

Surveyor

Kalvin

REF:

NS/INC18010961/Kirber

ASSIGNMENT

From: Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured SW 6879P

Policy No 5097208685 050118 - 0401-19

Claims No MT 16998569-02

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: days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHD35945

Yr Regn:

1454 246

Type: M.Car / M.Cycle / Bus / Van / Lorry / Tow / Prime Mover /

Truck / Trailer or

Make:

Toyota Prius

C.C

1728

Colour:

Blue

A/C:

Ins / Std / NI / NA

Sp. Reading

237155

T/Radio:

Ins / Std / NI / NA

Eng/No:

C/No:

J70KBJF4063529152

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

195/65R15

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

TOYO / YOKO or

Waste

Front

Rear

R/Bal:

7

mm

R/Bal:

7

mm

L/Bal:

7

mm

L/Bal:

7

mm

D.O.A.

13/6/18

D.O.A.

14/6/18

Survey held at

CDHE (Loyang)

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

Rear

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

Date / Time

Action / Instruction

SHD 35945 - CR3/ALH14014283/H1120302

DAF-260714

INC

SW 6879P - K

Label PIP \$5702.63 / 3. PIP

Rd: \$1700.22, 23/1.

PIP

22/6/18

RECEIVED 25 JUN 2018

Date/Time, File Pass 107



: Preli. Report



: Final Report

Date/Time, File Return 107

3)

Report Format:

PIP : \$5702.63

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$

Survey Fee:

Transportation

1. \$ + RS \$

2. Photos

3. Others

160

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	Estimate	Tentative repair cost
1	MT/0999285-002	COMFORT TRANSPORTATION PTE LTD	SHD 4182R	SLP 4094B	18/06/2018	\$ 3,738.64	\$ 900.00
2	MT/0999426-002	CITYCAB PTE LTD	SHC 276K	SKR 5223R	19/06/2018	\$ 2,686.00	\$ 1,200.00
3	MT/0999510-003	COMFORT TRANSPORTATION PTE LTD	SH 8839C	SHB 8865M	20/6/2018	\$ 1,603.13	\$ 400.00
4	MT/0999812-001	COMFORT TRANSPORTATION PTE LTD	SHC 2368R	GBE 2572C	18/6/2018	\$ 2,420.52	\$ 1,550.00
5	MT/0998569-002	COMFORT TRANSPORTATION PTE LTD	SHD 3594S	SLU 6879P	13/6/2018	\$ 7,568.23	\$ 5,702.63

Claim received from LKK Auto



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/INC18010961/K1rb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 18-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 6879P	Veh. Inspected	SHD 3594S
Policy No.	5097205685	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	14/06/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	13/06/2018	Inspection Date	14/06/2018
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.
--

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/06/2018 15:33"/>						
Vehicle No. (For Motor)	<input type="text" value="SLU6879P"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5097205685	HENG YONG SHENG	S8234150A	GPC	drive CLASSIC	SLU6879P	SLU6879P	05/01/2018	04/01/2019
<input type="button" value="Continue"/>									

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO305175150

CUSTOMER		REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD		SHD3594S	
MS	7010045	MAKE	FUEL
CUSTOMER NO.		TOYOTA	E 1/2 F
RESS	383 SIN MING DRIVE	MODEL	DATE/TIME IN
	Singapore SINGAPORE 575717	PRIUS HYBRID(G4)13.06.2018 15:45	
(R) 65508755	(O)	YR OF MANU.	TARGET DATE
(P)		14.09.2016	
COUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME
		JTDKB3FU603529952	

NTUC

Accident Date: 13.06.2018
Nature: 3P 13.06.2018

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

No.: SHD3594S LKE

Vehicle No.: SHD3594S

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



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	13/06/2018 16:41
Date Of Accident	13/06/2018 14:30
Exact Location Of Accident	CLEMENTI RD TWDS AYE X MAJU DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3594S
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?	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	RONNIE LAM CHIANG SEET
NRIC No	S1171616D
Date Of Birth	11/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96646588
Fax Number	
Contact Number	
EMail Address	AIKIDO85@SINGNET.COM.SG

Address	158 07-1500 LORONG 1 TOA PAYOH
Postcode	310158
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

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

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

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

SEE ATTACH.

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	SLU6879P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

A = GND 3594S
B = SLU 6879P

Clear Rd. towards N/E
X Major Dr.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/6/18 @ abt 1430 hrs. I was driving along above junction. As I approaching the traffic junction, I slowed down & stopped gradually. Suddenly I felt an impact followed by a jerk from behind. Shortly after I stepped out to check & found that a car SLU 6879P front portion collided onto the rear portion of my taxi. 2 male pax on board my taxi & no one was injured at the point of accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 11:01 AM

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: 30 Yen Yee

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 TRAVEL
GE REG. INC.
Policyholder's Signature _____
Date & Time: _____

TIGM 21
03821P

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

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

REPAIR ESTIMATE

VEHICLE NO : SHD 3594S

13/6/2018 15:59

MAKE :

MODEL : TOYOTA PRIUS

LKK/kawm: PbyP

Like

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID COVER <i>Best</i>			\$ 922.50
REAR TRUNK LID LOCK <i>X su</i>			\$ 447.70
REAR TRUNK LID GLASS (BLACK COLOR) <i>na</i>			\$ 721.30
GARNISH SUB-ASSY, BACK DOOR, OUTSIDE <i>cm</i>			\$ 889.70
REAR TRUNK LID LOGO(PRIUS) <i>na</i>			\$ 60.80
REAR TRUNK LID LOGO(HYBRID) <i>na</i>			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR) <i>na</i>			\$ 52.90
REAR BUMPER <i>Best</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>Best</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>cm</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X su</i>			\$ 112.70
REAR BUMPER SPONGE <i>X su</i>			\$ 143.40
REAR BUMPER CLIPS <i>na</i>			\$ 22.00
TAIL LAMP ASSY (LOWER) (RH) <i>X su</i>			\$ 548.40
REAR WINDSCREEN GLASS <i>na</i>			\$ 1,555.80
REAR WINDSCREEN GLASS MOULDING <i>X su</i>			\$ 208.60
<i>new floor cover</i> <i>cm</i> <i>\$220.50</i>			
SUB TOTAL			\$ 7,068.20
LESS 25%			\$ 1,767.05
DISCOUNTED TOTAL			\$ 5,301.15
REAR NO. PLATE WITH TRIM COVER <i>X su</i>			\$ 100.00
REAR TRUNK LID APPS STICKER <i>na</i>			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STICKER <i>na</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR <i>shale</i>			\$ 135.70
REAR WINDSCREEN SEALANT <i>na</i>			\$ 46.00
			\$ 381.70
LABOUR CHARGE			600
Panel Beating			\$ 850.00
Spray Painting Charge			\$ 500.00
Wiring Charge			\$ 50.00
Tuff Kote			\$ 50.00
Remove/Refix Cushion & Upholstery Rear			\$ 150.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 1,720.00
ESTIMATE TOTAL			\$ 7,402.85

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey below after spray painting
- Damage is subject to confirmation
- Third party survey is on a "No Fault Prejudice" basis
- No illegal modifications allowed
- Supplementary correct must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

Kohli reker

14/6/18 1145 hr

3 By

P11

Best P14 p16

NETT

NETT

NETT

NETT

NETT

600

850.00

500.00

50.00

50.00

150.00

120.00

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.

256822

COMFORTDELGRO ENGINEERING

Our Job Ref No 305175150

Date : 21/06/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 6156

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHD3594S CTPL

13.06.18

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

1. The repair job shall bill to: NTUC --- SLU6879P
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$4,652.63</u>
(b) Labour Charges	<u>\$1,050.00</u>
Total for Part-By-Part Repair Cost	<u>\$5,702.63</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u> </u>
Final Lumpsum Repair cost	<u> </u>

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 : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kalvin

Date : 22/6/18

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

Remarks:

ENGINEERING

VEHICLE NO.: SHD3594S

MODEL : TOYOTA PRU

JOB NO : 305175150

TYPE OF CLAIM : TP-SLU6879P

SURVEY BY : LKK / KAWIN ANG

DATE : 16/6/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

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

JOB NO : 305175150
 REGN NO : SHD3594S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 14.09.2016
 DATE/TIME IN : 13.06.2018 15:45
 ACCIDENT DATE : 13.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK	1 L	922.50	25.00	691.87
0002	04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F	1 L	721.30	25.00	540.97
0003	04-01-0302-2258-G	PRIG4 GLASS BACK DOOR	1 L	1,555.80	25.00	1,166.85
0004	04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1 L	889.70	25.00	667.27
0005	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1 L	52.90	25.00	39.67
0006	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1 L	52.40	25.00	39.30
0007	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1 L	60.80	25.00	45.60
0008	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1 N	40.00	2.50-	40.00
0009	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1 N	30.00	0.25	30.00
0010	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1 N	30.00	0.03-	30.00
0011	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1 L	458.60	25.00	343.95
0012	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1 L	552.60	25.00	414.45
0013	04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1 L	318.80	25.00	239.10

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

JOB NO : 305175150
 REGN NO : SHD3594S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 14.09.2016
 DATE/TIME IN : 13.06.2018 15:45
 ACCIDENT DATE : 13.06.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0014 04-01-0302-2267-G PRVC BUMPER PIECE	10	L		22.00	25.00	16.50
0015 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY	1	N		135.70	2.50	135.70
0016 05-01-0199-0032-A (ALL)WINDSCREEN AHESIVE-3	2	N		46.00	0.25	46.00
0017 04-01-0302-2347-G PRIG4 COVER REAR FLOOR	1	L		220.50	25.00	165.37

SUB-TOTAL : 4,652.60

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0003 20-22	REMOVE/REFIX REVERSE SENSOR	30.00
	SUB-TOTAL	1,050.00

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

JOB NO : 305175150
REGN NO : SHD3594S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 14.09.2016
DATE/TIME IN : 13.06.2018 15:45
ACCIDENT DATE : 13.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 5,702.60

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



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18010961/K1rbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 26-06-2018	
		Code: INC4	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLU 6879P	Veh. Inspected	SHD 3594S
Policy No.	5097205685	Coverage (\$)	0.00
Claim No.	MT/0998569-002	Excess (\$)	0.00
Assign From		Assign Date	14/06/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU603529952	Colour	BLUE
Odometer	237155	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 PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	13/06/2018	Inspection Date	14/06/2018
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	

**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



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3594S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR TRUNK LID COVER	DENTED	922.50	922.50
1	REAR TRUNK LID LOCK	SERVICEABLE	447.70	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	NECESSARY	721.30	721.30
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CRACKED	889.70	889.70
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	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP ASSY (LOWER) (RH)	SERVICEABLE	548.40	-
1	REAR WINDSCREEN GLASS	NECESSARY	1,555.80	1,555.80
1	REAR WINDSCREEN GLASS MOULDING	NOT NECESSARY	208.60	-
1	REAR FLOOR COVER	CRACKED	220.50	220.50
	LESS 25% DISCOUNT		-1,822.18	-1,456.97
			5,466.52	4,370.93
<u>SPECIAL NETT ITEMS</u>				
1	REAR NO. PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-
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)	SHORTED	135.70	135.70
1	REAR WINDSCREEN SEALANT (SN)	NECESSARY	46.00	46.00
			381.70	281.70
<u>LABOUR</u>				
	PANEL BEATING		850.00	600.00
	SPRAY PAINTING CHARGE		500.00	400.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REVERSE SENSOR.		120.00	30.00
			1,720.00	1,050.00
	GRAND TOTAL		7,568.22	5,702.63
RECOMMENDED COST OF REPAIRS (CONFIRMED)				5,702.63

Report Ref No. NS/INC18010961/K1rbe2

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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