ame we Kalvin

REF: NS/TNC18003938/KItbn2

From Date: Settina 48(Cost OD IT PIWS (TPRES / OD RES / EVA / INV / IMV To Inspect Vehicle No: at Work-Stop mis of Insured: SLC 5/31E Polity Pix. SUP 1/31E Stop 1/31E Polity Pix. SUP 1/31E Stop 1/31E Polity Pix. SUP 1/31E Stop 1/31E Colour Sum in sweet: Excess: (Clerins Record) (Clerins Record) (Clerins Record) (Clerins Record) (Clerins Record) (Clerins Record) (Paticy Condition) Remark: The veh had commenced its repair at the time of inspection. Beat or Market Valous: IDAC Acadenit Rport: Consistent?: Yes or No Best Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction RECEIVED 6 7 MAR 2018 Vehicle: IN / OUT RECEIVED 7 MAR 2018 Vehicle: IN / OUT RECEIVED 6 7 MAR 2018 Vehicle: IN / OUT RECEIVED 7 MAR 2018 Vehicle: IN / OUT RECEIVED 6 7 MAR 2018 Vehicle: IN / OUT RECEIVED 7 MAR 2018 Vehicle: IN / OUT RECEIVED 7 MAR 2018 Vehicle: IN / OUT RECEIVED 6 7 MAR 2018 Vehicle: IN / OUT REC	ASS	IGNMENT		
Type: M.Carl / M.Cycle / Bus / Van / Lorry / TØ / Prime Mover / Truck / Trailer or Make: Toy of a Pri's o 1798 By Work-Gop ms Colour Charles / A.C. Insyled / Std / NI / NA Insused: SLC 6281E Polity Na 50756U SUB 061217 - 19-1118 Cletrs Na WT OURSELED - OO2 Sum in swist Excess: (Cler rits Record) Make of Whi: (Cler rits Record) Make of Whi: (Pelicy Condition) Remerk: The veh had commenced its repair at the time of inspection. Bell or Market Velue: IDAC Academ Roort Consistent?: Yes or No GIA / PR Sen: Consistent?: Yes or No Est Repairs: days Res.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction Type Size: Person Contacted: The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision The UIC / Chassis frame / Body Structure affected due to collision	From: Date:	Veh No: SH 6511	K Yr Regn 60c+	2017
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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 Dela: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction SH CON NA / ALG 1301331 Yes or No L/Bal.		1 22	R/Bal. 2	mm
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Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction SH (DIIK - NA / ATG 17607371 / DCA : 140474 INC 51C 62878 - CCG / ATG 16018776 Acc 3672 DCA : 120716 6/5/-8 Chart P/P \$ 2 430.71 / 387. (Ped : 17978.24 : 42070)	Stead 16 - Different Annie Control III - MATEUR Stead	Des. of Damages : Frt / Rear / 0	DIS / NIS / U/C / Rooft	op or
Date / Time Action / Instruction SH (BILK - NA / ALG 176 176 1737) DA : 111047 INC 510 67878 - CUS / ATG 16018276 (ALG 30) DOA : 321974 6/5/18 Child PIP\$ 2 430.71 387; (Ped : 1797.24 , 42070)	A STATE OF THE STA	TU	Rea	
SH (5)11K - NA /AZG 17615371 /Y DOG: 140417 INC 51C 61818 - CIG/AZG 16018226 (Azo362 DOG: 320916 6/5/18 Chil PIP\$ 2430.71 / 3R7. (Ped: 1797.24 .42°10)	Data:Person Contacted:	The U/C / Chassis frame /	Body Structure affected of	tue to collision.
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DatsTime, File Pass to? : Prell. Report Days Of Repair: 3	Date/Time Fila Page in?	Dave Of Pensir		
	11 - 01		Survey Fee	160
1) 78 (PST : Final Report Resurvey No. of Trip: Survey Fee: 160 Date/Time, File Return to? Transportation: 35		Resulvey No. of Trip:		
Add Eagl Citation (\$) sups st	5 4 4 5	ee: : Site Insp (\$	Description of the	
2) Add ree. Site hisp (\$ Photos	e)		A SERVICE TOTAL	
	TP			195
P/P 2430:71	PR 2420.71			

2430.71



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6841 0055 FAX: 6841 6315





NTUC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref:	NS/INC180039	38/K1tb
73 BRAS BASAH ROA #05-01 NTUC TRADE 189556	AD UNION HOUSESINGAPORE	Date:	28-02-2018	
		Code:	INC4	
Land Control	Policy Particulars		ALS HER CORNER OF BUILDING AND LOUIS	
Insured Veh.	SLC 6282E	-	nspected	SH 6511K
Policy No.	5095647845		age (\$)	0.00
Claim No.		Exces		0.00
Assign From		Assig	28/02/2018	
2. 5 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Vehicle Parti	culars 8	Condition	
Make & Model		c.c 0		
Engine No. HIDDEN			f Reg.	
Chassis No.		Colou	r.	
Odometer		Steering		
Brakes		Modification		
General				
3.	Conditi	ons 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
	Description	on of Da	mages	
).	Genera	I Inform	ation	
Accident Date	26/02/2018	Inspection Date 28/02/2018		
Survey held at	COMFORTDELGRO ENGINEER	RING PT	ELTD	
	59 LOYANG DRIVE SINGAPORE 508969			
5a.	R	emarks		
	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			

TP Claims against NTUC Income: Follow-Through Survey

Date: 6/3/2018

				Leanne Wahirla Mo	Date of Accident	Time of Accident	Estimate
		(vocamo) (ver)	Claimant Vehicle No.	Income venicle ivo.		4	
100	Language Deference	(Jaimant Owner / Jaxi Collipality)			1	23.60	2764
Š	S/NO Income neighbor		DOLLE STOR	SGE 26281	27/2/2018	06:27	4,10
1		CONVENIENT TRANSPORTATION PTE LTD	SHU 3//30	20404 100		111111111111111111111111111111111111111	4 4 4 4 4
-	MT/0983987-002		1000	CIV 05026	28/2/2018	8:55	5 6,364.38
		OTI STO GAL VEG	SHD 8837	SLV 93033	20/4/402		
•	184T/0004072-007	CITCABPIECIE			Canada al ana	0.45	0 0 0 1
7	INI / 030+055-005		CUC 0333D	CKA 6590M	26/2/2018	0.40	2000
		COMMEDIA TRANSPORTATION PLE LID	3HC 03320	100000000000000000000000000000000000000			, occ
3	MT/0983682-002	COMPONENT TO THE PROPERTY OF T	VI. 500 110	30809013	26/2/2018	18:50	\$ 4,226.33
		TI STANCED TO ANICED RETAINING	SH 6511K	350 05055	2011/100		
5	MT/0983845-002	COMPORT INAMOPORTALION					

eBaoTech									Gener	ralClaim
Hello, NAC_PAYA_UBI_800	501		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED IN COL				Change La	nguage ,	Change Passwore	d · Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	26/02/	2018 19:30	
	Vehicle	No.(For Motor)	SLC6282E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095647845	TAB	53350310L	GPC	drivo CLASSIC	SLC6282E	SLC6282E	06/12/2017	19/11/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.

Date Of Report

27/02/2018 15:34

Date Of Accident

26/02/2018 18:20 SIN MING AVENUE TWDS ANG MO KIO AVE 6

Exact Location Of Accident

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH6511K

Insured/Policyholder

Country/State of Loss

Name Of Registered Owner

COMFORT TRANSPORTATION PTE LTD

199303821R Co Reg No

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

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

MCOM0015

Cover Note Number

Driver

TAY KENG PENG

Name of Driver NRIC No

S1482101E

Date Of Birth

29/10/1961

OUTDOOR

Occupation Date Of Driving Pass 28/09/1979

38 YEARS AND 4 MONTHS

Driving Experience

MALE

Mobile Number

Gender

Fax Number

Contact Number

EMail Address

TKENGPENG@YAHOO.COM

Address

BLK 302 HOUGANG AVENUE 5

#06-457

Postcode

530302

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - TAXI DRIVER

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 2

Number of vehicles involved in the accident

YES

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHANGI N.P.C

Police Station Address SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180227/2037

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

SLC6282E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

TABITHA GWEE LEE XIANG

NRIC/Passport Number

S9336223C

Contact Number

86125372

Address

Postcode

Insurance Company Name

Page 2 of 27

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY KENG PENG

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SH6511K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- 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:

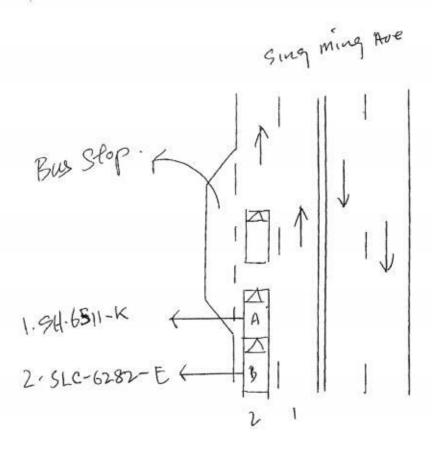
Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

XETCH PLAN			
grum by.		Thomas A	
DESCRIBE CIRCUMSTANCES OF THE A			
Res	er do	Patr	rce_
		9	
	Report		
	2018022	7/20	37
		- 13	
			4
DECLARATION I/We declare the foregoing particulars a	re true in every respect:	9	الت ۱۸ ۸
MFORT TRANSPORTATION PTE LT CO. REG. NO. 199303821R	of Josephy	_ (J. Mart 27/2
Policyholder's Signature	Driver's Signature (If driver's now the policyholder)	Reportin Name:	g Centre Personnel's Signature

Policyholder's Signature Date & Time:







1 of 3

Report No. T/20180227/2037



Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Date/Tim	F A TRAFFIC ne Report M 18 10:53		Vide Report No.:	Station Diary No.: 24		
Informat	nt's Particu	lars	· 中央的中央的设施。中央1970年			
Name of	Informant: NG PENG		Address: APT BLK 302 HOUGANG AVE 530302	ENUE 5 #06-457 SINGAPORE		
ID Type / ID No.: NRIC NO / S1482101E		D1E	Contact No.: Home/Office:	ict No.:		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 56	Date of Birth: 29/10/1961	Type of Informant: Driver	Institution / Sthool Name:		
Race:			Language: English	Institution / Sanooi Name.		
Occupa Taxi driv	tion:		Driving Licence Information: Class: 2B,3 Date of Expiry:			

Seneral Information Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/02/2018 18:20	Type of Location Straight Road
Location: Along Road 1 SIN MING A\ Along Sin Mir	/ENUE	Ang Mo Kio Avenue 6, n	ear to Bus Stop B07.	Road Speed Limit:
Weather: Clear		Dry		Traffic Volume:
Traffic Flow:		Traffic Control: Traffic Light - We	orking	Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

	ehicle Involv	eu	Model	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Wiodel		Seriously	0
SH6511K	Car				Damaged	1.0
VIDE STORY						0
SLC6282E	Car					00

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Ose of Federalian State





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 Report No. T/20180227/2037

CONTINUATION OF REPORT

Sketch Plan

NP168

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 3 LIM TING RUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2018 10:53
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN	Classification Of Case:
Contact No.: 65476179 SINGAPORE Autheritic To Starring FORCE	



2 of 3

Report No. T/20180227/2037

Police Station Of Origin: Changi N.P.C. 9 Simei Street SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

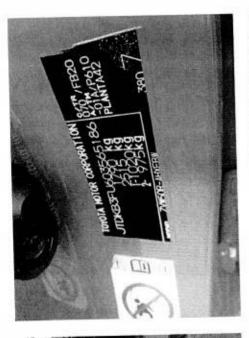
Dilve	A ROW THE LOWER	the second second	AND DESCRIPTION OF THE PARTY.	ID No.		S1482101E
Name	TAY KENG PENG			10 110		014021012
Related Vehicle	SH6511K (Car)			Contac	ct No.	82336108
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY			Driving Da Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/02/2018		Date Disc	harge	27/02	/2018
No. of Days gran	ted Medical Leave 0)5	Degree o	finjury	Slight	
Driver	And the last compare	glasp's "La		AND DESCRIPTION OF THE PERSON NAMED IN	學的學	22222222
Name	TABITHA GWEE LEE XIANG			ID No	6.	S9336223C
Related Vehicle	SLC6282E (Car)			Contact No.		86125372
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	_	-	
Duto Houdinoin		NIL	Degree o	f Injuny	NIL	

Brief Details.

On 26/02/2018 at about 1820hrs, I was travelling along SIn Ming Avenue towards Ang Mo Kio Avenue 6. I was travelling on the left lane of a two lane road. Subsequently, the vehicle in front of mine came to a complete stop hence I also came to a complete stop. However after I came to a stop, I suddenly felt a hard impact coming from the rear of my vehicle (SH 6511K). I then got out to make a check and discovered that another vehicle (SLC 6282E) had collided onto my rear. But I did not collide onto the vehicle in front.

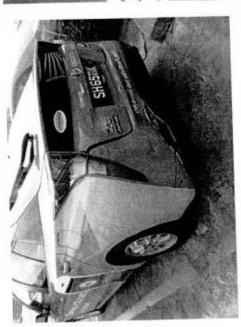
We then exchanged particulars on the spot, we left the scene afterwards. Then on 27/02/2018, I felt discomfort on my neck area and hence I went to see a doctor. I was given 5days of MC dated from 27/02/2018 to 03/03/2018.



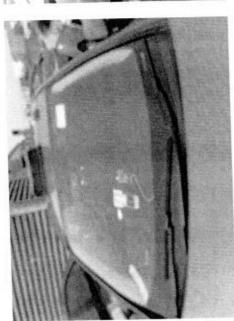














member of COMFORTDELGRO

Date/Time: 27.02.2018 16:54

Page : 1

am: ARC Repair TP(CLSO)1	JOB CARD Sales Order:	_{JC NO.} 305120469	
OMER	REGN SH 6511K	MILEAGE	
COMFORT TRANSPORTATION PTE LTI 7010045	MAKE:TOYOTA	FUELF	
DMERNS83 SIN MING DRIVE ESS Singapore SINGAPORE 575717	MODELPRIUS HYBRID(G4)		
65508755 (O)	YR OF M6N40.2017	TARGET DATE	
(P)	CHASSIS FORE 3FU60356518	GOMPLETION DATE/TIME:	
DUNT CARD NO.	0151851 00000		
ccident Date: 26.02.2018 ATURE: 3P 26.02.18	JOB DESCRIPTION		
/NO LABOR CODE	DESCRIPTION		
		T (8)	
	*0		
CKED & PASSED OUT BY:			
SERVICE ADVISOR	custor	MER'S SIGNATURE	
/ledgement Slip	Exit Pass		
No.: SH 6511K JU NTUC LKK	Vehicle No.: SH 6511K		

if Service Advisor

sturned to Service Reception upon collection

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SH 6511K

MAKE

NTuc

28/2/2018 10:57

: TOYOTA PRIUS MODEL **AMOUNT** UNIT PRICE QTY PARTS DESCRIPTION 60.80 \$ REAR TRUNK LID LOGO(PRIUS) / MC \$ 52.40 REAR TRUNK LID LOGO(HYBRID) / 52.90 \$ REAR TRUNK LID LOGO(TOYOTA STAR) 458.60 \$ REAR BUMPER REAR BUMPER RE-INFORCEMENT 318.80 \$ REAR BUMPER UNDER COVER \$ 552.60 143.40 \$ REAR BUMPER SPONGE X REAR BUMPER UNDER SIDE COVER (LH) 232.00 REAR BUMPER UNDER SIDE CENTRE COVER 💆 ** 552.60 \$ 22.00 REAR BUMPER CLIPS ARM SUB-ASSY, REAR BUMPER, LH 139.60 RETAINER, REAR BUMPER, SIDE, LH 94.80 \$ SEAL, REAR BUMPER SIDE, LH 148.40 \$ 602.10 X MAN REAR END PANEL 3,431.00 \$ SUB TOTAL 857.75 \$ **LESS 25%** \$ 2,573.25 **DISCOUNTED TOTAL** -10% 40.00 NETT 36 REAR TRUNK LID APPS STICKER 60.00 NETT 54 REAR TRUNK LID COMFORT & TEL NO. STCIKER 135.70 NETTIN-13 -10% REAR BUMPER REVERSE SENSOR 235.70 \$ LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting 500 Labour Charge To display damaged part(s) during resurvey 650.00 Parts prices are subject to confirmation Panel Beating 600.00 JKO Third party survey is on a "Without Pi ejudice" basis S Spray Painting Charge No illegal modification(s) is allowed. 50.00 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company Wiring Charge 120.00 Remove/Refix Reverse Sensor Acknowledged by Repairer 1,420.00 Kalvilley TOTAL LABOUR

28/4/311-56 ESTIMATE TOTAL

3 P.J.

Refere Pare plan \$ TOTAL LABOUR 4.228.95

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 05.03.2018 Time: 13:00:48

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 : 305120469

REGN NO : SH 6511K

MILEAGE : 0000000000

MAKE : TOYOTA

MODEL : PRIUS HYBRID(G4)

DATE OF REGN : 06.10.2017

DATE/TIME IN : 27.02.2018 14:40

ACCIDENT DATE : 26.02.2018

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 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1 318.80 25.00 239.10
0004 04-01-0302-2267-G	PRIVC BUMPER PIECE 10	22.00 25.00 16.50
0005 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1 N 135.70 10.00 122.13
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 28-01-0302-2015-A	PRIVE REAR BONNET COMFORT	1 N 30.00 10.00 27.00
0010 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1 N 40.00 10.00 36.00
0011 28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1 N 30.00 10.00 27.00

SUB-TOTAL : 1,350.70

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.03.2018 Time: 13:00:48

REPAIR ESTIMATE

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 REGN NO : 305120469 : SH 6511K

MAKE

MILEAGE : 0000000000

MODEL

: TOYOTA : PRIUS HYBRID(C

DATE OF REGN : 06.10.2017 DATE/TIME IN : 27.02.2018 14:40 ACCIDENT DATE : 26.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 L

PANEL BEATING- REAR

500.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

540.00

0002 17-01

CHECK ALL LIGHTING

20.00

0003 L

REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL : 1,080.00

TOTAL : 2,430.70

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

	OD INCI	No: 305120	1469				
Our Job Ref No : 305120469 Date : 05/03/18				ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156			
FINA	LIZATIO	ON FORM					
То		LKI	Κ	_	Fax:		
Attn		KA	LVIN				
Vehic	de Reg	No. : SH 6511	K	Date	of Accident :	26.02.18	
The s	survey a	and estimates of the	repairs of the abo	ve-mentioned	vehicle are as fo	ollows:-	
1.		epair job shall bill to:	123	TUC	***	SLC6282E	
		inalized amount shal			###		
2.	V 2000	Spare Parts after L				\$1,350.7	
	(a)	Labour Charges	ist discount	;##		\$1,080.00	
	(b)	Total for Part-By-I	Part Repair Cost			\$2,430.7	2430.71
	(c.)	Lumpsum Repair (i Total for Lumpsum Final Lumpsum R	repair cost after	Less: _20%			al ea
3.		nated normal period				no reply from you	
3. 4. 5.	We s		amount as Con	rect and Confi		ino reply from you	
4.	We s withi	shall treat the above in 7 working days ak you for your assist ature: ie : JUMANI i 62	amount as Con	rect and Confi We fins	confirm the est alized amount anature :		7
4.	We s within Than Sign. Nam Tel Fax	shall treat the above in 7 working days ak you for your assist ature: ie : JUMANI i 62	amount as Consance.	wet and Confi We fins Sig Na	confirm the est alized amount anature :	imates and	
4.	We s within Than Sign. Nam Tel Fax	ature: JUMANI	amount as Consance.	wet and Confi We fins Sig Na	confirm the est alized amount anature :	imates and	
4. 5.	We s within Than Sign. Nam Tel Fax	shall treat the above in 7 working days ak you for your assist the above assist the second s	amount as Consance.	Sig Na Da	confirm the establized amount inature: me: te: Confirm By	Kal-A 6 /3/-R	
4. 5. For	We s within Than Sign. Nam Tel Fax Official	shall treat the above in 7 working days ak you for your assist ature: :	amount as Consance.	Pocument Attached Yes or No	confirm the establized amount inature: me: te: Confirm By	Kal-A 6 /3/-R	
4. 5. For 1. 2.	We s within Than Sign. Nam Tel Fax Official	shall treat the above in 7 working days ak you for your assist ature: ie : JUMANI ii Use Only Item Rate P/Day Income Paid	amount as Consance.	Sig Na Da Document Attached Yes or No YES	confirm the establized amount inature: me: te: Confirm By	Kal-A 6 /3/-R	



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





2,430.71

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6511K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	60.80	60.80
	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.40	52.40
	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	52.90	52.90
	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
	REAR BUMPER SPONGE	NOT NECESSARY	143.40	1-
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR	232.00	-
1	REAR BUMPER UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	0-
	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	ARM SUB-ASSY,REAR BUMPER,LH	NOT NECESSARY	139.60	
	RETAINER, REAR BUMPER, SIDE LH	SERVICEABLE	94.80	88
	SEAL,REAR BUMPER,SIDE LH	SERVICEABLE	148.40	
	REAR END PANEL	TO REPAIR	602.10	2
	LESS 25% DISCOUNT		-857.75	-379.52
			2,573.25	1,138.58
	NETT ITEMS			
H	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	
3	REAR TRUNK LID COMFORT & TEL NO STICKER (N)	NECESSARY	60.00	
	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	
	LESS 10% DISCOUNT			23.5
			235.70	212.13
	LABOUR		0.000	
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		820.0	11
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.0	540.0
	IND LABOUR.		1,420.0	0 1,080.0
8	GRAND TOTAL		4,228.9	5 2,430.7

Report Ref No. NS/INC18003938/K1tbn2

RECOMMENDED COST OF REPAIRS (CONFIRMED)





Report Ref No. NS/INC18003938/K1tbn2

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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