[08/11/13]	7
B mey: Kalvin REF: NS/THC18	5009991/Klgbez
	IGNMENT
From: Date:	Veh No: SHA 44724 Yr Regn: May , 24
Es Cima telCost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taki / Prime Mover /
OD ITP MS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To InspiedVehicle No:	Make: Toyota Poly cc 1798
at Workstopm/s	Colour Ble AIC: Insugged / Std / NI / NA
of	Sp.Reading 9/444 T/Radio: Insured / Std / NI / NA
Insured: CJL 1892D	Eng/No:
Pallog No 5100 815955 2(0518 - 2019	CNO: JTDKB3F4x0355692
Claims No. 14 10917380-001	Gen. Cond: Good / Fair / Poor / Burnt
Sum insuré Excess:	Steering: Inord / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inogder / Jammed / Leaked / Burnt or
Make of Wit	Modi: Nil /S/Rim / STO A/Rim or
	Tyre Size; F: 195/651.5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYO/YOKO or Wed the
Ball, or Market Value:	
IDAC Accident Roort: Consistent? : Yes or No	9/9-1 1 9/9-1 1 ·
GIA / PR Seen: Consistent? : Yes or No	100 1
Est. Repairs:	D.O.A. ,/6/-1 D.O.I. 1/6/-8
Lum Sum: % 3 Val.; Yes or No	1060 11
CA / REV / REP. / 24 HRS Vehicle: 'IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
SAN 1447211 - CC4 /ISM 170F885/	KIPLOQ2 PM - CTOPH INC
SU 18010 - x	1/9
4/6/18 Chart p/p \$1905-61/21	In. (Red \$ 1230, 74, 39%)
RECEIVED	€ JUN 2018
2 *	
	* v
	Days Of Repair: 2
	Resurvey No. of Trip: Survey Fee: 160
Data/Time, Fille Redura to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
_ump Sum / LB.1: (\$ (505-61)	: Weekend (\$)
	TOTAL 160



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

TEL: 6841 0055 FAX: 6841 6315





NT	UC INCOME INSU	RANCE CO-OPERATIVE LTD	Ref: NS/INC18	009991/K1qb
#05	BRAS BASAH ROA 5-01 NTUC TRADE 9556	AD UNION HOUSESINGAPORE	Date: 02-06-201	в
1.		Policy Particulars	:- THIRD PARTY C	LAIM
П	Insured Veh.	SJL 1892D	Veh. Inspected	SHA 4472U
	Policy No.	5100815955	Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	01/06/2018
2.		Vehicle Parti	culars & Condition	A STATE OF THE STA
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	*:	Steering	
	Brakes		Modification	
	General			
3.		Conditi	ons 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	on of Damages	Name of Particular Control
5.	MARKET DE		Information	
_	Accident Date	01/06/2018	Inspection Date	01/06/2018
	Survey held at	COMFORTDELGRO ENGINEER	RING PTE LTD	
		59 LOYANG DRIVE SINGAPORE 508969		
5a.	A PARTY		emarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WIT	HOUT PREJUDICE" B	ASIS.

TP Claims against NTUC Income: Follow-Through Survey

1 MT/0997300-001 COMFORT TRANSPORTATION PTE LTD SHA 4472U SJL 1892D 01/06/2018 4:00 \$ 3,13	/Mr	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	E	stimate
172U SJL 1892D 01/06/2018	74.	HIGHING HEIGHT COME							4 4 7 4 4
		AAT ///00/73/00/1	COMEDRA TRANSPORTATION PTF LTD	SHA 4472U	SJL 1892D	01/06/2018	4:00	n	3,136.3
	-	WII/USS/SUN-UNT							

								Gener	alClaim
21						Change La	nguage	· Change Passwore	Log Out
Polic	y Query								
Policy N	0.				Date of Ac	odent	01/06	/2018 14:50	
Vehicle !	No.(For Motor)	53L1892D							
				1	Search				
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
.0	5100815955	ALLIANCE PTE	201613074E	GPC	Third Party	S3L1892D	53L1892D	24/05/2018	23/02/2019
	Policy N Vehicle I Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) Sill##2D Select Policy No. Policyholder Name KINETIC ALLIANCE PTE	Policy Query Policy No. Vehicle No.(For Motor) Sill 1892D Select Policy No. Palicyholder Name NRIC KINETIC S100815955 ALLIANCE PTE 201613074E	Policy Query Policy No. Vehicle No.(For Motor) Sal.1892D Select Policy No. Policyholder Nazc Nazc Nazc KINETIC ALLIANCE PTE 201613074E GPC	Policy Query Policy No. Date of Action Vehicle No. (For Motor) STL1892D Select Policy No. Palicyholder Name Product Cover Type KINETIC ALLIANCE PTE 5100815955 ALLIANCE PTE 201613074E GPC Third Party	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SJL1892D Select Policy No. Policyholder NRIC Product Cover Type Vehicle No. KINETIC ALLIANCE PTE 201613074E GPC Third Party SJL1892D	Policy Query Date of Accident D1/06	Policy Query Policy No. Date of Accident 01/06/2018 14:50 Vehicle No.(For Motor) SJL1892D Select Policy No. Policyholder Name NRIC Product Cover Type Vehicle Insured Commence Date KINETIC S100815955 ALLIANCE PTE 2016130746 GPC Third Party SJL1892D SJL1892D 24/05/2018

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 4472U

MAKE

MODEL : TOYOTA PRIUS

1/6/2018 15:11

MILL

PARTS DESCRIPTION	QTY	UNIT PRICE	1	AMOUNT	
REAR TRUNK LID LOGO(PRIUS) / MC			s	60.80	Call
REAR TRUNK LID LOGO(HYBRID)			\$	52,40	883
REAR TRUNK LID LOGO(TOYOTA STAR)			s	52.90	
REAR BUMPER			\$	458.60	9
REAR BUMPER RE-INFORCEMENT			\$	318.80	
REAR BUMPER UNDER COVER /			s	552.60	100
REAR BUMPER SIDE RETAINER, LH "			s	112.70	
REAR BUMPER SPONGE X AS			s	143.40	1
REAR BUMPER UNDER SIDE COVER (LH)				232.00	
REAR BUMPER CLIPS	1 1		s	22.00	Vi .
ARM SUB-ASSY, REAR BUMPER, LH	1 1		s	139.60	
SEAL, REAR BUMPER SIDE, LH X			\$	148.40	
SUB TOTAL			5	2,294.20	
LESS 25%	1 1		S	573.55	
DISCOUNTED TOTAL	1 1		\$	1,720.65	1
REAR TRUNK LID APPS STICKER - AL		10			
REAR TRUNK LID COMFORT & TEL NO. STCJKER	pe	402	\$	40.00	0.55000
REAR BUMPER REVERSE SENSOR SLAW		+18	\$	60.00	
THE POINT EN NEVEROL DENGOR		-11.1	\$	135.70	NETT
			-		
			\$	235.70	
LABOUR CHARGE Panel Beating Spray Painting Charge LKK Auto Consultants hence the Repairer of the following a Te resurvery beforeighter spray part to display damaged part(s) due to confi a Party prices are subject to confi a Third party turvey is on a "With a Charge Charge to confi a special carbon(s) is also	unting g resurvey existion sut Prejudice	besis	s	200 400.00 508.00	400
		nd .	s	50,00	×11
Tuff Kote	Insurance Co	CODING 1	s	50,00	× **
Towing Charge			s	60,00	× "
Remove/Refiv Reverse Sensor			s	120,00	20
1 1/1/k)					
Kalul (((K) TOTAL LABOUR 1/6/8 15 36 L ESTIMATE TOTAL			\$	1,180.00	
ESTIMATE TOTAL			\$	3,136.35	
Refore Part philo					

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.

FORTDELGROENGINEERING

her of COMFORDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 01.06.2018 14:50

Page : 1

Ü

0

ARC Repair TP(CLSO)1	JOB CA	RD Sales Order:	JC NO305168183
		REGN NO. SHA4472U	MILEAGE
OMFORT TRANSPORTATION O 7010045 83 SIN MING DRIVE	N PTE LTD	MAKE TOYOTA	FUEL 1/2 F
ingapore SINGAPORE 5	RANSPORTATION PTE LTD 045 ING DRIVE	MODEL PRIUS HYBRID(G4)01	DATE/TIME IN .06.2018 04:00
5508755 (0)		YR OF MANU. 25.05.2017	TARGET DATE
RD NO		CHASSIS CODE JTDKB3FUX03556930	COMPLETION DATE/TIME:

JOB DESCRIPTION

ent Date: 01.06.2018

E: 3P 01.06.18

ARD NO.

LABOR CODE

DESCRIPTION

PASSED OUT BY:					
SERVICE ADVI	SOR		C	CUSTOMER'S SIGNATURE	
int Slip		Exit Pass			C
SHA4472U	JU NTUC	Vehicle No.:	SHA4472U		C
Advisor ,	Signature/Date	Name of Service A	Advisor	Date	1111
3 Service Reception up	on collection	To be kept by Sec	urity Guard		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

5. Any false reporting may be referred to the Police for investigation.

- 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.

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	01/06/2018 13:51
Date Of Accident	01/06/2018 04:00
Exact Location Of Accident	BUS STOP ALONG TAMPINES AVE 9 OUTSIDE TAMPINES JUN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA4472U
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	ТОУОТА
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
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	NG KEH LAIN
NRIC No	S1511167D
Date Of Birth	31/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1980
Driving Experience	37 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81151245
Fax Number	
22 77 17 17 17	

NOEMAIL

BLK 95 BEDOK NORTH AVENUE 4 Address

#11-1401

460095 Postcode

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

Number of vehicles involved in the accident

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)

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

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

SJL1892D

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM JUN XIAN

NRIC/Passport Number

S9301088D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

. Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NG KEH LAIN

GIDDY

SHA4472U

YES

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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:

-1

I nke Wei Yiena

Reporting Centre Personnel's Signature

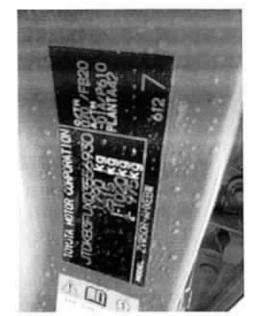
Name:

NRIC/FIN No.:

GURRAC Shotch-iznfarm_V3

SKETCH PLAN		
		Tampines Junior
		college
A: 8HA4472L		(D) > ()
B: SJL 189210 Lim Jun Xian	Tampine	2 Ave 9 ->
30 301 4 6 5 12		
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
	it bus stop of	utside of Tamphas
Junior College a Inside my toxi	long Tampines A having Vest.	ve 9. I was sat
followed a verk	ATLA DA I AL	report out to have a
check and Im	nd a car sol	8910 collided onto
the rear portion	of my static	onang texi.
alter accident in	senger in my to ull consult doctor	
ALC MCMONT N	UII (WISHIT ADCION	(once on:
DECLARATION We declare the foregoing particulars a MFORT TRANSPORTATION PT CO. REG. NO. 198303821R		Lore Wei Yieng
olicyholder's Signature	Driver's Signature	Réporting Contre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC ShetchPlanForm_v3

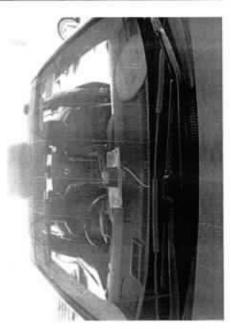












COMFORTDELGRO ENGINEERING

OurJ	ob Re	f No : 305	168183			ENGINEERINÖ
Data		:04/	/06/18		Comfor 69 Loys	DelGro Engineering Pte Ltd ang Drivo Singapore 50896
INA	LIZAT	ION FORM			Fax: 65	45 6156
o	:	1	LKK		Fax:	
ittn			CALVIN		Marit S	
		: SHA44	e151935	Dat	e of Accident :	01/06/18
he s	urvey	and estimates of the	he repairs of the	above-mentione	d vehicle are as	follows:-
	The	repair job shall bill	to:	NTUC		SJL1892D
	The f	inalized amount sh	and her		1##	
	(a)	Spare Parts after				\$1,285.6
	(b)	Labour Charges		tau		\$620.00
	177	Total for Part-B				\$1,905.6/
	(c.)	Lumpsum Repair Total for Lumpsu Final Lumpsum	m repair cost after	er Less: 20%		
		nated normal period				
	We s		ve amount as Co			no reply from you
	We s withi	hall treat the abov	ve amount as Co	orrect and Conf		
	We s withi	hall treat the above n 7 working days	ve amount as Co	orrect and Conf	Irmed If there is	
	We s within	hall treat the above n 7 working days	ve amount as Co	orrect and Conf W	Irmed If there is	imates and
	We s within	half treat the above n 7 working days k you for your assisture :	ve amount as Co	orrect and Conf	Irmed If there is e confirm the est alized amount	Imates and
	We s within Thank	hall treat the above n 7 working days k you for your assisture :	ve amount as Co	orrect and Conf	irmed if there is e confirm the est alized amount gnature :	imates and
	We s within Thank Signa Name	hali treat the above n 7 working days k you for your assisture : JUMANI : 6	stance.	orrect and Conf	e confirm the est alized amount gnature :	Imates and
	We s within Thank Signa Name Tel	hali treat the above n 7 working days k you for your assisture : JUMANI : 6	stance.	orrect and Conf	e confirm the est alized amount gnature :	Imates and
r 0	We s within Thank Signa Name Tel Fax	hali treat the above n 7 working days k you for your assisture : : JUMANI : 6	stance.	Document Attached	e confirm the est alized amount gnature :	Imates and
	We s within Thank Signa Name Tel Fax	hali treat the above n 7 working days k you for your assisture : : JUMANI : 6	stance. 214 8315	orrect and Conf	e confirm the est alized amount gnature :	Icalina 4/6/rg
Re	We s within Thank Signa Name Tel Fax fficial	half treat the above n 7 working days k you for your assistant: JUMANI 6 6 Use Only	stance. 214 8315	Document Attached Yes or No	e confirm the est alized amount gnature :	Icalina 4/6/rg
r O	We s within Thank Signa Name Tel Fax fficial	hali treat the above n 7 working days k you for your assistant: iture: iture	stance. 214 8315	Document Attached Yes or No	e confirm the est alized amount gnature :	Icalina 4/6/rg
Re Los	We si within Thank Signa Name Tel Fax Hiclal Riss of Invey F	half treat the above n 7 working days k you for your assistance: Sture :	stance. 214 8315	Document Attached Yes or No	e confirm the est alized amount gnature :	Icalina 4/6/rg
Re Los Su LT/	We si within Thank Signa Name Tel Fax Hiclal Intal R ss of in rvey F A Sea dical F	half treat the above n 7 working days k you for your assisture : JUMANI 6 6	stance. 214 8315 5468156 Amount	Document Attached Yes or No	e confirm the est alized amount gnature :	Icalina 4/6/rg

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 04.06.2018 Time: 17:42:00

Page: 1

COMPAINY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE : 305168183 : SHA4472U 0000000000

MAKE

TOYOTA

MODEL

PRIUS HYBRID(G4)

DATE OF REGN DATE/TIME IN

25.05.2017

01.06.2018 04:00

ACCIDENT DATE

: 01.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-O1-0302-2282-G PRIG4 COVER REAR BUMPER 1 458.60 25.00 343.95 0002 04-O1-0302-2287-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 04-01-0302-2865-G PRIG4 FILLER-REAR BUMPER 1 232.00 25.00 174.00 0005 04-01-0302-2269-G PRIG4 ORNAMENT SUB-ASSY B 1 52.90 25.00 39.67 0006 04-01-0302-2270-G PRIG4 PLATE-BACK DOOR NAM 1 52.40 25.00 39.30 0007 04-01-0302-2271-G PRIG4 PLATE-BACK DOOR NAM 1 60.80 25.00 45.60 0008 28-01-0302-0006-A PRIVC REAR BOOT 65521111 1 N 30.00 10.00 27.00 0009 28-01-0302-2013-A PRIVC REAR BONNET APP TAX 1 N 40.00 10.00 36.00 0010 28-01-0302-2015-A PRIVC REAR BONNET COMFORT 1 N 30.00 10.00 27.00 0011 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY 1 N 135.70 10.00 122.13

SUB-TOTAL : 1,285.60

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.06.2018 Time: 17:42:00

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTO MER: 7010045

ADDRE SS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

305168183

REGN NO

: SHA4472U

MILEAGE MAKE

: 0000000000

: TOYOTA

MODEL

: PRIUS HYBRID(C

DATE OF REGN DATE/TIME IN : 25.05.2017

: 01.06.2018 04:00

ACCIDENT DATE : 01.06.2018

JOB/PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0000 L

PANEL BEATING-REAR

200.00

0001 23-502

SPRAYPAINT ON AFFECTED AREA

400.00

0002 L

REMOVE/REFIX REVERSE SENSOR

20.00

SUB-TOTAL : 620.00

TOTAL : 1,905.60

MVA NAME & SIGNATURE

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

DATE:



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/INC1800999	91/K1qbe2
#05-	73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			07-06-2018 INC4	
1.	TO THE	Policy Particulars	:- THIR	D PARTY CLAIM	
	Insured Veh.	SJL 1892D	Veh. I	nspected	SHA 4472U
	Policy No.	5100815955	Cover	age (\$)	0.00
	Claim No.	MT/0997300-001	Exces	s (\$)	0.00
	Assign From		Assig	n Date	01/06/2018
2.		Vehicle Parti	culars 8	& Condition	
	Make & Model	TOYOTA PRIUS	c.c		1798
	Engine No.	HIDDEN	Year	of Reg.	2017
	Chassis No.	JTDKB3FUX03556930	Colou	r	BLUE
	Odometer	91444	Steeri	ng	IN ORDER
	Brakes	IN ORDER	Modif	ication	STANDARD ALLOY RIM
	General	FAIR			
3.		Condit	ions 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.		Descripti	on of D	amages	
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR N/S	PORTION.	
	DAMAGES SEE D	ETAILS.			
5.		Genera	I Inform	nation	
	Accident Date	01/06/2018	Inspe	ction Date	01/06/2018
	Survey held at	COMFORTDELGRO ENGINEE	RING PT	ELTD	
		59 LOYANG DRIVE SINGAPORE 508969			
5a.			emarks		State of the second
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT I	PREJUDICE" BASIS NOT AUTHORISE	D REPAIRS.
5b.		Estimate	Days o	A COLUMN TO A COLU	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		2 Working Days	



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 4472U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
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, LH	SERVICEABLE	112.70	
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	
1	REAR BUMPER UNDER SIDE COVER (LH)	CRACKED	232.00	232.00
-1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	ARM SUB-ASSY, REAR BUMPER, LH	SERVICEABLE	139.60	
1	SEAL, REAR BUMPER SIDE, LH	SERVICEABLE	148.40	
	LESS 25% DISCOUNT		-573,55	-357.82
			1,720.65	1,073.48
	NETTITEMS			
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (N)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT	531555		-23.57
			235.70	212.13
	LABOUR			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINT.		500.00	400.00
	WIRING CHARGE	NOT NECESSARY	50.00	
	TUFF KOTE.	NOT NECESSARY	50.00	
	TOWING CHARGE.	NOT NECESSARY	60.00	
	REMOVE / REFIX REVERSE SENSOR.		120.00	20.00
			1.	

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
			-	-
			1,180.00	620.00
-	GRAND TOTAL		3,136.35	1,905.61

RECOMMENDED COST OF REPAIRS ((CONFIRMED)	1,905.61

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

L

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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