TP Claims against NTUC Income: Follow-Through Survey

Date:

11/03/2019

ON/S	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1033938-002	COMFORT TRANSPORTATION PTE LTD	SHA 7546X	FBL 4710X	27/02/2019	9:50	\$ 1,186.80
,	MT/1031778-002	1 2	SH 7247S	SHD 1215A	11/02/2019	9:30	\$ 7,779.38
1							

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

Contract to the second second second	ACCIDENT STATEMENT
Date Of Report	12/02/2019 16:08
Date Of Accident	11/02/2019 09:30
Exact Location Of Accident	ALONG BAYFRONT AVE TOWARDS RAFFLES AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7247S
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	ТОУОТА
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	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	JASNI BIN SAAT
NRIC No	S6846921Z
Date Of Birth	02/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2005
Driving Experience	13 YEARS AND 11 MONTHS

MALE

(LOCAL) +65-97523456

JASS2SAAT@GMAIL.COM

Address

BLK 234 BUKIT PANJANG RING ROAD #06-03

Postcode

670234

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - TAXI DRIVER

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 (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

BUKIT PANJANG N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20190211/2119

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD1215A

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

TAXI

Name of Driver

LOW TIEN SER

NRIC/Passport Number

S0069633A

Contact Number

92727270

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

Page 2 of 30

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

PA8391Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TANG CHI HONG

NRIC/Passport Number

S7123889Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT RIGHT

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name

JASNI BIN SAAT

Approximate Age

Injuries Sustain

FELT GIDDY. ON 5 DAYS MC.

Injured person in which vehicle?

SH7247S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- 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)
  - (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
- 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.
- 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.

COMPUST TRANSPORTATION PIE LTC CO REG NO. 199209331R

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature 12 FEB 2019 Name:

NRIC/FIN No .:

GIARMC SketchPlanForm V3

Policyholder's Signature

Date & Time:

Se 3

Page 4 of 30

CVETCH DI AM		RAFFLER AVE
KETCH PLAN	TO THE HILL NAME.	
BLISHOIDIG		<del>                                      </del>
	28 (Mula)	
477119974		
TOYCHA IN	1956)	
	111111111111111111111111111111111111111	
<u>+</u>		
	<u> </u>	
	<del>+</del>	
	<u> </u>	
DESCRIBE CIRCUMSTANCES OF THE	HE ACCIDENT	BRYFRONT AVE
Statemens	fas per pol	ice Report P
	,	
T120190=	211/2119	4 :
1 301 10 0	711   6   1	:
	A STATE OF THE STA	Anne i agree
	12	
		N z
		<del></del>
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	8	
DECLADATION		
DECLARATION  I/We declare the foregoing particular.	s are true in every respect.	. /
	7	livia Wendy
BOUTTRANSPORTATION FOR CO. SECTION FOR CO.	Just-	Mary Maria
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)  Date & Time:	Name: 1 2 FEB 2019 NRIC/FIN No.:

SMSMCStatisticitation (2)

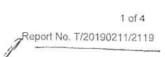




Police, Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999



REPORT	F A TRAFFI	C ACCIDENT		
	ne Report N 119 15:59	Made:	Vide Report No.:	Station Diary No.: 88
Informa	nt's Partic	ulars		DENNE RESIDENCE E MERCUMO ES
	Informant: IN SAAT		Address: APT BLK 234 BUKIT PANJAI SINGAPORE 670234	NG RING ROAD #06-03
ID Type NRIC NO	/ ID No.: D / S68469:	21Z	Contact No.: Home/Office:	Mobile: 97523456
Nationali SINGAP	ty: ORE CITIZ	ΈN	Email:	
Sex: Male	Age: 50	Date of Birth: 02/12/1968	Type of Informant: Driver	
Race: Boyanes	е		Language: English	Institution / School Name:
Occupati Taxi driv			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: _11/02/2019 09:30	Type of Location Flyover
Location: BAYFRONT	VENUE		//	
Weather:	<u></u>	Road Surface:		Road Speed Limit:
Clear		n y	t t	k.
Clear Traffic Flow: Type of Collis	Ţ	raffic Control: raffic Light - Wo	1.2	Traffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
PA8391Z	Van					0
SH7247S	TAXI					0
SHD1215A	TAXI					0





Police Station Of Origin: Bukit Panjang N.P.C

Report No. T/20190211/2119

1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Any Pedestrian I	on Involved	WHEN ABOUT A ROOM			
No. of Pedestriar		1			
Driver	is injured. NIL	Use of Pe	destria	n Cros	sing: NA
Name	TANG CHI HONG		Shorter.		
riainio	TANG CHI HONG		ID No	).	S7123889Z
Related Vehicle	PA8391Z (Van)		Conta	act No.	NIL
Hospital/Clinic	NIL		Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver		_ Degree of	mijury	HUSELE	DESCRIPTION OF THE PARTY OF THE
Name	JASNI BIN SAAT	NAME OF THE OWNER OF THE OWNER, T	ID No		S6846921Z
Related Vehicle	SH7247S (TAXI)		Conta	ct No.	97523456
Hospital/Clinic	RAFFLESMEDICAL /		Class Driving Licence Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/02/2019	Date Disch		11/02	/2010
No. of Days grant	ed Medical Leave 05 P	Degree of		Slight	
Driver	STREET, STREET			Oligin.	SIGNATURE OF SERVICE
Name	LOW TIEN SER		ID No.		S0069633A
Related Vehicle	SHD1215A (TAXI) Silver C	ap	Contac	et No.	92727270
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
	NIL	Date Disch		NIL	
to, of Days grante	ed Medical Leave NIL	Degree of I		NIL	

#### Brief Details.

On 11/02/2019 at around 0930hrs, I was driving my Taix bearing SH7247S on the extreme left lane along Bayfront Ave exiting to Esplanade Drive. There was a car in front of my slowing down to exit therefore I also slowed down. Suddenly I felt an impact from my rear. I went down to make a check and discovered 2 other vehicle bearing SHD1215A and PA8391Z collided and hit onto me. I felt giddy after the impact. I was conveyed by the Ambulance to Raffles Medical Hospital. I was given 5 days of MC from 11/02/2019 to 15/02/2019. Traffic Police was also at scene. I have a In-car camera working.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Report No. T/20190211/2119

3 of 4

CONTINUATION OF REPORT





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Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 4 of 4 Report No. T/20190211/2119

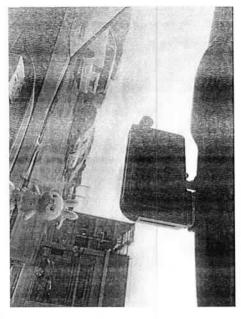
CONTINUATION OF REPORT

#### Sketch Plan

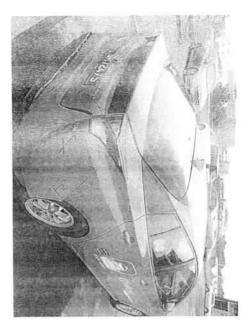
Informant is not able to provide sketch plan

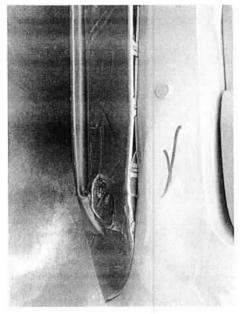
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

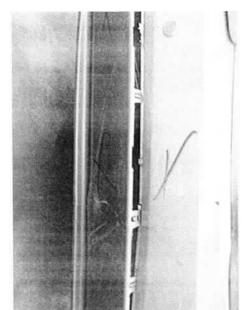
Signature Of Officer Recording The Report:  J /  Sgt 3 CHOO HONG REN	Signature of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2019 15:59
Officer In Charge Of Case: TP / GIT / Sr-Staff Sgt SHAHRUL NIZAM-BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168 Signature	

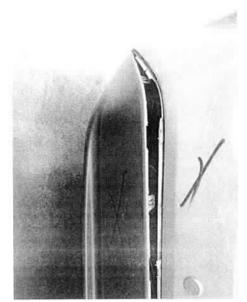


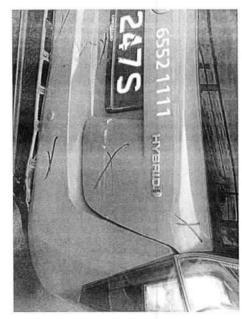




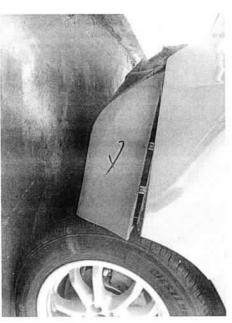




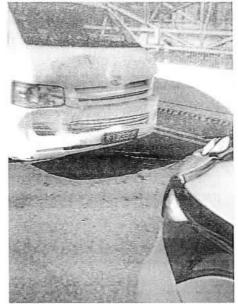




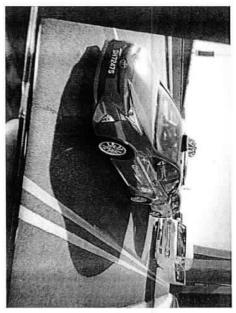


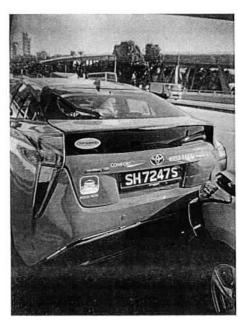






















## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDI	ENDUM
PARTICULARSOF	PERSONMAKINGTHEAMEND	ΛENTS:
Original Report No	: MCD619019634	Vehicle Registration No: SH7247S
		NRIC/FIN/Passport No: S6846921Z
(*Vehicle Driver)	/ehicle Owner) (*) Please delet	e as appropriate
Address	: BLK 234 BUKIT PANJA	NG RING ROAD #06-03Singapore 670234
Contact (Tel)	i	Mobile No. :
Email Address	3	
Date of Accident	: 11/02/2019	Time of Accident : 11/02/2019
Place of Accident	: ALONG BAYFRONT AVE	TOWARDS RAFFLES AVE
Insurance Compan	y: MS First Capital Insurance	e Ltd
Upload Accide		
Was there any	videos captured?: Available i	nstead Not Available
9-		
		× john
Policyholder / Drive	er's Signature	Reporting Centre Personnel's Signature Name: xiaoyan

NRIC/FIN No.:

Date:

15.02.2019



A member of COMFORTDELGRO

#### ComfortDelGro Engineering Pte Ltd

105 Braddell Floati Singquore 679701

Mainlini - 85 6981 6280 Face rile + 65 6280 9755

59 Loyang Drive Singapora 5

24 Senoko Loop Singapore 758186 7 Sungel Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 7687

Date/Time: 15.02.2019 14:43

Page: 1

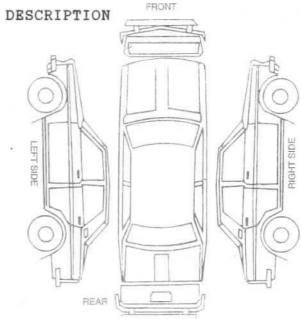
JOB CARD ARC Repair TP(CLSO)1 Sales Order: Team: JC NO.: 305268282 REGN NO .: MILEAGE STOMER SH 7247S COMFORT TRANSPORTATION PTE LTD FUEL MAKE: MS 7010045 TOYOTA STOMER NO. 383 SIN MING DRIVE MODEL Singapore SINGAPORE 575717 PRIUS HYBRID(G4)11.02.2019 09:30 YR OF MANU. 10.08.2017 65508755 TARGET DATE (R) (P) CHASSIS CODE JTDKB3FU303563072 COMPLETION DATE/TIME: COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.02.2019 NATURE: TP/3P 11.02.2019

S/NO LABOR CODE

NTUC- Rear domog



SERVICE ADVISOR  SERVICE ADVISOR  CUSTOMER'S SIGNATURE  Exit Pass  Vehicle No.: SH 7247S  T.A/VV  SH 7247S			REAR (		
owledgement Slip Exit Pass  Vehicle No.:	ECKED & PASSED OUT BY:				
Vehicle No.:	SERVICE ADVISOR			CUSTOMER'S SIGNATURE	
Vehicle No.:	owledgement Slip		Exit Pass		
Larry N9	SH 7247S	LA/YY	Vehicle No.: SH 7247S		
returned to Service Reception upon collection  Signature/Date  Name of Service Advisor  To be kept by Security Guard	of Service Advisor		THE STATE OF THE S	Date	

## **RÉPAIR ESTIMATE\***

**VEHICLE NO** 

: SH 7247S

: TOYOTA

MAKE MODEL : PRIUS DATE:

15. Feb. 2019

NTUC

11. Feb. 2019 DOA:

Amount Parts Description/ Labour Type **Unit Price** Qty \$458.60 1 Rear Bumper \$318.80 1 Rear Bumper Beam MY 184 \$143.40 1 Rear Bumper Sponge \$2.20 \$22.00 10 Rear Bumper Clips \$552.60 Rear Bumper Undercover 1 Rear End Panel \$602.10 \$667.70 Rear Spare Tyre Panel 1 Rear Bumper Side Retainer – RH \$112.70 \$148.40 Seal Rear Bumper Side – RH \$82.70 Rear Bumper Tow Cover \$1,126.60 1 Rear Trunk Lid Cover X \$254.40 Rear Trunk Lid Cover Trim Board nn \$52.90 1 Rear Trunk Lid PRIUS logo \$52.90 1 Rear Trunk Lid HYBRID logo \$47.00 1 Rear Trunk Lid Toyota Emblem \$1,778.30 1 Rear Windscreen Glass with molding **SUB TOTAL** \$6,421.10 \$1,284.22 **LESS 20%** \$5,136.88 DISCOUNTED TOTAL \$135.70 Nett 1 Reverse Sensor \$40.00 Nett 1 Rear Trunk APP sticker 1 Rear Trunk Comfort Sticker \$30.00 Nett \$30.00 Nett 1 Rear Trunk Tel Sticker \$235.70 Labour Charge 1 Panel Beating \$750.00 1 Spray Painting Charge \$750.00 \$100.00 1 Remove/refix reverse sensor 1 Tuff Kote \$100.00 \$120.00 Remove/refix Rear Windscreen Consultants hence notify the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey \$1,820.00 TOTAL LABOUR · Parts prices are subject to confirmation Larry Ng Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed. Supplementary item(s) must be resurveyed and is subject to final approach for the control of the control o \$7,192.58 2779.38 is subject to final approval from Insurance Company Acknowledged by Repairer This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will

e prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO ENGINEERING

VEHICLE NO.:	SH 7247S	TYPE OF CLAIM	:	3P/ NTUC	

MODEL : PRIUS SURVEYED BY : LKK/ TAUFIKH

JOB NO : 305268282 DATE : 05/03/19

# SUPPLEMENTARY OF PARTS AND LABOUR COSTS

S/No	DESCRIPTION	QTY	ESTIMATE	REMARKS
1	REAR TRUNK LID GLASS	1	\$733.50	just
		$\rightarrow$		
_				
				N
		TOTAL:		

REPAIR ESTIMATE

Date: 05.03.2019 Time: 17:36:26

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 REGN NO MILEAGE

: 305268282 : SH 7247S : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN

: 10.08.2017

DATE/TIME IN

: 11.02.2019 09:30

ACCIDENT DATE : 11.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 09-01-0302-2005-A	DDVC4 DTV TTV
0001 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY 1 135.70 0.00 135.70
0002 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A 1 318.80 20.00 255.04 239.10
0003 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C 1 552.60 20.00 442.08 +14-45
0004 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T 1 82.70 20.00 66.16 62 03.
0005 04-01-0302-2267-G	PRIVC BUMPER PIECE 10 22.00 20.00 17.60 16.50
0006 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER 1 458.60 29.00 366.88 343.95
0007 04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM 1 52.90 20:00 42.32 3 9.68
0008 04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM 1 52.90 20.00 42.32 3 9.68
0009 28-01-0302-0006-A	PRIVC REAR BOOT 65521111 1 30.00 2.00- 30.00
0010 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX 1 40.00 0.20 40.00
0011 28-01-0302-2015-A	PRIVC REAR BONNET COMFORT 1 30.00 0.02- 30.00
0012 04-01-0302-2423-G	PRIG4 SEAL REAR BUMPER SI 1 148.40 20.00 118.72 (11.50
0013 04-01-0302-2383-G	PRIG4 PANEL SUBASSY BODY 1 602.10 20:00 481.68 45 58

Date: 05.03.2019 Time: 17:36:26

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 REGN NO : 305268282 : SH 7247S

MILEAGE MAKE

: 0000000000

MODEL

: TOYOTA

DATE OF REGN

: PRIUS HYBRID(C : 10.08.2017

DATE/TIME IN

: 11.02.2019 09:30

ACCIDENT DATE : 11.02.2019

#### JOB / PARTS DESCRIPTION

#### QTY IND UNIT-PRICE DISC% AMOUNT

0014 04-01-0302-3937-G	PRIG4 RETAINER RR BUMPER 1 112.70 20.00 90.16 84.53
0015 04-01-0302-2257-G	PRIG4 GLASS BACK WINDOW F 1 1,778.30 20.00 1,422.64 \333.73 6 089.10
0016 04-01-0302-2258-G	PRIG4 GLASS BACK DOOR 1 733.50 20.00 586.80 550.13. 25/ - 4566.83
0017 04-01-0302-2256-G	PRIG4 PANEL SUB-ASSY BACK 1 1,126.60 20.00 901.28 94495 SN - 235.70
0018 04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B 1 47.00 20.00 37.60 37.60
	SUB-TOTAL : 5,106.98

#### JOB NATURE

0000 PB	PANEL BEATING	600.00
0001 SP	SPRAY PAINTING CHARGE	600.00
0002 L	REMOVE/REFIX REVERSE SENSOR	30.00
0003 20-00	TUFF COAT ON AFFECTED PARTS.	30.00

REPAIR ESTIMATE

Date: 05.03.2019 Time: 17:36:26

Page: 3

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

MVA NAME & SIGNATURE

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

: 305268282

REGN NO MILEAGE

: SH 7247S

MAKE

: 0000000000

: TOYOTA

MODEL DATE OF REGN : PRIUS HYBRID(C

DATE/TIME IN

: 10.08.2017 : 11.02.2019 09:30

ACCIDENT DATE

: 11.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 L

DATE:

REMOVE/REFIX REAR WINDSCREEN

120.00

SUB-TOTAL : 1,380.00

TOTAL : 6,486.98

AUTHORISED: YES / NO SURVEYOR NAME & SIGNATURE

DATE:

# COMFORTDELGRO ENGINEERING

Our	Job Ref	No . 3	05268282			ENGINEERING	
AND THE RESERVE AND THE PARTY OF THE PARTY O		Mar. 2019		ComfortDelGro Engineering Pte Ltd			
FIN	ALIZATIO	ON FORM	-		59 Loy Fax: 6	rang Drive Singapore 508969 546 8156	
То	:		LKK		Fax:		
Attn			TAUFIKH		2070.1		
Veh	icle Reg I	No. : SH	7247S	Da	ite of Accident:	11. Feb. 2019	
The	survey a	nd estimates o	of the repairs of the				
1.		pair job shall t		NTUC		SHD1215A	
2.	The fire	alined and				OHDIZISA	
۷.		alized amount					# 100 0101 F 54
			fter List discount			\$ <u>5,106.98</u>	4566.83
		Labour Charg				\$1,380.00	
		l otal for Part	-By-Part Repair C	ost		\$6,486.98	61825
		Total for Lump	oair (if applicable) osum repair cost at um Repair cost	ter Less:	_	-	
3. 4.	We sha		oove amount as C			s no reply from you	
5.	Thank	ou for your as	ssistance.	W	e confirm the est alized amount	imates and	
	Signatu Name	ге : : We	i liena				
	Tel	6214 83					£1
	Fax	: 6546 815		Da	ite :		
For C	fficial Us						
01 0	inciai Us	se Only				**************************************	
	Ite		Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks	
	ental Rate			YES			
100		me Paid					
	rvey Fee						
of of	driver, if a	Fee es (on behalf applicable)					
3 Ov	errun						
Rema	rks.						

# COMFORTDELGRO ENGINEERING

	Job Ref No	305268282			LINGINEERING
Date	:	5. Mar. 2019		Comfe 59 Lo	ortDeiGro Engineering Pte Ltd yang Drive Singapore 508969
FINA	ALIZATION FORM			Fax: 6	548 8156
То		LKK		Fax:	
Attn	:	TAUFIKH	(36)	T GA	
Vehi	icle Reg No. : 8		, De	te of Accident:	11. Feb. 2019
	_			_	
1110	survey and estimate	es of the repairs of the	above-mentione	ed vehicle are as	follows:-
1.	The repair job sha	all bill to:	NTUC		SHD1215A
2.	The finalized amo	ount shall be:			
		s after List discount			\$4778-9
	(b) Labour Cha				
	10.0	art-By-Part Repair C	ost		\$ 6158.96
			•••		\$ 0.74
	(c.) Lumpsum I	Repair (if applicable)			
	Final Lumi	mpsum repair cost af	ter Less:		
		podili itopali coat			
3.	Estimated normal	period for repairs:	5 w	orkina dave	
211					
4.	We shall treat the within 7 working	above amount as C	orrect and Conf	firmed if there Is	s no reply from you
		7,2,00			
5.	Thank you for you	r assistance.	W	e confirm the es	timates and /
			6-	allowed annual	
		i	fin	alized amount	11
		4	fin	alized amount	/
	Signature :	4	fin		
		Jei lienn	Sk	gnature:	Kah
	Name : U		Sk	gnature :	Kah
	Name : W Tel : 6214	8316	Sk	gnature:	Kah 11/3/19
For O	Name : W Tel : 6214 Fax : 6546		Sk	gnature :	Kala 11/3/19
For O	Name : W Tel : 6214	8316	Sk	gnature :	Kah 11/3/19
For O	Name : W Tel : 6214 Fax : 6546 Official Use Only	8316	Sk, Na Da	gnature:	Kah 11/3/19
For O	Name : W Tel : 6214 Fax : 6546	8316	Sk	gnature :	Kaln 11/3/19
	Name : W Tel : 6214 Fax : 6546 Official Use Only	8316	Document Attached Yes or No	gnature :	Kala 11/3/19
1. Re	Name : W Tel : 6214 Fax : 6546 Official Use Only	8316	Sk	gnature :	Kala u/3/19
1. Re 2. Lo	Name : W Tel : 6214 Fax : 6546 Official Use Only Item	8316	Document Attached Yes or No	gnature :	Kaln 11/3/19
1. Re 2. Lo 3. Su 4. LT	Name : M Tel : 6214 Fax : 6546 Difficial Use Only  Item  ental Rate P/Day ass of Income Paid uvey Fees TA Search Fee	8316 8156 Amount	Document Attached Yes or No	gnature :	Kala (1/3/19 Remarks
1. Re 2. Lo 3. Su 4. LT	Name : M Tel : 6214 Fax : 6546 Difficial Use Only  Item  ental Rate P/Day ass of Income Paid uvey Fees TA Search Fee edical Fees (on behalter)	8316 8156 Amount	Document Attached Yes or No	gnature :	Kaln u/3/, 9
1. Re 2. Lo 3. Su 4. LT 5. Me of	Name : M Tel : 6214 Fax : 6546 Difficial Use Only  Item  ental Rate P/Day ass of Income Paid uvey Fees TA Search Fee	8316 8156 Amount	Document Attached Yes or No	gnature :	Kaln 11/3/19

Revised Finalised

#### COMFORTDELGRO ENGINEERING PTE LTD

Time: 17:57:44

Date: 07.03.2019

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

REGN NO MILEAGE MAKE

: 305268282 : SH 7247S : 00000000000

: TOYOTA MAKE

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN : 10.08.2017 DATE/TIME IN : 11.02.2019 09:30

ACCIDENT DATE : 11.02.2019

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0001 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70 10.00	122.13
0002 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80 25.00	239.10
0003 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60 25.00	414.45
0004 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	82.70 25.00	62.02
0005 04-01-0302-2267-G	PRIVC BUMPER PIECE 10	22.	00 25.00 16.5	0
0006 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60 25.00	343.95
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	3	30.00 10.00 2	7.00
0010 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00 10.00	36.00
0011 28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00 10.00	27.00
0012 04-01-0302-2423-G	PRIG4 SEAL REAR BUMPER SI	1	148.40 25.00	111.30
0013 04-01-0302-2383-G	PRIG4 PANEL SUBASSY BODY	1	602.10 25.00	451.57

Date: 07.03.2019 Time: 17:57:44

Page: 2

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 REGN NO : 305268282

MILEAGE

: SH 7247S : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(C

DATE OF REGN

: 10.08.2017

DATE/TIME IN

: 11.02.2019 09:30

ACCIDENT DATE : 11.02.2019

#### JOB / PARTS DESCRIPTION

## OTY IND UNIT-PRICE DISC% AMOUNT

0014 04-01-0302-3937-G PRIG4 RETAINER RR BUMPER 1 112.70 25.00 84.52

0015 04-01-0302-2257-G PRIG4 GLASS BACK WINDOW F 1 1,778.30 25.00 1,333.72

0016 04-01-0302-2258-G PRIG4 GLASS BACK DOOR 1 733.50 25.00 550.12

0017 04-01-0302-2256-G PRIG4 PANEL SUB-ASSY BACK 1 1,126.60 25.00 844.95

0018 04-01-0302-2269-G PRIG4 ORNAMENT SUB-ASSY B 1 47.00 25.00 35.25

SUB-TOTAL : 4,778.92

#### JOB NATURE

0000 PB PANEL BEATING 600.00

600.00 0001 SP SPRAY PAINTING CHARGE

30.00 0002 L REMOVE/REFIX REVERSE SENSOR

0003 20-00 TUFF COAT ON AFFECTED PARTS. 30.00

Date: 07.03.2019 Time: 17:57:44

Page: 3

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 REGN NO : 305268282

MILEAGE

: SH 7247S : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(C

DATE/TIME IN : 11.02.2017

ACCIDENT DATE : 11.02.2019

: 11.02.2019 09:30

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

0004 L

REMOVE/REFIX REAR WINDSCREEN

120.00

SUB-TOTAL : 1,380.00

TOTAL : 6,158.92

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

SURVEYOR NAME & SIGNATURE

DATE:

DATE:



# **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



NTL	NTUC INCOME INSURANCE CO-OPERATIVE LTD			Ref: NS/INC19003394/T1qd3e2		
		D UNION HOUSESINGAPORE	Date:	13-03-2019 INC4		
1.		Policy Particulars	:- THIR	110.0000	A STATE OF THE STA	
	Insured Veh.	SHD 1215A	_	nspected	SH 7247S	
	Policy No.	5107202885	Cover	age (\$)	0.00	
	Claim No.	MT/1031778-002	Exces	s (\$)	0.00	
	Assign From		Assig	n Date	15/02/2019	
2.		Vehicle Parti	culars &	Condition		
	Make & Model	TOYOTA PRIUS	c.c		1798	
	Engine No.	HIDDEN	Year o	of Reg.	2017	
	Chassis No.	JTDKB3FU303563072	Colou	r	BLUE	
	Odometer	-	Steeri	ng	IN ORDER	
	Brakes	IN ORDER	Modifi	cation	SPORTS RIM	
	General	GOOD				
3.	THE PERSON OF THE PERSON	Conditi	ons of	Tyres		
		Size	Make		Balance	
	R/H Front Tyre	195/65 R15	WEST		6 mm	
	L/H Front Tyre	195/65 R15	WEST		6 mm	
	R/H Rear Tyre	195/65 R15	WEST		6 mm	
	L/H Rear Tyre	195/65 R15	WEST	LAKE	6 mm	
4.		Description				
	THE VEHICLE SU	STAINED DAMAGES AT THE RE	AR POR	TION.		
	DAMAGES SEE D	ETAILS.				
5.		Genera	Inform	ation	THE STATE OF THE STATE OF	
	Accident Date	11/02/2019	Insped	ction Date	15/02/2019	
	Survey held at	COMFORTDELGRO ENGINEER	RING PT	E LTD		
	59 LOYANG DRIVE SINGAPORE 508969					
5a.		R	emarks	The state of the state of	The product of the second	
		ON WAS CONDUCTED ON A"WIT				
5b.		Estimate				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:		5 Working Days		



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





Page No.: 1 of 2

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7247S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER BEAM	BENT	318.80	318.80
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
1	REAR BUMPER UNDERCOVER	DEFORMED	552.60	552.60
1	REAR END PANEL	BENT	602.10	602.10
1	REAR SPARE TYRE PANEL	TO REPAIR SEE LABOUR	667.70	-
1	REAR BUMPER SIDE RETAINER - RH	NECESSARY	112.70	112.70
1	SEAL REAR BUMPER SIDE - RH	DEFORMED	148.40	148.40
1	REAR BUMPER TOW COVER	DEFORMED	82.70	82.70
1	REAR TRUNK LID COVER	BENT	1,126.60	1,126.60
1	REAR TRUNK LID COVER TRIM BOARD	NOT NECESSARY	254.40	-
1	REAR TRUNK LID PRIUS LOGO	NECESSARY	52.90	52.90
1	REAR TRUNK LID HYBRID LOGO	NECESSARY	52.90	52.90
1	REAR TRUNK LID TOYOTA EMBLEM	NECESSARY	47.00	47.00
1	REAR WINDSCREEN GLASS WITH MOLDING	NECESSARY	1,778.30	1,778.30
1	REAR TRUNK LID GLASS	NECESSARY	733.50	733.50
	LESS 20% DISCOUNT		-1,430.92	
	LESS 25% DISCOUNT		-	-1,522.27
			5,723.68	4,566.83
	NETT ITEMS			
1	REVERSE SENSOR (N)	NOT WORKING	135.70	135.70
1	REAR TRUNK APP STICKER (N)	NECESSARY	40.00	40.00
1	REAR TRUNK COMFORT STICKER (N)	NECESSARY	30.00	30.00
1	REAR TRUNK TEL STICKER (N)	NECESSARY	30.00	30.00
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13

Report Ref No. NS/INC19003394/T1qd3e2



# **National Assessment Centre Services**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315





6,158.96

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR SPARE TYRE PANEL.		750.00	600.00
	SPRAY PAINTING CHARGE.		750.00 100.00 100.00	30.00
	REMOVE / REFIX REVERSE SENSOR.			
	TUFF KOTE.			
	REMOVE / REFIX REAR WINDSCREEN.		120.00	120.00
			1,820.00	1,380.00
	GRAND TOTAL		7,779.38	6,158.96

Reno	rt Ref No	NS/INC19003394/T1ad3e2	

Report Ref No. NS/INC19003394/T1qd3e2

RECOMMENDED COST OF REPAIRS (CONFIRMED)

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

**Automotive Assessor** 

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