

NAZ

REF:

NG/ENC 18006532/NVber

ASSIGNMENT

From

Date

Estimated Cost

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop no:

of

Insured: FBL 6863A

Policy No. 5097399780 150118 - 230114

Claims No. MT/0989768-002

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Bal. or Market Value:

IDAO Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lump Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA 8769M Date: 31 MAY 2017
Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIUS HYBRID 20 1798

Colour: YELLOW A.C. (Insured) Std / Nil / NA

So. Reading: 138078 T. Radio: (Insured) Std / Nil / NA

Eng No:

C No: JTDKB3FU403557054

Gen. Cond: Good / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / (STD) A/Rim or

Tyre Size: F: 175/65/15

R: 195/65/15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or WESTLAKE

Front

R.Bal. 5 mm

L.Bal. 5 mm

D.O.A. 6/4/18

Survey held at CDGE LOYONGA

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

REAR, LEFT N/S

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

Date / Time Action / Instruction

SHA 8769M - NG/FCL/0016222/Kvr

FBL 6863A - X

D.A: 160310

NTUC

PIP

13/4/18 FINALIZED PART BY PART \$2344.62 / 2 DAYS (Red 1190.12, 3490)

16/4

RECEIVED 17 APR 2018

Date/Time File Pass to:

☐ : Preli. Report☐ : Final Report

Date/Time File Return to:

17/4 - typet

Report Format:

TP

Lump Sum / I.B.I.:

2344.62

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ Site Insp \$
☐ Inter. Insp \$
☐ Tech. Insp \$
☐ Workshop \$

Survey Fee

Transportation

L.S. - P.C. \$

Photo

Total

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/INC18006532/Nvb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 09-04-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBL 6863A	Veh. Inspected	SHA 8769M
Policy No.	5097399780	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/04/2018

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	06/04/2018	Inspection Date	09/04/2018
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.
--

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0989809-002	COMFORT TRANSPORTATION	SH 7032U	SLU 9220U
2	MT/0986682-002	SMRT TAXI PTE LTD	SHF 243P	SLC 1382H
3	MT/0990239-002	COMFORT TRANSPORTATION	SHD 3689C	SLV 2508G
4	MT/0990490-001	COMFORT TRANSPORTATION	SHA 2258K	GZ 3691R
5	MT/0989768-002	CITYCAB PTE LTD	SHA 8769M	FBL 6863A
6	MT/0989478-002	COMFORT TRANSPORTATION	SHA 7625B	FC 1037B
7	MT/0989906-002	COMFORT TRANSPORTATION	SHC 1583S	GBB 557B
8	MT/0989127-002	COMFORT TRANSPORTATION	SHD 4936H	SJR 7916Z
9	MT/0989972-002	COMFORT TRANSPORTATION	SHC 8253Z	FY 4003M
10	MT/0989045-002	CITYCAB PTE LTD	SHA 9241L	SKU 6237L
11	MT/0968779-002	SMRT BUSES LTD	SMB 1430X	SJG 2543G
12	MT/0988223-002	SMRT TAXIS PTE LTD	SHB 833H	SLS 5507E

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 NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097399780	SARAVANAN S/O ALAGAPPAN	59136407G	GMC	Third Party, Fire & Theft	FBL6863A	FBL6863A	15/01/2018	23/01/2019

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	06/04/2018 16:29
Date Of Accident	06/04/2018 08:00
Exact Location Of Accident	SLE TWDS W'LANDS ALONG UPP THOMSON FLYOVER L/P289
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8769M
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	LIANG KEONG TAT
NRIC No	S1641652E
Date Of Birth	03/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 414 SERANGOON CENTRAL #06-365
 Postcode 550414
 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? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : -
 GENDER: : FEMALE

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/20180406/2039

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 FBL6863A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver SARAVANAN S/O ALAGAPPAN
 NRIC/Passport Number S9136407G
 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

SARAVANAN S/O ALAGAPPAN

Approximate Age

Injuries Sustain

FEELING GIDDY.

Injured person in which vehicle?

FBL6863A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

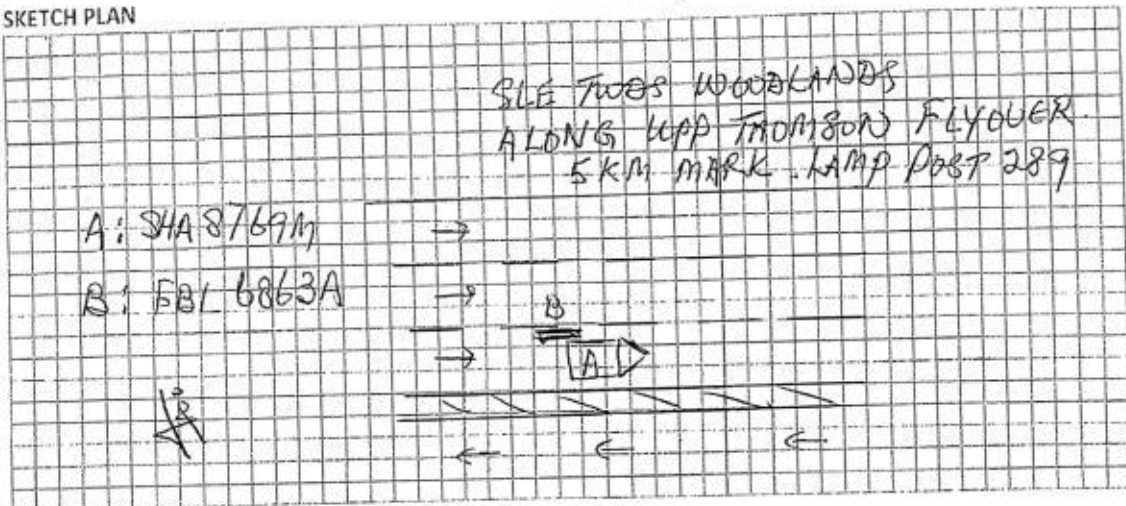
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to P/Report T/20180406/2039

DECLARATION

I/We declare the foregoing particulars are true in every respect.
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

GIABRAC SketchPlanForm_V3

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

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



**SINGAPORE
POLICE FORCE**



T/20180406/2039

1 of 3

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

Report No. T/20180406/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2018 11:17	Vide Report No.: F/20180406/0079	Station Diary No.:
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Informant's Particulars

Name of Informant: LIANG KEONG TAT			Address: APT BLK 414 SERANGOON CENTRAL #06-365 HDB- SERANGOON EST SINGAPORE 550414		
ID Type / ID No.: NRIC NO / S1641652E			Contact No.: Home/Office: Mobile: 91041684		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 03/10/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/04/2018 08:00	Type of Location:
Location: Along Road 1 SELETAR EXPRESSWAY SLE TOWARDS WOODLANDS				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6863A	Motorcycle					0
SHA8769M	TAXI					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180406/2039

2 of 3

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

Report No. T/20180406/2039

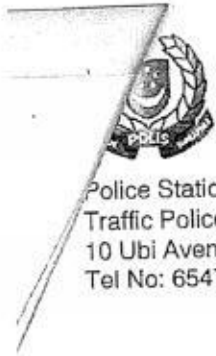
CONTINUATION OF REPORT

Rider				ID No.	S9136407G
Name	SARAVANAN S/O ALAGAPPAN			Contact No.	NIL
Related Vehicle	FBL6863A (Motorcycle)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
	No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
			Degree of Injury	NIL	
Driver				ID No.	S1641652E
Name	LIANG KEONG TAT			Contact No.	91041684
Related Vehicle	SHA8769M (TAXI)			Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
	No. of Days granted Medical Leave	NIL	Date Discharge	NIL	
			Degree of Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG SLE ON THE EXTREME RIGHT LANE. AT THAT TIME THE TRAFFIC WAS CONGESTED AND I WAS STATIONARY WAITING TO MOVE OFF. SUDDENLY A MOTORCYCLE(FBL6863A) HIT THE BACK LEFT SIDE OF MY TAXI AND FELL DOWN. HE GOT UP AND A PASSING MOTORIST HELPED TO MOVE HIS MOTORCYCLE TO THE SIDE. I ASKED IF HE WAS ALRIGHT AND HE SAID HE WAS FEELING A BIT GIDDY SO I CALLED THE AMBULANCE.



**SINGAPORE
POLICE FORCE**

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



T/20180406/2039

3 of 3

Report No. T/20180406/2039

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:

TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

06/04/2018 11:17

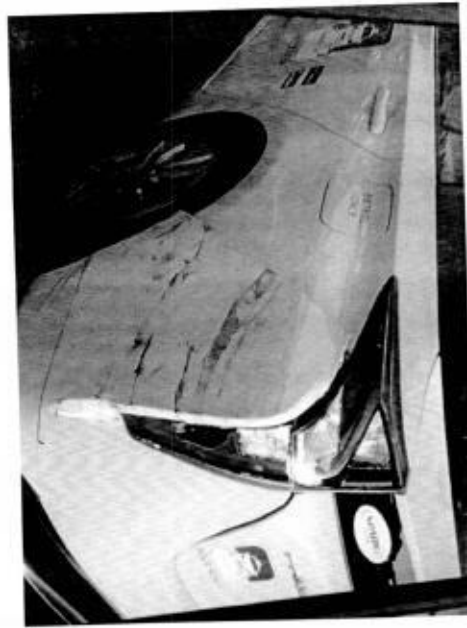
Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:





Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305139434

CUSTOMER

R/MS CITYCAB PTE LTD
CUSTOMER NO 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L. (R) 65551188 (O)
(P)

VARs

REGN NO: SHA8769M	MILEAGE
MAKE: TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)06.	DATE/TIME IN 04.2018 14:55
YR OF MANU. 31.05.2017	TARGET DATE
CHASSIS CODE JTDBK3FU403557054	COMPLETION DATE/TIME:

(B)

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.04.2018
NATURE: 3P 06.04.2018

S/NO	LABOR CODE	DESCRIPTION
	NTUC - taxi	Left Rear damage
	LKK/	

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHA8769M
LARRY

Exit Pass

Vehicle No.: SHA8769M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

VEHICLE : SHA 8769M

NOTES

DoA: 06.04.18

Na2
LKC 9/14/17 1040 hrs
P/P.
2 days
~~After repair~~
Before paint photo.

Page 4 of 4

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305139434

Date : 4. Oct. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SHA8769M

Date of Accident: 06/04/18

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

1. The repair job shall bill to: NTUC FBL6863A
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,604.62
 - (b) Labour Charges \$740.00
 - Total for Part-By-Part Repair Cost** \$2,344.62
 - (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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : NAZ

Name : NAZ

Date : _____

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:

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 10.04.2018
Time: 09:54:28
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305139434
REGN NO : SHA8769M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 31.05.2017
DATE/TIME IN : 06.04.2018 14:55
ACCIDENT DATE : 06.04.2018

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 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0004 04-01-0302-0581-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42
0005 04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30

SUB-TOTAL : 1,604.62

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	WIRING CHARGE	20.00
0003 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 740.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305139434
REGN NO : SHA8769M
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 31.05.2017
DATE/TIME IN : 06.04.2018 14:55
ACCIDENT DATE : 06.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,344.62

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/INC18006532/Nvbe2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 23-04-2018	
			Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	FBL 6863A	Veh. Inspected	SHA 8769M	
Policy No.	5097399780	Coverage (\$)	0.00	
Claim No.	MT/0989768-002	Excess (\$)	0.00	
Assign From		Assign Date	09/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS HYBRID	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU403557054	Colour	YELLOW	
Odometer	138078	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	5 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	5 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/04/2018	Inspection Date	09/04/2018	
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		



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. SHA 8769M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	458.60	458.60
1	REAR BUMPER UNDER COVER	SCRATCHED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER SIDE COVER (LH)	TO REPAIR	232.00	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, LH	NOT NECESSARY	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	NOT NECESSARY	88.90	-
1	TAIL LAMP ASSY (UPPER) (LH)	SCRATCHED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (LH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-702.83	-534.88
			2,108.47	1,604.62
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			135.70	-
LABOUR				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		650.00	340.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		500.00	400.00
			1,150.00	740.00
GRAND TOTAL			3,394.17	2,344.62
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,344.62

Report Ref No. NS/INC18006532/Nvbe2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

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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