

(08/11/13)

Surveyor: Kalvin

REF: NS/INC18011580/Klsbnz

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: SLL 1445M

Policy No. 5088015806-01 150218-140219

Claims No. MT/0999866-002

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 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: SHC 1323B Yr Regn: 19Zly, 2017

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

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 117496 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKBJFY103560560

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD ~~Al~~rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Devanti

Front R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 22/6/18

Survey held at CDGE (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	Def: 060316	INC
	SHC 1323B - C3/III/16014829 / Mlgth3c2		
	SLL 1445M - C04/III/18011516/163L	Def: 220618	PIP
<u>26/6/18</u>	<u>Latrol P/P \$1245.03 / 26/6/18</u>		
	<u>(\$ 916.75 Red - 42%)</u>		

RECEIVED 02 JUL 2018

Date/Time, File Pass to?

02/07/18

1) Typist

Date/Time, File Return to?

2) _____

: Preli. Report

: Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

160

TOTAL

Report Format:

Lump Sum / I.B.I: (\$ 1,245.03 P/P)

Add Fee:

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)



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/INC18011580/K1sb			
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.	SLL 1445M	Veh. Inspected	SHC 1323B
Policy No.	5088015806-01	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	25/06/2018
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	22/06/2018	Inspection Date	25/06/2018
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.			

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"/>	5088015806-01	SUN GAN	S83629501	GPC	drivo CLASSIC	SLL1445M	SLL1445M	15/02/2018	14/02/2019

TP Claims against NTUC Income: Follow-Through Survey

Date : 28/06/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/0999866-002	COMFORT TRANSPORTATION	SHC 1323B	SLL 1445M	22/6/2018	21:35	\$ 2,161.78
2	MT/0999842-002	COMFORT TRANSPORTATION	SHD 7206L	SHC 6209R	23/06/2018	22:55	\$ 2,437.38

Claim received from LKK Auto

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	23/06/2018 10:17
Date Of Accident	22/06/2018 21:35
Exact Location Of Accident	CTE TWDS AMK BEFORE MOULMEIN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1323B
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	NG SWEE CHOON
NRIC No	S1778975I
Date Of Birth	25/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81711972
Fax Number	
Contact Number	
EMail Address	FIRSTBEAUTY@SINGNET.COM.SG

Address BLK 490D CHOA CHU KANG AVENUE 5 #04-303
 Postcode 684490
 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 CHAIN COLLISION
 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? 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) 5

Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : MALE
 Passenger 3 NAME: : -
 GENDER: : FEMALE
 Passenger 4 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 [OTHER] BEDOK NORTH N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180622/2183

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 SLL1445M
 Vehicle Make/Model/Colour
 Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3661G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SCJ9313A
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)	

DETAILS OF INJURED PERSON 1

Name	NG SWEE CHOON
Approximate Age	51
Injuries Sustain	FELT PAIN ON NECK.
Injured person in which vehicle?	SHC1323B
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. 199303921R

Policyholder's Signature
Date & Time:

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

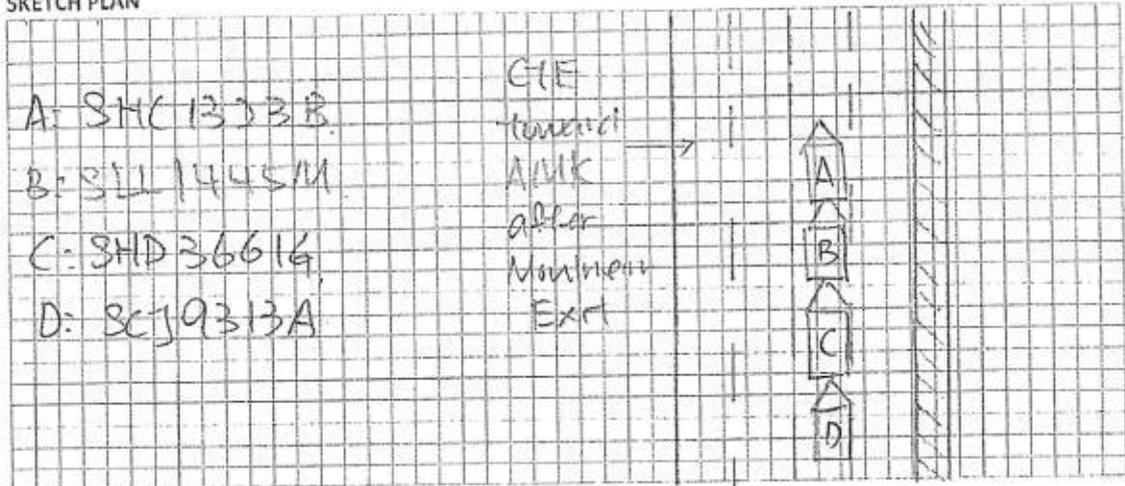
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yieng



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On

As per attached police report.

T/20180622/2183

DECLARATION

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

COMPACT TRANSPORTATION PTE LTD
 POLICY NO. 10202213

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.:



**SINGAPORE
POLICE FORCE**



T/20180622/2183

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180622/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 22:57		Vide Report No.:		Station Diary No.: 180	
Informant's Particulars					
Name of Informant: NG SWEE CHOON			Address: APT BLK 490D CHOA CHU KANG AVENUE 5 #04-303 SINGAPORE 684490		
ID Type / ID No.: NRIC NO / S17789751			Contact No.:		Mobile: 81711972
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 25/06/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2018 21:35	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY				
At lane 3 before Moulmein exit, heading towards Ang Mo Kio				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SCJ9313A	Car	AUDI		Silver	Slightly Damaged	0
SHC1323B	Taxi	TOYOTA		Blue	Slightly Damaged	4
SHD3661G	Car	HYUNDAI		Blue	Slightly Damaged	0
SLL1445M	Car	TOYOTA		Purple	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180622/2183

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180622/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG SWEE CHOON	ID No.	S1778975I
Related Vehicle	SHC1323B (Taxi)	Contact No.	81711972
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/06/2018 at about 2135hrs, I was driving my taxi (SHC 1323B) along Central Expressway at Lane 3 heading towards Ang Mo Kio. The traffic was congested and it was a slow moving traffic. However somewhere before Moulmein Road exit, a car (SLL 1445M) suddenly hit me from the rear. I made a check and the rear bumper of my taxi was damaged.

I then discovered that there was a chain collision. The other two vehicles involved were SHD 3661G and SCJ 9313A whereby the latter vehicle was the first one in the chain. My company told me that I could send my passengers and did not wait for any Traffic Police. Thus, I did not know what happened after that and I proceeded to lodge a police report.



SINGAPORE
POLICE FORCE



T/20180622/2183

3 of 3

Report No. T/20180622/2183

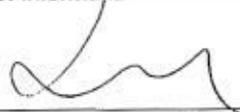
Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road-SINGAPORE 469676
Tel No: 1800-2449999

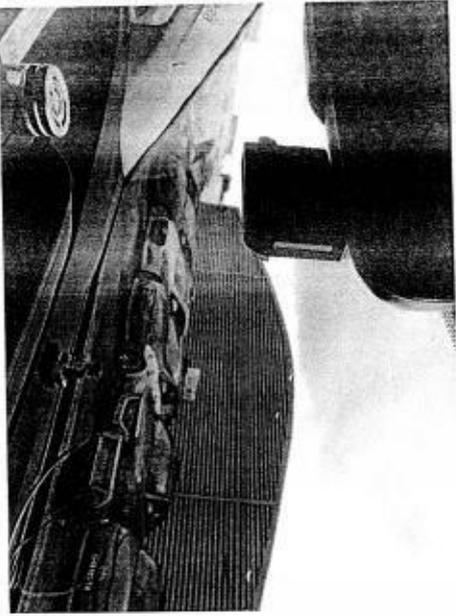
CONTINUATION OF REPORT

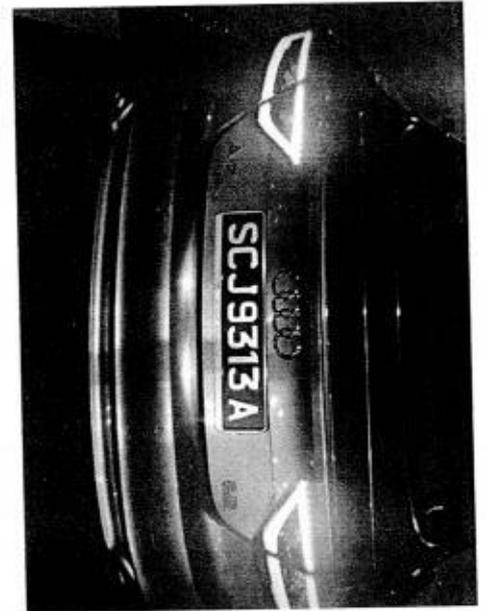
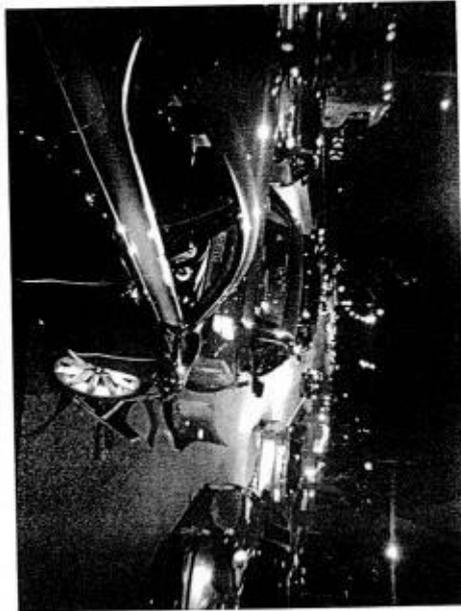
Sketch Plan

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 / Sr Staff Sgt ZARIFAH ADILAH BINTE ZAINOL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 22:57
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE





A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305178871

STOMER /MS. COMFORT TRANSPORTATION PTE LTD STOMER NO. 7010045 DRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHC1323B	MILEAGE
	MAKE TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)22.	DATE/TIME IN 06.2018 23:40
	YR OF MANU 19.07.2017	TARGET DATE
	CHASSIS CODE JTDKB3FU103560560	COMPLETION DATE/TIME:

None

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.06.2018
 NATURE: 3P 22.06.2018

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

HECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

re:
 No.: SHC1323B CHIANG
 icle No.:

Vehicle No.: SHC1323B

ne of Service Advisor

Signature/Date

Name of Service Advisor

Date

re returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE

VEHICLE NO : SHC 1323B

25/6/2018 10:19

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>X repair</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X su</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>- 1</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X su</i>			\$ 112.70
REAR BUMPER SPONGE <i>X 11</i>			\$ 143.40
REAR BUMPER CLIPS <i>X 11</i>			\$ 22.00
<i>Rear Tailgate outer Guard h x repair</i>			
SUB TOTAL			\$ 1,608.10
<i>Boothid Prius Emblem - see</i>			
LESS 25%			\$ 402.03
<i>Boothid Hybrid Emblem - see</i>			
DISCOUNTED TOTAL			\$ 1,206.08
REAR BUMPER REVERSE SENSOR <i>- shd</i>		<i>- 156</i>	\$ 135.70
REAR BUMPER METAL PLATE <i>X su</i>			\$ 50.00
<i>Boothid comfort sticker - see 530</i>			
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 350.00 <i>200</i>
Spray Painting Charge			\$ 200.00 <i>400</i>
Wiring Charge			\$ 50.00 <i>X 11</i>
Remove/Refix Reverse Sensor			\$ 120.00 <i>X 11</i>
TOTAL LABOUR			\$ 770.00
ESTIMATE TOTAL			\$ 2,161.78

NETT

NETT

Kaish ICKH
M 25/6/18 11:50 hrs
2 Apr
PIP
After Repair photo

My 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:

1520.23

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 : 305178871
 REGN NO : SHC1323B
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 19.07.2017
 DATE/TIME IN : 22.06.2018 23:40
 ACCIDENT DATE : 22.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0002	09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	25.00 ^{10.00}	101.77
0003	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	15.00	2.50-	15.00
0004	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.30	25.00	39.22
0005	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	15.00	2.50-	15.00
0006	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.30	25.00	39.22

SUB-TOTAL : 624.66

JOB NATURE

0000	L	PANEL BEATING				200.00
0001	23-502	SPRAYPAINT ON AFFECTED AREA				400.00

SUB-TOTAL : 600.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 26.06.2018

Time: 14:57:20

REPAIR ESTIMATE

Page: 2

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

JOB NO : 305178871
REGN NO : SHC1323B
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 19.07.2017
DATE/TIME IN : 22.06.2018 23:40
ACCIDENT DATE : 22.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,224.66

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305178871
Date : 26/06/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC1323B 22/06/2018

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

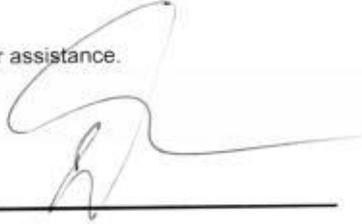
1. The repair job shall bill to: NTUC SLL1445M
2. The finalized amount shall be:
- | | |
|---|------------------|
| (a) Spare Parts after List discount | <u>\$645.03</u> |
| (b) Labour Charges | <u>\$600.00</u> |
| Total for Part-By-Part Repair Cost | <u>\$1245.03</u> |
| (c.) Lumpsum Repair (if applicable) | _____ |
| Total for Lumpsum repair cost after Less: | _____ |
| Final Lumpsum Repair cost | _____ |

3. Estimated normal period for repairs: 2 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 26/6/18

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/INC18011580/K1sbn2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 03-07-2018
	Code: INC4



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLL 1445M	Veh. Inspected	SHC 1323B
Policy No.	5088015806-01	Coverage (\$)	0.00
Claim No.	MT/0999866-002	Excess (\$)	0.00
Assign From		Assign Date	25/06/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103560560	Colour	BLUE
Odometer	117496	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	DAVANTI	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/06/2018	Inspection Date	25/06/2018
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
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1323B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS	NOT NECESSARY	22.00	-
1	REAR TAILGATE OUTER GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
1	BOOTLID "PRIUS" EMBLEM	NECESSARY	52.30	52.30
1	BOOTLID "HYBRID" EMBLEM	NECESSARY	52.30	52.30
	LESS 25% DISCOUNT		-428.17	-164.30
			1,284.53	492.90
NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
	LESS 10% DISCOUNT		-	-13.57
			135.70	122.13
SPECIAL NETT ITEMS				
1	REAR BUMPER METAL PLATE (SN)	SERVICEABLE	50.00	-
1	BOOTLID COMFORT STICKER (SN)	NECESSARY	30.00	30.00
			80.00	30.00
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR TAILGATE OUTER GARNISH.		350.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,020.00	600.00
GRAND TOTAL			2,520.23	1,245.03

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RECOMMENDED COST OF REPAIRS (CONFIRMED)			1,245.03
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Report Ref No. NS/INC18011580/K1sbn2



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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