

Invoice **Kalvin**

REF: NS/INC18011125/Klsber

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/s
 of _____
 Insured **FBK 528m**
 Policy No **5098838357** **390817 - 300918**
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

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

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

Veh No: **SHD 3793J** Yr Regn: **6 Oct 2017**
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: **Torata Prim** C.C. **1798**
 Colour: **Blk** A/C: _____ Insur: **0** Std / NI / NA
 Sp. Reading: **95443** T/Radio: Insur: **0** Std / NI / NA
 Eng/No: _____
 C/No: **J7PKBJF4703569229**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or
 Brake: **In order** / Jammed / Leaked / Burnt or
 Mod: **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 **Westlake**
 Front: _____ Rear: _____
 R/Bal. **7** mm R/Bal. **7** mm
 L/Bal. **7** mm L/Bal. **7** mm
 D.O.A. **18/6/18** D.O.I. **19/6/18**
 Survey held at **LDHE (Loyang)**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S Front
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
22/6/18 **SHD 3793J - 004 / 11/1000374 / D183**
FBK 528m - NS / INC18011125 / Klsber
Checked P/P \$2044.43 / 3 Pgs.

DEA: 060217 **INC**
 OUP: 20042018 **P/P**

(\$1,232.32 Red - 37%)

RECEIVED 25 JUN 2018

Date/Time, File Pass to?

25/6/18
7:05

Date/Time, File Return to?

3)

☐ : Prel. Report
☒ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:
 Transportation

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)

☐ : S + RS (\$)
☐ : Photos
☐ : Other

Report Format: **\$2,044.43 P/P**

**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/INC18011125/K1sb

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.	FBK 528M	Veh. Inspected	SHD 3793J
Policy No.	5093838357	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

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	18/06/2018	Inspection Date	19/06/2018
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](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="18/06/2018 16:36"/>						
Vehicle No. (For Motor)	<input type="text" value="FBK528M"/>								
<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"/>	5093838357	ABDUL AMMAR HANIF B A RAHIM	59245038D	GMC	Third Party	FBK528M	FBK528M	29/08/2017	30/09/2018
<input type="button" value="Continue"/>									

TP Claims against NTUC Income: Follow-Through Survey

Date : 25/06/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0999815-002	COMFORT TRANSPORTATION PTE LTD	SHD 3793J	FBK 528M	18/06/2018	20:50	\$ 3,276.75	\$ 2,044.43

A member of COMFORTDELGRO

Date/Time: 19.06.2018 11:54 Page : 1

Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO:305177261

STOMER	REGN NO	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHD3793J	
MS 7010045	MAKE	FUEL
STOMER NO	TOYOTA	E 1/2 F
DRESS 383 SIN MING DRIVE	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	PRIUS HYBRID(G4)19.06.2018 09:05	
65508755	YR OF MANU	TARGET DATE
(R) (O)	06.10.2017	
(P)	CHASSIS CODE	COMPLETION DATE/TIME
	JTDKB3FU703569229	
COUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 18.06.2018
NATURE: 3P 18.06.18/C

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Knowledge Slip

Job No.: SHD3793J
Plate No.: LIMTS

Exit Pass

Vehicle No.: SHD3793J

Name 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	19/06/2018 10:20
Date Of Accident	18/06/2018 20:50
Exact Location Of Accident	JURONG WEST ST 61 X JURONG WEST AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3793J
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 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 KIAN KAH
NRIC No	S0907227F
Date Of Birth	05/09/1945
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1963
Driving Experience	55 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98336984
Fax Number	
Contact Number	
EEmail Address	ALB7227@SINGNET.COM.SG

Address	BLK 415 SEMBAWANG DRIVE #10-732
Postcode	750415
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	SIDE SWIPE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180618/2211

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	FBK528M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN(RIDER)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

FBK528M

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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. 199303621R

Policyholder's Signature
Date & Time:

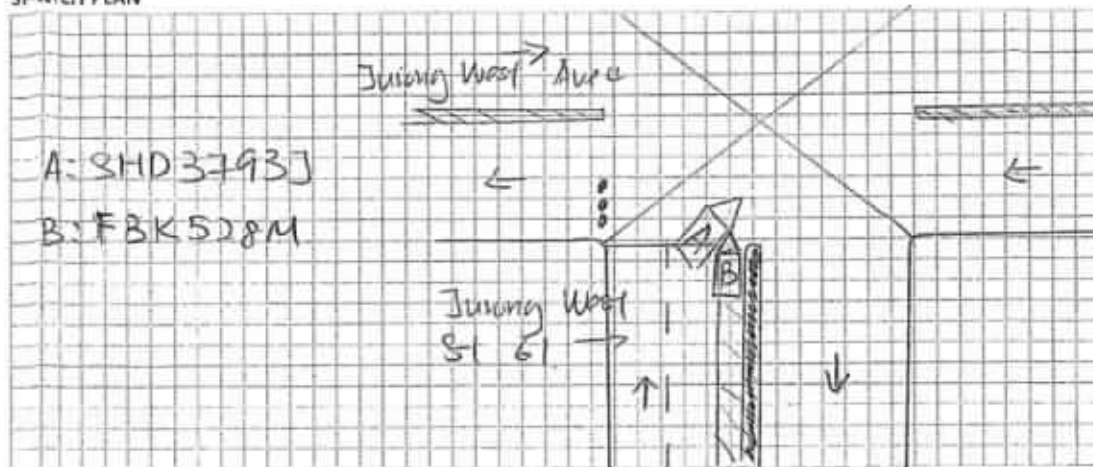
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Loke Wei Yieng

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20180618/2211

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)

Reporting Centre Personnel's Signature
Name:

Loke Wei Yieng



**SINGAPORE
POLICE FORCE**



T/20180618/2211

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180618/2211

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 22:52	Vide Report No.: J/20180618/0214	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG KIAN KAH		Address: APT BLK 415 SEMBAWANG DRIVE #10-732 HDB- SEMBAWANG SINGAPORE 750415	
ID Type / ID No.: NRIC NO / S0907227F		Contact No.: Home/Office: Mobile: 98336984	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 05/09/1945	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: RELIEF TAXI DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2018 20:50	Type of Location:
Location: Along Road 1 JURONG WEST STREET 61 JURONG WEST AVENUE 4				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK528M	Motorcycle					0
SHD3793J	TAXI					0



SINGAPORE
POLICE FORCE



T/20180618/2211

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180618/2211

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE RIGHT LANE OF JURONG WEST ST 61 AND WAS INTENDING TO MAKE A U-TURN AT THE JUNCTION OF JURONG WEST ST 61 AND JURONG WEST AVE 4. AS THE TRAFFIC LIGHT FOR ME WAS GREEN, I TURNED ON THE RIGHT TURN SIGNAL AND PROCEEDED TO MAKE THE U-TURN. AS I WAS MAKING THE U-TURN, THE MOTORCYCLE CAME FROM BEHIND AND HIT THE FRONT RIGHT SIDE OF MY TAXI. AS SOON AS HE COLLIDED INTO ME, I STOPPED. AMBULANCE CAME AND CONVEYED THE MOTORCYCLIST TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20180618/2211

3 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180618/2211

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/06/2018 22:52

Officer In Charge Of Case:
TP / GIT /
Staff Sgt LEE GUANG HUI
Contact No.: 65476138

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.06.2018

REPAIR ESTIMATE

Time: 12:08:50

Page: 1/2

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

JOB NO : 305177261
 REGN NO : SHD3793J
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 19.06.2018 09:05
 ACCIDENT DATE : 18.06.2018

TS

NTUC-CPIP
 LKK-Kalvin

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2292-G	FRT BUMPER	1	490.50	25.00	367.87	—	Redant
0002	04-01-0302-2971-G	FRT BUMPER RETAINER RH	1	77.00	25.00	57.75	X	su
0003	04-01-0302-0573-G	FRT FENDER RH	1	933.10	25.00	699.82	—	Det
0004	04-01-0302-2934-G	FRT FENDER SHIELD RH	1	198.50	25.00	148.87	X	su
0005	04-01-0302-2979-G	FRT FENDER EXTENSION RH	1	56.20	25.00	42.15	X	su
0006	04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	86.50	25.00	64.87	—	su
0007	04-01-0302-0810-G	ROCKER PANEL GARNISH RH	1	570.10	25.00	427.57	X	reposit
0008	03-01-0302-2057-G	FRT WHEEL CAP RH	1	175.80	25.00	131.85	—	hnd
0009	19-01-0302-2022-A	FRT WESTLAKE TYRE RH	1	216.00		216.00	X	su

SUB-TOTAL : 2,156.75

JOB NATURE

0000 L PANEL BEATING
 0001 23-502 SPRAYPAINT ON AFFECTED AREA

~~560.00~~ 400
~~400.00~~ 360

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.06.2018

REPAIR ESTIMATE

Time: 12:08:50

Page: 2/2

TS

NEUC - CP/P
LKK - Calvin

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

JOB NO : 305177261
 REGN NO : SHD3793J
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 19.06.2018 09:05
 ACCIDENT DATE : 18.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0002 20-00 TUFF COAT ON AFFECTED PARTS.

~~40.00~~ 20

0003 L WHEEL ALIGNMENT

~~120.00~~ X 40

SUB-TOTAL : 1,120.00

TOTAL : 3,276.75

LKK

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Kalvin LKK
 19/6/18 1230 hrs.
 3 Days
 PIP
 Before Paint photo

LKK Auto Consultants hereby notify
 the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts 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:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305177261

Date : 22/06/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHD3793J

Date of Accident : 18-Jun-18

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

1. The repair job shall bill to: NTUC --- FBK 528M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$1,264.43

(b) Labour Charges \$780.00

Total for Part-By-Part Repair Cost \$2,044.43

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 22/6/18

Fax : 65468156

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 : 305177261
REGN NO : SHD3793J
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 06.10.2017
DATE/TIME IN : 19.06.2018 09:05
ACCIDENT DATE : 18.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	FRT BUMPER	1	490.50	25.00	367.87
0002 04-01-0302-0573-A	FRT FENDER RH	1	933.10	25.00	699.82
0003 04-01-0302-2297-G	FRT FENDER (HYBRID) RH	1	86.50	25.00	64.87
0004 03-01-0302-2057-G	FRT WHEEL CAP RH	1	175.80	25.00	131.85

SUB-TOTAL : 1,264.41

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 780.00

TOTAL : 2,044.41


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

**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/INC18011125/K1sbe2

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.	FBK 528M	Veh. Inspected	SHD 3793J
Policy No.	5093838357	Coverage (\$)	0.00
Claim No.	MT/0999815-002	Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU703569229	Colour	BLUE
Odometer	95443	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

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 O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	18/06/2018	Inspection Date	19/06/2018
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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**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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3793J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRT BUMPER	DEFORMED	490.50	490.50
1	FRT BUMPER RETAINER RH	SERVICEABLE	77.00	-
1	FRT FENDER RH	DENTED	933.10	933.10
1	FRT FENDER SHIELD RH	SERVICEABLE	198.50	-
1	FRT FENDER EXTENSION RH	SERVICEABLE	56.20	-
1	FRT FENDER (HYBRID) RH	NECESSARY	86.50	86.50
1	ROCKER PANEL GARNISH RH	TO REPAIR SEE LABOUR	570.10	-
1	FRT WHEEL CAP RH	GRAZED	175.80	175.80
	LESS 25% DISCOUNT		-846.93	-421.47
			1,940.77	1,264.43
<u>SPECIAL NETT ITEMS</u>				
1	FRT WESTLAKE TYRE RH (SN)	SERVICEABLE	216.00	-
			216.00	-
<u>LABOUR</u>				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF ROCKER PANEL GARNISH RH.		560.00	400.00
	SPRAY PAINT ON AFFECTED AREA.		400.00	360.00
	TUFF COAT ON AFFECTED PARTS.		40.00	20.00
	WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,120.00	780.00
GRAND TOTAL			3,276.77	2,044.43
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,044.43

Report Ref No. NS/INC18011125/K1sbe2

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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