anve I to	REF:	T 0081)MJ/2M	175 / KI rb	002		#25 37
William V		ASSIC	GNMENT			
From: Estimat	Date:		Veh No:		2.3 1 L Orry / T	
OD ITP INSTIPE	RES / OD RES / EVA / INV / MV	<u> </u>	Truck/Ŧ	railer or		
To Insp Silvehids N	A CONTRACTOR OF THE PROPERTY O	#1 Constant are	Make:	Torch	Prias 0	1798
at Work			Colour	Rhe	A/C: Ins # e	d/Std/NI/NA
ni -			Sp.Reading	260781	T/Radio: Ins © e	d / Std / NI / NA
Insured: S	SFZ 1009L		Eng/No:			
00000000000000000000000000000000000000	10- P2(2 F E 2 8 0 8	05-11-17 - 04-11-1	Physique out	TTO	KB3F4X	2579820
Claims Ha	17/0991583-002	001/11 0411		Fair / Poor / Bu		
Sumins Uni:	Excess:			🕶 / Jammed / Leak		
(Client *sReard)				Jammed / Leak		
Make of Wh:				S/Rim / STIDA/Rim		***
			Tyre Size;	F:	195/651	'es
(Policy Condition)	V.		1 1/1	R:	u	
Remark: The vehil	nad commenced its the time of inspection.	N/S O/S	BS / DUN / EXI	NOVA/GY/FS/LI	ZAIMIGIOHTSUIP	R/SUMI/
Bal. or Maket Valu	ie:	- *	Front	1	Rear	1
IDACA coldent Rpc	ort: Consistent?: Y	es or No	R/Bal.	d mm	R/Bal.	→ mm ,
GIA/PR Seen:	Consistent?: Y	es or No	L/Bal.	+ mm	L/Ball.	+mm
Est, Repaix	days Res.: Y	es or No	D.O.A. 2/	14/18		14/8
Lum Sumi:	% 3 Val.: Y	es or No	Survey held at	(104E (L	yang)
CAIREVIE	REP. / 24 HRS	Vehicle: IN / OUT	Des. of Damag	es: Frt / Rear /	HS I NIS I UIC I RO	
Date:	Person Contacted:	· · · · · · · · · · · · · · · · · · ·	The U/C /	Chassis frame / E	Body Structure affect	ed due to collision.
Date / Time	Action / Instruction					
5	THA 5984C - (04/TH	18001913 /Upbs		DA:		INC
- 15	72 1009 L - X		,			PI
	Codemed YIP \$1		Mys.			
K	d. \$ 681.18, 35'1					
			N. C. S.			
	RECEIVED	2 6 APR 2013.				
				7 2		
Datefime, File Pass	io? : Preli. Repor	t	Days Of Rep	air: 2		
1) typist	: Final Repor		Resurvey No	o. of Trip:	Survey Fee:	160
DateTime, File Retur		02%	103	VEC	Transportation:	35
2)		Add Fe	e: Site I	nsp (\$)S+RS,S	3
0.11	an		: Interv	riew (\$) Photos	
\$ 500 Free 1	TP.		Tittech	,- g 3	:West	195
·			t de-	et to		Indiana te produce sign



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315





UTV	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800747	75/K1rb
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date:	23-04-2018 INC4		
	CALL PROPERTY.	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SFZ 1009L	Veh. I	nspected	SHA 5984C
	Policy No.	5085375289-01	Cover	age (\$)	0.00
	Claim No.		Exces	ss (\$)	0.00
	Assign From		Assig	n Date	23/04/2018
2.	Action 1985	Vehicle Parti	culars &	& Condition	
	Make & Model		c.c		0
J.,	Engine No. HIDDEN		Year o	of Reg.	
	Chassis No.		Colou	ır	
	Odometer -		Steeri	ing	
	Brakes	Brakes Modification			
	General				
3.		Condit	ions 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.	September 1	Descript	ion of D	amages	
5.		Genera	al Inform	nation	
	Accident Date	21/04/2018	Inspe	ction Date	23/04/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING P	TE LTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.	General C		Remarks		
	A)THE INSPECTION B)IN ACCORDAN	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, \	THOUT VE HAVI	PREJUDICE" BASIS E NOT AUTHORISE	S. ED REPAIRS.

eBaoTech								Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601			A CONTRACTOR		Change Lar	nguage	Change Password	• Log Ou
My Desktop	Policy Query								
Notice of Loss	Policy No.				Date of Acc	ident	21/04	/2018 17:41	
	Vehicle No.(For Motor)	5FZ1009L							
					Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5085375289-0	WONG YEONG	57044622G	GPC	drivo CLASSIC	SFZ1009L	SFZ1009L	05/11/2017	04/11/2018
				- 1	Continue				

1	- Control of	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident
S/NO	Income Reference	Cignificant Commer / 1991 Company	CUC 19621	CI K 8879D	20/4/2018
_	MT/0991171-002	Comfort Transportation	SUC TOOS	2000	
	MT /0001056-002	Comfort Transportation	SH 6314M	SHC 6794S	19/4/2018
7	WILL (0001265 002	Comfort Transportation	SHA 7627X	SLS 1369M	21/4/2018
2	MI/0991269-002	Compare Transport	SHC 21641	SJE 68K	21/4/2018
_	MT/09913/5-002	Complete Hansportation	Croop vita	SEZ 10091	21/4/2018
2	MT/0991583-002	Comfort Transportation	2HA 5984C	312 10031	0102/1/12
,	MT/0091278-002	Comfort Transportation	SH 6746A	SKW 2592T	21/4/2018
0 1	MT/0001262 002	Comfort Transportation	SHC 3572K	GBG 8101D	20/4/2018
	MIT/0991202-002	Comfort Transportation	SHD 4138U	SGY 5128T	19/4/2018
o	MII/0991924-001	Comfort Transportation	SHA 3460K	FQ 2735P	22/4/2018
2	100-126160/1M	Comfort Transportation	SHD 3440C	GY 734B	20/4/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to 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.

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

ACCI	DENT	T STAT	rem	ENT
ACC	DEN	SIA	-	

Date Of Report

23/04/2018 07:50

Date Of Accident

21/04/2018 18:50

Exact Location Of Accident

PIE TOWARDS JURONG NEAR KALLANG EXIT

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA5984C

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

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?

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

PECK WENG KONG

NRIC No

S1569175A

Date Of Birth

24/02/1962

Occupation

OUTDOOR

Date Of Driving Pass

24/09/1979

Driving Experience

38 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

Fax Number

Contact Number EMail Address

GAVINPECK@YAHOO.COM.SG

Address

228A #06-324 COMPASSVALE WALK

Postcode

541228

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

NO

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

NAME:

GENDER:

Passenger 1

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

CHANGI NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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

SFZ1009L

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

WONG

NRIC/Passport Number

93800386

Contact Number Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1	
Name	PECK WENG KONG	
Approximate Age	56	
Injuries Sustain	SPRAIN AND ACHES, BACK PAIN / NECK	
Injured person in which vehicle?	SHA5984C	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

KETCH PLAN		
		DOA 2114/18 G 1850A-
PIE JURANG Name KANAN EXIT	4	A → SHA 5984C B → SFZ 1009L
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Releve Atto	hed Police	report No:
r.	1	
7/20180	422 2031	
	-/-	
	/	,
/_		
	/	
	/	/
/		
	1/	
DECLARATION		
I/We declare the foregoing particular COMFORT TRANSPORTATIO CO REG. NO. 199303	N PTE LTO	fay
Policyholder's Signature Date & Time:	Oriver's Signature	Reporting Centre Personnel's Signature

Sketch Plan Pg. 2





Police Station Of Origin:

Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

91091	anna	DESTRUCTION OF	MAN DEST		asuure	n mas er	89818 4 1
1138	RESEARCH	HEIT BESTEVINGE	ANI ANI A		REMORAL	14 (MILLIO)	BOUNDE.
月曜日	91999		180148084	BARR	en en en en	8 1989 93	BEHERE
14.816.33	STEREOF.	DESCRIPTION OF THE OWNER, WHEN	teres agent a	MIT HEIR IN			
		T/2	01804	122/20	31		

1 of 3

Report No. T/20180422/2031

REPORT O	F A TRAFFIC	CACCIDENT				
Date/Time Report Made: 22/04/2018 11:13			Vide Report No.: Station Diar 23			
Informa	nt's Partici	ulars	ne negrati gana ang ka	FREEDY CONTROL TO SECURE		
Name of	Informant: /ENG KON		Address: APT BLK 228A COMPAS 541228	SVALE WALK #06-324 SINGAPORE		
ID Type / ID No.: NRIC NO / \$1569175A			Contact No.: Home/Office: Mobile: 91467641			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 56 24/02/1962			Type of Informant: Driver			
Race: Chinese		14/2	Language: Institution / School Nar			
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2018 18:50	Type of Location Straight Road	
	EXPRESSWAY URONG, NEAR KALI	ANG EXIT	72	Road Speed Limit:	
Clear Dry				rtoad opeed Linit.	
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis	The same of the sa	o Rear		Anyone conveyed by ambulance; No	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SFZ1009L	Car					0
SHA5984C	Car					1

Details of Person Involved	17 中国人名英格兰 (17 January 17 Januar
Any Pedestrian Involved: No	
No. of Pedestrians Injured: All	116- XF 1 10 5 5

Sketch Plan Pg. 3





Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20180422/205

CONTINUATION OF REPORT

		And the second	ID No.	1	NIL
Name	MR WONG			22	11100
Related Vehicle	SFZ1009L (Car)	Contact No.		93800386	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	word and tree that a defail being and
Driver	State of the state	225	100000	300000	DATEONATE A
Name	PECK WENG KONG		ID No	*	S1569175A
Related Vehicle	SHA5984C (Car)		Conta	ct No.	91467641
Hospital/Clinic	ANSAR CLINIC	Class Drivin Licent Expiry	g	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	22/04/2018	Date Disc	The second secon	-	4/2018
	ted Medical Leave 03	Degree o	finjury	NIL	

Brief Details.

On the above mentioned date and time I was driving my taxi SHA5984C on the first lane along PIE towards Jurong. I was ferrying a passenger from Changi Airport to Singapore Hyatt Hotel. Then a car in front of me brake as such I also applied gradual braking to a complete stop. All of a sudden I felt an impact coming from the rear. I asked my passenger who was sitting at the rear passenger seat to check if he was alright and after he replied that he was fine I got out to inspect the cause of impact. I discovered a red saloon car SFZ1009L had collided with the rear of my taxi. After verifying with the driver of the said car that he was uninjured we exchanged contact detail and took pictures of the scene before leaving. No police or ambulance was called. On 22/04/2018 morning I felt sprain and aches at the back of the neck and lower back area. I subsequently went for medical checkup and was given discharge with three days medical leave.

Sketch Plan Pg. 4





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

3 of 3 Report No. T/20180422/2031

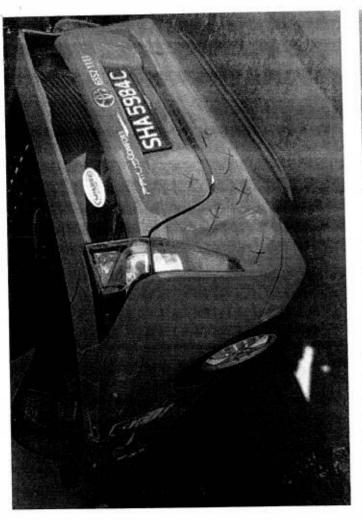
CONTINUATION OF REPORT

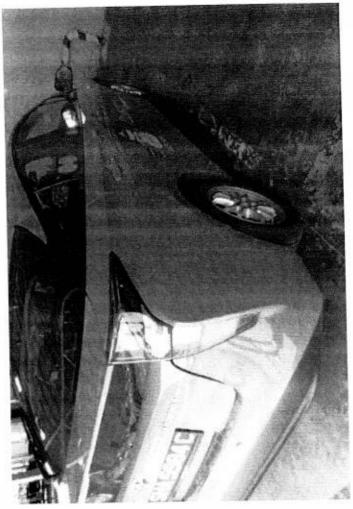
Sketch Plan

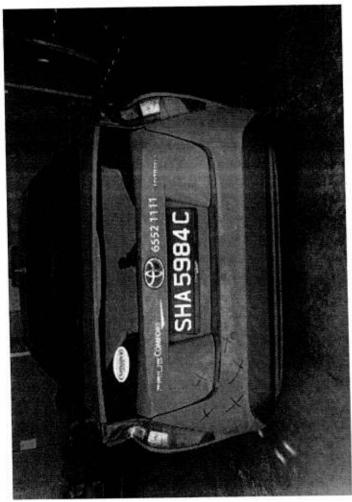
Informant is not able to provide sketch plan

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.

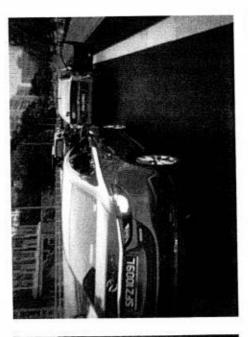
Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt ZAMALOKMAN BIN BUJANG	h
Signature Of Interpreter: Not applicable	Date/Time:
Not applicable	22/04/2018 11:43
Officer In Charge Of Case:	Classification Of Case:
SI DZUL HA RIF TINGMANA	
Authentication Stamp	1

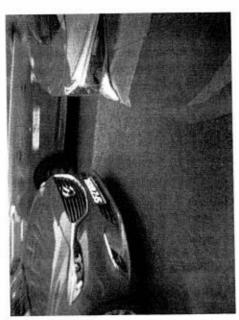


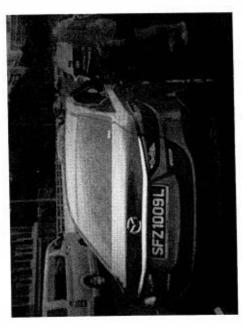




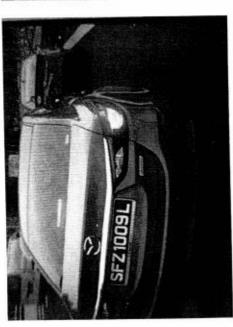












COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Bruddell Road Singapore 579701

Martine + 65 6383 8280; Facsini/e + 65 621

59 Loyang Drive Singapore 500963

54 Senoko Loop Gingapare 136156. 7 Sunger Kadut Way Singapare 7287±1

Date/Time: 23.04.2018 09:55

Page : 1

eam: ARC Repair TP(CLSO)1	JOB CARD Sa	ales Order:	JC NO305144659
STOMER		REGN NO. SHA5984C	MILEAGE
MS COMFORT TRANSPORTATION PTE 7010045	LTD	MAKE TOYOTA	FUEL E
DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	1	MODEL PRIUS HYBRID(G4)22.	04.2018 11:55
. (R) 65508755 (O)	ATIL	YR OF MANU. 2. 2016	TARGET DATE
(P)	Nuc	CHASSIS CODE JTDKB3FU403539430	COMPLETION DATE/TIME:
COUNT CARD NO.	1 (

JOB DESCRIPTION

Accident Date: 21.04.2018

NATURE: 3P 21.04.2018

S/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:			
SERVICE ADVISOR		-	CUSTOMER'S SIGNATURE
ledgement Slip		常 Exit Pass	
No.: SHA5984C	LKE	Vehicle No.: SHA5984C	
of Service Advisor eturned to Service Reception upon co	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO: SHA 5984C

MAKE : :

MODEL TOYOTA PRIUS

DATE: 23.04.2018 . NTUC

1	1
-	100
-	the t
7	

MODEL	: TOYOTA PRIUS		-		1
	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	-
	REAR BUMPER / Internal			\$ 458.60	1
	REAR BUMPER RE-INFORCEMENT			\$ 318.80	1
	REAR BUMPER UNDER COVER			\$ 552.60	1
	REAR BUMPER SIDE RETAINER			\$ 112.70	
	DEAD DUMBED SPONGE V MI			\$ 143.40	
	REAR BUMPER CLIPS			\$ 22.00	
	SUB TOTAL			\$ 1,608.10	
	LESS 25%			\$ 402.03	4
	DISCOUNTED TOTAL			\$ 1,206.08	
	REAR BUMPER RUBBER MAT — M (Ma)	(*)		\$ 50.00	NETT
	LABOUR CHARGE Panel Beating Spray Painting Charge Wiring Charge			11 32.	7200 7 × 44
	Remove/Refix Reverse Sensor			\$ 120.00	20
	Pre-Caralle Transaction (All Annotations of the Caralle Transaction (All Annotation (A				
	TOTAL LABOUR			\$ 670.00)
	ESTIMATE TOTAL			\$ 1,926.08	
				1,520.00	
	Kal 16614				
	1 23/4/8 140.4 2 / 72 PIP Before Pet pl	the Repair To resurve To display Parts price Third part No illegal Supplem	consultants hence et of the following: y telorelatters y pair damaged banks) ming es are subject to con in y survey is on a "Winhou modification(s) is allow entary item, s' must be it to final approvat from the subject of the superior of	nting gresurvey ration ut Prejudice" basis red	
	Before	Acknowle	dged by Repairer		
		Signature Date:	Ť.		

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

Date: 24.04.2018 Time: 17:52:13

REPAIR ESTIMATE

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 REGN NO

: 305144659 : SHA5984C

MILEAGE MAKE

: 0000000000

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN : 23.12.2016 DATE/TIME IN : 22.04.2018

: 22.04.2018 11:55

ACCIDENT DATE : 21.04.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 L 458.60 25.00 343.95

0002 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 L 552.60 25.00 414.45

0003 04-01-0302-2267-G PRIVC BUMPER PIECE 10 L 22.00 25.00 16.50

SUB-TOTAL: 774.90

JOB NATURE

0000 L LUBRICATE LOCK HINGES & HOOH LATCH

50.00

0001 L PANEL BEATING

200.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA

200.00

0003 20-22

REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL: 470.00

TOTAL : 1,244.90

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

ato			54			24/04/	18			Comfort(59 Lova	DelGro Engineering Pte Ltd ng Drive Singapore 50896
Date : 24/04/18 FINALIZATION FORM						Fax: 654	6 8156				
INA	LIZA	TIO				2.22				Feet	
o	11		_			LK				Fax:	
Attn	\$1	Mr_				KALVI	N ANG				
/ehic	le R	eg N	0.	: 5	SHA5	984C	CTPL			_	21.04.18
The s	surve	ey ar	d esti	mate	es of t	he repai	s of the above-mer	ntioned ve	ehicle are	e as follows:-	
	The	e rep	air job	sh	all bill	to:		NTUC			SFZ1009L
2.	The	e fin	alized	amo	ount s	hall be:					
	(a)		Spare	Par	ts afte	er List dis	scount				\$774.90
	(b)		Labou	r Ch	arges	5					\$470.00
	0775						Repair Cost				\$1,244.90
						2 32					
	(c.)	Lump	sum	Repa	air (if app	licable) ir cost after Less:		20%		
			Final	Lun	umps npsur	n Repai	r cost		2070		
4.	W. 7 \	e sh worl	all tre	at t	ne ab	od for repove amosistance	ount as Correct a	2 nd Confi	rmed if	there is no rep e confirm the es alized amount	oly from you within
4.	We 7 v	e sh worl	all tre	at t	ne ab	ove am	ount as Correct a		rmed if We fina	there is no rep	timates and
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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





NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref:	NS/INC1800747	75/K1rbn2	
73 B #05- 1895		O UNION HOUSESINGAPORE	Date:	03-05-2018 INC4		
		D. U. D. Harden	0.00000	11.46.50 - 20.10		
1.		Policy Particulars SFZ 1009L	_	nspected	SHA 5984C	
	Insured Veh.	5085375289-01		rage (\$)	0.00	
	Policy No.	MT/0991583-002	Exces		0.00	
	Claim No.	W17/0991363-002	-		23/04/2018	
	Assign From	V-1-1- P-4	Assign Date		23/04/2010	
2.				& Condition	1798	
	Make & Model	TOYOTA PRIUS	C.C	of Dog	2016	
	Engine No.	HIDDEN	_	of Reg.	BLUE	
	Chassis No.	JTDKB3FU403539430	Colou		IN ORDER	
	Odometer	260749	Steer		STANDARD ALLOY RIM	
	Brakes	IN ORDER	Modif	fication	STANDARD ALLOT RIN	
	General	GOOD				
3.			ions of	-	Polonica	
		Size	Make		Balance 7 mm	
	R/H Front Tyre	195/65 R15	11777	LAKE	7 mm	
	L/H Front Tyre	195/65 R15	-	LAKE	SUBSTITUTE OF THE STREET	
	R/H Rear Tyre	195/65 R15	-	LAKE	7 mm	
	L/H Rear Tyre	195/65 R15		LAKE	7 mm	
4.		Descripti				
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	EAR N/S	PORTION.		
5.	DAWAGES SEE B		al Inform	mation		
٠.	Accident Date	21/04/2018	100000000000000000000000000000000000000	ection Date	23/04/2018	
	Survey held at	COMFORTDELGRO ENGINEE				
		59 LOYANG DRIVE SINGAPORE 508969				
5a.		F	Remarks	S		
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, I	THOUT NE HAV	PREJUDICE" BASIS E NOT AUTHORISE	S. ED REPAIRS.	
5b.		Estimate	Days	of Repair		
4	ESTIMATED NOR	MAL 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





ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 5984C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	_
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-402.02	-258.30
			1,206.08	774.90
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
	23 W.		50.00	50.00
	LABOUR			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	220.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		250.00	200.00
			670.00	420.00
	GRAND TOTAL		1,926.08	1,244.90

RECOMMENDED COST OF REPAIRS (CONFIRMED)	1,244.90
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Report Ref No. NS/INC18007475/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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