

## 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: *SKH 3438C*Policy No. *5097802906 (1/2/18-31/1/2019)*Claims No. *MT/1007545-02*

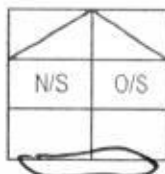
Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(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: *SHA 2203T* Yr Regn: *2017 / MY*Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *TOYOTA PRIUS HYBRID 1.8 c.c 1758*Colour: *BLUE* A/C: Insured / Std / NI / NASp. Reading: *166158* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *JTDKA3FU703556867*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: *NI* / S/Rim / STD A/Rim orTyre Size: F: *195/65R15*

R: \_\_\_\_\_

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

TOYO / YOKO or

*WESTLAKES*

Front

Rear

R/Bal. *6* mm R/Bal. *6* mmL/Bal. *6* mm L/Bal. *6* mmD.O.A. *15/08/18* D.O.I. *17/08/18*

Survey held at

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

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

Date / Time Action / Instruction

*SHA 2203T- NS/INC/4020173/H/gbd/**DOA: 25/10/14 N/A**2000.77**Confirmed PP \$ 2,000.77 / 3 days with Rasul.  
(\$ 676.33 Red - 25%)*

RECEIVED 29 AUG 2018

Date/Time, File Pass to?

*29/08/18*1) *Typist*

Date/Time, File Return to?

2) \_\_\_\_\_



: Preli. Report



: Final Report

Days Of Repair: *3*Resurvey No. of Trip: *1*

Survey Fee:

Transportation

) S + RS \$

) Photos

) Others

TOTAL

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

Report Format :

Lump Sum / I.B.I. (\$) *2,000.77 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/INC18015063/R1sd3

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 20-08-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |            |                |            |
|--------------|------------|----------------|------------|
| Insured Veh. | SKH 3938C  | Veh. Inspected | SHA 2203T  |
| Policy No.   | 5097802906 | Coverage (\$)  | 0.00       |
| Claim No.    |            | Excess (\$)    | 0.00       |
| Assign From  |            | Assign Date    | 20/08/2018 |

## 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  | 15/08/2018   | Inspection Date | 17/08/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

## 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

| S/No | Income Reference | Claimant (Owner / Taxi Company) | Claimant Vehicle No. | Income Vehicle No. |
|------|------------------|---------------------------------|----------------------|--------------------|
| 1    | MT/1007545-002   | COMFORT TRANSPORTATION PTE LTD  | SHA 2203T            | SKH 3938C          |
| 2    | NOT OI           | COMFORT TRANSPORTATION PTE LTD  | SHA 1619J            | SLR 4251D          |
| 3    | MT/1009195-001   | COMFORT TRANSPORTATION PTE LTD  | SHD 4401J            | SLL 3978D          |
| 4    | MT/1008766-002   | COMFORT TRANSPORTATION PTE LTD  | SH 6352C             | SLN 8500E          |
| 5    | MT/1006596-002   | CITYCAB PTE LTD                 | SHB 3552Z            | SKS 9852T          |

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="15/08/2018 11:40"/> |
| Vehicle No.(For Motor)                | <input type="text" value="SKH3938C"/> | Certificate Number | <input type="text"/>                          |
| <input type="button" value="Search"/> |                                       |                    |   |

| Select                           | Policy No. | Certificate Number | Policyholder Name    | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|----------------------------------|------------|--------------------|----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input checked="" type="radio"/> | 5097802906 |                    | AZHAR BIN ABDUL AZIZ | S7202413C         | GPC     | drive CLASSIC | SKH3938C    | SKH3938C       | 01/02/2018    | 31/01/2019  |

Date/Time: 16.08.2018 18:09

Page : 1

Team: ARC Repair TP(CLS0)1

## JOB CARD

Sales Order: 3848555

JC NO.: 305200946

STOMER

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

(R) (O)  
(P)

COUNT CARD NO.

REGN NO.: SHA2203T

MILEAGE

MAKE: TOYOTA

FUEL

E.....1/2.....F

MODEL

PRIUS HYBRID(G4)16.08.2018 12:35

YR OF MANU

25.05.2017

TARGET DATE

CHASSIS CODE

JTDKB3FU703556867

COMPLETION DATE/TIME:

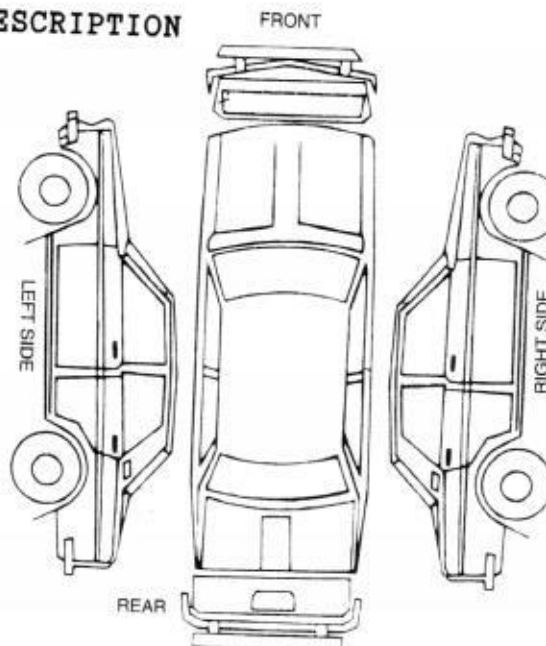
Accident Date: 15.08.2018  
NATURE: 3P 15.08.18/B

## JOB DESCRIPTION

NTUC

S/NO LABOR CODE

## DESCRIPTION



CKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

vedgement Slip

Exit Pass

No.: SHA2203T FZ NTUC LKK

Vehicle No.: SHA2203T

if Service Advisor

Signature/Date

Name of Service Advisor

Date

turned 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             | 16/08/2018 14:46                            |
| Date Of Accident           | 15/08/2018 22:00                            |
| Exact Location Of Accident | TAMPINES AVE 10 SLIP RD TWDS TAMPINES AVE 1 |
| Country/State of Loss      | SINGAPORE                                   |

### DETAILS OF OWN VEHICLE

|  |                                       |
|--|---------------------------------------|
| Vehicle Registration Number  | SHA2203T                              |
| <b>Insured/Policyholder</b>  |                                       |
| Name Of Registered Owner   | COMFORT TRANSPORTATION PTE LTD        |
| Co Reg No  | 199303821R                            |
| Email Address  | FLEETSAFETY@CDGTAXI.COM.SG            |
| Mobile Phone No  |                                       |
| Alternative Phone No   | OFFICE-65508768                       |
| <b>Vehicle Particulars</b>   |                                       |
| 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                                  |
| <b>Insurance Company</b>   |                                       |
| 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  |                                       |
| <b>Driver</b>  |                                       |
| Name of Driver   | ANG JUNLONG (HONG JUNLONG)            |
| NRIC No  | S8200074G                             |
| Date Of Birth  | 04/01/1982                            |
| Occupation   | OUTDOOR                               |
| Date Of Driving Pass   | 14/09/2011                            |
| Driving Experience   | 6 YEARS AND 11 MONTHS                 |
| Gender   | MALE                                  |
| Mobile Number  | (LOCAL) +65-91862782                  |
| Fax Number   |                                       |
| Contact Number   |                                       |
| EMail Address  | NOEMAIL                               |

|   |                               |
|---|-------------------------------|
| Address   | 702 #04-98 WOODLANDS DRIVE 40 |
| Postcode  | 541271                        |
| 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?   | YES              |
| Was any injured conveyed to hospital by ambulance?  | NO               |
| Was any other material or property damaged?   | YES              |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO               |
| Number of Passengers (Including Driver)   | 2                |
| Passenger 1   |                  |
|   | NAME: : -        |
|   | GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

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 | SKH3938              |
| Vehicle Make/Model/Colour   |                      |
| Details Of Properties       |                      |
| Vehicle Category            | PRIVATE CAR          |
| Name of Driver              | AZHAR BIN ABDUL AZIZ |
| NRIC/Passport Number        | S7202413C            |
| Contact Number              | 97878469             |
| Address                     |                      |
| Postcode                    |                      |
| Insurance Company Name      |                      |
| Nature Of Damage            | FRT                  |

No. Of Passenger (Including Driver)

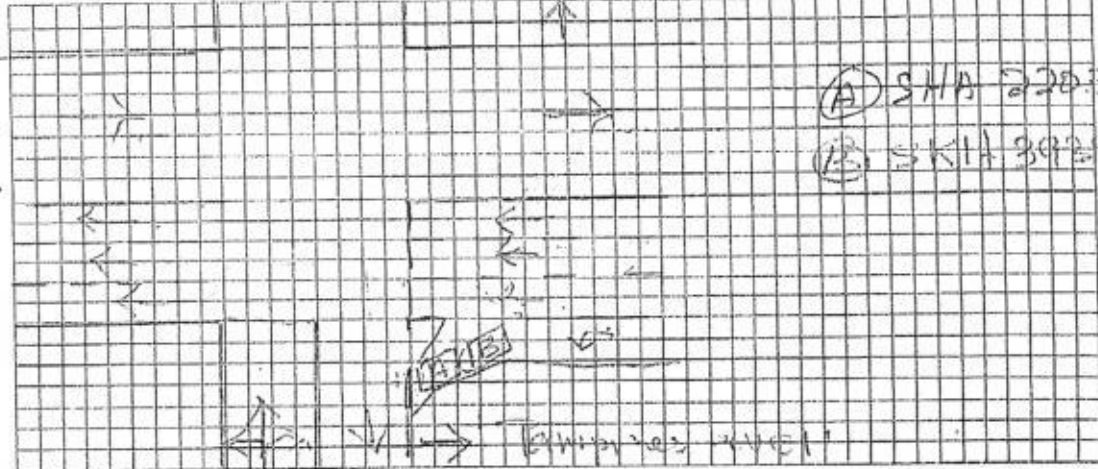
#### DETAILS OF INJURED PERSON 1

|   |                            |
|---|----------------------------|
| Name  | ANG JUNLONG (HONG JUNLONG) |
| Approximate Age                                     | 36                         |
| Injuries Sustain                                    | NECK,SHOULDER              |
| Injured person in which vehicle?                    | SHA2203T                   |
| Were seat belts worn?                               | YES                        |
| Was this injured conveyed to hospital by ambulance? | NO                         |
| Address   |                            |
| Postcode  |                            |



# Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/08/18 AROUND 2200 PM, ON TAMPINES AVE 10  
TURNING ~~BT~~ OUT TO FILTER LANE TAMPINES AVE 1, CAR  
SKH 3988C BANG MY VEHICLE FROM BEHIND

## DECLARATION

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

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

Policyholder's Signature  
Date: 16/8/18

Driver's Signature  
The driver is not the policyholder

Reporting Centre Personnel's Signature  
Name:

16/8/18  
Jackson Hong  
CSO

## Sketch Plan Pg. 2

### IMPORTANT NOTICE

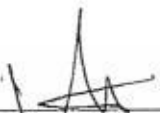
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

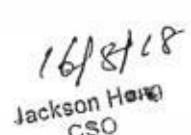
I understand, acknowledge, agree and consent that:

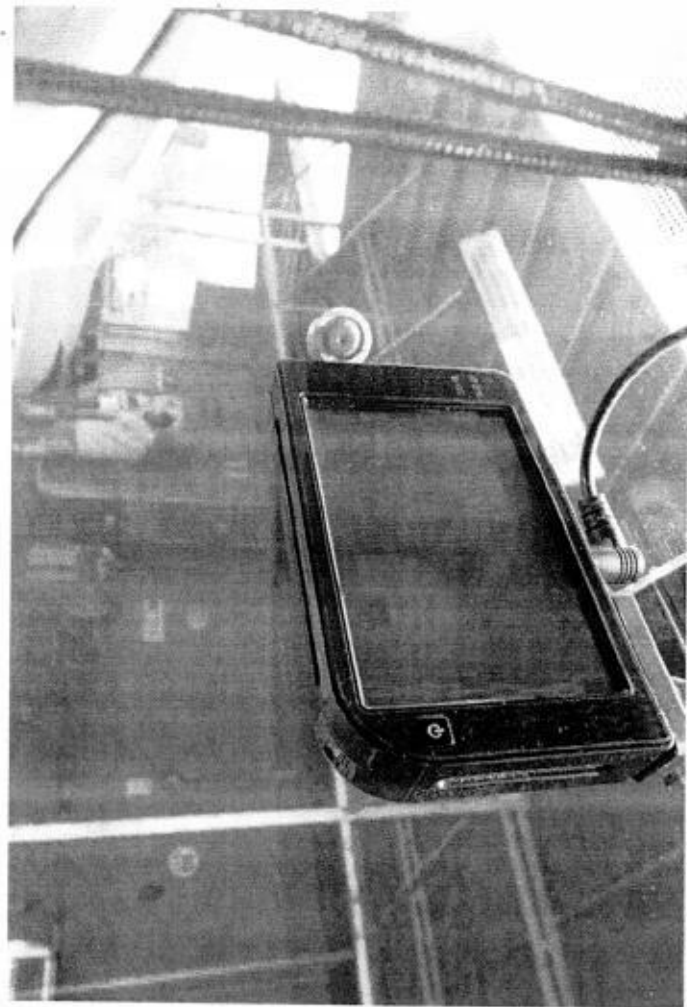
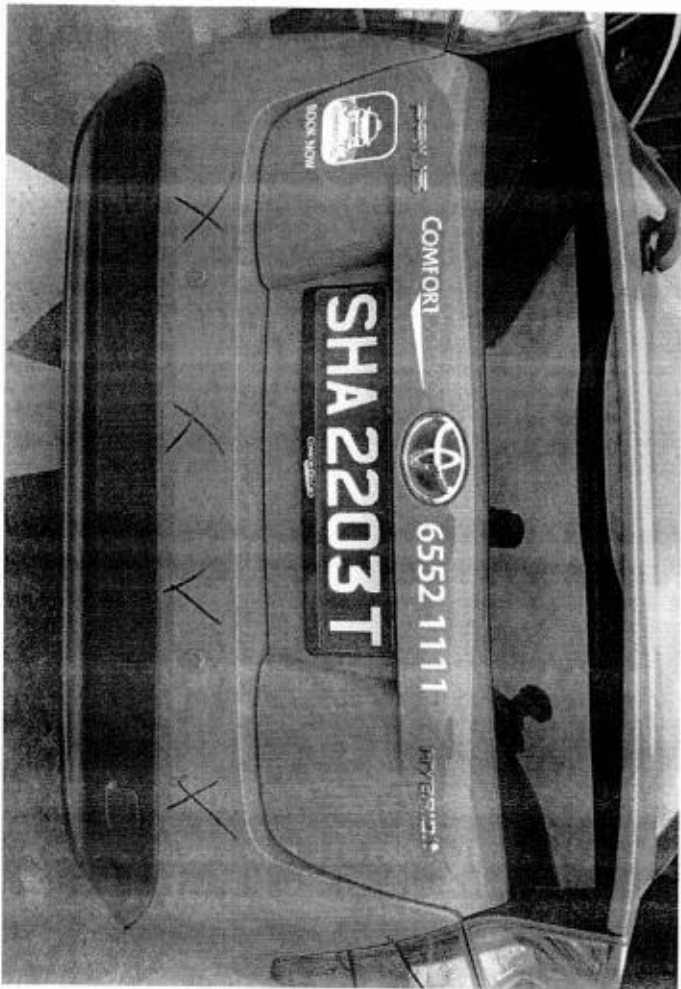
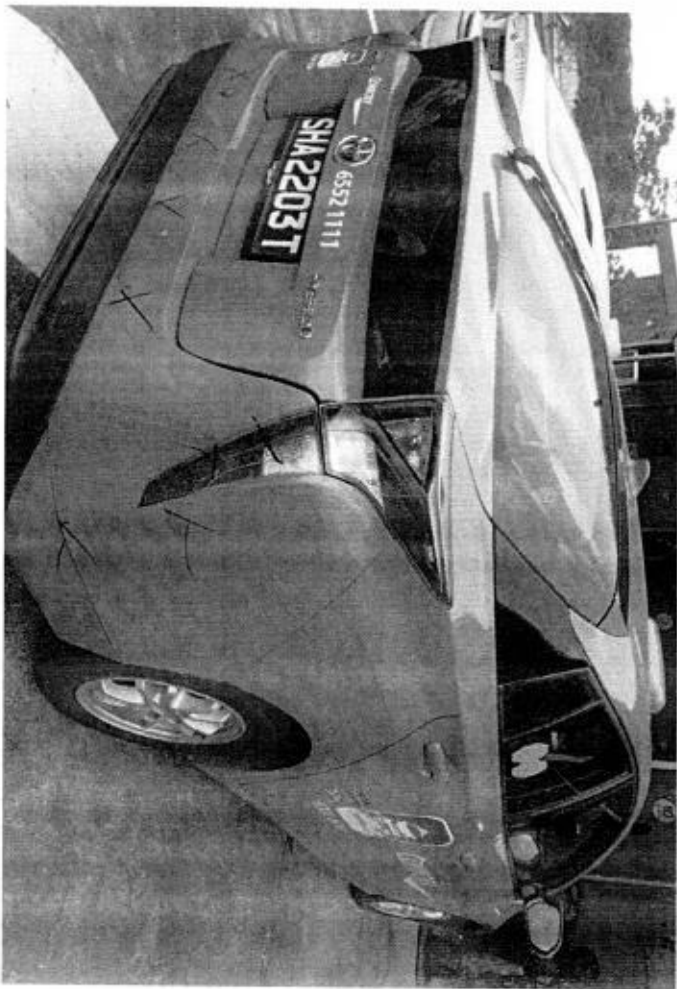
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:







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.

# REPAIR ESTIMATE

MAKE :

MODEL : TOYOTA PRIUS

IG PTE LTD

NTUC / LKK Rasul  
16/8/2018 15:02

16/8/2018 15:02

$$\overline{t_2}$$

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.

10193785

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 24.08.2018

Time: 18:48:50

Page: 1

NTUC

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

JOB NO : 305200946  
REGN NO : SHA2203T  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 16.08.2018 12:35  
ACCIDENT DATE : 15.08.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

|                        |                           |    |        |       |        |
|------------------------|---------------------------|----|--------|-------|--------|
| 0001 04-01-0302-2282-G | PRIG4 COVER REAR BUMPER   | 1  | 458.60 | 25.00 | 343.95 |
| 0002 04-01-0302-2267-G | PRIVC BUMPER PIECE        | 10 | 22.00  | 25.00 | 16.50  |
| 0003 09-01-0302-2005-A | PRIG4 REVERSE SENSOR ASSY | 1  | 135.70 | 10.00 | 122.13 |
| 0004 04-01-0302-2288-G | PRIG4 REINFORCEMENT SUB-A | 1  | 322.30 | 25.00 | 241.72 |
| 0005 04-01-0302-2286-G | PRIG4 COVER REAR BUMPER-T | 1  | 14.70  | 25.00 | 11.02  |
| 0006 04-01-0302-0795-G | PRIG4 LENS AND BODY REAR  | 1  | 548.00 | 25.00 | 411.00 |
| 0007 04-01-0302-2287-G | PRIG4 GUARD-REAR BUMPER C | 1  | 552.60 | 25.00 | 414.45 |

SUB-TOTAL : 1,560.77

## JOB NATURE

|        |                             |        |
|--------|-----------------------------|--------|
| 0000 L | PANEL BEATING               | 180.00 |
| 0001 L | SPRAY PAINTING CHARGE       | 200.00 |
| 0002 L | REMOVE/REFIX REVERSE SENSOR | 60.00  |

SUB-TOTAL : 440.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 24.08.2018

Time: 18:48:50

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 : 305200946  
REGN NO : SHA2203T  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 25.05.2017  
DATE/TIME IN : 16.08.2018 12:35  
ACCIDENT DATE : 15.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,000.77

MVA NAME & SIGNATURE  
DATE:

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE:



Our Job Ref No : 305200946  
Date : 24.08.2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK


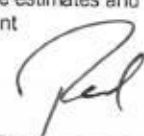
Fax :

Attn : RASUL

Vehicle Reg No. : SHA2203T

Date of Accident : 15.08.2018

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

1. The repair job shall bill to: NTUC --- SKH3938C
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount \$1,560.77
    - (b) Labour Charges \$440.00
    - Total for Part-By-Part Repair Cost \$2,000.77
    - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$0.00  
Final Lumpsum Repair cost \$0.00
  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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156
- Signature :   
Name : Rasul  
Date : 28/08/18

### For Official Use Only

| Item  | Amount | Document Attached<br>Yes or No | Confirm By<br>(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<br>of driver, if applicable) |        |                                |                           |         |
| 6. Overrun  |        |                                |                           |         |

Remarks:

\_\_\_\_\_

[illegible]



## 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/INC18015063/R1sd3s2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 03-09-2018

189556



Code: INC4

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

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKH 3938C      | Veh. Inspected | SHA 2203T  |
| Policy No.   | 5097802906     | Coverage (\$)  | 0.00       |
| Claim No.    | MT/1007545-002 | Excess (\$)    | 0.00       |
| Assign From  |                | Assign Date    | 17/08/2018 |

### 2. Vehicle Particulars & Condition

|              |                         |              |            |
|--------------|-------------------------|--------------|------------|
| Make & Model | TOYOTA PRIUS HYBRID 1.8 | c.c          | 1798       |
| Engine No.   | HIDDEN                  | Year of Reg. | 2017       |
| Chassis No.  | JTDKB3FU703556867       | Colour       | BLUE       |
| Odometer     | 166158                  | Steering     | IN ORDER   |
| Brakes       | IN ORDER                | Modification | SPORTS RIM |
| General      | FAIR                    |              |            |

### 3. Conditions of Tyres

|                | Size       | Make      | Balance |
|----------------|------------|-----------|---------|
| R/H Front Tyre | 195/65 R15 | WEST LAKE | 6 mm    |
| L/H Front Tyre | 195/65 R15 | WEST LAKE | 6 mm    |
| R/H Rear Tyre  | 195/65 R15 | WEST LAKE | 6 mm    |
| L/H Rear Tyre  | 195/65 R15 | WEST LAKE | 6 mm    |

### 4. Description of Damages

|  |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.<br>DAMAGES SEE DETAILS. |
|--|

### 5. General Information

|                |  |                 |            |
|----------------|--|-----------------|------------|
| Accident Date  | 15/08/2018   | Inspection Date | 17/08/2018 |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                 |            |

### 5a. Remarks

|  |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
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### 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. SHA 2203T**

| Qty  | Description of Parts           | Condition     | Estimate By Workshop (\$) | Our Adjusted (\$) |
|--|--------------------------------|---------------|---------------------------|-------------------|
| <b><u>REPLACEMENT OF PARTS</u></b>             |                                |               |                           |                   |
| 1  | REAR BUMPER                    | DEFORMED      | 458.60                    | 458.60            |
| 1  | REAR BUMPER RE-INFORCEMENT     | BENT          | 322.30                    | 322.30            |
| 1  | REAR BUMPER UNDER COVER        | DEFORMED      | 552.60                    | 552.60            |
| 1  | REAR BUMPER SIDE RETAINER      | SERVICEABLE   | 112.70                    | -                 |
| 1  | REAR BUMPER SPONGE             | SERVICEABLE   | 143.40                    | -                 |
| 10   | REAR BUMPER CLIPS              | NECESSARY     | 22.00                     | 22.00             |
| 1  | REAR TAILLAMP LOWER RH         | CRACKED       | 548.00                    | 548.00            |
| 1  | TOWED COVER                    | CUT           | 14.70                     | 14.70             |
|  | LESS 25% DISCOUNT              |               | -543.58                   | -479.56           |
|  |                                |               | 1,630.72                  | 1,438.64          |
| <b><u>NETT ITEMS</u></b>                       |                                |               |                           |                   |
| 1  | REAR BUMPER REVERSE SENSOR (N) | NOT WORKING   | 135.70                    | 135.70            |
|  | LESS 10% DISCOUNT              |               | -                         | -13.57            |
|  |                                |               | 135.70                    | 122.13            |
| <b><u>LABOUR</u></b>                           |                                |               |                           |                   |
|  | PANEL BEATING.                 |               | 350.00                    | 180.00            |
|  | SPRAY PAINTING CHARGE.         |               | 250.00                    | 200.00            |
|  | WIRING CHARGE.                 | NOT NECESSARY | 50.00                     | -                 |
|  | REMOVE/REFIX REVERSE SENSOR.   |               | 120.00                    | 60.00             |
|  |                                |               | 770.00                    | 440.00            |
| <b>GRAND TOTAL</b>                             |                                |               | <b>2,536.42</b>           | <b>2,000.77</b>   |
| <b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b> |                                |               |                           | <b>2,000.77</b>   |

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MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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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