

Kalin

REF:

NS/INC18011127 /Klvbnz

ASSIGNMENT

From:

Date:

Veh No:

SH 6608R

Yr Regn:

25 May 2017

Estimated Cost:

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /OD TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspect Vehicle No:

Make:

Toyota Prius

C.C.

1700

at Workshop n/s

Colour:

Blk

A/C:

Ins

Ad / Std / NI / NA

of

Sp. Reading

129019

T/Radio:

Ins

Ad / Std / NI / NA

Insured

SKN 95793

Policy No

5072926067-D

010817 - 310918

Claims No.

MT 10999485-002

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

Eng/No:

J7PKB3F48035515K7

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

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

TOYO / YOKO or

West Lake

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

17/6/18

D.O.I.

19/6/18

Survey held at

CDHE (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.

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

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

SH 6608R - 02/FCL13017853 /Klyly3u2

DIA: 226913

Inc

SKN 95793 - X

PIP

21/6/18

Subst PIP \$4290.90 / 20% (Red 984-50, 1990)

RECEIVED 22 JUN 2018

J. Manoj

22/6/2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

2

1)

☐

Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

Transportation

S + RS \$4

Photos

Others

2) 10/6 - typist

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

Report Format :

TP

PIP \$4290.90

160



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/INC18011127/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 19-06-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKN 9579J	Veh. Inspected	SH 6608R
Policy No.	5072926067-02	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	17/06/2018	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.
--

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Friday, 22 June 2018 9:50 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



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, June 22, 2018 9:32 AM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us claim number

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0999485-002	COMFORT TRANSPOTATION PTE LTD	SH 6608R	SKN 9579J

D.O.A	Time of Accident	Estimate	Tentative repair cost
17/6/2018	21:30	\$5,275.40	\$4,290.90

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)

eBaoTech

General Claim

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 checked="" type="radio"/>	5072926067-02	KARIMAH BINTE AHMAD	S1193714D	GPC	drive PREMIUM	SKN9579J	SKN9579J	01/08/2017	31/07/2018

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	18/06/2018 14:29
Date Of Accident	17/06/2018 21:30
Exact Location Of Accident	PIE SLIP RD TWDS PAYALEBAR T JUNCTION OF CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6608R
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	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	TAN AH PIEW
NRIC No	S1162450B
Date Of Birth	05/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97865632
Fax Number	
Contact Number	
Email Address	TANAHPIEW@YAHOO.COM

Address	BLK 106 ALJUNIED CRESCENT #03-185
Postcode	380106
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180618/2034 * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN9579J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KARIMAH BINTE AHMAD

NRIC/Passport Number	S1193714D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN AH PIEW
Approximate Age	
Injuries Sustain	BACK, NECK AND LEFT ARM
Injured person in which vehicle?	SH6608R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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. 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.:

SKETCH PLAN

Sketch plan
by Relief.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report. T/20180618/2034

DECLARATION

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

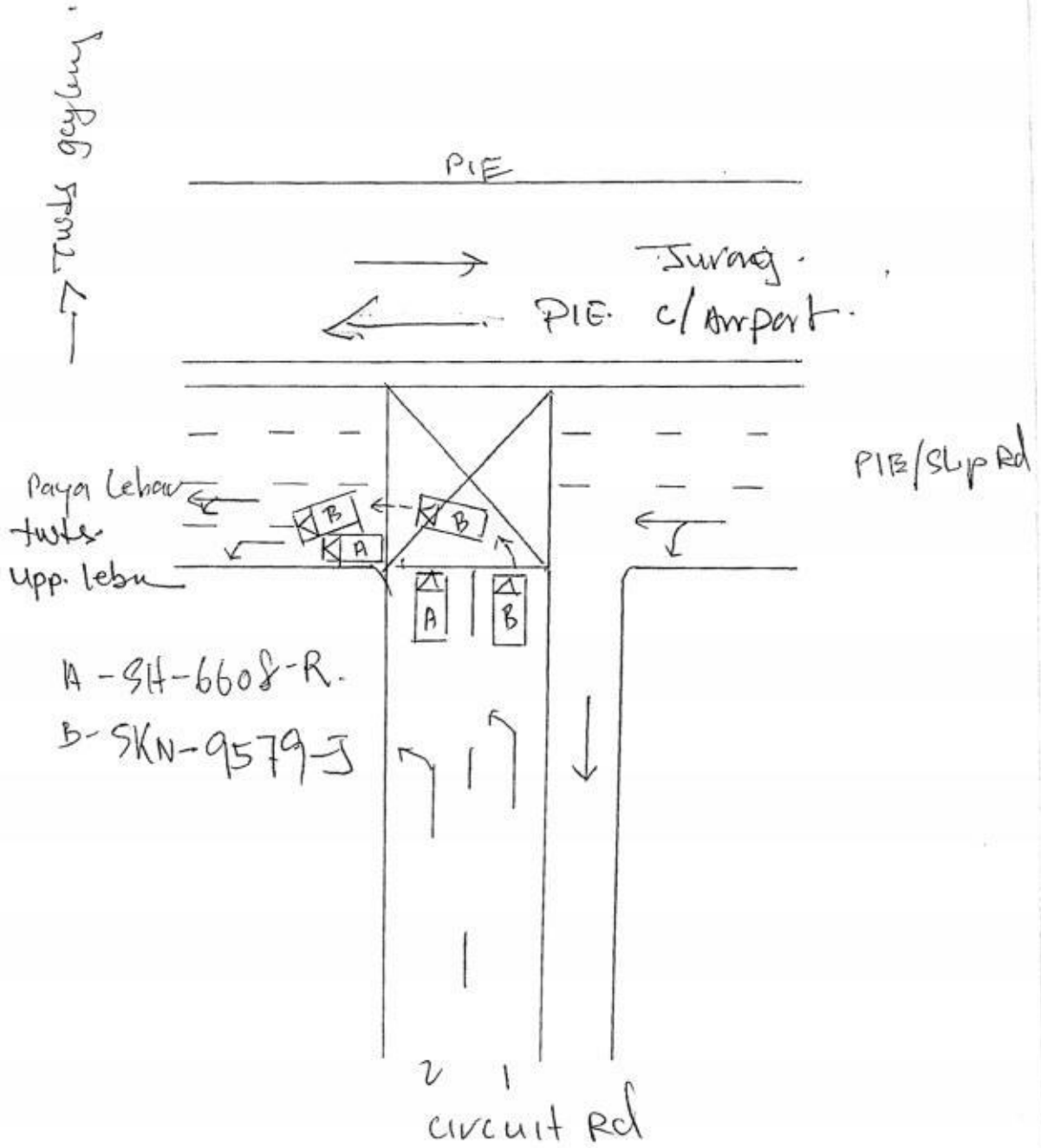
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

18/6/18



Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180618/2034

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180618/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2018 11:12		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: TAN AH PIEW			Address: APT BLK 106 ALJUNIED CRESCENT #03-185 SINGAPORE 380106		
ID Type / ID No.: NRIC NO / S1162450B			Contact No.: Home/Office:		Mobile: 97865632
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 05/10/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CIRCUIT ROAD PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6608R	Car				Slightly Damaged	0
SKN9579J	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH6608R	FIRST CAPITAL INSURANCE LIMITED	D-18088936MFSH	01/01/2018	31/12/2020



**SINGAPORE
POLICE FORCE**



T/20180618/2034

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180618/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN AH PIEW	ID No.	S1162450B
Related Vehicle	SH6608R (Car)	Contact No.	97865632
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 17/6/2018 at about 9.30am, I was driving my taxi at the 2nd lane along Circuit Road and wanted to turn in to Paya Lebar Road. After making the turn, another car at the 1st lane had also made a turn and went in to my lane instead and caused a collision.

I did not feel any pain right after the accident however after waking up in the morning today, I felt pain at my neck and lower back and felt numbness on my right arm and leg. Hence, I went for a medical checkup today and was granted 3 days of MC.

I am lodging this report for insurance purposes



**SINGAPORE
POLICE FORCE**



T/20180618/2034

3 of 3

Report No. T/20180618/2034

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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:

G /
Sgt 2 MUHAMMAD SAIFUL BAKHRI BIN
RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2018 11:12

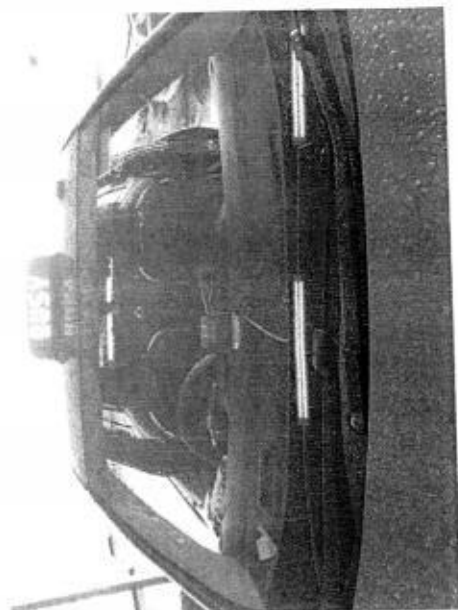
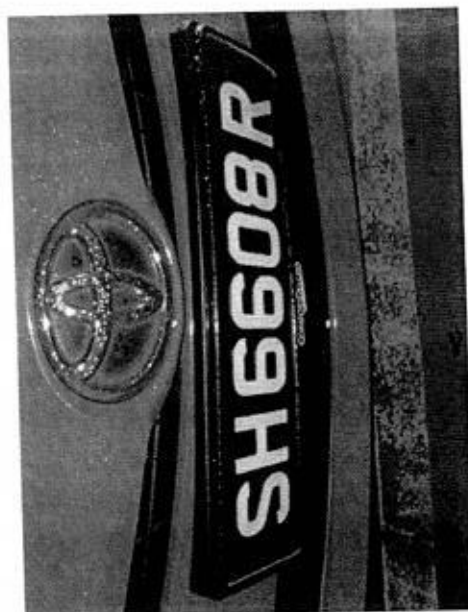
Officer In Charge Of Case:

JP / AEIT /
SS 12 YEOW ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
Mainline + 65 6383 6290 Facsimile + 65 6280 9755
Workshops
59 Loyang Drive Singapore 508255 24 Serangoon Loop Singapore 758155
363 Sin Ming Drive Singapore 575717 7 Sungai Kidut Way Singapore 728791
45 Pandan Road Singapore 608260 6 Defu Avenue 1 Singapore 599597
3410 Raffles Singapore 110085

Date/Time: 18.06.2018 16:08 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: JC NO305176867

CUSTOMER MR/MS CUSTOMER NO ADDRESS TEL (R) (P) DISCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD	REGN NO: SH 6608R	MILEAGE
	7010045	MAKE: TOYOTA	FUEL
	383 SIN MING DRIVE	MODEL PRIUS HYBRID(G4)18.06.2018 12:10	E.....1/2.....F
	Singapore SINGAPORE 575717	DATE/TIME IN	TARGET DATE
	65508755 (O)	YR OF MANU 25.05.2017	COMPLETION DATE/TIME:
		CHASSIS CODE JTDKB3FU803551547	

JOB DESCRIPTION

Accident Date: 17.06.2018
NATURE: 3P 17.06.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Name:		Vehicle No.:	
No.:		SH 6608R	
Vehicle No.: SH 6608R		CHIANG	
Name of Service Advisor		Signature/Date	
To be returned to Service Reception upon collection		Name of Service Advisor	
		Date	
		To be kept by Security Guard	

REPAIR ESTIMATE

19/6/2018 13:54

VEHICLE NO : SH 6608R

MAKE :

MODEL : TOYOTA PRIUS

NT4C

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LAMP ASSY, FOG, RH / <i>frased</i>			\$ 920.00
FRONT BUMPER COVER / <i>cut</i>			\$ 495.50
FRONT BUMPER REINFORCEMENT <i>X sue</i>			\$ 691.50
FRONT BUMPER REINFORCEMENT ABSORBER <i>X sue</i>			\$ 115.70
FRONT BUMPER SPONGE <i>X sue</i>			\$ 78.80
UNIT ASSY, HEADLAMP, RH (LED) / <i>frased</i>			\$ 3,413.40
<i>Front RH Fender X sue</i>			
<i>Front RH Fender Emblem - new</i>			
SUB TOTAL		\$ 52.30	\$ 5,709.90
LESS 25%			\$ 1,427.48
DISCOUNTED TOTAL			\$ 4,282.43
LABOUR CHARGE			
Panel Beating			\$ 350.00 <i>200</i>
Spray Painting Charge-Fender/Bumper			\$ 500.00 <i>400</i>
Wiring Charge			\$ 50.00 <i>30</i>
Tuff Kote			\$ 50.00 <i>X 20</i>
TOTAL LABOUR			\$ 950.00
ESTIMATE TOTAL			\$ 5,232.43
			5075.40

Kalin 10/10/18

19/6/18 15:20 hrs.

2 days.

PIP

Before paint photo

LKK Auto Consultants hence 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:

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 : 305176867
REGN NO : SH 6608R
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 25.05.2017
DATE/TIME IN : 18.06.2018 12:10
ACCIDENT DATE : 17.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2292-G	PRIG4 COVER FRONT BUMPER	1	495.50	25.00	371.62
0002 04-01-0302-2915-G	PRIG4 UNIT ASSY HEADLAMP	1	3,413.40	25.00	2,560.05
0003 04-01-0302-4991-G	PRIG4 LAMP ASSY FOG RH	1	920.00	25.00	690.00
0004 04-01-0302-2297-G	PRIG4 EMBLEM SIDE PANEL (1	52.30	25.00	39.22

SUB-TOTAL : 3,660.89

JOB NATURE

0000 L	PANEL BEATING fr	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 17-01	CHECK ALL LIGHTING	30.00

SUB-TOTAL : 630.00

TOTAL : 4,290.89

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305176867
Date : 19/06/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6608R

Fax :

17/06/2018

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

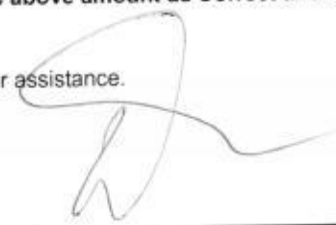
- The repair job shall bill to: NTUC SKN9579J
- The finalized amount shall be:
 - Spare Parts after List discount \$3,660.90
 - Labour Charges \$630.00
 - Total for Part-By-Part Repair Cost** \$4,290.90
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____


- Estimated normal period for repairs: 2 working days.

- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : KALVIN
Date : 21/6/18

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/INC18011127/K1vbn2				
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.	SKN 9579J	Veh. Inspected	SH 6608R	
Policy No.	5072926067-02	Coverage (\$)	0.00	
Claim No.	MT/0999485-002	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.	JTDKB3FU803551547	Colour	BLUE	
Odometer	129019	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 O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	17/06/2018	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:		2 Working Days		



National Assessment Centre Services

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 6608R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	LAMP ASSY,FOG,RH	GRAZED	920.00	920.00
1	FRONT BUMPER COVER	CUT	495.50	495.50
1	FRONT BUMPER REINFORCEMENT	SERVICEABLE	691.50	-
1	FRONT BUMPER REINFORCEMENT ABSORBER	SERVICEABLE	115.70	-
1	FRONT BUMPER SPONGE	SERVICEABLE	78.80	-
1	UNIT,ASSY,HEADLAMP,RH (LED)	GRAZED	3,413.40	3,413.40
1	FRONT RH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT RH FENDER EMBLEM	NECESSARY	52.30	52.30
	LESS 25% DISCOUNT		-1,441.80	-1,220.30
			4,325.40	3,660.90
	LABOUR			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT RH FENDER.		350.00	200.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER.		500.00	400.00
	WIRING CHARGE.		50.00	30.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			950.00	630.00
	GRAND TOTAL		5,275.40	4,290.90
RECOMMENDED COST OF REPAIRS (CONFIRMED)				4,290.90

Report Ref No. NS/INC18011127/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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