



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/INC18003938/K1tb			
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Date: 28-02-2018	
189556			
Code: INC4			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLC 6282E	Veh. Inspected	SH 6511K
Policy No.	5095647845	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/02/2018
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			
5. General Information			
Accident Date	26/02/2018	Inspection Date	28/02/2018
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.			

TP Claims against NTUC Income: Follow-Through Survey

Date: 6/3/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0983987-002	COMFORT TRANSPORTATION PTE LTD	SHD 3779B	SGF 2628L	27/2/2018	22:50	\$ 7,764.56
2	MT/0984022-002	CITY CAB PTE LTD	SHD 8837J	SLV 9583S	28/2/2018	8:55	\$ 6,364.38
3	MT/0983682-002	COMFORT TRANSPORTATION PTE LTD	SHC 8332D	SKA 6590M	26/2/2018	8:45	\$ 9,912.30
4	MT/0983845-002	COMFORT TRANSPORTATION PTE LTD	SH 6511K	SLC 6282E	26/2/2018	18:20	\$ 4,228.95

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"/>	5095647845	TAB	53350310L	GPC	drive CLASSIC	SLC6282E	SLC6282E	06/12/2017	19/11/2018

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	27/02/2018 15:34
Date Of Accident	26/02/2018 18:20
Exact Location Of Accident	SIN MING AVENUE TWDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6511K
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TAY KENG PENG
NRIC No	S1482101E
Date Of Birth	29/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/09/1979
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
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	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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	
Vehicle Category	PRIVATE CAR
Name of Driver	TABITHA GWEE LEE XIANG
NRIC/Passport Number	S9336223C
Contact Number	86125372
Address	
Postcode	
Insurance Company Name	

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

1. Please report correctly the details of the accident to speed up the claims process.
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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. 199303621R

Policyholder's Signature
Date & Time:

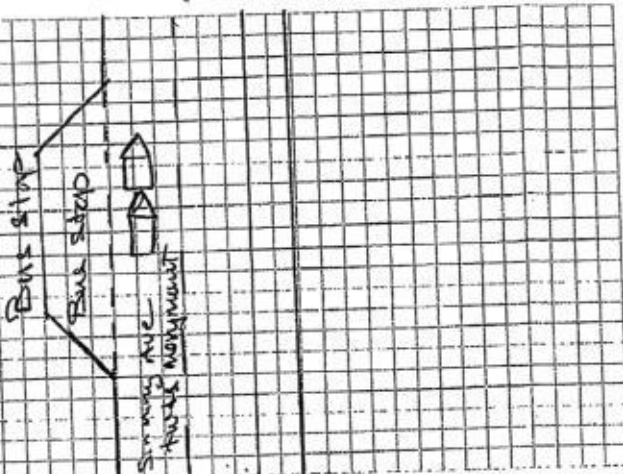
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN

Sketch plan
given by -
Mr. TAY.
attached.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report.

T/ 20180227 / 2037

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

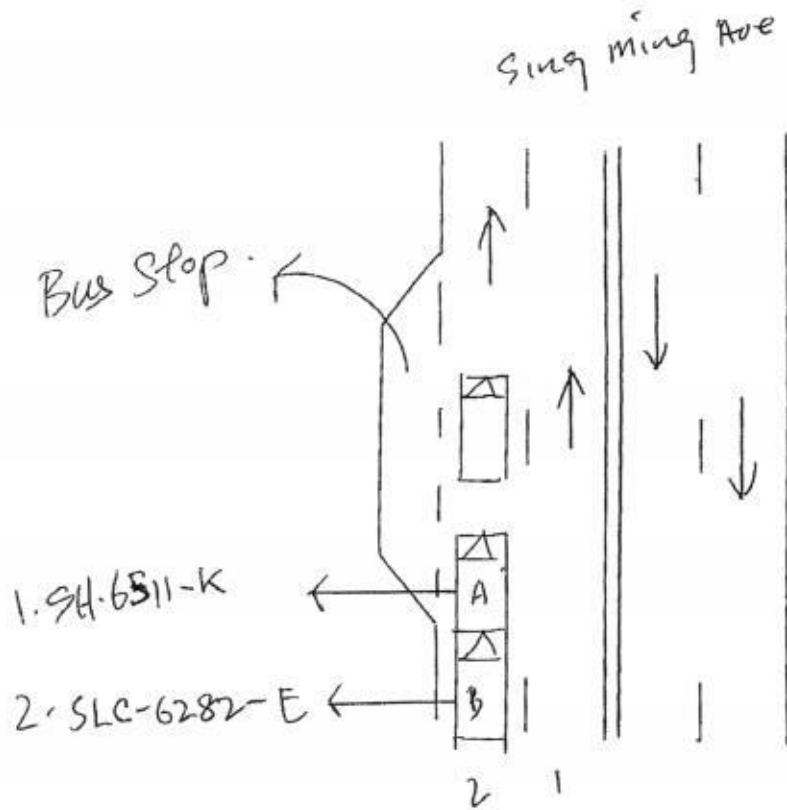
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

J. Man 27/2

Sketch Plan Pg. 3



Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180227/2037

1 of 3

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

Report No. T/20180227/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2018 10:53		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: TAY KENG PENG			Address: APT BLK 302 HOUGANG AVENUE 5 #06-457 SINGAPORE 530302		
ID Type / ID No.: NRIC NO / S1482101E			Contact No.: Home/Office:		Mobile: 82336108
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/10/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

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 AVENUE Along Sin Ming Avenue towards Ang Mo Kio Avenue 6, near to Bus Stop B07.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6511K	Car				Seriously Damaged	0
SLC6282E	Car					0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**

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



T/20180227/2037

3 of 3

Report No. T/20180227/2037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 LIM TING RUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

SINGAPORE
POLICE FORCE

Authentic Stamp

NP168

Signature Of Informant:

Date/Time:

27/02/2018 10:53

Classification Of Case:

4.



**SINGAPORE
POLICE FORCE**



T/20180227/2037

2 of 3

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

Report No. T/20180227/2037

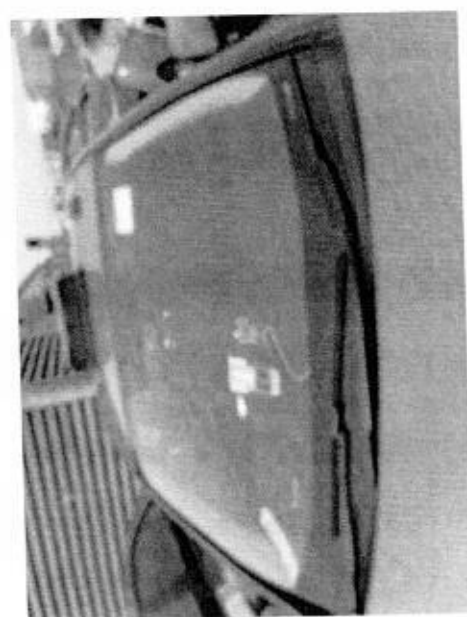
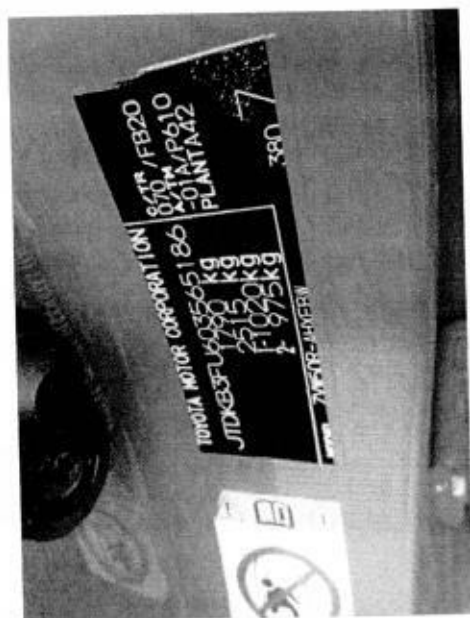
CONTINUATION OF REPORT

Driver			
Name	TAY KENG PENG	ID No.	S1482101E
Related Vehicle	SH6511K (Car)	Contact No.	82336108
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/02/2018	Date Discharge	27/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TABITHA GWEE LEE XIANG	ID No.	S9336223C
Related Vehicle	SLC6282E (Car)	Contact No.	86125372
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 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.



am: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO. 305120469

OMER
COMFORT TRANSPORTATION PTE LTD
IS 7010045
OMER NO. 383 SIN MING DRIVE
IESS Singapore SINGAPORE 575717
65508755

REGN NO.	SH 6511K	MILEAGE
MAKE	TOYOTA	FUEL
MODEL	PRIUS HYBRID(G4)27.02.2018 14:40	E.....1/2.....F
YR OF MANU.	06.10.2017	DATE/TIME IN
CHASSIS CODE	JTDKB3FU603565186	TARGET DATE
		COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

ccident Date: 26.02.2018
ATURE: 3P 26.02.18

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

/edgement Slip

Exit Pass

No.: SH 6511K

JU NTUC LKK

Vehicle No.: SH 6511K

if Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SH 6511K

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) <i>acc</i>			\$ 60.80
REAR TRUNK LID LOGO(HYBRID) <i>acc</i>			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR) <i>acc</i>			\$ 52.90
REAR BUMPER <i>bill</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>bill</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>acc</i>			\$ 552.60
REAR BUMPER SPONGE <i>X</i>			\$ 143.40
REAR BUMPER UNDER SIDE COVER (LH) <i>X regular</i>			\$ 232.00
REAR BUMPER UNDER SIDE CENTRE COVER <i>X</i>			\$ 552.60
REAR BUMPER CLIPS <i>acc</i>			\$ 22.00
ARM SUB-ASSY, REAR BUMPER, LH <i>X</i>			\$ 139.60
RETAINER, REAR BUMPER, SIDE, LH <i>X</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>X</i>			\$ 148.40
REAR END PANEL <i>X repair</i>			\$ 602.10
SUB TOTAL			\$ 3,431.00
LESS 25%			\$ 857.75
DISCOUNTED TOTAL			\$ 2,573.25
REAR TRUNK LID APPS STICKER <i>acc</i>		<i>-10%</i>	\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>acc</i>		<i>-10%</i>	\$ 60.00
REAR BUMPER REVERSE SENSOR <i>bill</i>		<i>-10%</i>	\$ 135.70
			\$ 235.70
Labour Charge			\$ 500
Panel Beating			\$ 650.00
Spray Painting Charge			\$ 600.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 1,420.00
ESTIMATE TOTAL			\$ 4,228.95

NETT 36
NETT 54
NETT 113.13

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

TOTAL LABOUR

Date:

ESTIMATE TOTAL

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	PRIVC 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

REPAIR ESTIMATE

Date: 05.03.2018

Time: 13:00:48

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 : 305120469
REGN NO : SH 6511K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : 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

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305120469
Date : 05/03/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6511K

Fax :

Date of Accident : 26.02.18

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

1. The repair job shall bill to: NTUC --- SLC6282E
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,350.76
 - (b) Labour Charges ### \$1,080.00
 - Total for Part-By-Part Repair Cost \$2,430.76**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

2430.76

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name :
Date : 6/3/18

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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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



Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6511K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
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	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR	232.00	-
1	REAR BUMPER UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	ARM SUB-ASSY, REAR BUMPER, LH	NOT NECESSARY	139.60	-
1	RETAINER, REAR BUMPER, SIDE LH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER, SIDE LH	SERVICEABLE	148.40	-
1	REAR END PANEL	TO REPAIR	602.10	-
	LESS 25% DISCOUNT		-857.75	-379.52
			2,573.25	1,138.58
<u>NETT ITEMS</u>				
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
<u>LABOUR</u>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		820.00	540.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		600.00	540.00
			1,420.00	1,080.00
GRAND TOTAL			4,228.95	2,430.71
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,430.71

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

A handwritten signature in black ink, appearing to be "K.K. LAU".

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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