Surveyor: Kelvin | REF: NS/INC1900213/klsd3 sr

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / HS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. 5106910548 (18/01/2019 - 17/01/2020)

Claims No. MT/1039113-002

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Sum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SH 7377A Yr Regn: 10 Ag, 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Prius c.c 1798

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

Sp.Reading 267596 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB3 F40035 67076

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size; F: 2 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake.

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	6/4/19	D.O.I.	8/4/19

Survey held at CDRE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 7377A - X INC
	SLQ 5359M - X PIP
12/4/19	Estimate PIP $2942.53 / 3 Days.
	($5,246.57 Rvd - 64%)
	RECEIVED 15 APR 2019

Date/Time, File Pass to? 15/04/19 1) Typist

Date/Time, File Return to? 2)

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Survey Fee:	
Transportation:	
___$ + RS ___$	
Photos	
TOTAL	

$2,942.53 P/P

TP Claims against NTUC Income: Follow-Through Survey

Date : 12/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate
1	MT/1039113-002	COMFORT TRANSPORTATION PTE LTD	SH 7377A	SKQ 5359M	06/04/2019	10:30	$ 8,189.50
2	MT/1039805-002	COMFORT TRANSPORTATION PTE LTD	SHC 1256L	SJU 5835X	09/04/2019	8:55	$ 1,000.00

eBaoTech GeneralClaim

Hello, NAC_PAYA_UBI_800601 › Change Language › Change Password › Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SKQ5359M

Date of Accident 06/04/2019 10:32

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5106910548		A RAHIM BIN HAMID	S1589322B	GPC	drivo CLASSIC	SKQ5359M	SKQ5359M	18/01/2019	17/01/2020

Continue

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd

COMFORTDELGRO

Date/Time: 08.04.2019 12:03 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305285255

JSTOMER	COMFORT TRANSPORTATION PTE LTD 7010045	REGN NO.: SH 7377A	MILEAGE
R/MS		MAKE: TOYOTA	FUEL E 1/2 F
JSTOMER NO.		MODEL PRIUS HYBRID(G4)	DATE/TIME IN 07.04.2019 08:55
DRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 10.08.2017	TARGET DATE
L (R)	65508755 (O)	CHASSIS CODE JTDKB3FU003563076	COMPLETION DATE/TIME
(P)			
SCOUNT CARD NO.			

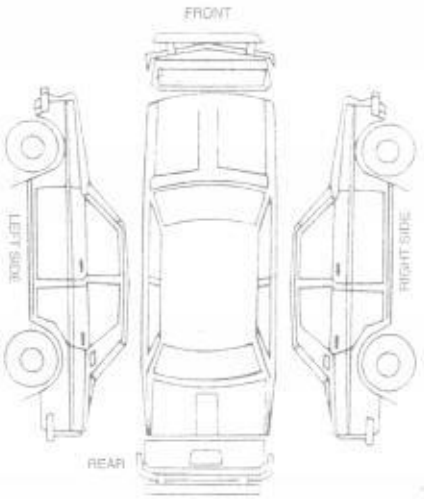
VAPS

(B)

JOB DESCRIPTION

Accident Date: 06.04.2019
NATURE: 3P 06.04.2019

S/NO	LABOR CODE	DESCRIPTION
	NTUC - Rear LHC/Kelvin	



HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

owledgement Slip

e:
lo.:
cle No.: SH 7377A LARRY

Larry Ng

ie of Service Advisor Signature/Date

e returned to Service Reception upon collection

Exit Pass

Vehicle No.: SH 7377A

Name of Service Advisor Date

To be kept by Security Guard

MCD619045001 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 08/04/2019 09:19
SUBMITTED BY: Huang XiaoYan

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	08/04/2019 09:19
Date Of Accident	06/04/2019 10:30
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7377A
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
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	LEE CHEW HENG
NRIC No	S6846967H
Date Of Birth	21/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97594013
Fax Number	
Contact Number	
EMail Address	KENLEECHEWHENG@MSN.COM

Address	BLK 874 WOODLANDS STREET 82 #08-502
Postcode	730874
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?	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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

PLS REFER TO 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	SKQ5359M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	A RAHIM BIN HAMID
NRIC/Passport Number	S1589322B
Contact Number	91870960
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT

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.

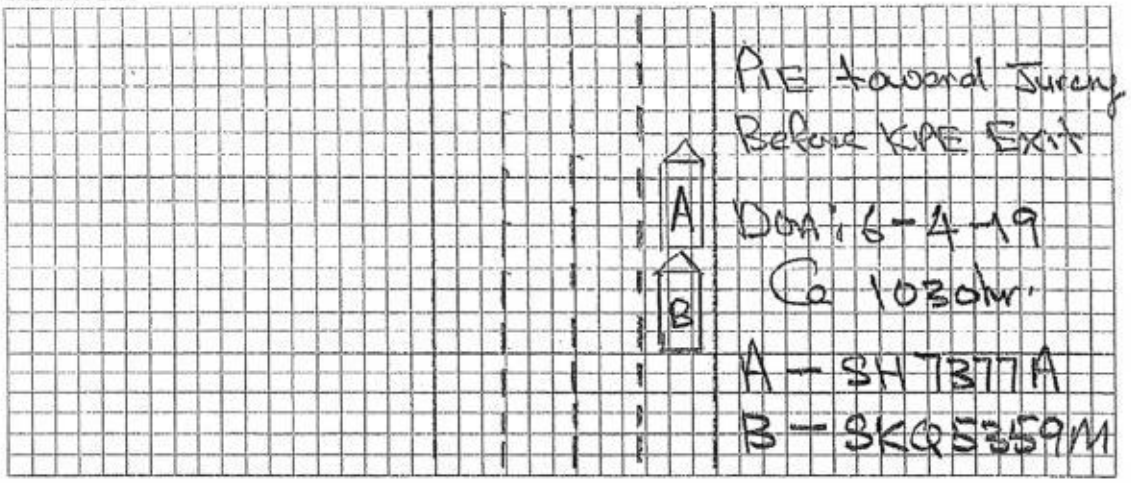
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303621R

Fauzy

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.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saead date and Time:
I was drivig alog PIE towards Jurong Before KPE Exit with (1) male Passenger on board and my taxi

Freont Vehicle Apply brakee and stop. I was apply my foot brace and my vehicle was fully stop.

Suddenly I feel the Impact on my rear portion the Vehicle (B) SKG 5359 M hit my taxi cause damaged.

There is Video Footage on the Scene.
There is (1) Male PAX and No injury.

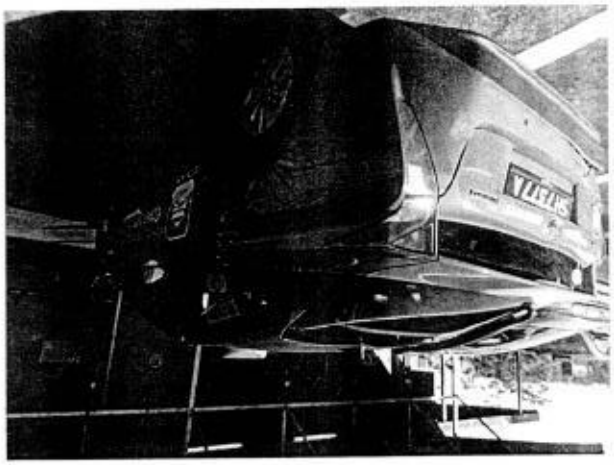
DECLARATION

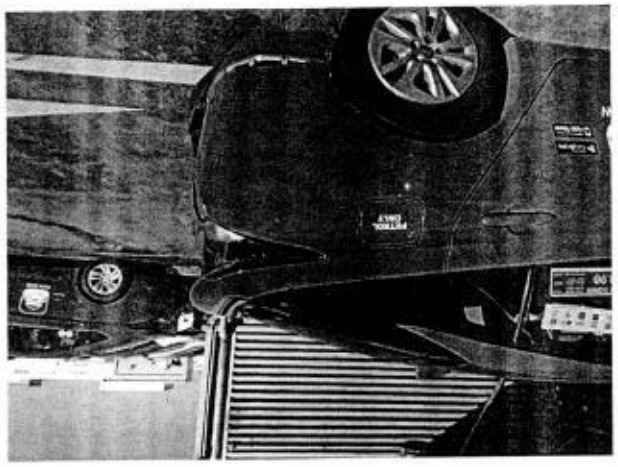
I/We declare the foregoing particulars are true in every respect.

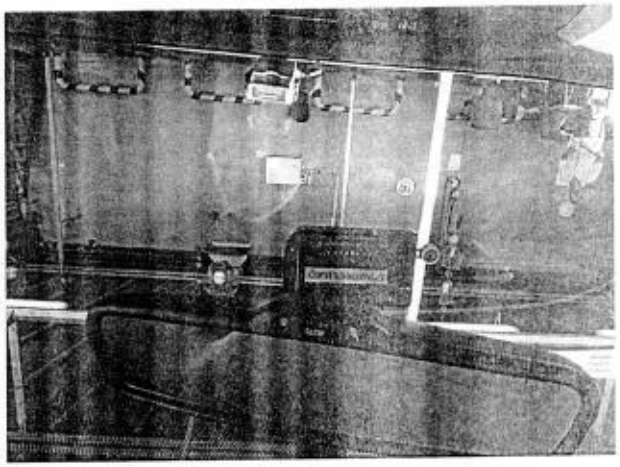
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

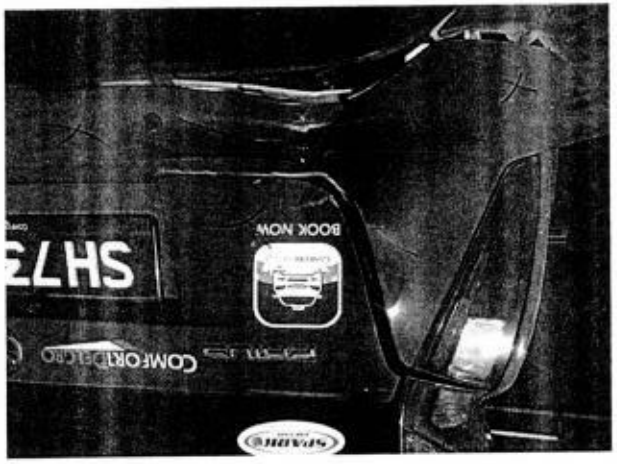
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Fauzy Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

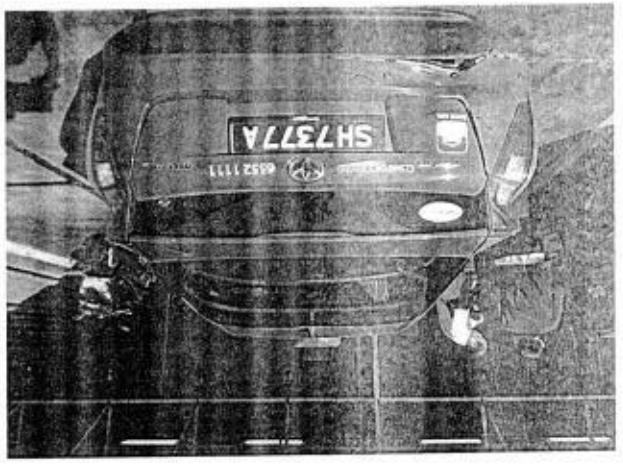
GIARAL SketchPlanForm_V3

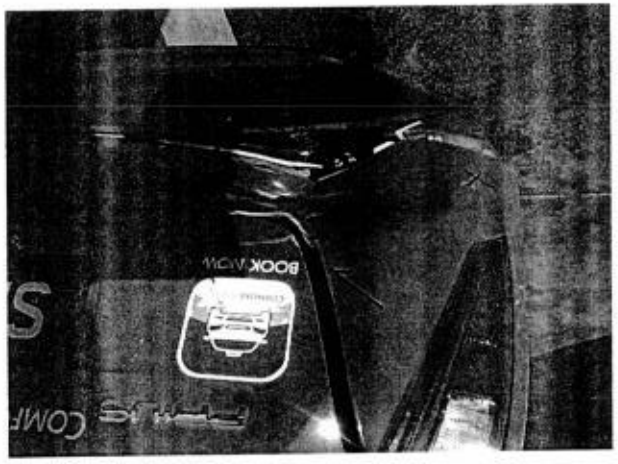


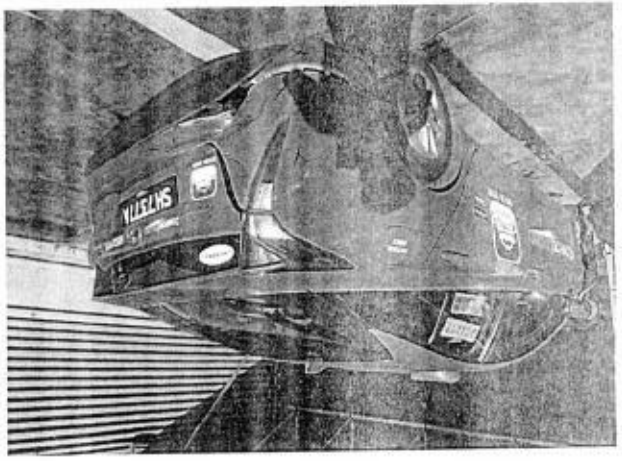





BOOK NOW


SH737A


BOOK NOW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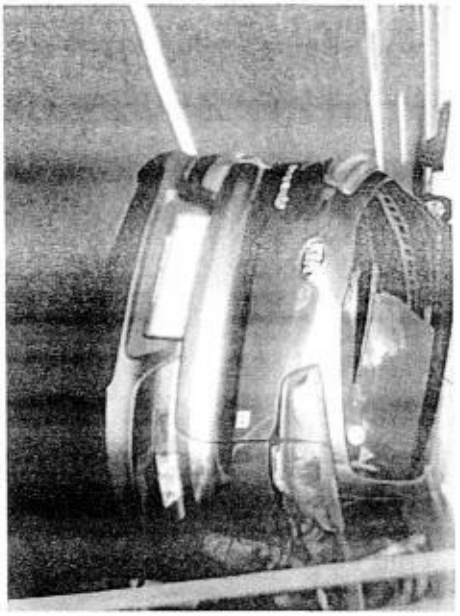


SK05359M


SK7377A

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SH 7377A 8/4/2019 11:25

MAKE :

MODEL : TOYOTA PRIUS

	PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
	REAR TRUNK LID COVER			$ 1,126.60	
	REAR TRUNK LID LOCK			$ 457.90	
	REAR TRUNK LID GLASS (BLACK COLOR)			$ 733.50	
	GARNISH SUB-ASSY,BACK DOOR,OUTSIDE			$ 889.70	
	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	
	RETAINER, REAR BUMPER, SIDE, LH			$ 94.80	
	SEAL, REAR BUMPER SIDE, LH			$ 148.40	
	REAR END PANEL			$ 602.10	
	REAR END PANEL GARNISH			$ 121.60	
	REAR WINDSCREEN GLASS WITH MOULDING			$ 1,778.30	
	SUB TOTAL			$ 7,570.40	
	LESS 25%			$ 1,892.60	
	DISCOUNTED TOTAL			$ 5,677.80	
	REAR NO. PLATE WITH TRIM COVER			$ 100.00	NETT
	REAR TRUNK LID APPS STICKER			$ 40.00	NETT
	REAR TRUNK LID COMFORT & TEL NO. STCIKER			$ 60.00	NETT
	REAR BUMPER REVERSE SENSOR			$ 135.70	NETT
	REAR WINDSCREEN SEALANT			$ 46.00	NETT
				$ 381.70	
	LABOUR CHARGE				
	Panel Beating			$ 800.00	
	Spray Painting Charge			$ 900.00	
	Wiring Charge			$ 30.00	
	Tuff Kote			$ 50.00	
	Remove/Refix Cushion & Upholstery Rear			$ 150.00	
	Remove/Refix Rear Windscreen Glass			$ 120.00	
	Remove/Refix Reverse Sensor			$ 80.00	
	TOTAL LABOUR			$ 2,130.00	
	ESTIMATE TOTAL			$ 8,189.50	

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

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

Our Job Ref No . 305285255

Date : 11. Apr. 2019

FINALIZATION FORM

To : **LKK** Fax :

Attn : KALVIN

Vehicle Reg No. : **SH 7377A** Date of Accident: 6. Apr. 2019

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

1. The repair job shall bill to: **NTUC** **SKQ5359M**

2. The finalized amount shall be:

(a)	Spare Parts after List discount	$2,092.53
(b)	Labour Charges	$850.00
	Total for Part-By-Part Repair Cost	**$2,942.53**
(c.)	Lumpsum Repair (if applicable)	
	Total for Lumpsum repair cost after Less:	
	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 : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature :

Name : Kalvin

Date : 12/4/19

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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6 Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 11.04.2019
Time: 10:07:28
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

JOB NO	:	305285255
REGN NO	:	SH 7377A
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(G4)
DATE OF REGN	:	10.08.2017
DATE/TIME IN	:	07.04.2019 08:55
ACCIDENT DATE	:	06.04.2019

JOB / PARTS DESCRIPTION QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2346-G	PRIG4 GARNISH SUB ASSY BA	1	889.70	25.00	667.27
0002 04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	47.00	25.00	35.25
0003 04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0004 04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	52.90	25.00	39.67
0005 28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	10.00	36.00
0006 28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	10.00	27.00
0007 28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	10.00	27.00
0008 04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0009 04-01-0302-2288-G	PRIG4 REINFORCEMENT SUB-A	1	318.80	25.00	239.10
0010 04-01-0302-3837-G	PRIG4 RETAINER RR BUMPER	1	112.70	25.00	84.52
0011 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0012 09-01-0302-2005-A	PRIG4 REVERSE SENSOR ASSY	1	135.70	10.00	122.13
0013 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45

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

JOB NO	:	305285255
REGN NO	:	SH 7377A
MILEAGE	:	0000000000
MAKE	:	TOYOTA
MODEL	:	PRIUS HYBRID(C
DATE OF REGN	:	10.08.2017
DATE/TIME IN	:	07.04.2019 08:55
ACCIDENT DATE	:	06.04.2019

JOB / PARTS DESCRIPTION		QTY	IND	UNIT-PRICE	DISC%	AMOUNT
					SUB-TOTAL :	2,092.51
JOB NATURE						
0000 PB	PANEL BEATING	400.00				
0001 23-502	SPRAYPAINT ON AFFECTED AREA			400.00		
0002 17-01	WIRING CHARGE	20.00				
0003 L	REMOVE/REFIX REVERSE SENSOR			30.00		
					SUB-TOTAL :	850.00
					TOTAL :	2,942.51

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556

Ref: NS/INC19006213/K1sd3s2

Date: 06-05-2019

Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SKQ 5359M	**Veh. Inspected**	SH 7377A
	Policy No.	5106910548	**Coverage ($)**	0.00
	Claim No.	MT/1039113-002	**Excess ($)**	0.00
	Assign From		**Assign Date**	08/04/2019

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA PRIUS	**c.c**	1798
	Engine No.	HIDDEN	**Year of Reg.**	2017
	Chassis No.	JTDKB3FU003563076	**Colour**	BLUE
	Odometer	267596	**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	7 mm
	L/H Front Tyre	195/65R15	WEST LAKE	7 mm
	R/H Rear Tyre	195/65R15	WEST LAKE	7 mm
	L/H Rear Tyre	195/65R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	06/04/2019	**Inspection Date**	08/04/2019
	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: **3 Working Days**

National Assessment Centre Services
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933
TEL: 6841 0055 FAX: 6841 6315
Reg. No: 52983356E GST Reg. No. 20-0405911-H

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 7377A

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR TRUNK LID COVER	SERVICEABLE	1,126.60	-
1	REAR TRUNK LID LOCK	SERVICEABLE	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR)	SERVICEABLE	733.50	-
1	GARNISH SUB-ASSY, BACK DOOR, OUTSIDE	CRACKED	889.70	889.70
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	BENT	318.80	318.80
1	REAR BUMPER UNDER COVER	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	CRACKED	112.70	112.70
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER, REAR BUMPER, SIDE, LH	SERVICEABLE	94.80	-
1	SEAL, REAR BUMPER SIDE, LH	SERVICEABLE	148.40	-
1	REAR END PANEL	SERVICEABLE	602.10	-
1	REAR END PANEL GARNISH	SERVICEABLE	121.60	-
1	REAR WINDSCREEN GLASS WITH MOULDING	SERVICEABLE	1,778.30	-
	LESS 25% DISCOUNT		-1,892.60	-626.80
			5,677.80	1,880.40
	NETT ITEMS			
1	REAR TRUNK LID APPS STICKER (N)	NECESSARY	40.00	40.00
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
	LESS 10% DISCOUNT		-	-23.57
			235.70	212.13
	SPECIAL NETT ITEMS			
1	REAR NO. PLATE WITH TRIM COVER (SN)	SERVICEABLE	100.00	-
1	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	46.00	-
			146.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	LABOUR			
	PANEL BEATING.		800.00	400.00
	SPRAY PAINTING CHARGE.		900.00	400.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.	NOT NECESSARY	150.00	-
	REMOVE / REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			2,130.00	850.00
	GRAND TOTAL		**8,189.50**	**2,942.53**

	RECOMMENDED COST OF REPAIRS (CONFIRMED)			**2,942.53**

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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