

NS/INC19002587/Nvd352

REF:

REF:

INC

F2

Surveyor: NA 2

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: FT55A1B

Policy No. 5103715318 (1st/1st - 14/9/19)

Claims No. MT/1033641-001

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

Est. or Market Value: _____

IVAC Accident Report: _____ Consistent?: Yes or No

GA / PR Sect: _____ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: _____ % J Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN/OUT

Veh No: SH 3188E Yr Regn: 5 J4 6 2017

Type: M.Car / M.Cycle / BUS / Van / Lorry Prime Motor /

Truck / Trailer or _____

Make: TOYOTA PRIUS HYBRID cc. 1798

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

Sp. Reading: 118,693 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J1DKB3Fu 203539398

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / SIRim / STD / RIm or

Tyre Size: F: _____ R: _____

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

TOYO / YOKO or WESTLAK

Front R/Bal. 6 mm Rear R/Bal. 6 mm

U/Bal. 6 mm L/Bal. 6 mm

D.O.A. 2/2/19 D.O.I. 1/2/19

Survey held at COKE WYANG

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

SH 3188E - CS/FCI18017436/Dqd3n2

DOA: 2/2/2018

FT55A1B - X

25/2/19 Final fig \$ 3129.21 confirmed by email (Ref 1245.53, 287)

RECEIVED 26 FEB 2019

Date/Time, File Pass to? : Prelim Report

: Final Report

Date/Time, File Return to?

2) 26/2 - typist

Report Format: TP

Lump Sum / I.B.I: (\$) 3129.21

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____) \$ + RS _____

: Interview (\$ _____) Photos _____

: Tech. Invs (\$ _____) Others _____

: Weekend (\$ _____) TOTAL _____

Veron Chen (LKKAUTO)

From: mtreg <mtreg@income.com.sg>
Sent: Tuesday, 26 February 2019 10:46 AM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Dear Veron

We have registered the claim.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No
1	MT/1033641-001	COMFORT TRANSPORTATION PTE LTD	SH 3188E	FT 5591B
2	MT/1033197-002	COMFORT TRANSPORTATION PTE LTD	SHA 4597T	SGY 598C

Josephine Cheah
Snr Administrator, Motor Insurance
www.income.com.sg



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



From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, 26 February 2019 9:08 AM
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 No
1		COMFORT TRANSPORTATION PTE LTD	SH 3188E	FT 5591B
2		COMFORT TRANSPORTATION PTE LTD	SHA 4597T	SGY 598C

D.O.A	Time of Accident	Estimate	Tentative repair cost
7/2/2019	14:55	\$4,374.74	\$3,129.21
21/2/2019	08:15	\$1,226.65	\$700.00

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.

[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/02/2019 19:25"/>
Vehicle No.(For Motor)	<input type="text" value="FT5591B"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103715318		MUHAMMAD PUTRA NURSHAFIQ BIN ABDUL RAHIM	591285161	GMC	Third Party	FT5591B	FT5591B	15/09/2018	14/09/2019

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 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	09/02/2019 08:46
Date Of Accident	07/02/2019 14:55
Exact Location Of Accident	RIVER VALLEY RDTWDS GRANGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH3188E
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	ANG PING YANG (HONG PINGYANG)
NRIC No	S7204671D
Date Of Birth	28/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1997
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92388769
Fax Number	
Contact Number	
Email Address	AXTON82.ANG@GMAIL.COM

Address BLK 176 BISHAN STREET 13
 #06-135
 Postcode 570176
 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 (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : -
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190207/2097

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FT5591B
 Vehicle Make/Model/Colour MOTORCYCLE
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN(RIDER)

Approximate Age

Injuries Sustain UNSURE

Injured person in which vehicle? FT5591B

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

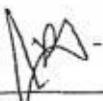
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



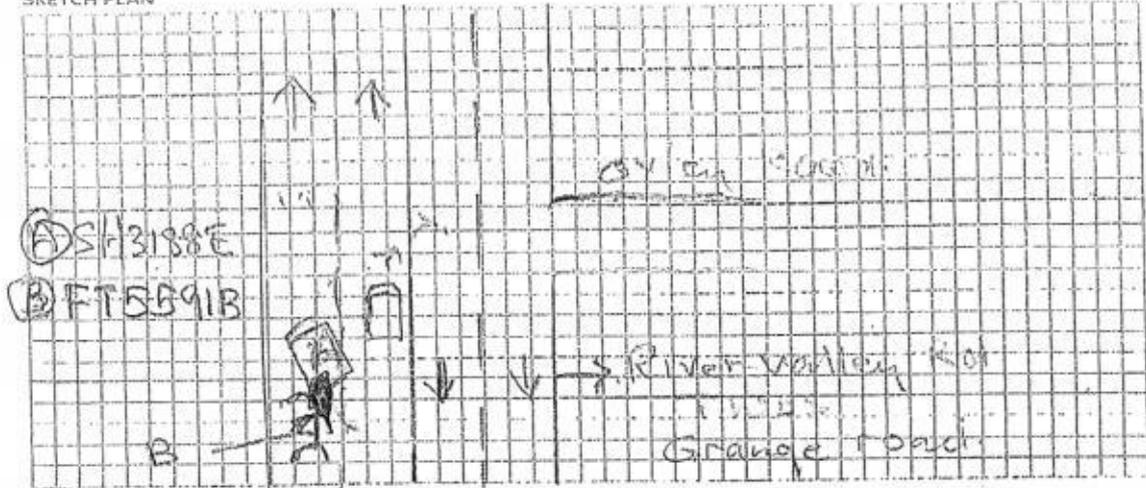
Driver's Signature
(If driver is not the policyholder)
Date & Time:

8/2/19
Jackson Heung
CSO

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police report attached.

T/20190207/2097

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:

8/2/19 Jackson Heng
CSO

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



**SINGAPORE
POLICE FORCE**



T/20190207/2097

1 of 3

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20190207/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 16:40		Vide Report No.: E/20190207/0104		Station Diary No.: 145	
Informant's Particulars					
Name of Informant: ANG PING YANG			Address: APT BLK 176 BISHAN STREET 13 #06-135 SINGAPORE 570176		
ID Type / ID No.: NRIC NO / S7204671D			Contact No.: Home/Office: Mobile: 92388769		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 28/01/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2019 14:55	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 RIVER VALLEY ROAD KILLINEY ROAD River valley road, right before Oxley road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FT5591B	Motorcycle					0
SH3188E	Taxi				Slightly Damaged	1



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20190207/2097

2 of 3

Report No. T/20190207/2097

CONTINUATION OF REPORT

Brief Details.

On 07/02/2019 at about 1455hrs, I was driving my taxi with my passenger seated behind along River valley road. I was driving on the right lane and as I notice that there was vehicle in front of me making a right turn into Oxley Road, I signaled left and checked my mirrors for any oncoming vehicles. As the left lane was clear, I then filtered to the left lane. Suddenly, a motorcycle which was driving at very fast speed collided onto my taxi left rear bumper causing dent and damages to it. The road behind my vehicle was a bend and I believe he was speeding as my vehicle damages were quite severe and I had already make a check on my mirror before filtering. I have then provided my SD card to the traffic police who came down to scene as requested for further investigation.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20190207/2097

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

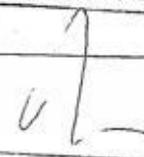
Report No. T/20190207/2097

CONTINUATION OF REPORT

Sketch Plan

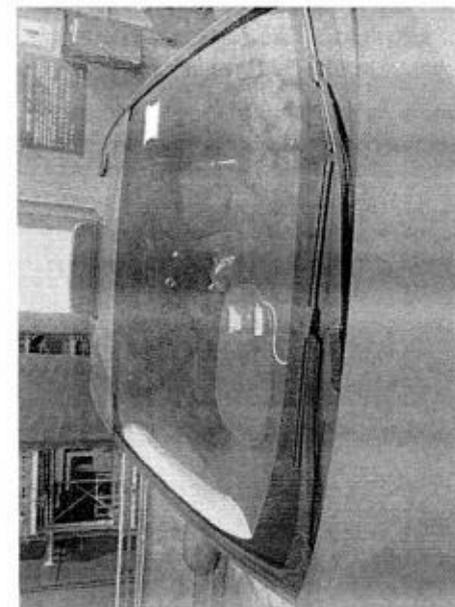
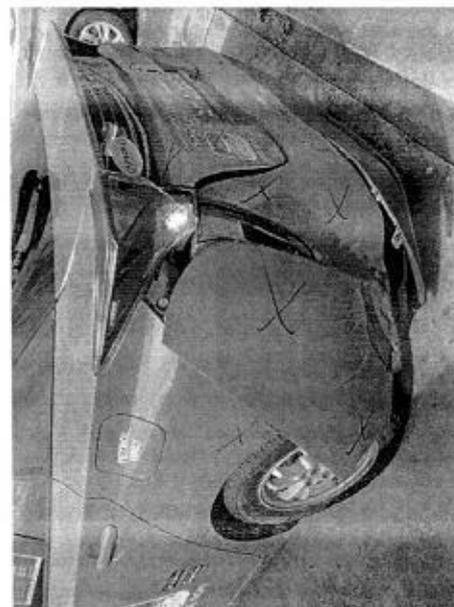
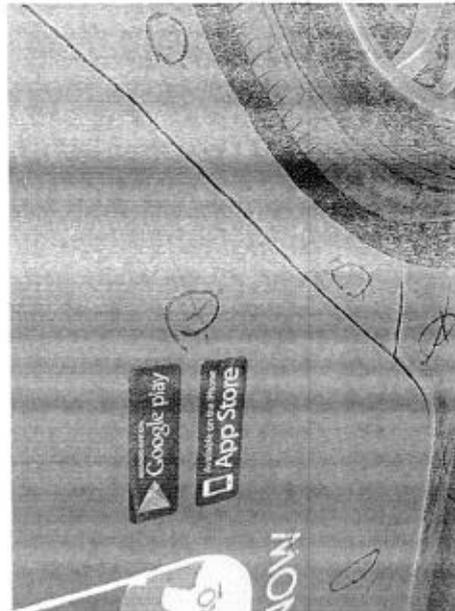
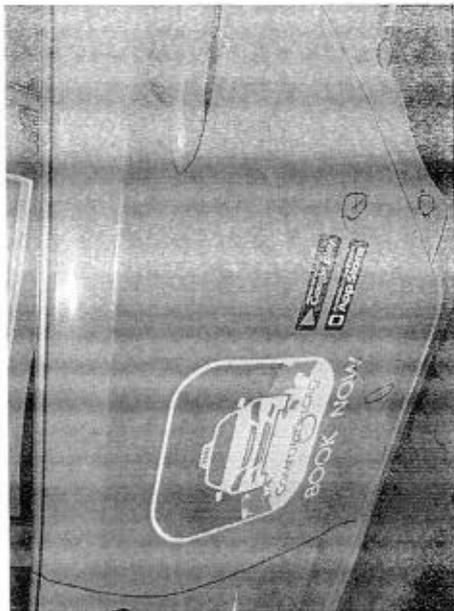
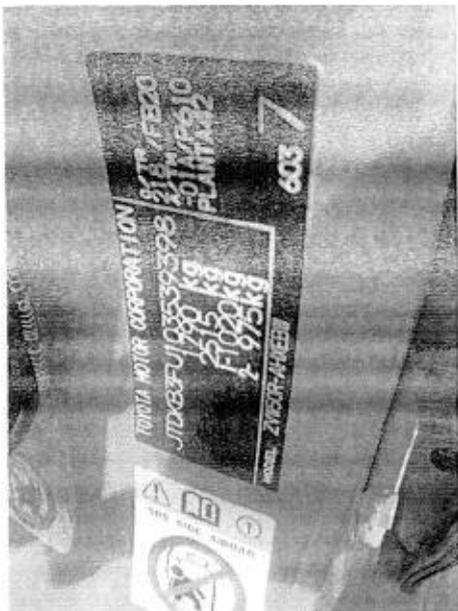
Informant is not able to provide sketch plan

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: E / Sgt 3 TAN CHEE KAI, AARON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2019 16:40
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No: 65476246	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE Sgt 372 SIGNATURE	

Accident Photo





Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305266602

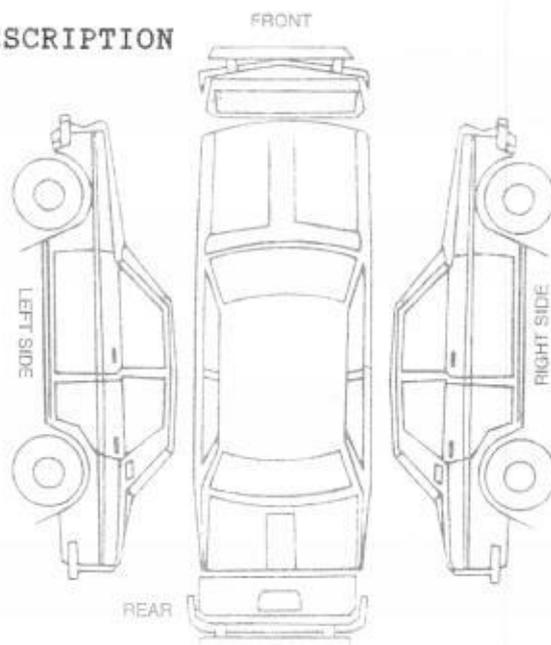
OMER	REGN NO.: SH 3188E	MILEAGE
IS OMER NO. ESS COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	MAKE: TOYOTA	FUEL E.....1/2.....F
	MODEL PRIUS HYBRID(G4)	DATE/TIME IN 07.02.2019 17:30
	YR OF MANU. 05.07.2017	TARGET DATE
OUNT CARD NO.	CHASSIS CODE JTDKB3FU103539398	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 07.02.2019
 NATURE: 3P 07.02.19 -

S/NO LABOR CODE

DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Judgement Slip

Exit Pass

No.: **SH 3188E** **FZ NTUC LKK**

Vehicle No.: **SH 3188E**

Signature of Service Advisor

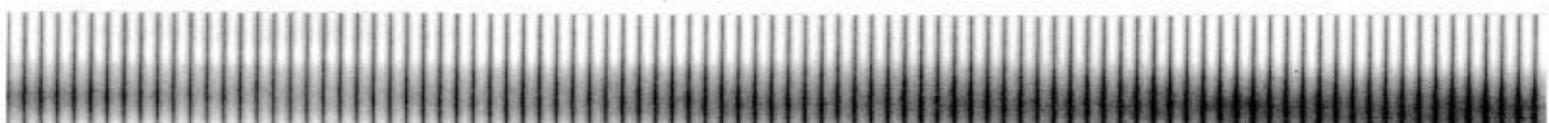
Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard



Version

Finalized.

- Naz

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305266602
Date : 13.02.2019

FINALIZATION FORM

To : LKK
Attn : NAZ

Fax :

Vehicle Reg No. : SH 3188E - CTPL Date of Accident : 07.02.2019

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

- The repair job shall bill to: NTUC --- FT 5591B
- The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,819.21</u>
(b) Labour Charges	<u>\$1,310.00</u>
Total for Part-By-Part Repair Cost	<u>\$3,129.21</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

3. Estimated normal period for repairs: 4 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 : NAZ LKK
 Date : 25/2/19

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:

NAUL
FR- PIP

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

2/9/2019 10:23

VEHICLE NO : SH 3188E

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR TRUNK LID LOGO(PRIUS)			\$ ✓ 52.90
REAR TRUNK LID LOGO(HYBRID)			\$ ✓ 52.90
REAR TRUNK LID LOGO(TOYOTA STAR)			\$ ✓ 47.00
REAR BUMPER			\$ ✓ 458.60
REAR BUMPER RE-INFORCEMENT			\$ 318.80
REAR BUMPER UNDER COVER			\$ ✓ 552.60
REAR BUMPER SIDE RETAINER			\$ 112.70
REAR BUMPER CLIPS			\$ ✓ 22.00
TAIL LAMP ASSY (UPPER) (LH)			\$ ✓ 557.90
TAIL LAMP ASSY (LOWER) (LH)			\$ ✓ 548.40
		2,292.3	\$ 2,723.80
			\$ 544.76
		1,719.22	\$ 2,179.04
			\$ 100.00
			\$ ✓ 40.00
			\$ ✓ 60.00
		100	\$ 135.70
			\$ 335.70
LABOUR CHARGE			\$ 800.00
Panel Beating (REPAIR BOOTLID)			\$ 900.00
Spray Painting Charge			\$ ✓ 30.00
Wiring Charge			\$ ✓ 50.00
Tuff Kote			\$ 80.00
Remove/Refix Reverse Sensor			
			\$ 1,860.00
			\$ 4,374.74

NAZ LKX
11/2/19 1715

PIP

4 DAYS
CHECK ITEMS PHOTOS
BY PAINT PHOTOS

NEC
CRK
X SVL
CRK
X SVL
NEC
CRK
CRK

X SVL
NEC
NEC
X SVL

600
600
NEC
NEC
X SVL

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.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.02.2019

Time: 18:58:08

REPAIR ESTIMATE

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 : 305266602
 REGN NO : SH 3188E
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 05.07.2017
 DATE/TIME IN : 07.02.2019 17:30
 ACCIDENT DATE : 07.02.2019

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	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003	04-01-0302-0581-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42
0004	04-01-0302-0796-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0005	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0006	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0007	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0008	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0009	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	2.50-	30.00
0010	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	0.25	40.00
0011	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	0.03-	30.00

SUB-TOTAL : 1,819.21

JOB NATURE

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

JOB NO : 305266602
 REGN NO : SH 3188E
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 05.07.2017
 DATE/TIME IN : 07.02.2019 17:30
 ACCIDENT DATE : 07.02.2019

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0000 L PANEL BEATING			600.00		
0001 L SPRAY PAINTING CHARGE			600.00		
0002 L WIRING CHARGE			30.00		
0003 L TUFF KOTE		50.00			
0004 L REMOVE REFIX REVERSE SENSOR			30.00		
					SUB-TOTAL : 1,310.00
					TOTAL : 3,129.21

AUTHORISED : YES / NO

 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE :

Veron Chen (LKKAuto)

From: Naz (LKKAuto)
Sent: Monday, 25 February 2019 5:17 PM
To: Fauzy Bin Mokhtar
Cc: Veron Chen (LKKAuto); SUR
Subject: Re: SH 3188E FINALIZATION
Attachments: FINALIZED.pdf

Dear Mr Fauzy,

Finalized Part by Part Repair \$3129.21 / 4 Days subject to insurance approval.

Thank you.

Best Regards,

Naz | Technical Investigator

LKK Auto Consultants

Phone: 6841-2157 | Email: Naz@lkkauto.com | Fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Thursday, 14 February 2019 9:43 AM
To: Naz (LKKAuto)
Subject: FINALIZE - TOTAL 3 VEHICLE

Hi Naz,

Attached is Finalize for your confirmation.

- 1) SHD4834T - After paint taken by Calvin.
- 2) SHC8504U - Photo refer Calvin camera

3) SH 3188E - Photo refer Calvin camera

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156



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/INC19002587/Nvd3s2	
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556	Date: 28-02-2019
Code: INC4	



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FT 5591B	Veh. Inspected	SH 3188E
Policy No.	5103715318	Coverage (\$)	0.00
Claim No.	MT/1033641-001	Excess (\$)	0.00
Assign From		Assign Date	11/02/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103539398	Colour	BLUE
Odometer	118693	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

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

4. Description of Damages

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

5. General Information

Accident Date	07/02/2019	Inspection Date	11/02/2019
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:	4 Working Days
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**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. SH 3188E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
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	CRACKED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	TAIL LAMP ASSY (UPPER) (LH)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (LH)	CRACKED	548.40	548.40
	LESS 25% DISCOUNT		-680.95	-573.09
			2,042.85	1,719.21
SPECIAL NETT ITEMS				
1	REAR NO. PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-
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 REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			335.70	100.00
LABOUR				
	PANEL BEATING (REPAIR BOOTLID)		800.00	600.00
	SPRAY PAINTING CHARGE.		900.00	600.00
	WIRING CHARGE.		30.00	30.00
	TUFF KOTE.		50.00	50.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			1,860.00	1,310.00
GRAND TOTAL			4,238.55	3,129.21
RECOMMENDED COST OF REPAIRS (CONFIRMED)				3,129.21

Report Ref No. NS/INC19002587/Nvd3s2

Report Ref No. NS/INC19002587/Nvd3s2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

A handwritten signature in black ink, appearing to be 'K.K. LAU'.

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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