

(06/11/13)

Surveyor: Kelvin

REF:

NS/INC18017758/Klvbn2

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

OD/TP/RS/TP RES/OD RES/EVA/INV/MV

To Insp'd Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJN 4856DPolicy No. 5097694744 260118 - 170219Claims No. MT/1013918-002

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: SHD 38895 Yr Regn: 6 Oct, 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Prius Co. 1998Colour: Blue A/C: Insured / Std / Nil / NASp. Reading: 117630 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: J70KB3F47035 6920

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 28/9/18 D.O.I. 1/10/18Survey held at CDHE (Loyang)

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

Rear

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

Date / Time Action / Instruction

SHD 38895 - CA/FCU8001196 / Uqbn2

DA: 25018 INC

SJN 4856D - NBA/TH14011873/24

DA: 150614 PIP

4/10/18 Labour PIP \$2045.36 / 3 Pys. (Ref 203.57, 9%)

RECEIVED 8 OCT 2018

5/10/2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 5/10 - typistReport Format: TPLump Sum / I.B.I. (\$) 2045.36Days Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

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/INC18017758/K1vb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 01-10-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 4856D	Veh. Inspected	SHD 3889S
Policy No.	5097694744	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	01/10/2018

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	28/09/2018	Inspection Date	01/10/2018
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, 5 October 2018 2:01 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg

 income
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

 in with you

'With effect from 1 Oct 2018, we will be discontinuing our fax number 6338 1504.

Please forward all motor claims related correspondences to mtcl@income.com.sg so that we can attend to it accordingly.'

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, October 05, 2018 12:55 PM
To: mtreg <mtreg@income.com.sg>
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/1013918-002	COMFORT TRANSPOTATION PTE LTD	SHD 3889S	SJN 4856D

D.O.A	Time of Accident	Estimate	Tentative repair cost
28/9/2018	20:00	\$2,248.93	\$2,045.36

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)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

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) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097694744		ECO AUTOMOBILE LEASING	53354814D	GPC	drive CLASSIC	SJN4856D	SJN4856D	26/01/2018	17/02/2019

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	29/09/2018 09:11
Date Of Accident	28/09/2018 20:00
Exact Location Of Accident	PIE TWDS CHANGI (NEAR EUNOS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3889S
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	GOH HIN PING
NRIC No	S1486152A
Date Of Birth	11/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92769787
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 193 RIVERVALE DRIVE #09-787
Postcode	540193
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

REFER ATTACHED

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	SJN4856D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADELINE KEZIA GIAM YEN
NRIC/Passport Number	S7722226Z
Contact Number	97602772
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP8256A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LILIS SURYANI BINTE AHMAD
NRIC/Passport Number	S7015410B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKD9222R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YING WEI
NRIC/Passport Number	S9390011A
Contact Number	90120910
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

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

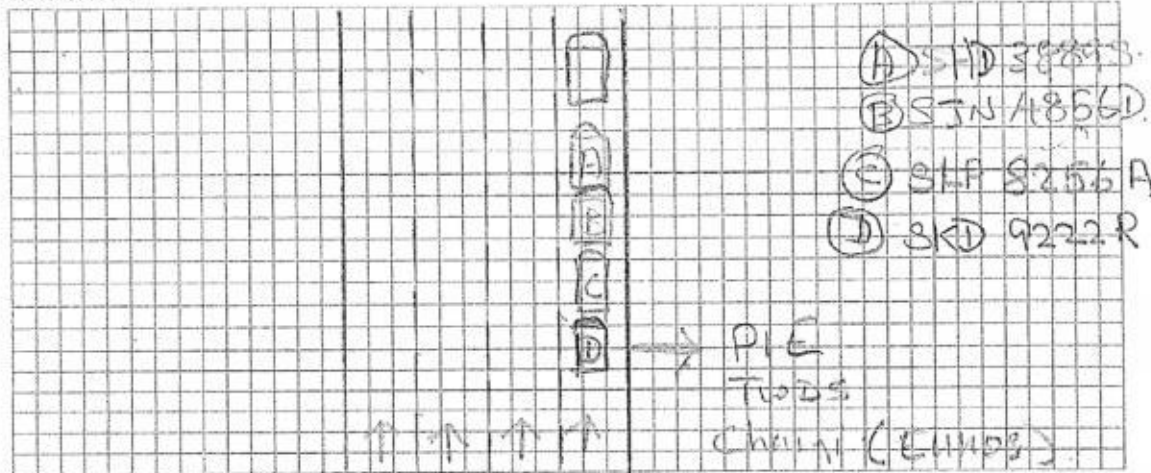
Policyholder's Signature
Date & Time:

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

29/9/18
Jackson Hong
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/09/2018 at about 2000 hrs, I Vehicle A was driving along PIE toward Changi airport (Near Eunos) on the outer lane. As a car in front of me stop his car, I also stop behind him. A few second vehicle B come back and hit me. After that I feel another few bang from my back.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 120303021R

Policyholder's Signature
Date & Time:

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

29/9/18
Jackson Heng Jackson -
CSO

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

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

VEHICLE NO : SHD 3889S

29/9/2018

MAKE :

MODEL : TOYOTA PRIUS

NTUC-CPIP)

IS

LKK - Calvin

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) — <i>me</i>			\$ 60.80
REAR TRUNK LID LOGO(HYBRID) — <i>me</i>			\$ 52.40
REAR TRUNK LID LOGO(TOYOTA STAR) — <i>me</i>			\$ 52.90
REAR BUMPER — <i>Dehrend</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT — <i>Deh</i>			\$ 322.30
REAR BUMPER UNDER COVER — <i>cr</i>			\$ 552.60
REAR BUMPER TOWING COVER — <i>id</i>			\$ 82.70
REAR BUMPER CLIPS — <i>me</i>			\$ 22.00
SUB TOTAL			\$ 1,604.30
LESS 25%			\$ 401.08
DISCOUNTED TOTAL			\$ 1,203.23
REAR TRUNK LID COMFORT & TEL NO. STICKER — <i>me</i>			\$ 60.00
REAR BUMPER REVERSE SENSOR — <i>shat</i>			\$ 135.70
			\$ 195.70
* Vehicle Towed In *			
LABOUR CHARGE			
Panel Beating			\$ 220.00
Spray Painting Charge			\$ 440.00
Wiring Charge			\$ 30.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 2,208.93

NETT 54
NETT 121.13

2248.93

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before any spray painting.
- To display damaged parts during resurvey.
- Parts prices given are on a "Without Prejudice" basis.
- No illegal modification is allowed.
- Supplementary items to be resurveyed and approved by the insurance company.

Acknowledged by Repairer
Signature:
Date:

1/Calvin LKK
1/10/18 1030h
3 Dpp.
PIP
Before Part photo

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.

COMFORT DELGRO ENGINEERING

VEHICLE : SHD3889S TYPE OF CLAIM : TP
 MODEL : TOYOTA PRIUS SURVEY BY : LKK-KALVIN
 JOB NO : 305219173 DATE : 01/10/18

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

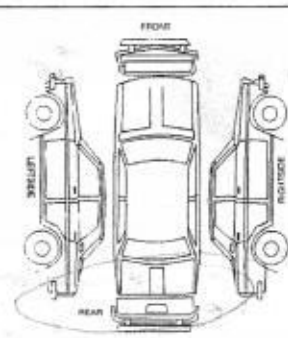
S/No	DESCRIPTION	QTY	ESTIMATE \$	REMARKS
1	BOOTLID APPS STICKER <i>-10%</i>	1	40.00	nett <i>nk</i>
	* Last Entry *			

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JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>28/9/18</u> Time Received:		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Goh</u> Contact No.: <u>9276 9787</u> Vehicle No.: <u>SUD3889S</u> Make/Model/Colour: <u>PRINS</u> Email:		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:	
7. Location: <u>620 Bedok Reservoir Rd</u>			8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi		
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:			10. Odometer Reading: <u>117630km</u> Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			 <p># : Cracked X : Dented / : Scatched O : Missing</p> <p>Signature of Customer</p>		

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN TOWING <input type="checkbox"/> OTHERS	
Name of Driver: <u>Gao</u>	
Vehicle No.: <u>YK965</u>	
Time Dispatch: <u>2042</u>	
Time of Arrival: <u>2115</u>	
Time Completed:	

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

28/9/18

Date

2115

Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

WORKSHOP COPY

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305219173

TOMER		REGN NO.: SHD3889S	MILEAGE
VS COMFORT TRANSPORTATION PTE LTD		MAKE : TOYOTA	FUEL
TOMER NO. 7010045		MODEL	DATE/TIME IN
RESS 383 SIN MING DRIVE		PRIUS HYBRID(G4)	28.09.2018 20:00
Singapore SINGAPORE 575717		YR OF MANU	TARGET DATE
65508755 (R) (P) (O)		06.10.2017	
OUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME:
		JTDKKB3FU703569263	

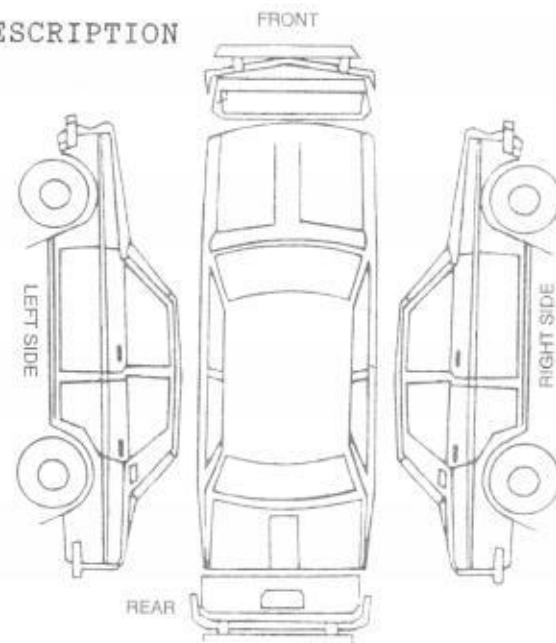
JOB DESCRIPTION

Accident Date: 28.09.2018

NATURE: 3P 28.09.2018

S/NO LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD3889S LIMITS

Vehicle No.: SHD3889S

Service Advisor

Signature/Date

Name of Service Advisor

Date

med to Service Reception upon collection

To be kept by Security Guard

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

JOB NO : 305219173
 REGN NO : SHD3889S
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 28.09.2018 20:00
 ACCIDENT DATE : 28.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2271-G	BOOTLID EMBLEM (PRIUS)	1	60.80	25.00	45.60
0002	04-01-0302-2270-G	BOOTLID EMBLEM (HYBRID S)	1	52.40	25.00	39.30
0003	04-01-0302-2269-G	BOOTLID EMBLEM (Toyota Star)	1	52.90	25.00	39.67
0004	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0005	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	322.30	25.00	241.72
0006	04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0007	04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02
0008	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0009	28-01-0302-2015-A	BOOTLID COMFORTDELGRO	1	30.00	10.00	27.00
0010	28-01-0302-0006-A	BOOTLID 65521111	1	30.00	10.00	27.00
0011	09-01-0302-2005-A	REVERSE SENSOR	1	135.70	10.00	122.13
0012	28-01-0302-2013-A	BOOTLID APPS STICKER**	1	40.00	10.00	36.00

SUB-TOTAL : 1,415.34

JOB NATURE

REPAIR ESTIMATE

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

JOB NO : 305219173
REGN NO : SHD3889S
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 06.10.2017
DATE/TIME IN : 28.09.2018 20:00
ACCIDENT DATE : 28.09.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING			200.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA			400.00		
0002 L	R/I REVERSE SENSOR			30.00		
0003 23-01	VEHICLE TOW-IN			0.00		
SUB-TOTAL :						630.00

TOTAL : 2,045.34


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : _____

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305219173
Date : 04/10/18

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

FINALIZATION FORM


To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHD3889S Date of Accident : 28-Sep-18

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

1. The repair job shall bill to: NTUC --- SJN4856D
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,415.36
 - (b) Labour Charges \$630.00
 - Total for Part-By-Part Repair Cost \$2,045.36**
 - (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 : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 4/10/18

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		NO		
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/INC18017758/K1vbn2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 12-10-2018	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 4856D	Veh. Inspected	SHD 3889S	
Policy No.	5097694744	Coverage (\$)	0.00	
Claim No.	MT/1013918-002	Excess (\$)	0.00	
Assign From		Assign Date	01/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU703569263	Colour	BLUE	
Odometer	117630	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm	
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/09/2018	Inspection Date	01/10/2018	
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3889S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	60.80	60.80
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.40	52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	52.90	52.90
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	322.30	322.30
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER TOWING COVER	CUT	82.70	82.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-401.07	-401.07
			1,203.23	1,203.23
NETT ITEMS				
1	REAR TRUNK LID COMFORT & TEL NO STICKER (N)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (N)	SHORTED	135.70	135.70
1	BOOTLID APPS STICKER (N)	NECESSARY	40.00	40.00
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			810.00	630.00
GRAND TOTAL			2,248.93	2,045.36
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,045.36

Report Ref No. NS/INC18017758/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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