

2017/12/27  
Date: Kaim

REF: NS/INC18006023/KITbn2

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate/Est: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Insp of Vehicle No: \_\_\_\_\_  
 at Workshop m/s: \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SLV 6649G  
 Policy No. 5095727875 12012018  
 Claims No. MT/0909124-001  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 8300P Yr Regn: 9 Dec 2016  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/A / Prime Mover /

Truck / Trailer or

Make: 2nd Priz. C.C. 1798  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 183154 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
 C/No: J7PKBJF4x0353824

Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD Alloy or

Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / RIR / SUMI /  
 TOYO / YOKO or W2000

Front Rear  
 R/Bal. 2 mm R/Bal. 2 mm  
 L/Bal. 2 mm L/Bal. 2 mm  
 D.O.A. 2/3/8 D.O.I. 2/4/18

Survey held at CDGE (Loyang)

Des. of Damages: Frt / Rear / O/S / I/S / U/C / Rooftop or

Plan  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SH 8300P - NS/INC18006023/KITbn2
	SLV 6649G - x
4/4/18	Completed P/P \$300/2 Pys (Red. 176.78; 85%).
	RECEIVED 09 APR 2018

Date/Time, File Pass to?

1) AH Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Insp (\$)

☐ : \_\_\_\_\_ (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Other

160

35

195

Report Form 1

0

TP  
3007



# 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/INC18006023/K1tb

73 BRAS BASAH ROAD

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



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 6649G	Veh. Inspected	SH 8300P
Policy No.	5095727875	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	30/03/2018	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"/>	5095727875	RENTDIRECT PTE LTD	201500485R	GFT	Third Party	SLV6649G	SLV6649G	12/01/2018	

TP Claims against NTUC Income: Follow-Through Survey

Date : 5/4/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0989124-001	COMFORT TRANSPORTATION PTE LTD	SH 8300P	SLV 6649G

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 3814546

JC NO305137120

CUSTOMER

NAME COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO. 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
L (R) 65508755 (O)  
(P)

SCOUT CARD NO.

REGN NO:

SH 8300P

MILEAGE

MAKE:

TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)02.04.2018 08:00

DATE/TIME IN

YR OF MANU

09.12.2016

TARGET DATE

CHASSIS CODE

JTDKB3FUX03538301

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 30.03.2018

NATURE: 3P 30.03.2018

S/NO LABOR CODE DESCRIPTION

NTUC - taxi Rear damage  
LEE/Kalvin -

CHECKED &amp; PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:

lo.:

le No.:

SH 8300P

LARRY

Vehicle No.:

SH 8300P

Larry Ng

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

## 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 10:42
Date Of Accident	30/03/2018 05:50
Exact Location Of Accident	NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8300P
<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	CHOITHRAMANI CHANDRU BHAQWANDAS
NRIC No	S6932650A
Date Of Birth	07/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1996
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 821 WOODLANDS STREET 82 #02-365
Postcode	730821
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]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180330/2099

#### 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	SLV6649G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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

CHOITHRAMANI CHANDRU BHAQWANDAS

Approximate Age

48

Injuries Sustain

NECK, SHOULDER AND BOTH KNEE PAIN. ON 7 DAYS MC.

Injured person in which vehicle?

SH8300P

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.
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:

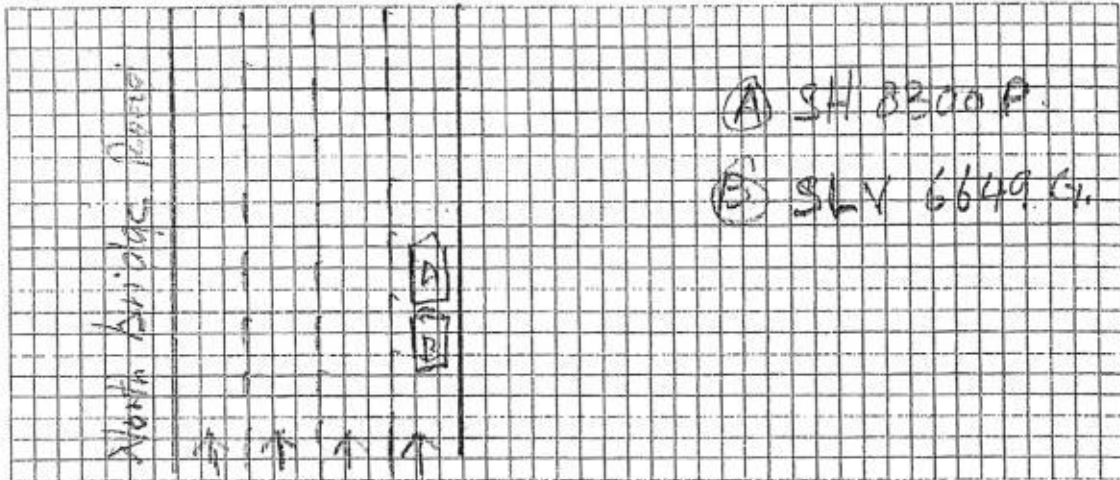
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

31/3/18  
Jackson Heng  
CSO



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180330/2099

## 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:

GIABMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

31/3/18  
Jackson Heng  
CEO

5.1743.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180330/2099

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180330/2099

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2018 19:38		Vide Report No.: A/20180330/0071		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Choithramani Chandru Bhaqandas			Address: APT BLK 821 Woodlands Street 82 #02-365 SINGAPORE 730821		
ID Type / ID No.: NRIC NO / S6932650A			Contact No.: Home/Office: Mobile: 82431999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 07/07/1969	Type of Informant: Driver		
Race: Sindhi			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2018 05:50	Type of Location: Straight Road
Location: Along Road 1 NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SH8300P	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180330/2099

2 of 3

Report No. T/20180330/2099

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**Brief Details.**

On 30/03/2018 at about 0515hrs when I was at north bridge road after I had alighted my passenger I stopped my taxi at the side for a while to searched for things however after 2-3 mins later I felt a hard impacted from the back of my vehicle after which I felt a sharp pain from my knees, chest, and neck heart. I then alighted vehicle and confronted the driver collide with my taxi. He then shout at me vulgarities and telling that he was on drink driving and ask if I wanted to call for police as such he left in a rush. I have already taken down his vehicle number SLV6649G its a Mitsubishi Lancer red in colour.



**SINGAPORE  
POLICE FORCE**



T/20180330/2099

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180330/2099

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:  
APD /  
Sgt 2 TEO CHEE SHEONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

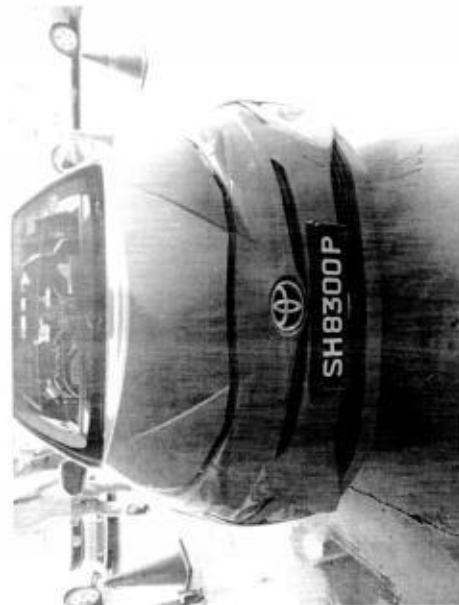
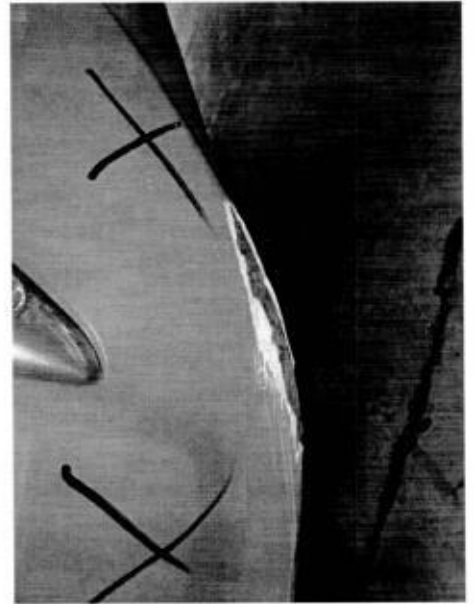
Date/Time:  
30/03/2018 19:38

Officer In Charge Of Case:  
TP / HRT /  
SI TAN LEE HWANG DAWN  
Contact No.: 65476215

Classification Of Case:

Authentication Stamp  
NP168 SINGAPORE  
POLICE FORCE

SIGNATURE



REPAIR ESTIMATE

VEHICLE NO : SH 8300P

MAKE :

MODEL : TOYOTA PRIUS

2/4/2018 10:23

DSA : 30.03.18

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>x repl</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>X sec</i>			\$ 318.80	
REAR BUMPER UNDER COVER <i>X sec</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>X sec</i>			\$ 112.70	
REAR BUMPER SPONGE <i>x "</i>			\$ 143.40	
REAR BUMPER CLIPS <i>x "</i>			\$ 22.00	
SUB TOTAL			\$ 1,608.10	
LESS 25%			\$ 402.03	
DISCOUNTED TOTAL			\$ 1,206.08	
REAR BUMPER REVERSE SENSOR <i>+ sec</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>+ "</i>			\$ 50.00	NETT
			\$ 185.70	
Labour Charge			<i>100</i>	
Panel Beating			\$ 250.00	
Spray Painting Charge			\$ 250.00	<i>200</i>
Wiring Charge			\$ 50.00	<i>x "</i>
Remove/Refix Reverse Sensor			\$ 120.00	<i>x "</i>
TOTAL LABOUR			\$ 670.00	
ESTIMATE TOTAL			\$ 2,061.78	

Larry Ng

*Kalvin*  
*2/4/18 1150L*  
*2 Pr.*  
*PIP*  
*After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:  
 • To resurvey before/after spray painting  
 • To display damaged part(s) during resurvey  
 • Parts prices are subject to confirmation  
 • Third party survey is on a "Without Prejudice" basis  
 • No illegal modification(s) is allowed  
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:

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.



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

JOB NO : 305137120  
REGN NO : SH 8300P  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 09.12.2016  
DATE/TIME IN : 02.04.2018 08:00  
ACCIDENT DATE : 30.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

SUB-TOTAL : 0.00

## JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305137120

Date : 4. Apr. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8300P

Date of Accident: 30.03.2018

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

1. The repair job shall bill to: NTUC SLV6649G

2. The finalized amount shall be:

(a) Spare Parts after List discount /

(b) Labour Charges \$300.00

**Total for Part-By-Part Repair Cost \$300.00**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : K. Kalvin

Date : 4/4/18

### 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:

**National Assessment Centre Services**

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

TEL: 6841 0055 FAX: 6841 6315

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



Thatcham escribe

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18006023/K1tbn2

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.	SLV 6649G	Veh. Inspected	SH 8300P
Policy No.	5095727875	Coverage (\$)	0.00
Claim No.	MT/0989124-001	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.	2016
Chassis No.	JTDKB3FUX03538301	Colour	BLUE
Odometer	183154	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 PORTION. DAMAGES SEE DETAILS.
--

**5. General Information**

Accident Date	30/03/2018	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:	2 Working Days
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# 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 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8300P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	552.60	-
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
	LESS 25% DISCOUNT		-402.02	-
			1,206.08	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			185.70	-
<b><u>LABOUR</u></b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	100.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	300.00
<b>GRAND TOTAL</b>			<b>2,061.78</b>	<b>300.00</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>300.00</b>

Report Ref No. NS/INC18006023/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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