

REF: NS/WC18007664 / Klgbn2

REF: NS/WC18007664 / Klgbn2

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_  
 OD / TP / NS / TP RES / OD RES / EVA / INV / MV  
 To Insp Vehicle No: \_\_\_\_\_  
 at Works \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SJIH 9606H  
 Policy No: 3044261542-07 280817-270818  
 Claims No: MY/0991913-002  
 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: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 7 days Res.: Yes or No  
 Lum Sumi: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC1446E Yr Regn: 25 May 2017  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Prius C.C. 1798  
 Colour: Blue A/C:  Insured / Std / NI / NA  
 Sp. Reading: 150603 T/Radio:  Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTOKBJF4603557122  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD / Rim or \_\_\_\_\_  
 Tyre Size: F: 195 / 65 R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Weld like  
 Front R/Bal. 7 mm Rear R/Bal. 7 mm  
 L/Bal. 7 mm L/Bal. 7 mm  
 D.O.A. 24/4/8 D.O.I. 25/4/8  
 Survey held at CDGE (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Rear n/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 1446E - (NS/FCL1800)5277 / Uged3
	SJIH 9606H - NA/TN(12013117) / RI
26/4/8	Advised PIP \$ 2519.20 / 2 Rep. (Red 89688, 26/4/8)

RECEIVED 30 APR 2018

Date/Time, File Pass b?  : Prell. Report  
 : Final Report  
 1) 30/4/2018  
 Date/Time, File Return to?  
 2) \_\_\_\_\_

Days Of Repair: 7  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech \_\_\_\_\_

Survey Fee:	160
Transportation:	35
S + RS, SI	
Photos	
Other	195

7P



# 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/INC18007664/K1qb			
73 BRAS BASAH ROAD		Date: 26-04-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE		Code: INC4	
189556			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJH 9606H	Veh. Inspected	SHC 1446E
Policy No.	5044261542-07	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	24/04/2018	Inspection Date	25/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
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.	Date of Accident
1	MT/0991713-002	Comfort Transportation	SHC 1446E	SJH 9606H	24/4/2018
2	MT/0985234-003	SMRT TAXIS	SHB 600M	SKB 6086Y	8/3/2018

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)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5044261542-07	TJIPTO APOLO LEONARDUS	S2594428C	GPC	drive CLASSIC	SJH9606H	SJH9606H	28/08/2017	27/08/2018

Continue

## 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	24/04/2018 15:24
Date Of Accident	24/04/2018 08:15
Exact Location Of Accident	SOON HONG EATING HOUSE OPENSOURCE CP OFF WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1446E
<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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	LEE CHIM CHYE
NRIC No	S1271534Z
Date Of Birth	01/03/1957
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 75 WHAMPOA DRIVE  
 #02-360  
 Postcode 320075  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident 2  
 Was any body injured in the Accident? 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) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

**Details of Police Action**

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER ATTACHED \* TYPE OF ACCIDENT :- 3P REVERSED

**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 SJH9606H  
 Vehicle Make/Model/Colour TOYOTA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver KHOO CHIN LYE  
 NRIC/Passport Number S7430427C  
 Contact Number 93360816  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage REAR LH  
 No. Of Passenger (Including Driver)

## 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:

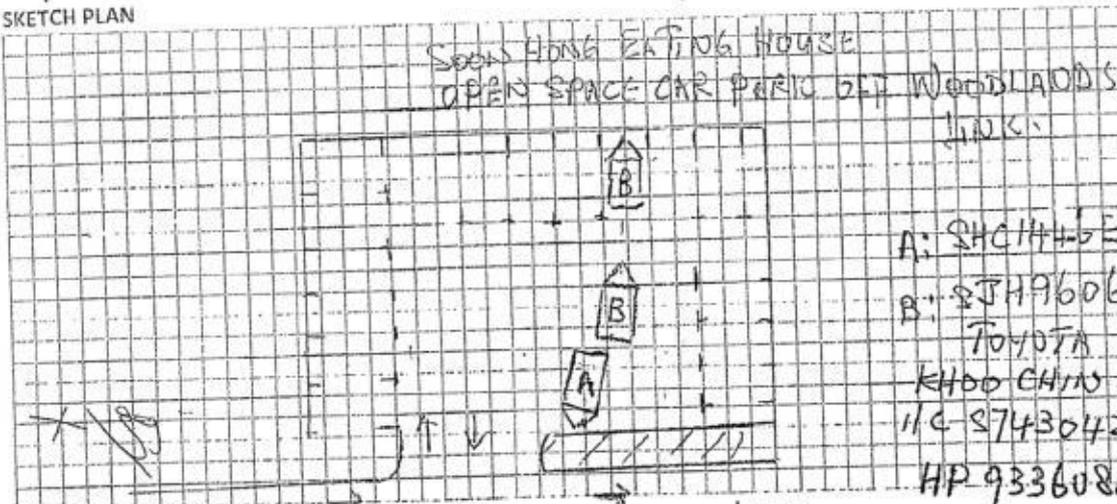
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/NIAC SketchPlanForm\_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT WOODLANDS LINK.

As per attached.

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.:

Describe Circumstances of the Accident.
On 24 Apr 2018 at about 8:15 hrs I stopped my taxi inside the Soon Hong Eating House open
space car park off Woodlands Link with the front of my taxi facing the main road(see video)
waiting for an empty car park lot.
Suddenly a few seconds later I felt an impact coming from the Rear Left of my stationary taxi
followed by a jerk(see video).
Shortly after I stepped out from my taxi to check. Found that a Toyota car SJH9606H had
reversed out from the parking lot in a careless manner. As a result of the driver's failure to
keep a proper lookout for my taxi caused this accident to happen. In the process, the Rear
Left of the said car hit the Rear Left of my stationary taxi.
Enclosed is a video footage to support my claims.
No passenger on board my taxi. No injury at the point of the accident.
Later the driver of the car Mr Khoo directed me to R.D.Y Autocare at Ang Mo Kio Ind Park 2
to repair my taxi. But the repair cost is too high hence he asked me to proceed to file a claim
against him

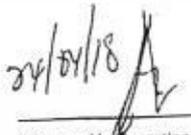
**Declaration**

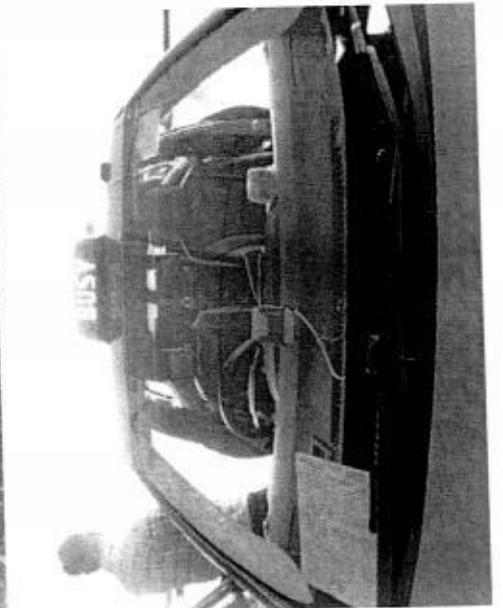
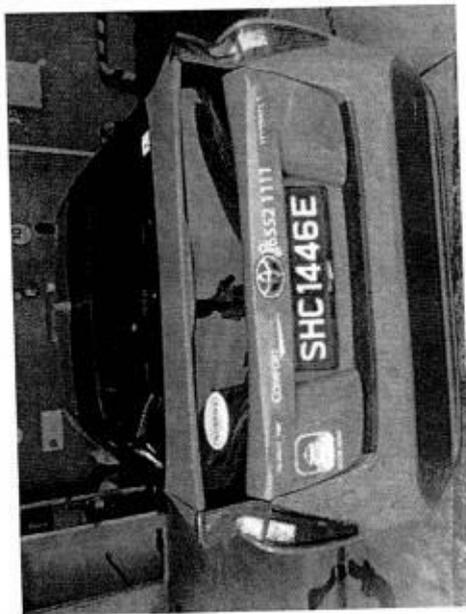
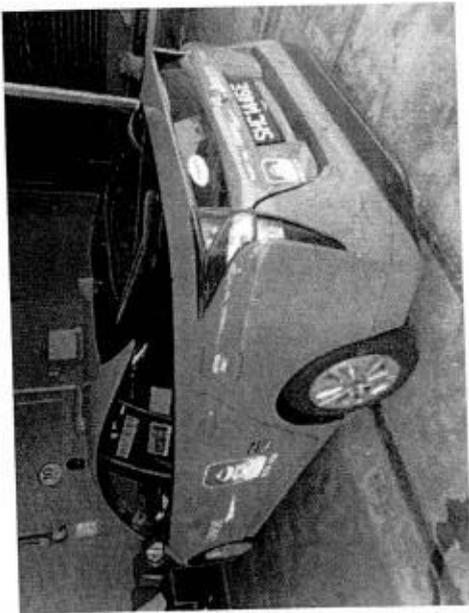
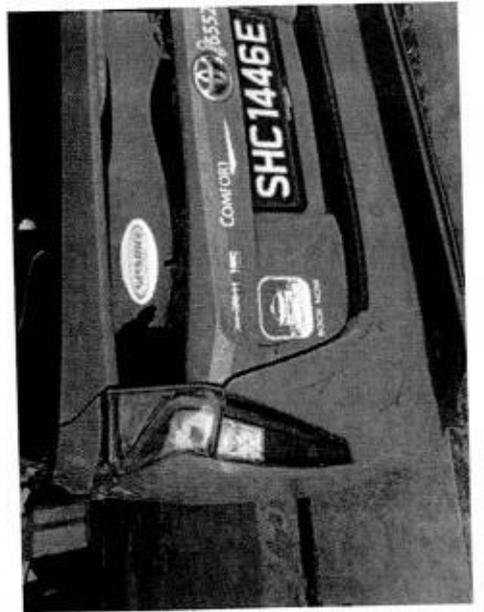
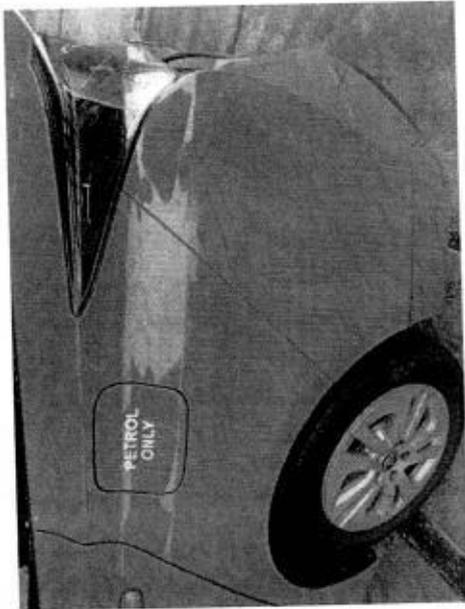
I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature/Date &  
Time

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

  
Witnessed by Reporting  
Centre Personnel



A member of COMFORTDELGRO

Date/Time: 24.04.2018 15:58 Page : 1

Team: ARC Repair TP(CLSO)1

**JOB CARD** Sales Order: JC NO305145451

CUSTOMER NAME: COMFORT TRANSPORTATION PTE LTD VMS NO: 7010045 CUSTOMER NO: 383 SIN MING DRIVE ADDRESS: Singapore SINGAPORE 575717 TEL: (R) 65508755 (P) (O) SCOUNT CARD NO.	REGN NO: SHC1446E MAKE: TOYOTA MODEL: PRIUS HYBRID(G4)24.04.2018 13:10 YR OF MANU: 25.05.2017 CHASSIS CODE: JTDKB3FU603557122	MILEAGE FUEL DATE/TIME IN TARGET DATE COMPLETION DATE/TIME:
	VARS	E.....1/2.....F
	(B)	DATE/TIME IN: 04.2018 13:10
	(B)	TARGET DATE
	(B)	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 24.04.2018  
 NATURE: 3P 24.04.2018

Q / NO	LABOR CODE	DESCRIPTION
	NTUC -	taxi Rear left damage
	LCC/Kalvi -	

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC1446E  
 Name: LARRY

Vehicle No.: SHC1446E

Larry Ng

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHC 1446E

DATE : 25.04.2018

MAKE :

DOA: 24.04.18

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR TRUNK LID LOGO(PRIUS) - <i>acc</i>			\$ 60.80	
REAR TRUNK LID LOGO(HYBRID) - <i>acc</i>			\$ 52.40	
REAR TRUNK LID LOGO(TOYOTA STAR) - <i>acc</i>			\$ 52.90	
REAR BUMPER - <i>Reformed</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>Fix</i>			\$ 318.80	
REAR BUMPER UNDER COVER - <i>cut</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>Fix</i>			\$ 112.70	
REAR BUMPER SPONGE <i>X n1</i>			\$ 143.40	
REAR BUMPER CLIPS - <i>acc</i>			\$ 22.00	
TAIL LAMP ASSY (UPPER) (LH) - <i>acc</i>			\$ 557.90	
TAIL LAMP ASSY (LOWER) (LH) - <i>acc</i>			\$ 548.40	
SUB TOTAL			\$ 2,880.50	
LESS 25%			\$ 720.13	
DISCOUNTED TOTAL			\$ 2,160.38	
REAR TRUNK LID APPS STICKER - <i>acc</i>			\$ 40.00	NETT
REAR TRUNK LID COMFORT & TEL NO. STICKER - <i>acc</i>			\$ 60.00	NETT
REAR BUMPER REVERSE SENSOR <i>X acc</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT - <i>acc</i>			\$ 50.00	NETT
			\$ 285.70	
LABOUR CHARGE				
Panel Beating			\$ <del>250.00</del> <i>200</i>	
Spray Painting Charge			\$ <del>500.00</del> <i>400</i>	
Wiring Charge			\$ <del>50.00</del> <i>20</i>	
Tuff Kote			\$ <del>50.00</del> <i>X acc</i>	
Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>	
TOTAL LABOUR			\$ 970.00	
ESTIMATE TOTAL			\$ 3,416.08	

LKK Auto Consultants hence notify  
 Repairer of the following:  
 • To resurvey before/after spray painting  
 • To display damaged part(s) during resurvey  
 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:

Larry Ng  
 Kelvin LKK  
 25/4/18 1135hr  
 2 pgs  
 PIP  
 Before Part photo

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

Our Job Ref No : 305145451  
Date : 26. Apr. 2018

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHC1446E Date of Accident: 24.04.2018

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

1. The repair job shall bill to: NTUC SJH9606H
2. The finalized amount shall be:
 

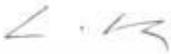
(a) Spare Parts after List discount	\$1,879.20
(b) Labour Charges	\$640.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$2,519.20</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	

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 : Calvin  
Date : 26/4/18

### 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:

\_\_\_\_\_

\_\_\_\_\_

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

JOB NO : 305145451  
 REGN NO : SHC1446E  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 25.05.2017  
 DATE/TIME IN : 24.04.2018 13:10  
 ACCIDENT DATE : 24.04.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	52.90	25.00	39.67
0002	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.40	25.00	39.30
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80	25.00	45.60
0004	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00		30.00
0005	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00		40.00
0006	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00		30.00
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0008	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0009	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0010	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0011	04-01-0302-0581-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42

SUB-TOTAL : 1,829.19

JOB NATURE

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

JOB NO : 305145451  
 REGN NO : SHC1446E  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(C  
 DATE OF REGN : 25.05.2017  
 DATE/TIME IN : 24.04.2018 13:10  
 ACCIDENT DATE : 24.04.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING			200.00		
0001 L	RUBBER MAT			50.00		
0002 23-502	SPRAYPAINT ON AFFECTED AREA			400.00		
0003 17-01	WIRING CHARGE			20.00		
0004 L	REMOVE/REFIX REVERSE SENSOR			20.00		
SUB-TOTAL :						690.00
TOTAL :						2,519.19

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/INC18007664/K1qbn2			
73 BRAS BASAH ROAD		Date: 04-05-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJH 9606H	Veh. Inspected	SHC 1446E
Policy No.	5044261542-07	Coverage (\$)	0.00
Claim No.	MT/0991713-002	Excess (\$)	0.00
Assign From		Assign Date	25/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603557122	Colour	BLUE
Odometer	150603	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	24/04/2018	Inspection Date	25/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1446E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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	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
1	TAIL LAMP ASSY (UPPER) (LH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (LH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-720.12	-576.40
			<b>2,160.38</b>	<b>1,729.20</b>
<b>SPECIAL NETT ITEMS</b>				
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			<b>285.70</b>	<b>150.00</b>
<b>LABOUR</b>				
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		420.00	240.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		550.00	400.00
	-		-	-
	-		-	-
	-		-	-
			<b>970.00</b>	<b>640.00</b>
<b>GRAND TOTAL</b>			<b>3,416.08</b>	<b>2,519.20</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>2,519.20</b>

Report Ref No. NS/INC18007664/K1qbn2



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**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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