

Surveyor: KalvinREF: NS/INC18019654/Klsbnz

## ASSIGNMENT

From \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD/TP/WS/TP RES/OD RES/EVA/INV/MV  
To Inspected Vehicle No: \_\_\_\_\_  
at Workshop no/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: SDY 1368D  
Policy No 5082153702-03 140618-30619  
Claims No MT/1017764-002  
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 Report: \_\_\_\_\_ 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: SHC1323B Yr Regn: 1924, 2017  
Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /  
Truck / Trailer or  
Make: Toyota Pro C.C. 1798  
Colour: Bk. A/C: Insured / Std / NI / NA  
Sp. Reading: 164899 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JTPKB3F4103560560  
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 ~~or~~ Rim or  
Tyre Size: F: 195/65R15  
R: \_\_\_\_\_  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or West Hk.

Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal. 2 mm R/Bal. 2 mm  
L/Bal. 2 mm L/Bal. 2 mm  
D.O.A. 27/10/18 D.O.I. 29/10/18  
Survey held at CDGE (Loyang)  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear n/s.

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>SHC1323B - NS/INC18011580/Klsbnz</u> <u>DCA: 23062018</u> <u>INC</u>
	<u>SDY 1368D - CVI/00316011071/RICall</u> <u>PIR</u>
<u>31/10/18</u>	<u>Check 1 P/P \$2221.90/ 3 Pys.</u>
<u>31/10/18</u>	<u>Confirmed P/P \$2221.90 @ 3 days with Kalvin</u>
	<u>( \$1,457.46 Red - 40% )</u>
RECEIVED 01 NOV 2018	

Date/Time, File Pass to?

01/11/18

1)

Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I. (\$) 2,221.90 P/PDays Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL

160

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"/>	5062152702-02		PANG TECK CHUN	S7424050Z	GPC	drive CLASSIC	SDY1368D	SDY1368D	14/06/2018	13/06/2019

Date: 29/10/2018

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1017706-002	COMFORT TRANSPORTATION PTE LTD	SHD 4701T	XD 3489Z
2	MT/1017524-002	COMFORT TRANSPORTATION PTE LTD	SHB 4146G	SLV 7887D
3	MT/1017402-002	COMFORT TRANSPORTATION PTE LTD	SHC 1706E	SJR 7536L
4	MT/1016198-002	CITYCAB PTE LTD	SHB 3262K	XD 9615L
5	MT/1017995-001	COMFORT TRANSPORTATION PTE LTD	SH 9128P	SKT 8473E
6	MT/1017667-002	COMFORT TRANSPORTATION PTE LTD	SHC 2639J	SGL 3007R
7	MT/1017764-002	COMFORT TRANSPORTATION PTE LTD	SHC 1323B	SDY 1368D

## 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 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. 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	29/10/2018 08:49
Date Of Accident	27/10/2018 12:55
Exact Location Of Accident	LANE 1 ALONG AYE TWDS CITY AFTER CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1323B
<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	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 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81711972
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 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? YES  
 If Yes, Please state which Police Station  
 POLICE STATION NAME [OTHER] PASIR RIS N.P.C  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20181027/2057

#### 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 SDY1368D  
 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

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

NG SWEE CHOON

Approximate Age

52

Injuries Sustain

FELT PAIN ON BACK AND SHOULDER,

Injured person in which vehicle?

SHC1323B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# **IMPORTANT NOTICE**

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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.
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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. 199203921R

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.:

GIA/IMC SketchPlanForm\_V3



# Sketch Plan Pg. 2

## SKETCH PLAN

A-8HC1323B	AYE	
B-8DY1368D	two's	
	City	
	after	
	Clementi Rd Exit	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

7/20181027/2057.

Third Party Detail: 8DY1368D Make: Volkswagen

## 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)  
Date & Time:

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

6/15/16C SketchPlanForm\_V3





**SINGAPORE  
POLICE FORCE**



T/20181027/2057

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20181027/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2018 14:46		Vide Report No.:		Station Diary No.: 62
<b>Informant's Particulars</b>				
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.: Home/Office: Mobile: 81711972		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 52	Date of Birth: 25/06/1966	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/10/2018 12:55	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE Lamp Post Number: 484				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1323B	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181027/2057

2 of 3

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20181027/2057

## CONTINUATION OF REPORT

Driver		ID No.	
Name	NG SWEE CHOON		S17789751
Related Vehicle	SHC1323B (Car)	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 27/10/2018 at about 1255hrs, I was travelling along AYE on the 1st lane. As I was driving, I noticed a Volkswagen car driving very closely behind me. I did not bother as I was concentrating on the traffic in front.

The vehicles in front of me started to slow down and come to a stop, as such I also press the brakes and came to a stop. Suddenly the vehicle behind me collided onto the rear portion of my vehicle. The said vehicle then drove away. I did not managed to take notice of the registration plate number but I saw that it was a black car, drove by a male subject.

I have an in car camera but it was recording and I will submit it to my company, Comfort Delgro.

I noticed that there was a Camera at the lamppost C484



**SINGAPORE  
POLICE FORCE**



T/20181027/2057

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20181027/2057

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 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

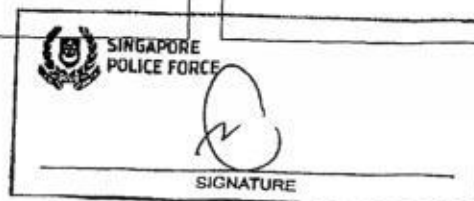
Signature Of Interpreter:  
Not applicable

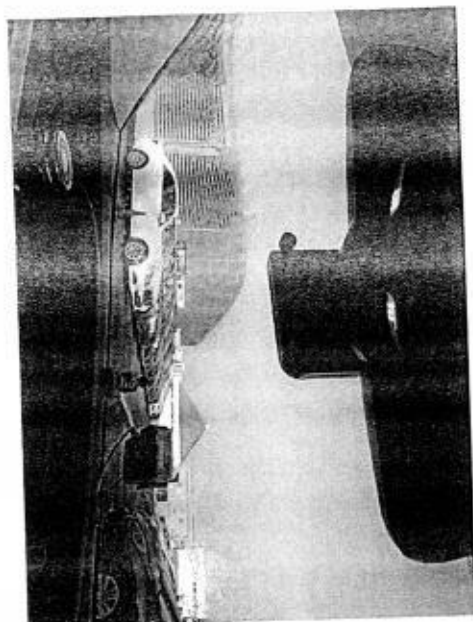
Date/Time:  
27/10/2018 14:46

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP188





## REPAIR ESTIMATE

VEHICLE NO : SHC 1323B

29/10/2018 10:13

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS) / ne			\$ 52.90
REAR TRUNK LID LOGO(HYBRID) / ne			\$ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR) / ne			\$ 47.00
REAR BUMPER / Defunct			\$ 458.60
REAR BUMPER RE-INFORCEMENT / Xue			\$ 318.80
REAR BUMPER UNDER COVER / lt			\$ 552.60
REAR BUMPER SIDE RETAINER / Xue			\$ 112.70
REAR BUMPER UNDER SIDE CENTRE COVER / Xue			\$ 552.60
REAR BUMPER CLIPS / ne			\$ 22.00
RETAINER, REAR BUMPER, SIDE, LH / in			\$ 94.80
SEAL, REAR BUMPER SIDE, LH / Xue			\$ 148.40
TAIL LAMP ASSY (LOWER) (LH) / ne			\$ 548.40
SUB TOTAL			\$ 2,961.70
LESS 20% / 252			\$ 592.34
DISCOUNTED TOTAL			\$ 2,369.36
REAR TRUNK LID APPS STICKER / ne			\$ 40.00
REAR TRUNK LID COMFORT & TEL NO. STCIKER / ne			\$ 60.00
REAR BUMPER METAL PLATE / X sue			\$ 50.00
			\$ 150.00
LABOUR CHARGE			
Panel Beating			\$ 300
Spray Painting Charge			\$ 400.00
Wiring Charge			\$ 400 600.00
Tuff Kote			\$ 20 30.00
Remove/Refix Reverse Sensor			\$ X 50.00
			\$ 70 80.00
TOTAL LABOUR			\$ 1,160.00
ESTIMATE TOTAL			\$ 3,679.36

LKK Auto Consultants hereby notify the Repairer of the following:

- To survey damage and prepare survey
- To display damaged parts during survey
- Parts prices are subject to insurance basis
- Third party survey is subject to insurance basis
- No illegal modification to vehicle
- Supply of parts is subject to insurance basis
- Supply of parts is subject to insurance basis

Acknowledged by Repairer

Date:

16/11/18 (Kk)

29/10/18 12:10h

3 Days

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.

Team: ARC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305231498

OMER  
S  
OMER NO.  
ESS  
(R)  
(P)

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

REGN NO.:	SHC1323B	MILEAGE
MAKE:	TOYOTA	FUEL E.....1/2.....F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 27.10.2018 14:10
YR OF MANU	19.07.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU103560560	COMPLETION DATE/TIME:

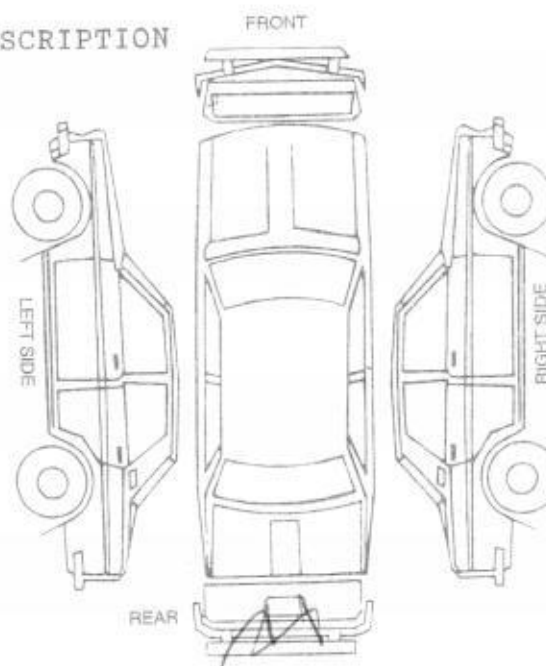
JUNT CARD NO.

### JOB DESCRIPTION

Accident Date: 27.10.2018  
NATURE: 3P 27.10.18

S/NO LABOR CODE

### DESCRIPTION



BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in/Check-out Slip

Exit Pass

No.: SHC1323B JU NTUC

Vehicle No.: SHC1323B

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 31.10.2018

Time: 14:19:39

Page: 1

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

JOB NO : 305231498  
REGN NO : SHC1323B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 19.07.2017  
DATE/TIME IN : 27.10.2018 14:10  
ACCIDENT DATE : 27.10.2018

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0002	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0004	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1 N	30.00	2.50-	30.00
0005	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1 N	40.00	0.25	40.00
0006	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1 N	30.00	0.03-	30.00
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0009	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0010	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0011	04-01-0302-3837-G	PRIG4 RETAINER RR BUMPER	1	94.80	25.00	71.10

SUB-TOTAL : 1,471.89

## JOB NATURE



COMFORTDELGRO ENGINEERING PTE LTD

Date: 31.10.2018

Time: 14:19:39

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 : 305231498  
REGN NO : SHC1323B  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 19.07.2017  
DATE/TIME IN : 27.10.2018 14:10  
ACCIDENT DATE : 27.10.2018

JOB / PARTS DESCRIPTION		QTY	IND	UNIT	PRICE	DISC%	AMOUNT
0000 L	PANEL BEATING- REAR				300.00		
0001 23-502	SPRAYPAINT ON AFFECTED AREA				400.00		
0002 17-01	CHECK ALL LIGHTING				20.00		
0003 L	REMOVE/REFIX REVERSE SENSOR				30.00		
SUB-TOTAL :					750.00		
TOTAL :					2,221.89		

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305231498  
Date : 31/10/2018

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

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
SHC1323B

Fax :

Date of Accident : 27.10.18

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

- The repair job shall bill to: NTUC SDY1368D  
###
- The finalized amount shall be:
 


(a) Spare Parts after List discount		\$1,471. <sup>90</sup> <del>80</del>
(b) Labour Charges	###	\$750.00
<b>Total for Part-By-Part Repair Cost</b>		<b>\$2,221.<sup>90</sup><del>80</del></b>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
<b>Final Lumpsum Repair cost</b>		


- Estimated normal period for repairs: 3 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 : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 31/10/18

### 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		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/INC18019654/K1sbn2	
73 BRAS BASAH ROAD			
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			
		Date: 08-11-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SDY 1368D	Veh. Inspected	SHC 1323B
Policy No.	5082152702-02	Coverage (\$)	0.00
Claim No.	MT/1017764-002	Excess (\$)	0.00
Assign From		Assign Date	29/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103560560	Colour	BLUE
Odometer	164899	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	27/10/2018	Inspection Date	29/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	



# National Assessment Centre Services

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1323B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR TRUNK LID LOGO (PRIUS)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (HYBRID)	NECESSARY	52.90	52.90
1	REAR TRUNK LID LOGO (TOYOTA STAR)	NECESSARY	47.00	47.00
1	REAR BUMPER	DEFORMED	458.60	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 UNDER SIDE CENTRE COVER	SERVICEABLE	552.60	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER,REAR BUMPER,SIDE,LH	CRACKED	94.80	94.80
1	SEAL,REAR BUMPER SIDE,LH	SERVICEABLE	148.40	-
1	TAIL LAMP ASSY (LOWER)(LH)	CRACKED	548.40	548.40
	LESS 20% DISCOUNT		-592.34	-
	LESS 25% DISCOUNT		-	-457.30
			2,369.36	1,371.90
<b>SPECIAL NETT ITEMS</b>				
1	REAR TRUNK LID APPS STICKER (SN)	NECESSARY	40.00	40.00
1	REAR TRUNK LID COMFORT & TEL NO STICKER (SN)	NECESSARY	60.00	60.00
1	REAR BUMPER METAL PLATE (SN)	SERVICEABLE	50.00	-
			150.00	100.00
<b>LABOUR</b>				
	PANEL BEATING.		400.00	300.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
		NOT NECESSARY	1,160.00	750.00
<b>GRAND TOTAL</b>			<b>3,679.36</b>	<b>2,221.90</b>

Report Ref No. NS/INC18019654/K1sbn2

RECOMMENDED COST OF REPAIRS (CONFIRMED)			2,221.90
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Report Ref No. NS/INC18019654/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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