

Taufik

REF: INC

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD/TP/WS/TP RES/OD RES/EVA/INV/MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop n/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **GBF 3756C**  
 Policy No: **5103459084 (26/09/2018 - 25/09/2019)**  
 Claims No: **MT/1041170 - 002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: **SHA 4203E** Y Regn: **2017, Sep**  
 Type: **M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Toyota Prius** G.C: **1798**  
 Colour: **Blue** A/C: **Insured / Std / NI / NA**  
 Sp. Reading: **235324** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **8TDXB3FU103564155**  
 Gen. Cond: **Good / Fair / Poor / Burnt**  
 Steering: **Inorder / Jammed / Leaked / Burnt** or \_\_\_\_\_  
 Brake: **Inorder / Jammed / Leaked / Burnt** or \_\_\_\_\_  
 Modi: **Nil / SRim / STD A/Rim** or **65R15**  
 Tyre Size: **F: 195 / R: 175**

N/S	O/S
X	

(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent?: **Yes or No**  
 GIA / PR Seen: \_\_\_\_\_ Consistent?: **Yes or No**  
 Est. Repairs: \_\_\_\_\_ days Res.: **Yes or No**  
 Lum Sum: \_\_\_\_\_ % 3 Val.: **Yes or No**  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: **IN / OUT**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Westlake**  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal: **6** mm R/Bal: **6** mm  
 L/Bal: **6** mm L/Bal: **6** mm  
 D.O.A. \_\_\_\_\_ D.O.I. **17/4/19 @ 315pm**  
 Survey held at **Compart Logang**  
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or \_\_\_\_\_  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHA 4203E - CS3 / 1118020319 / Mbr 2-1 D.O.A - 07/11/2018
	GBF 3756C - X
25/04/19	Confirmed P/P of \$1,204.67 @ 2 days with Taufik. (\$62.25 Red - 36%)

RECEIVED 26 APR 2019

*[Signature]*  
 25/4/2019

Date/Time, File Pass to? **26/04/19**  
 1) **Typist**  : Preli. Report  : Final Report  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format : \_\_\_\_\_  
 Lump Sum / I.B.I: (\$) **1,204.67 P/P**

Days Of Repair: **2**  
 Resurvey No. of Trip: **1**

Add Fee:  Site Insp (\$)  Interview (\$)  Tech. Invs (\$)  Weekend (\$)

Survey Fee: **160**  
 Transportation: \_\_\_\_\_  
 S + RS, SI \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL: **160**

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

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5103459084		SPAZIO CONCEPTS PTE, LTD.	200614589R	GCV	Comprehensive	GBF3756C	GBF3756C	26/09/2018	25/09/2019

Continue

**TP Claims against NTUC Income: Follow-Through Survey**

Date : 25/04/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/1041170-002	COMFORT TRANSPORTATION PTE LTD	SHA 4203E	GBF 3756C	17/4/2019	10:00	\$ 1,866.92	\$ 1,204.67
2	MT/1040986-002	COMFORT TRANSPORTATION PTE LTD	SHB 4033Z	GBF 2247L	17/4/2019	14:10	\$ 786.00	\$ 500.00
3	MT/1041312-002	COMFORT TRANSPORTATION PTE LTD	SHC 3954S	SLJ 8185C	18/4/2019	00.15	\$ 2,157.36	\$ 400.00

**Workshops**

Team: ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

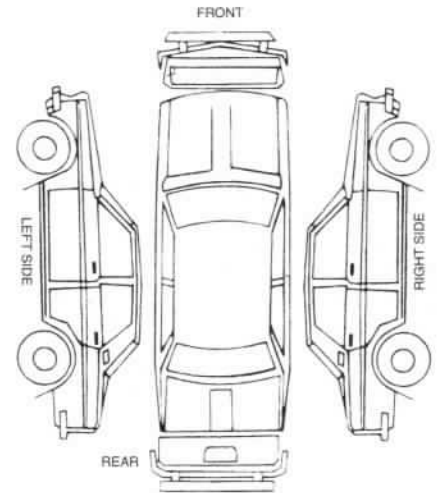
JC NO.: 305288165

OWNER	REGN NO.: <b>SHA4203E</b>	MILEAGE
AS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE : <b>TOYOTA</b>	FUEL E.....1/2.....F
OWNER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL <b>PRIUS HYBRID(G4)1</b>	DATE/TIME IN <b>17.04.2019 11:25</b>
RESS 65508755 (R) (O)	YR OF MANU. <b>20.09.2017</b>	TARGET DATE
(P)	CHASSIS CODE <b>JTDKB3FU103564155</b>	COMPLETION DATE/TIME:
OUNT CARD NO.	<b>NTUC</b>	

JOB DESCRIPTION

Accident Date: 17.04.2019  
NATURE: 3P 17.04.2019

S/NO	LABOR CODE	DESCRIPTION
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CKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nowledgement Slip

Exit Pass

No.: **SHA4203E**

**LKE**

Vehicle No.:

**SHA4203E**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

## Shirley Hiew (LKK Auto)

---

**From:** Taufikh (LKKAuto) <Taufikh@lkkauto.com>  
**Sent:** Wednesday, 24 April 2019 4:55 PM  
**To:** 'Lim Kwok Eng'  
**Cc:** 'Roger How Keen Meng'; 'Tan Pei Wei'; Shirley Hiew (LKK Auto)  
**Subject:** RE: SHA4203E finalize

Hi Lim,

COR \$1204.67 , 2 days.

Taufikh  
Lkk Auto

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**From:** Lim Kwok Eng [mailto:limke@cdge.com.sg]  
**Sent:** Saturday, 20 April 2019 2:24 PM  
**To:** Taufikh (LKKAuto)  
**Cc:** Roger How Keen Meng; Tan Pei Wei  
**Subject:** SHA4203E finalize

Dear Taufikh,

Pls refer attachment

Best Regards  
Lim Kwok Eng  
Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd  
Tel. 6214-8355 / 6214-8156

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This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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## 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	17/04/2019 12:21
Date Of Accident	17/04/2019 10:00
Exact Location Of Accident	PIE(TUAS) BF KPE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4203E
<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

### 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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	WOO KENG MUN
NRIC No	S0136045J
Date Of Birth	21/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1973
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84573026
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 678 WOODLANDS AVENUE 6 #03-728  
 Postcode 730678  
 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 GBF3756C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver PADIAN RAJAPRABHU  
 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)



**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)

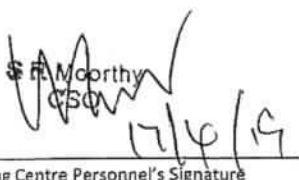
I understand, acknowledge, agree and consent that:

- (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/mall 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 199703821R

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

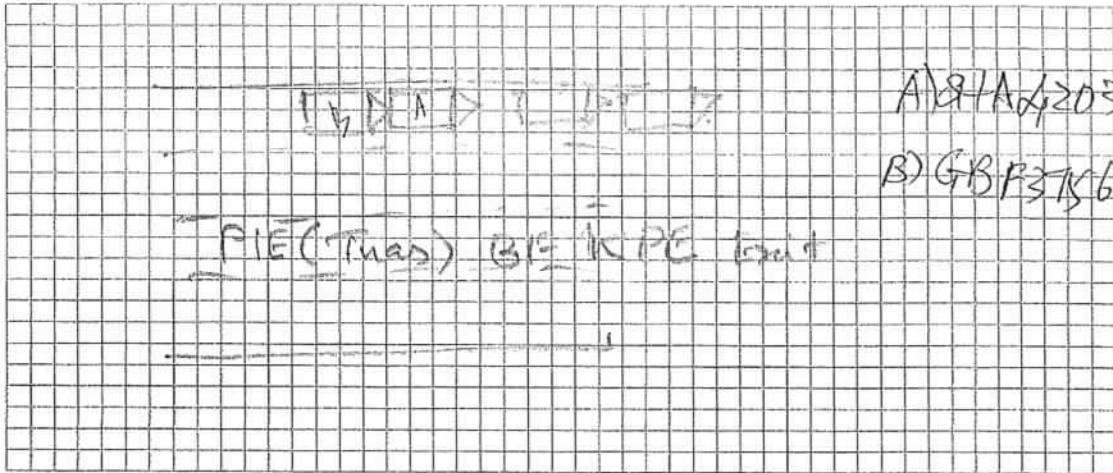
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIARMC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/4/19 at about 1000hrs while I was in vehicle A slowed down because vehicle in front stopped, vehicle B collided onto the rear of my vehicle.

DECLARATION

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

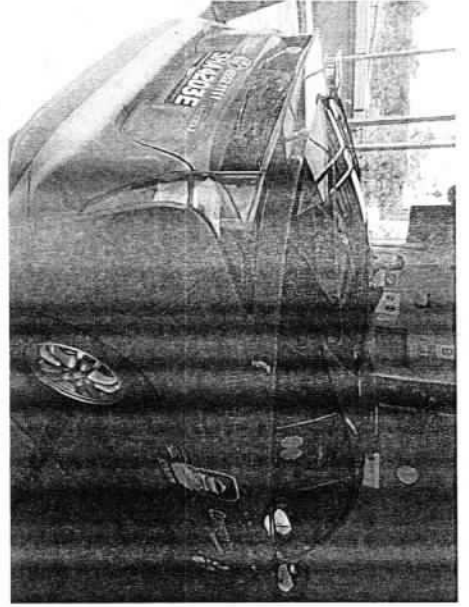
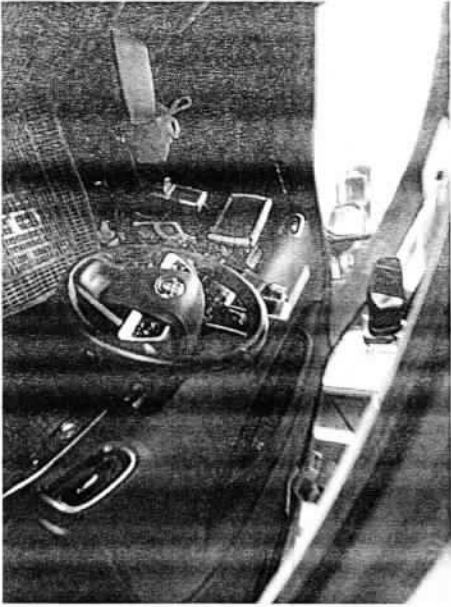
COMFORT TRANSPORTATION PTE LTD  
LIC. NO. 192201321R

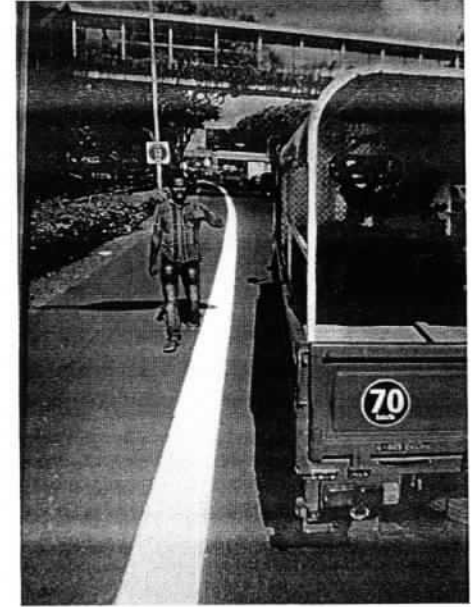
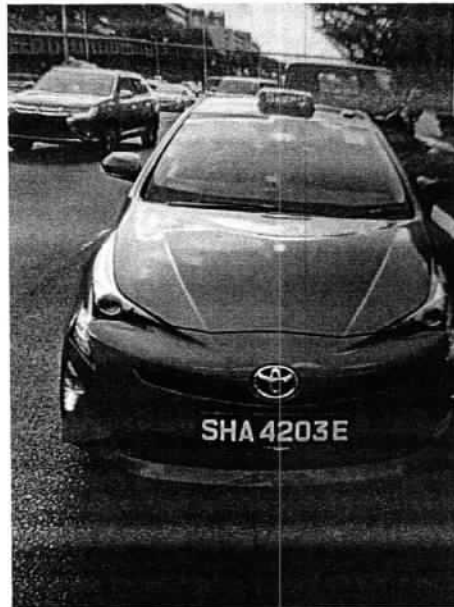
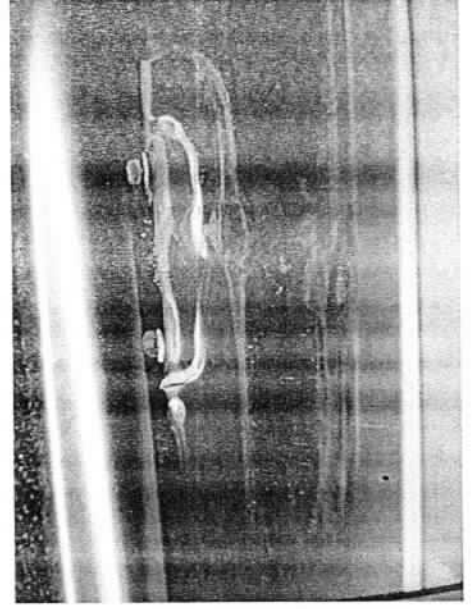
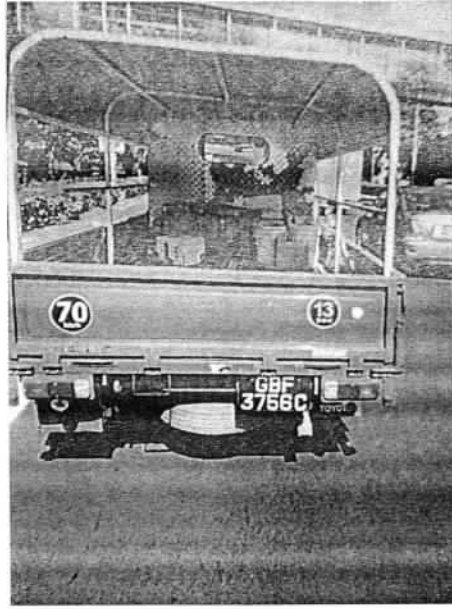
Policyholder's Signature  
Date & Time:

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

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

S. R. Moorthy  
17/4/19





REPAIR ESTIMATE

VEHICLE NO : SHA 4203E

MAKE :

MODEL : TOYOTA PRIUS

4/17/2019 13:02

Lice

UCK/Taufikh Pby P

NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ <del>de</del> 458.60
REAR BUMPER SIDE RETAINER			\$ ? 112.70
REAR BUMPER TOWING COVER			\$ X 82.70
REAR BUMPER CLIPS			\$ <del>KEI</del> 22.00
<p><i>22/4/19</i></p> <p><i>Taufikh 97495749</i></p> <p><i>- WP'</i></p> <p><i>17/4/19 @ 3:5 pm</i></p> <p><i>P/P. Resurvey before paint.</i></p> <p><i>surv @ lkkauto.com</i></p> <p><i>02 days</i></p>			
SUB TOTAL			\$ 676.00
LESS 25%			\$ 169.00
DISCOUNTED TOTAL			\$ 507.00
REAR BUMPER REVERSE SENSOR			\$ ? 135.70
TOTAL			\$ 135.70
LABOUR CHARGE			\$ <sup>200</sup> 400.00
Panel Beating			\$ <sup>200</sup> 300.00
Spray Painting Charge			\$ ✓ 30.00
Remove/Refix Reverse Sensor			\$ X 80.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 1,452.70

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- 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 approval from Insurance Company

Acknowledged by Repairer

Signature:

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

REPAIR ESTIMATE

VEHICLE NO : SHA 4203E

MAKE :

MODEL : TOYOTA PRIUS

UCK/Tanfikh Pby P  
 4/17/2019 13:02  
 Lce NTUC

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ del ✓ 458.60
REAR BUMPER SIDE RETAINER			\$ n/x 112.70
REAR BUMPER TOWING COVER			\$ n/x 82.70
REAR BUMPER CLIPS			\$ n/x 22.00
S Under cover - <del>pr - \$552.30</del>			
Tanfikh 97495749 - WP 17/4/19 @ 3:5 pm P/P. Resny before paint. suv@hwaauto.com 02 days			
SUB TOTAL			\$ 676.00
LESS 25%			\$ 169.00
DISCOUNTED TOTAL			\$ 507.00
REAR BUMPER REVERSE SENSOR			\$ X/n - ? 135.70
TOTAL			\$ 135.70
LABOUR CHARGE			\$ 200 400.00
Panel Beating			\$ 200 300.00
Spray Painting Charge			\$ ✓ 30.00
Remove/Refix Reverse Sensor			\$ n/x 80.00
TOTAL LABOUR			\$ 810.00
ESTIMATE TOTAL			\$ 1,452.70
			1866.92

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**

Our Job Ref No 305288165  
Date : 20.04.19

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

**FINALIZATION FORM**

To : LKK Fax : \_\_\_\_\_  
Attn : Mr TAUFIKH  
Vehicle Reg No. SHA4203E CTPL , 17.04.19


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

1. The repair job shall bill to: NTUC --- GBF3756C
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$774.67</u>
(b) Labour Charges	<u>\$430.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$1,204.67</u></b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>                    </u>
<b>Final Lumpsum Repair cost</b>	<b><u>                    </u></b>

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :   
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

**For Official Use Only**

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: \_\_\_\_\_  
\_\_\_\_\_



COMFORTDELGRO ENGINEERING PTE LTD

Date: 18.04.2019

REPAIR ESTIMATE

Time: 19:14:46

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 : 305288165  
REGN NO : SHA4203E  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 20.09.2017  
DATE/TIME IN : 17.04.2019 11:25  
ACCIDENT DATE : 17.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	L	458.60	25.00	343.95	
0002	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	L	22.00	25.00	16.50	
0003	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	L	552.30	25.00	414.22	
							SUB-TOTAL	: 774.67

JOB NATURE

0000	L	PANEL BEATING					200.00	
0001	23-502	SPRAYPAINT ON AFFECTED AREA					200.00	
0002	20-22	REMOVE/REFIX REVERSE SENSOR					30.00	
							SUB-TOTAL	: 430.00
							TOTAL	: 1,204.67

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO




# 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/INC19007032/T1sd3e2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 06-05-2019	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	GBF 3756C	Veh. Inspected	SHA 4203E
Policy No.	5103459084	Coverage (\$)	0.00
Claim No.	MT/1041170-002	Excess (\$)	0.00
Assign From		Assign Date	17/04/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU103564155	Colour	BLUE
Odometer	235324	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	6 mm
L/H Front Tyre	195/65 R15	WEST LAKE	6 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	17/04/2019	Inspection Date	17/04/2019
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:		<b>2 Working Days</b>	



# National Assessment Centre Services

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

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Reg. No: 52983356E GST Reg. No. 20-0405911-H



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 4203E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER SIDE RETAINER	NOT NECESSARY	112.70	-
1	REAR BUMPER TOWING COVER	NOT NECESSARY	82.70	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	DEFORMED	552.30	552.30
	LESS 25% DISCOUNT		-307.08	-258.23
			921.22	774.67
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
			135.70	-
<b><u>LABOUR</u></b>				
	LABOUR CHARGE.		400.00	200.00
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			810.00	430.00
<b>GRAND TOTAL</b>			<b>1,866.92</b>	<b>1,204.67</b>
<b>RECOMMENDED COST OF REPAIRS (CONFIRMED)</b>				<b>1,204.67</b>

Report Ref No. NS/INC19007032/T1sd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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