

Give up: Calvin

REF: NS/INC18006017 / Klrbrn2

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated cost: \_\_\_\_\_  
 OD / TP / IS / TP RES / OD RES / EVA / INV / MV  
 To Insp of Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: GY 2769M  
 Policy No. 507300916-02 170817 - 160818  
 Claims No. MT/0988390-002  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value:			
IDAC Accident Rpt:		Consistent? :	Yes or No
GIA / PR Seen:		Consistent? :	Yes or No
Est. Repairs:	_____ days	Res.:	Yes or No
Lum Sum:	_____ %	3 Val.:	Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Veh No: SHA 1447M Yr Regnt: 24 / 2017  
Type: M/Car / M/Cycle / Bus / Van / Lorry / T/ 0 / Prime Mover /  
Truck / Trailer or  
Make: Toyota Pro C/C 1798  
Colour: Blue A/C: 0 / Std / NI / NA  
Sp/Reading: 81527 T/Radio: 0 / Std / NI / NA  
Eng/No: 5T0K03F4503564x03  
C/No: 5T0K03F4503564x03  
Gen. Cond: Good / 6 / Poor / Burnt  
Steering: 0 / Inoper / Jammed / Leaked / Burnt or  
Brake: 0 / Inoper / Jammed / Leaked / Burnt or  
Modi: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 195/65R15  
R: 195/65R15  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Wetiko  
Front R/Bal. 7 mm  
L/Bal. 7 mm  
D.O.A. 29/3/18  
Rear R/Bal. 7 mm  
L/Bal. 7 mm  
D.O.A. 2/4/18  
Survey held at CDGE (Loyang)  
Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or  
Ken n/s  
The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction	Doc#	Initials
	SHA 1427m - CS/FCL14123790/Rqj302 BY 2769m - x	Doc# 221214	IM P/R
5/4/8	Calculated P/R \$ 4641.88 / 3 Bys Red: \$984.22, 17%.		 9/4/2018
	RECEIVED 09 APR 2018		

Datetime, File Pass to?

1) typical  
Date/Time, File Return to?

2)  $\mathcal{A} = \mathcal{A}_1 \cup \mathcal{A}_2$ 

☐: Prelim. Report  
☒: Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$

Interview (\$

Survey Fee:

Transportation:

Photo

17-04053

160

35

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/INC18006017/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 Date: 02-04-2018



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GY 2769M	Veh. Inspected	SHA 1447M
Policy No.	5073001916-02	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

## 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	29/03/2018	Inspection Date	02/04/2018
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.
--

eBaoTech

GeneralClaim

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"/>	5073001916-02	ARBSOLUTIONS ASIA PTE. LTD.	200505850W	GCV	Third Party	GY2769M	GY2769M	17/08/2017	16/08/2018

# TP Claims against NTUC Income: Follow-Through Survey

Date : 6/4/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0988962-002	COMFORT TRANSPORTATION PTE LTD	SHC 3965K	SJG 9715G	3/4/2018	9:30	\$ 1,528.21
2	MT/0988882-002	COMFORT TRANSPORTATION PTE LTD	SHA 4649C	PC 578U	3/4/2018	11:25	\$ 3,654.72
3	MT/0989096-002	COMFORT TRANSPORTATION PTE LTD	SHD 6517X	SLU 4720B	3/4/2018	8:30	\$ 2,580.10
4	MT/0988390-002	COMFORT TRANSPORTATION PTE LTD	SHA 1447M	GY 2769M	29/3/2018	21:00	\$ 5,554.10
5	MT/0988139-002	COMFORT TRANSPORTATION PTE LTD	SHA 2702U	SLS 2682B	27/3/2018	22:50	\$ 1,616.18
6		COMFORT TRANSPORTATION PTE LTD	SHA 2066Y	SLX 8813A	31/3/2018	1:30	\$ 1,438.40
7	MT/0988602-002	CITY CAB	SHA 30M	GBF 1876C	1/4/2018	12:50	\$ 6,660.80

## 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	31/03/2018 15:03
Date Of Accident	29/03/2018 21:00
Exact Location Of Accident	ANG MO KIO TWDS AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1447M
<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	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	CHEW SIEW CHOON
NRIC No	S1454739H
Date Of Birth	18/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 196D PUNGGOL FIELD #10-475
Postcode	824196
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?	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 [OTHER]	POTONG PASIR NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180330/2113

#### 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	GY2769M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHUA CHENG HONG
NRIC/Passport Number	S1528379C
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

CHEW SIEW CHOON

Approximate Age

58

Injuries Sustain

PAIN TO HEAD, NECK AND SHOULDER. ON 3 DAYS MC.

Injured person in which vehicle?

SHA1447M

Were seat belts worn?

YES

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:

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

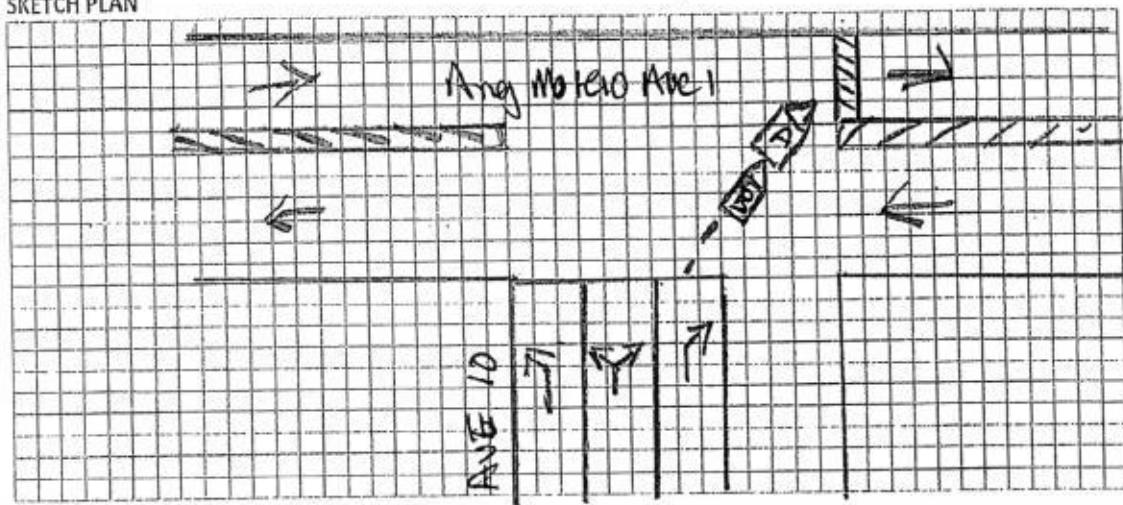
GIA/RMC SketchPlanForm\_V3





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29 March 2018 @ 5:00 hrs I veh A  
was awaiting a T-Junction from Ang Mo Kio  
Ave 10 turning right to Ave 1. The  
moment the light change to green I veh  
A move out stop at pedestrian crossing suddenly  
veh B from rear hit veh A rear.  
At the point of accident veh A no  
passenger.

## 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.:

GIAPAC SketchPlanForm\_V3

*[Signature]* 29 March 2018

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180330/2113

1 of 3

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

Report No. T/20180330/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2018 20:46	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: CHEW SIEW CHOON			Address: APT BLK 196D PUNGGOL FIELD #10-475 SINGAPORE 824196	
ID Type / ID No.: NRIC NO / S1454739H			Contact No.: Home/Office: Mobile: 92723909	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 18/08/1960	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2018 21:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
GY2769M	Lorry				Slightly Damaged	1
SHA1447M	Taxi				Slightly Damaged	0

**Details of Person Involved**

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

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20180330/2113

2 of 3

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

Report No. T/20180330/2113

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Chua Cheng Hong	ID No.	S1528379C
Related Vehicle	GY2769M (Lorry)	Contact No.	92739939
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
<b>Driver</b>			
Name	CHEW SIEW CHOON	ID No.	S1454739H
Related Vehicle	SHA1447M (Taxi)	Contact No.	92723909
Hospital/Clinic	LIFELINK 24HRS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/03/2018	Date Discharge	30/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29/03/2018 at about 2100hrs, while driving my Comfort (Blue) taxi bearing Regn No SHA1447M along Ang Mo Kio Avenue 10, I approached and stopped at the junction of Ang Mo Kio Avenue 10 and Ang Mo Kio Avenue 1 as it was a red light. Shortly after turning green, I attempted to make a right turn on the first lane, whereby I stopped for the oncoming traffic and crossing pedestrians.

On seeing that there was no oncoming traffic and no pedestrians crossing, I proceeded with the right turn. However, while approaching the crossing on Ang Mo Kio Ave 1, one unknown pedestrian dashed across the road causing me to apply the brakes and stop abruptly. Suddenly, I felt an impact from the rear of my taxi and discovered that a Lorry had collided on to the rear.

My taxi had sustained damages to the rear left bumper, rear left brake light and the boot lid. The lorry had also sustained damages to the passenger window and the front bumper as well. There were no injuries at the incident, however I had since sought medical assistance due to pain on my head, neck and shoulder. I a, given 3 days of MC.

I am lodging this report to facilitate insurance claims for Comfort DelGro.



**SINGAPORE  
POLICE FORCE**



T/20180330/2113

3 of 3

Report No. T/20180330/2113


Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999


**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: E / Sgt 2 R RENGAMURTHI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW BING
<div style="border: 1px solid black; padding: 5px;">  <p>Object No: 65476430 POLICE FORCE Authentication Stamp UP168</p> </div> <div style="text-align: right; margin-top: 10px;">SN 057</div>
SIGNATURE

Signature Of Informant: 
Date/Time: 30/03/2018 20:46
Classification Of Case:

Workshops

51 Library Drive, Singapore 506225	24 Serangoon Road, Singapore 758158
283 Sin Ming Drive, Singapore 575117	7 Sungai Kadut Way, Singapore 728761
45 Pandan Road, Singapore 609356	6 Delfi Avenue 1, Singapore 329537

00 00 51 2018 08 28 Page : 1

Date/Time: 02.04.2018 08:28 Page : 1

COMFORT DEL GRO  
ENGINEERING

a member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order:

JC NO305136977

FORMER	REGN NO	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD	SHA1447M	
FORMER NO 7010045	MAKE	FUEL
RESS 383 SIN MING DRIVE	TOYOTA	E.....1/2.....F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65508755 (R) (O)	PRIUS HYBRID(G4)30.	03.2018 07:40
(P)	YR OF MANU	TARGET DATE
	28.09.2017	
DUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME:
	JTDKB3FU503564403	

### JOB DESCRIPTION

Accident Date: 29.03.2018  
 ATURE: 3P 29.03.18

/NO	LABOR CODE	DESCRIPTION
1	100	100
2	200	200
3	300	300
4	400	400
5	500	500
6	600	600
7	700	700
8	800	800
9	900	900
10	1000	1000
11	1100	1100
12	1200	1200
13	1300	1300
14	1400	1400
15	1500	1500
16	1600	1600
17	1700	1700
18	1800	1800
19	1900	1900
20	2000	2000
21	2100	2100
22	2200	2200
23	2300	2300
24	2400	2400
25	2500	2500
26	2600	2600
27	2700	2700
28	2800	2800
29	2900	2900
30	3000	3000
31	3100	3100
32	3200	3200
33	3300	3300
34	3400	3400
35	3500	3500
36	3600	3600
37	3700	3700
38	3800	3800
39	3900	3900
40	4000	4000
41	4100	4100
42	4200	4200
43	4300	4300
44	4400	

KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

SHA1447M

LIMTS

Vehicle No.: SHA1447M

Service Advisor

Signature/Date

Name of Service Advisor

Date \_\_\_\_\_

urned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE

VEHICLE NO : SHA 1447M

MAKE :

MODEL : TOYOTA PRIUS

NTUC-CPI/P)

2/4/2018

LKK- Kalvin

TS

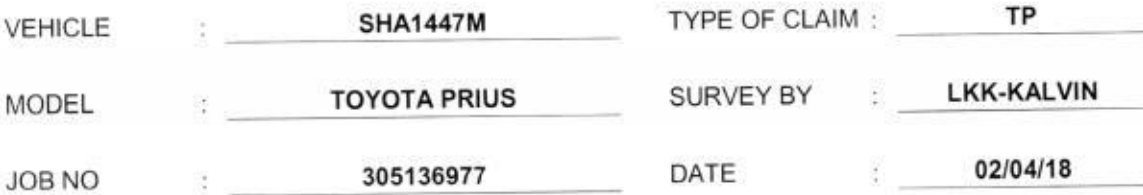
PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE			\$ 889.70
REAR TRUNK LID LOGO(PRIUS)			\$ 60.80
REAR TRUNK LID LOGO(HYBRID)			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR)			\$ 52.90
REAR BUMPER			\$ 458.60
REAR BUMPER RE-INFORCEMENT			\$ 318.80
REAR BUMPER UNDER COVER			\$ 552.60
REAR BUMPER 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
TAIL LAMP ASSY (UPPER), LH			\$ 557.90
TAIL LAMP ASSY (LOWER), LH			\$ 548.40
SPOILER SUB-ASSY, REAR			\$ 953.70
Roof Top QTR garnish LH			\$ 72
<b>SUB TOTAL</b>			\$ 5,131.20
<b>LESS 25%</b>			\$ 1,282.80
<b>DISCOUNTED TOTAL</b>			\$ 3,848.40
REAR TRUNK LID APPS STICKER			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER			\$ 60.00
REAR BUMPER REVERSE SENSOR			\$ 135.70
REAR BUMPER RUBBER MAT			\$ 50.00
			\$ 285.70
Labour Charge			\$ 500.00
Panel Beating			\$ 250.00
Spray Painting Charge			\$ 20 50.00
Wiring Charge			\$ 20 120.00
Remove/Refix Reverse Sensor			
<b>TOTAL LABOUR</b>			\$ 1,420.00
<b>ESTIMATE TOTAL</b>			\$ 5,554.10
			5608.10

NETT 36  
NETT 54  
NETT 1223  
NETT

Kalvin (1/1/14)  
2/4/8 1235L  
3 By,  
PIP  
Before Part p4

LKK Auto Centre Ltd. hereby notify the following:  
 • To resurvey before/after spray painting.  
 • To display damage on the vehicle.  
 • 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.

[illegible]



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

JOB NO : 305136977  
 REGN NO : SHA1447M  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 28.09.2017  
 DATE/TIME IN : 30.03.2018 07:40  
 ACCIDENT DATE : 29.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2346-G	BOOTLID GARNISH	1	889.70	25.00	667.27
0002	04-01-0302-2271-G	BOOTLID EMBLEM-PRIUS	1	60.80	25.00	45.60
0003	04-01-0302-2270-G	BOOTLID EMBLEM-HYBRID	1	52.40	25.00	39.30
0004	04-01-0302-2269-G	BOOTLID EMBLEM-Toyota Sta	1	52.90	25.00	39.67
0005	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0006	04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0007	04-01-0302-2865-G	REAR BUMPER SIDE COVER LH	1	232.00	25.00	174.00
0008	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0009	04-01-0302-0581-G	TAILLAMP UPR LAMP LH	1	557.90	25.00	418.42
0010	04-01-0302-0796-G	TAILLAMP LWR LAMP LH	1	548.40	25.00	411.30
0011	04-01-0302-2403-G	BOOTLID SPOILER	1	953.70	25.00	715.27
0012	28-01-0302-2013-A	BOOTLID APPS STICKER	1	40.00	10.00	36.00
0013	28-01-0302-2015-A	BOOTLID COMFORTDELGRO	1	30.00	10.00	27.00



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

JOB NO : 305136977  
REGN NO : SHA1447M  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 28.09.2017  
DATE/TIME IN : 30.03.2018 07:40  
ACCIDENT DATE : 29.03.2018

JOB / PARTS DESCRIPTION			QTY IND UNIT-PRICE DISC% AMOUNT			
0014 28-01-0302-0006-A	BOOTLID 65521111	1	30.00	10.00	27.00	
0015 09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13	
0016 04-01-0302-3941-G	Roof Top Side Qtr Garnish	1	72.00	25.00	54.00	

SUB-TOTAL : 3,551.86

#### JOB NATURE

0000 L	PANEL BEATING	400.00	
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00	
0002 17-01	CHECK ALL LIGHTING	20.00	
0003 L	R/I REVERSE SENSOR	20.00	
0004 20-05	REAR BUMPER MAT	50.00	
		SUB-TOTAL	: 1,090.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2018

REPAIR ESTIMATE

Time: 14:27:33

Page: 3

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

JOB NO : 305136977  
REGN NO : SHA1447M  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 28.09.2017  
DATE/TIME IN : 30.03.2018 07:40  
ACCIDENT DATE : 29.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,641.86

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305136977

Date : 05/04/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA1447M

Date of Accident : 29-Mar-18

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

1. The repair job shall bill to: NTUC --- GY2769M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$3,551.88

(b) Labour Charges \$1,090.00

**Total for Part-By-Part Repair Cost \$4,641.88**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 5/4/18

## 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/INC18006017/K1rbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 12-04-2018



Code: INC4

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GY 2769M	Veh. Inspected	SHA 1447M
Policy No.	5073001916-02	Coverage (\$)	0.00
Claim No.	MT/0988390-002	Excess (\$)	0.00
Assign From		Assign Date	02/04/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503564403	Colour	BLUE
Odometer	81527	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	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	29/03/2018	Inspection Date	02/04/2018
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.

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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**National Assessment Centre Services**

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

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**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1447M**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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 SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (LH)	MISSING	232.00	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	SERVICEABLE	148.40	-
1	TAIL LAMP ASSY (UPPER), LH	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER), LH	CRACKED	548.40	548.40
1	SPOILER SUB-ASSY, REAR	CRACKED	953.70	953.70
1	ROOF TOP QTR GARNISH LH	CRACKED	72.00	72.00
	LESS 25% DISCOUNT		-1,300.80	-1,113.25
			3,902.40	3,339.75
<b>NETT ITEMS</b>				
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
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		670.00	440.00

Report Ref No. NS/INC18006017/K1rbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		750.00	600.00
			1,420.00	1,040.00
	GRAND TOTAL		5,608.10	4,641.88
RECOMMENDED COST OF REPAIRS (CONFIRMED)				4,641.88

Report Ref No. NS/INC18006017/K1rbn2

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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