

Surveyor: KelvinREF: NS/INC 19013749 / Klyf302ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SN 96355Policy No. 508773201-02 (16/01/2019)Claims No. MT/1056333-002

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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SH 8377T Yr Regn: 10 Aug 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Toyota Prius C.C. 1700Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 309651 T/Radio: Insured / Std / NI / NA

Eng/No.: _____

C/No: 5T0/CB3F40035 63093

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: 195/65 R15

R: _____

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

TOYO / YOKO or Parvati

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 2/8/19 D.O.I. 5/8/19Survey held at CPHE (Loyang)

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

Rear d/s.

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

Date / Time	Action / Instruction
	SH 8377T - CC3/TMI 19006117 / KLS0302 DOA-04/04/2019 INC
	SN 96355- NAI/INC 18023133/24 DOA-24/12/2018 P11
8/8/19	Substant PIP \$1316.93 / 2 Pys. (Red 982-61 42%)

RECEIVED 15 AUG 2019

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee:

160

Date/Time, File Return to?

Transportation:

S - RS - 81

8/8 - Typist

Add Fee: ☐ Site Pay

P/P \$1316.93

TP Claims against NTUC Income: Follow-Through Survey

Date 08/08/2019

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1056558-002	CITYCAB PTE LTD	SHB 3939S	SLT 7212L
2	MT/1056989-001	COMFORT TRANSPORTATION PTE LTD	SH 8413Y	FBB 8114T
3	MT/1055818-002	COMFORT TRANSPORTATION PTE LTD	SHB 6163T	SJZ 1362T
4	MT/1056469-002	COMFORT TRANSPORTATION PTE LTD	SHC 8595L	SLT 223B
5	MT/1056761-002	COMFORT TRANSPORTATION PTE LTD	SHA 5963M	SLG 4115Y
6	MT/1056993-001	COMFORT TRANSPORTATION PTE LTD	SHD 3367G	SMM7300R
7	MT/1056333-002	COMFORT TRANSPORTATION PTE LTD	SH8377T	SJN 9635S

eBaoTech

General Claim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/08/2019 14:06"/>
Vehicle No.(For Motor)	<input type="text" value="SJN9635S"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="checkbox"/>	5087773201-02		VIVO KARZ RENTAL	53354186K	GFT	drivo CLASSIC	SJN9635S	SJN9635S	16/01/2019	

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	03/08/2019 09:02
Date Of Accident	02/08/2019 17:50
Exact Location Of Accident	SLE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8377T
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	MANOGARAN S/O GNANA S
NRIC No	S2009933Z
Date Of Birth	07/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1978
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97414752
Fax Number	
Contact Number	
EEmail Address	SIVA_BILABILA@HOTMAIL.COM

Address	BLK 28 BALAM ROAD #17-29
Postcode	370028
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SJN9635S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LAI HUAT
NRIC/Passport Number	S1197764B
Contact Number	96364825
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MANOGARAN S/O GNANA S

Approximate Age

Injuries Sustain

RIGHT LEG

Injured person in which vehicle?

SH8377T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

IMPORTANT NOTICE

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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.
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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

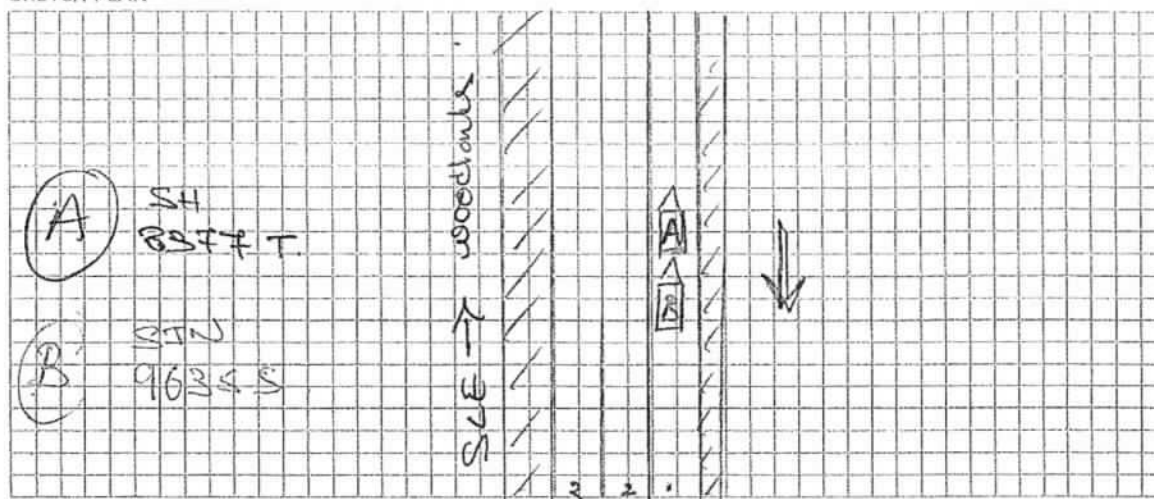
Policyholder's Signature
Date & Time:

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

3/8/19
Jackson Heng
CEO

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 2 Aug 2019 @ 1750 hrs. I veh A
 was driving along the above location straight
 Suddenly veh. in front E-brake I veh A
 cannot manage to stop.
 Suddenly veh B from the rear hit veh A
 Rear at the point of accident veh A
 for a plate plate not injured.

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:

Jackson Henry
 CSO

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

COMFORTDELGRO

Date/Time: 03.08.2019 10:11 Page: 1

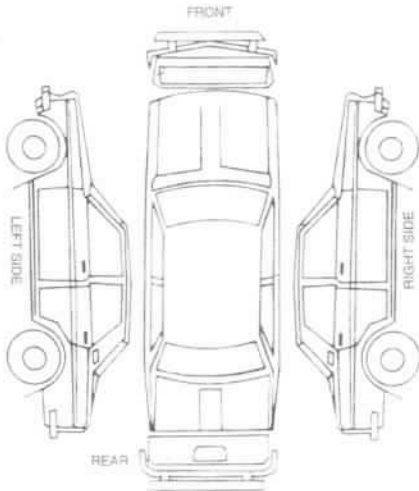
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305322136

CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P) COUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SH 8377T	MILEAGE
		MAKE: TOYOTA	FUEL E.....1/2.....F
		MODEL PRIUS HYBRID(G4)	DATE/TIME IN 02.08.2019 19:45
		YR OF MANU 10.08.2017	TARGET DATE
		CHASSIS CODE JTDKB3FU003563093	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 02.08.2019
NATURE: 3P 02.08.19

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SH 8377T LIMITS

Vehicle No.: SH 8377T

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

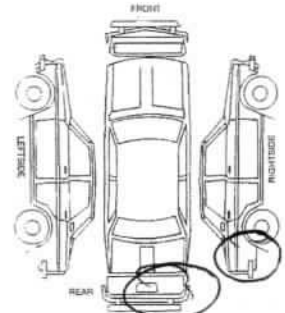
JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>2-8-19</u> Time Received: <u>1945</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr Manogaran</u> Contact No.: <u>97414752</u> Vehicle No.: <u>SH 8377 T</u> Make / Model / Colour: <u>Perodua</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	
7. Location: <u>52 JIN Gembira</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi			
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____					

10. Odometer Reading : _____
Fuel Level : ☐ F ☐ 1/4 ☐ 1/2 ☐ 3/4 ☐ E

11. Radio / CD Player
☐ OK
☐ Faulty
☐ Not tested



: Cracked X : Dented
/ : Scratched O : Missing

Manog
Signature of Customer

Job Attended

12. Tow Truck / Recovery Van : ☐ VRS ☐ QA ☐ GAO ☒ TZ ☐ YISHUN ☐ OTHERS
Name of Driver : Lim
Vehicle No. : GR5566I
Time Dispatch : _____
Time of Arrival : _____
Time Completed : _____

Cash Invoice Details (if applicable)

13. Cash Invoice No. : _____

Customer Acknowledgement

- a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

2-8-19

Date

1945

Time

Manog

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard

Date & Time of Arrival

Signature of Attending Staff/Guard

CUSTOMER'S COPY

REPAIR ESTIMATE

VEHICLE NO: SH 8377T

5/8/2019

MAKE :

MODEL : TOYOTA PRIUS

NTUC-CP/P

IS

LKK - kalvin

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>John</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>X sue</i>			\$ 318.80
REAR BUMPER UNDER COVER <i>ct</i>			\$ 552.60
REAR BUMPER SIDE RETAINER, RH <i>X sue</i>			\$ 112.70
REAR BUMPER UNDER SIDE COVER (RH) <i>X repair</i>			\$ 232.00
REAR BUMPER CLIPS <i>anc</i>			\$ 22.00
SEAL, REAR BUMPER SIDE, RH <i>X sue</i>			\$ 148.40
<i>Towing Car - ct</i>			\$ 82.70
SUB TOTAL			\$ 1,845.10
LESS 25%			\$ 461.28
DISCOUNTED TOTAL			\$ 1,383.83
REAR BUMPER REVERSE SENSOR <i>X sue</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>anc</i>			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 350.00
Spray Painting Charge			\$ 250.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 80.00
vehicle Towed In.			\$ 730.00
TOTAL LABOUR			\$ 730.00
ESTIMATE TOTAL			\$ 2,299.53

NETT
NETT

LKK Auto Consultants hereby 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"
- 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: *V. S. Loh*
Date: *5/8/19*

2361.55

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.

Our Job Ref No : 305322136

Date : 07/08/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 8377T

Date of Accident : 02-Aug-19

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

1. The repair job shall bill to: NTUC --- SJN9635S

2. The finalized amount shall be:

(a) Spare Parts after List discount \$886.92

(b) Labour Charges \$430.00

Total for Part-By-Part Repair Cost \$1,316.92

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 8/8/19

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



VEHICLE	:	<u>SH 8377T</u>	TYPE OF CLAIM :	<u>TP</u>
MODEL	:	<u>TOYOTA PRIUS</u>	SURVEY BY :	<u>KALVIN</u>
JOB NO	:	<u>305322136</u>	DATE	<u>05/08/19</u>

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

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

JOB NO : 305322136
REGN NO : SH 8377T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 10.08.2017
DATE/TIME IN : 02.08.2019 19:45
ACCIDENT DATE : 02.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0002 04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0003 04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0004 04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02
0005 04-01-0302-1150-A	REAR BUMPER MAT	1	50.00		50.00

SUB-TOTAL : 886.92

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	200.00
0002 L	R/I REVERSE SENSOR	30.00
0003 23-01	TOWING FEE	0.00

SUB-TOTAL : 430.00

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

JOB NO : 305322136
REGN NO : SH 8377T
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 10.08.2017
DATE/TIME IN : 02.08.2019 19:45
ACCIDENT DATE : 02.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,316.92


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/INC19013749/K1yf3e2				
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556			Date: 16-08-2019	
Code: INC4				
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJN 9635S	Veh. Inspected	SH 8377T	
Policy No.	5087773201-02	Coverage (\$)	0.00	
Claim No.	MT/1056333-002	Excess (\$)	0.00	
Assign From		Assign Date	05/08/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	JTDKB3FU003563093	Colour	BLUE	
Odometer	309651	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	7 mm	
L/H Front Tyre	195/65 R15	DAVANTI	7 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	02/08/2019	Inspection Date	05/08/2019	
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:		2 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



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8377T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	SERVICEABLE	318.80	-
1	REAR BUMPER UNDER COVER	CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER, RH	SERVICEABLE	112.70	-
1	REAR BUMPER UNDER SIDE COVER (RH)	TO REPAIR SEE LABOUR	232.00	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	SEAL, REAR BUMPER SIDE, RH	SERVICEABLE	148.40	-
1	TOWING COVER	CUT	82.70	82.70
	LESS 25% DISCOUNT		-481.95	-278.97
			1,445.85	836.93
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
	<u>LABOUR</u>			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER UNDER SIDE COVER (RH).		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			730.00	430.00
GRAND TOTAL			2,361.55	1,316.93
RECOMMENDED COST OF REPAIRS (CONFIRMED)				1,316.93

Report Ref No. NS/INC19013749/K1yf3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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