

106 (11/13)  
Kamin

REF: NS/INC18010226/Klvbnz

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 O/I/TP/Ins / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 at Workshop No/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: SLT 1478B  
 Policy No: 5096119724 25.11.17 - 24.11.18  
 Claims No: MT/0997316-002  
 Surplus: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SHC1488J Yr Regn: 29 Jun 2017  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Prius c.c. 1798...  
 Colour: Blue A/C: Insured / Std / Nil / NA  
 Sp. Reading: 156951 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTDK83F4503261176  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inoperative / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inoperative / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD/Rim or \_\_\_\_\_  
 Tyre Size: F: 195/65R15  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Wentale

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

Front: R/Bal. 7 mm L/Bal. 7 mm D.O.A. 5/6/18  
 Rear: R/Bal. 7 mm L/Bal. 7 mm D.O.I. 5/6/18  
 Survey held at (DGE (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.

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHC 1488J - 003/AXA/2020322/HVldw2 O/A: 17.10.12 INC
	SLT 1478B - x PIP
7/6/18	(Indiv) PIP \$4147.71/365 (Red 2443.27, 3710)
RECEIVED 08 JUN 2018	

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) 8/6 - typist  
 Report Format: TP  
 Lump Sum / I.B.I.: (\$ 4147.71)

Days Of Repair: 3  
 Resurvey No. of Trip: 1  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	_____
Transportation:	_____
_____ S + RS _____ SI	_____
Photos	_____
Others	_____
TOTAL	<u>160</u>



# 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/INC18010226/K1vb			
73 BRAS BASAH ROAD		Date: 05-06-2018	
#05-01 NTUC TRADE UNION HOUSESINGAPORE			
189556		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SLT 1478B	Veh. Inspected	SHC 1488J
Policy No.	5096119724	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/06/2018
<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	05/06/2018	Inspection Date	05/06/2018
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.			

## Veron Chen (LKKAUTO)

**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Friday, 8 June 2018 11:19 AM  
**To:** Veron Chen (LKKAUTO)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

Claim created

With Regards

Samsia  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Friday, June 08, 2018 9:28 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0997316-002	COMFORT TRANSPOTATION PTE LTD	SHC 1488J	SLT 1478B
2	MT/0997816-001	COMFORT TRANSPOTATION PTE LTD	SHC 1299M	FBH 917P

D.O.A	Time of Accident	Estimate	Tentative repair cost
5/6/2018	8:00	\$6,590.98	\$4,147.71
3/6/2018	0.50	\$10,249.16	\$2,200.00

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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## Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)

[My Desktop](#)  
[Notice of Loss](#)

**Policy Query**

Policy No.  Date of Accident   
 Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096119724	KEVINEA ENTERPRISE	53341032X	GPC	drive CLASSIC	SLT1478B	SLT1478B	25/11/2017	24/11/2018

## 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	05/06/2018 10:36
Date Of Accident	05/06/2018 08:00
Exact Location Of Accident	CTE TUNNEL TWDS CITY CLEMENCEAU AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1488J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	YEOW SEE TEE
NRIC No	S0902462Z
Date Of Birth	25/08/1945
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1966
Driving Experience	51 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91159073
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 79 INDUS ROAD #12-429
Postcode	161079
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : FEMALE

### 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	SLT1478B
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	YEOW SEE TEE
Approximate Age	
Injuries Sustain	NECK, SHOULDER, LEFT LEG AND RIGHT HAND SUSTAINED BRUISES
Injured person in which vehicle?	SHC1488J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

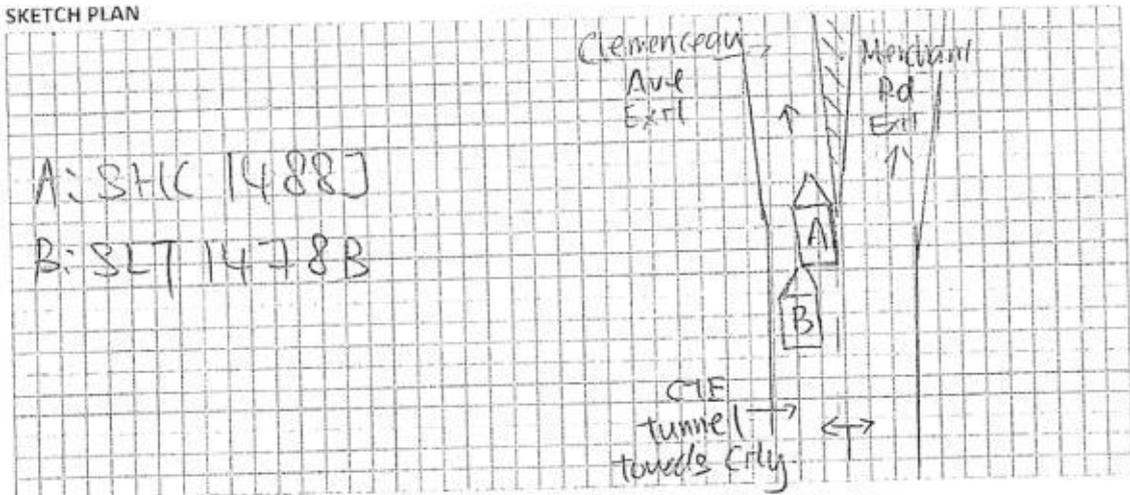
Loke Wei Yieng  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IMC SketchPlanForm\_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/6/18 at about 08:00 hrs, I was driving on CTE leading towards City, Clemenceau Ave Exrl.

Shortly after I reduced my taxi speed as I approaching exit way. At the same time, I felt an impact from my taxi behind. A car SLT1478B collided onto the rear portion of my taxi.

01 female passenger on board my taxi. No injury at the point of accident. I felt pain on neck, shoulder, left leg and my right hand sustained bruises as well, will consult doctor later on

DECLARATION

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

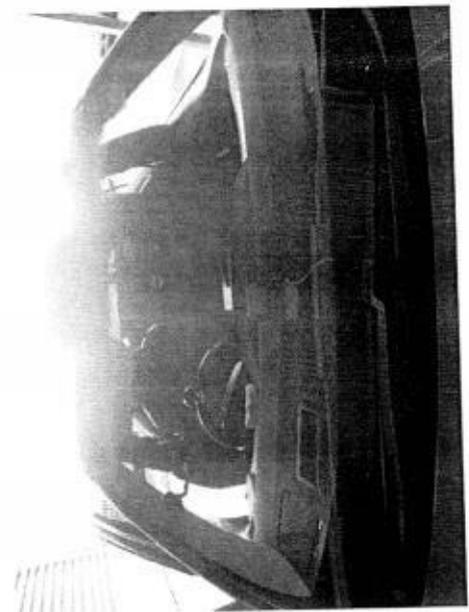
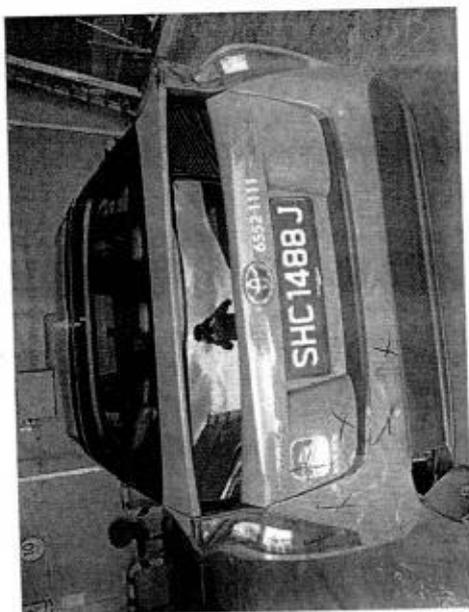
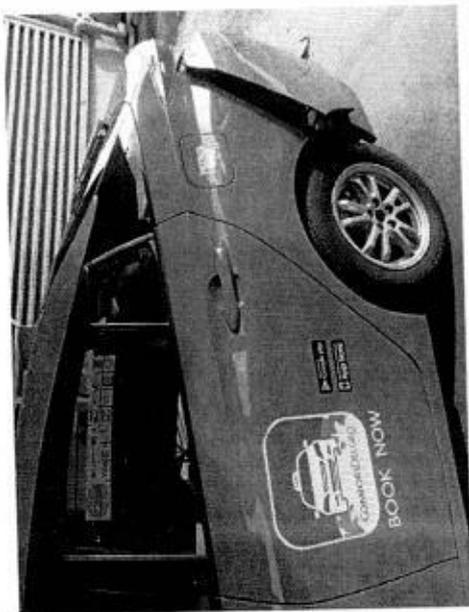
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

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.:

Loke Wei Yieng





REPAIR ESTIMATE

VEHICLE NO : SHC 1488J

DATE :

6/5/2018 11:41

*NMC*  
*JH*

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>x repair</i>			\$ 922.50
REAR TRUNK LID COVER TRIM BOARD <i>x see</i>			\$ 216.50
REAR TRUNK LID GLASS (BLACK COLOR) <i>x m</i>			\$ 721.30
REAR TRUNK LID LOGO(PRIUS) <i>all</i>			\$ 60.80
REAR TRUNK LID LOGO(HYBRID) <i>all</i>			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR) <i>all</i>			\$ 52.90
REAR BUMPER <i>all</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>all</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>all</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>x see</i>			\$ 112.70
REAR BUMPER SPONGE <i>x 4</i>			\$ 143.40
REAR BUMPER CLIPS <i>all</i>			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH <i>x repair</i>			\$ 94.80
SEAL, REAR BUMPER SIDE, LH <i>x repair</i>			\$ 148.40
TAIL LAMP ASSY (UPPER) (LH) <i>all</i>			\$ 557.90
TAIL LAMP ASSY (LOWER) (LH) <i>all</i>			\$ 548.40
<i>Rear Trunk Lid outer garnish</i>			\$ 689.70
SUB TOTAL			\$ 4,984.00
LESS 25%			\$ 1,246.00
DISCOUNTED TOTAL			\$ 3,738.00
REAR NO. PLATE WITH TRIM COVER <i>x see</i>			\$ 100.00
REAR TRUNK LID APPS STICKER <i>all</i>			\$ -10% 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>all</i>			\$ -10% 60.00
REAR BUMPER REVERSE SENSOR <i>all</i>			\$ -16 135.70
REAR BUMPER RUBBER MAT <i>all</i>			\$ 50.00
			\$ 385.70
			\$ 600
			\$ 850.00
			\$ 750.00
			\$ 30.00
			\$ 50.00
			\$ 120.00
TOTAL LABOUR			\$ 1,800.00
ESTIMATE TOTAL			\$ 5,923.70
			6590.98

**LABOUR CHARGE**  
 Panel Beating  
 Spray Painting Charge  
 Wiring Charge  
 Tuff Kote  
 Remove/Refix Reverse Sensor

**LKK Auto Consultants** hence notify the Repairer of the following:  
 • To resurvey before/after spray painting.  
 • To display damaged parts during resurvey.  
 • Parts prices are subject to change.  
 • Third party survey is not on a no fault basis.  
 • No illegal modifications allowed.  
 • Supplementary work is subject to final approval and is subject to final approval by the insurance company.  
 Acknowledged by Repairer:  
 Signature:  
 Date:

*Kahin (1664)*  
*5/6/18 13:04*  
*3 Days*  
*PIP*  
*Retire Paint p/ls*

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

JOB NO : 305169627  
 REGN NO : SHC1488J  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 29.06.2017  
 DATE/TIME IN : 05.06.2018 09:15  
 ACCIDENT DATE : 05.06.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	N	40.00	10.00	36.00
0002	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	N	30.00	10.00	27.00
0003	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	N	30.00	10.00	27.00
0004	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1		52.90	25.00	39.67
0005	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1		52.40	25.00	39.30
0006	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1		60.80	25.00	45.60
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1		458.60	25.00	343.95
0008	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1		318.80	25.00	239.10
0009	04-01-0302-2267-G	PRIVC BUMPER PIECE	10		22.00	25.00	16.50
0010	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1		552.60	25.00	414.45
0011	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1		548.40	25.00	411.30
0012	04-01-0302-0581-G	PRIG4 LENS & BODY RR COMB	1		557.90	25.00	418.42
0013	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	N	135.70	10.00	122.13

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

JOB NO : 305169627  
 REGN NO : SHC1488J  
 MILEAGE : 000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(C  
 DATE OF REGN : 29.06.2017  
 DATE/TIME IN : 05.06.2018 09:15  
 ACCIDENT DATE : 05.06.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2346-G PRIG4 GARNISH SUB ASSY BA	1		889.70	25.00	667.27

SUB-TOTAL : 2,847.69

JOB NATURE

0000 L	REAR BUMPER MAT				50.00
0001 L	PANEL BEATING- REAR				600.00
0002 23-502	SPRAYPAINT ON AFFECTED AREA				600.00
0003 17-01	CHECK ALL LIGHTING				20.00
0004 L	REMOVE/REFIX REVERSE SENSOR				30.00
					SUB-TOTAL : 1,300.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 06.06.2018

Time: 18:14:33

Page: 3

REPAIR ESTIMATE

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

JOB NO : 305169627  
REGN NO : SHC1488J  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 29.06.2017  
DATE/TIME IN : 05.06.2018 09:15  
ACCIDENT DATE : 05.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 4,147.69

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE : AUTHORIZED : YES / NO

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305169627

Date : 07/06/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC1488J

Date of Accident : 05/06/18

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

- The repair job shall bill to: NTUC --- SLT1478B  
###
- The finalized amount shall be:
 

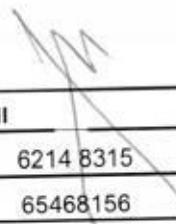
(a) Spare Parts after List discount		<u>\$2,847.00</u> <sup>7/</sup>
(b) Labour Charges	###	<u>\$1,300.00</u>
<b>Total for Part-By-Part Repair Cost</b>		<u>\$4,147.00</u> <sup>7/</sup>
(c.) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		
<b>Final Lumpsum Repair cost</b>		

3. Estimated normal period for repairs: 3 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Calvin

Date : 7/6/18

### 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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_



# National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD		Ref: NS/INC18010226/K1vbn2
73 BRAS BASAH ROAD		
#05-01 NTUC TRADE UNION HOUSESINGAPORE		
189556	Date: 19-06-2018	
Code: INC4		

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLT 1478B	Veh. Inspected	SHC 1488J
Policy No.	5096119724	Coverage (\$)	0.00
Claim No.	MT/0997316-002	Excess (\$)	0.00
Assign From		Assign Date	05/06/2018

### 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU503561176	Colour	BLUE
Odometer	156951	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.  
DAMAGES SEE DETAILS.

### 5. General Information

Accident Date	05/06/2018	Inspection Date	05/06/2018
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: **3 Working Days**



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1488J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR TRUNK LID COVER	TO REPAIR SEE LABOUR	922.50	-
1	REAR TRUNK LID COVER TRIM BOARD	SERVICEABLE	216.50	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NOT NECESSARY	721.30	-
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	BENT	318.80	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	RETAINER,REAR BUMPER SIDE,LH	TO REPAIR SEE LABOUR	94.80	-
1	SEAL,REAR BUMPER SIDE,LH	TO REPAIR SEE LABOUR	148.40	-
1	TAIL LAMP ASSY (UPPER)(LH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER)(LH)	CRACKED	548.40	548.40
1	REAR TRUNK LID OUTER GARNISH	CRACKED	889.70	889.70
	LESS 25% DISCOUNT		-1,468.42	-878.52
			4,405.28	2,635.58
<b>NETT ITEMS</b>				
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		-	-23.57
			235.70	212.13
<b>SPECIAL NETT ITEMS</b>				
1	REAR NO PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			150.00	50.00
	<b>LABOUR</b>			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR TRUNK LID COVER, RETAINER, REAR BUMPER SIDE, LH AND SEAL, REAR BUMPER SIDE, LH.		850.00	600.00
	SPRAY PAINTING CHARGE.		750.00	600.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			1,800.00	1,250.00
<b>GRAND TOTAL</b>			<b>6,590.98</b>	<b>4,147.71</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>4,147.71</b>

Report Ref No. NS/INC18010226/K1vbn2

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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