KERK LI PING

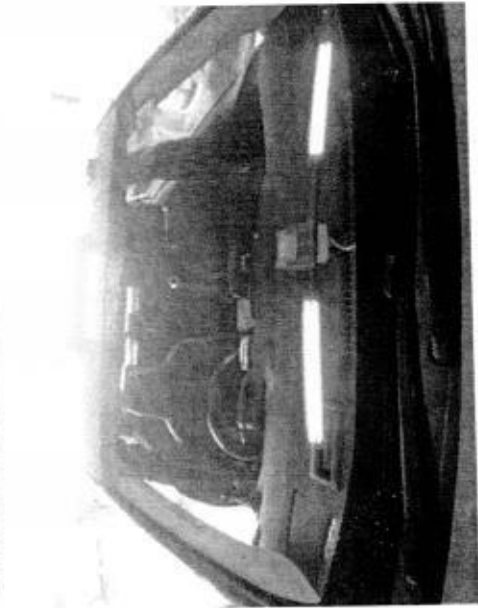
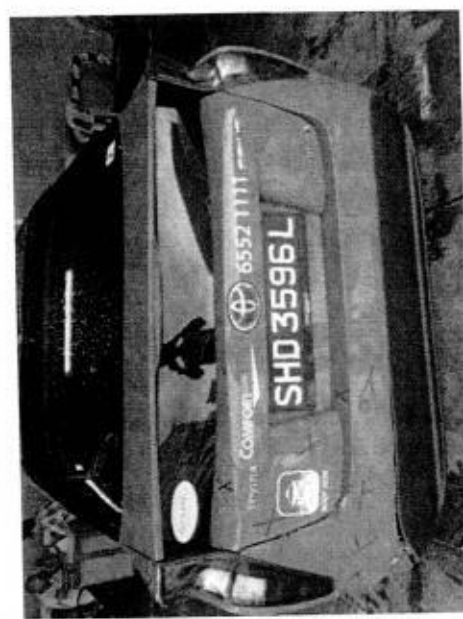
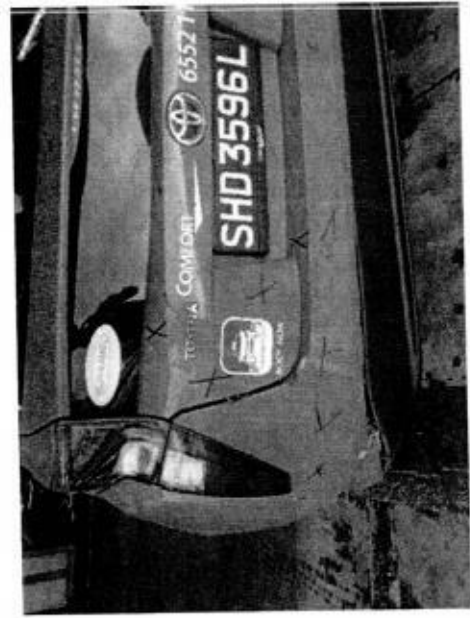
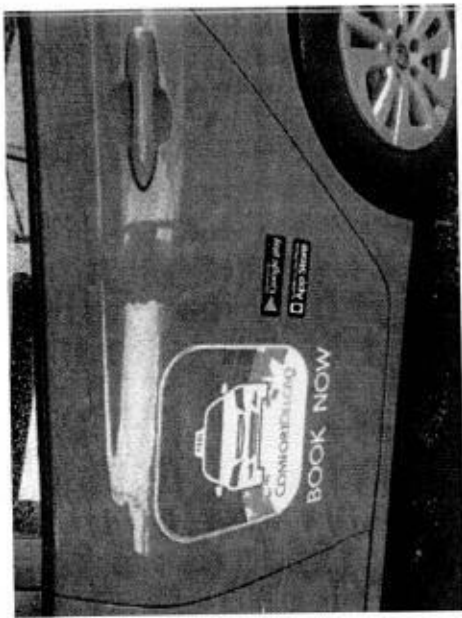
Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt LOY JIE CHAI
Contact No.: 64849999

Signature Of Informant

Date/Time:
02/02/2018 12:25

Classification Of Case:

Authentication Stamp



Job: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305113594

OWNER: COMFORT TRANSPORTATION PTE LTD
IS 7010045
OWNER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755
(R) (O)
(P)

REGN NO: SHD3596L	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL: PRIUS HYBRID(G4)05	DATE/TIME IN: 02.2018 09:40
YR OF MANU: 14.09.2016	TARGET DATE
CHASSIS CODE: JTDKB3FU303530007	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.02.2018
ATURE: 3P 02.02.2018

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

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Checklist Slip

Exit Pass

No.: SHD3596L

LKE/KALVIN

Vehicle No.:

SHD3596L

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 : SHD 3596L

MAKE :

MODEL : TOYOTA PRIUS

2/2/2018 14:44

LKK/kalvin PbyP
Like NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			\$ 889.70
REAR TRUNK LID LOGO(PRIUS)			\$ 60.80
REAR TRUNK LID LOGO(HYBRID)			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR)			\$ 52.90
REAR BUMPER			\$ 458.60
REAR BUMPER RE-INFORCEMENT			\$ 318.80
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER SIDE RETAINER, LH			\$ 112.70
REAR BUMPER SPONGE			\$ 143.40
REAR BUMPER UNDER SIDE COVER (LH)			\$ 232.00
REAR BUMPER CLIPS			\$ 22.00
ARM SUB-ASSY, REAR BUMPER, LH			\$ 139.60
SEAL, REAR BUMPER SIDE, LH			\$ 148.40
SUB TOTAL			\$ 3,183.90
LESS 25%			\$ 795.98
DISCOUNTED TOTAL			\$ 2,387.93
REAR TRUNK LID APPS STICKER			\$ -10% 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER			\$ -10% 60.00
REAR BUMPER REVERSE SENSOR			\$ -10% 135.70
			\$ 235.70
Labour Charge			\$ 400
Panel Beating			\$ 500.00
Spray Painting Charge			\$ 760 400.00
Wiring Charge			\$ 11 X 50.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 1,070.00
ESTIMATE TOTAL			\$ 3,693.63

NETT 76
NETT 74
NETT 122.13

LKK Auto Consultants hereby notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts 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

TOTAL LABOUR

Signature:

Date:

Kalvin 10/11
5/2/18 12:40
3 Dr.
PIP
Before Paint photo

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

Our Job Ref No : 305113594
Date : 09/02/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHD3596L CTPL

Fax :

02.02.18

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

1. The repair job shall bill to: NTUC --- FW9183D
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$1,890.18
(b) Labour Charges	\$780.00
Total for Part-By-Part Repair Cost	\$2,670.18
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN
Date : 12/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



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/INC18002277/K1qbn2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 15-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FW 9183D	Veh. Inspected	SHD 3596L
Policy No.	5072511100-02	Coverage (\$)	0.00
Claim No.	MT/0980814-002	Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU303530007	Colour	BLUE
Odometer	152225	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.
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5. General Information

Accident Date	02/02/2018	Inspection Date	05/02/2018
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**

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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3596L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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)	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	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)	SERVICEABLE	232.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	ARM SUB-ASSY, REAR BUMPER, LH	SERVICEABLE	139.60	-
1	SEAL, REAR BUMPER SIDE, LH	CRACKED	148.40	148.40
	LESS 25% DISCOUNT		-795.97	-559.35
			2,387.93	1,678.05
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
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	420.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		400.00	360.00
	-		-	-
	-		-	-
	-		-	-
			1,070.00	780.00

Report Ref No. NS/INC18002277/K1qbn2



Page No.:2 of 2

GRAND TOTAL		3,693.63	2,670.18
RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,670.18

Report Ref No. NS/INC18002277/K1qbn2

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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